

**It Takes Three to Breastfeed: Uncovering the  
Role of the Father**

**Gail Blair Storr**

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# Declaration

I declare that I have composed this thesis and that the work is my own.

Gail Blair Storr

# Acknowledgements

I wish to acknowledge the many people whose contributions and support have made the completion of this thesis possible. First, I must thank the men who entrusted me with the stories of the experience as fathers of breastfed babies. The richness of our conversations allowed me to develop the interpretation in a way that illuminates our understanding of men's everyday lived experience. I also want to thank the childbirth educators, who believed in the study, and who generously allowed me time to talk about it in their prenatal classes. Financial support was received from the University of New Brunswick and the Margaret McPhedran Scholarship for doctoral studies.

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All members of my immediate and extended family know how much your support has meant to me over the years of all my nursing studies and I promise you this is the last! Thank you for loving, supporting and encouraging me to pursue this dream at this stage of my life.

# Abstract

Experiential accounts of fathers of breastfed babies have received little attention in the literature. The aim of this interpretative study was to explore the nature of the everyday experience of being the father of a breastfed baby.

The study is a longitudinal hermeneutical phenomenological one using philosophical tenets of Schleiermacher and Gadamer's hermeneutics. Volunteer first-time fathers enrolled in the study. Individual interviews were completed during the prenatal period and throughout the first six months after birth. Group interviews with the men were conducted when the baby was approximately one year old. The interpretation developed from movement back and forth between varied layers of text following van Manen's method of interpretation as textual writing. Readers are invited to accompany the researcher on her journey uncovering the role of fathers and in learning about hermeneutical phenomenology.

Everyday experience of fathers of breastfed babies appeared more complex and fluid than that suggested by the scant empirical literature. Experience was found to be closely linked to the external reality of disembodiment characterised as, *it's her body and our baby*. This external reality is interpreted in view of three varying belief systems about breastfeeding – *Breast is Best and Formula is Acceptable*, *Breast is Best and it's Her Decision* and *Breast is Best and it's Our Baby*. The fathers' activities are aimed at making breastfeeding work and underlying these activities a desire to be recognised as an important part of decisions surrounding breastfeeding could be discerned. Fathers of breastfed babies are attuned to the mother and baby's experience and nurture their partners so they can nourish their babies. Concomitantly, fathers interpret their relationship with a breastfed baby as being a product of time spent with baby rather than feeding.

This thesis calls into question the taken-for-granted nature of our knowledge of fathers of breastfed babies. Implications for clinicians, managers, policy makers, educators and researchers are discussed. It is suggested that hermeneutical phenomenology offers a rewarding way for nurses to study everyday lived experiences while maintaining the sense of wholeness integral to the nursing discipline.

## Foreword

This thesis is purposefully written in a non-traditional way and in chapter one the reader will find a discussion of the rationale for the approach to writing. To further assist readers in understanding the context for Patrick's story included in chapter two, an explanation of how the story was developed is provided. Patrick's story is written in the form of a journal from a father to his son. The purpose of including the story early in the thesis is to provide readers with the opportunity to directly confront their taken-for-granted knowledge about fathers of breastfed babies. The aim is to have readers immediately experience the consciousness of having their assumptions called into question, and thus to prepare them to view in new ways the material presented in the chapters following the story. Thus inclusion of the story early in the thesis is intended to mimic for the reader the defining moment I experienced upon realising that I had unexamined assumptions about fathers of breastfed babies.

Patrick's story is an integration of interview material from the 12 men who participated in this study. The interview material included in the story came from 42 individual and three group interviews conducted from the prenatal period throughout the first year following the birth of the men's babies. The men were all first time Canadian fathers who volunteered to participate in the study and who chose their own pseudonyms, which are used as superscripts in Patrick's story. The superscripts are included to demonstrate that although the story is presented as one man's, the text represents the experience of all 12 men.

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# Chapter 1

## A Different Voice

*To be conscious that you are ignorant is a great step to knowledge.  
Benjamin, Disraeli, Earl of Beaconsfield (1804-1881)*

### Initiation of the Research

A telephone call to my breastfeeding clinic in the mid 1990s motivated me to question my previously unexamined assumptions about men's interest in breastfeeding. Until this particular call, all requests for breastfeeding assistance had come from women or from various health professionals. In this instance it was a father calling and when I asked how he heard about me, his response astounded me. His reply, "I was talking to a guy in my office and he gave me your name," was met with my unspoken incredulity, "do you mean men actually talk about breastfeeding in the office?" My shock at his response made me start viewing fathers differently in my clinical practice. What I began to see, unfettered by my previous assumptions, led me to begin to question the almost complete absence of fathers' voices in the breastfeeding literature,<sup>1</sup> which I had previously taken-for-granted. Men's silence on the topic of breastfeeding may be a reflection of the reality that lactation is limited to women<sup>2</sup> and breastfeeding restricted to woman and babies. Conversely, the silence may be a reflection of our culture of "only moms matter" (Frean, 2002, p.6) when it comes to pregnancy, childbearing and breastfeeding. In this thesis I report on my engagement in a hermeneutic phenomenological enquiry with 12 fathers of breastfed babies in questioning that assumption.

One of my principal intentions in writing this thesis is to convey the lived experience of fathers of breastfed babies thereby encouraging readers to contemplate their assumptions about men and breastfeeding. Secondly, I propose to reveal, through the writing, the complexity of the process of philosophical enquiry in developing an understanding of fathers' experience. I therefore venture from the

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<sup>1</sup> The paucity of literature on fathers and breastfeeding is discussed in chapter three.

<sup>2</sup> Although I am mindful of rare claims of men lactating, and will discuss this issue in chapter three, I take it as a given that men are not physiologically capable of fully sustaining the nutritive needs of a baby through breastfeeding.

traditional linear approach<sup>3</sup> taken to writing used in many nursing theses. Schröck (1981) argued that in a philosophical enquiry what appears to be digression is, in truth, the timely pursuit of a line of questioning before developing the main thread of the argument. Munhall (2001) similarly noted that non-linearity was distinguishing characteristic of a philosophical enquiry.

Although the non-linear<sup>4</sup> approach to writing I have taken may present challenges to the reader, I believe that it more faithfully represents the research approach. It also reveals the evolving nature of the process by which a man experiences being a first-time father of a breastfed baby and the process through which I came to understand men's experience. In an enquiry of this type one does not necessarily know at the outset what is crucial and throughout the course of this study I came to a progressive understanding both of hermeneutical phenomenology and of men's experience. Rather than present the reader with a straightforward, sterile account of my findings, I have chosen, in the thesis, to mimic the progress of my journey and invite the reader to travel with me as I develop the interpretation. Accordingly, in this chapter I describe the overall structure of the thesis and explain the features of writing I have adopted to express the progressive development of my understanding.

## **Engaging the Reader**

Earlier in this chapter I indicated how my stereotypical view of a father of a breastfed baby had been challenged. In chapter two of the thesis I invite the reader to mull over the experience of the father of a breastfed baby as a way to assist the questioning of assumptions about fathers and breastfeeding. I do this by presenting Patrick's story, which is intended to draw the reader into a father's world without the imposition of the analytic categories that will come later in the thesis.

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<sup>3</sup> By traditional linear approach I mean a thesis consisting of a varying number of chapters, whereby the following elements are introduced and discussed in a linear progression: Introduction of the Research Problem, Literature Review, Method, Limitations, Findings, Analysis, Conclusion and Recommendations. To assist the reader in locating these elements an index has been included.

<sup>4</sup> By non-linear approach I mean issues related to varying elements may be discussed in different places in the thesis e.g. material from transcripts (findings) is included for differing purposes in chapters two, five, six and seven.

Following the telephone call that revealed to me my stereotypical thinking about men and breastfeeding, I began to notice the relative inattention, in the literature, to the experience of fathers of breastfed babies. I also began to question the implications of the paucity of information for clinical practice. I found minimal literature on fathers and breastfeeding in contrast to the abundance of lay and professional literature dealing specifically with breastfeeding or specifically with fathers. Much of the literature on breastfeeding treated fathers as peripheral and similarly literature on fathers largely skimmed over breastfeeding. In addition, there is limited research explicitly asking men about their experience. In chapter three I invite the reader to reflect on what the literature reveals about our culture's taken-for-granted knowledge about fathers and about breastfeeding. I also disclose more detail on my clinical and personal experiences with breastfeeding, discuss challenges in terminology associated with fathers and breastfeeding and share my view on the politics of breastfeeding and belief about the significance of breastfeeding to health.<sup>5</sup>

### **Mapping the Research Process**

In uncovering the meaning of men's experience of being the father of a breastfed baby, the research process also unfolded for me. Consequently, I include three chapters setting down this process in detail. In chapter four I specifically introduce the reader to the focus of the study. In keeping with the progressive nature of understanding I developed in the course of the study, I present the research question in this chapter as I initially formulated it. Readers will notice as they move through the thesis that the original question changed as my understanding of hermeneutical phenomenology grew. Although the precise phrasing of the research question changes throughout the thesis, the changes more clearly reflect my evolving understanding of the intent of a hermeneutic phenomenological enquiry rather than a change in the focus of the study. As the various forms of the research question are introduced throughout the thesis they are cross-referenced in a footnote to the text to facilitate ease of inspection for the reader.

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<sup>5</sup> These varying issues are included to give the reader a basis for judging how my social and historical position may be reflected in the text I have created and interpreted in the thesis.

In chapter four I present the research approach that guided this study and explain the criteria appropriate for judging the rigour of the study. I reveal the “intellectual fathers” who guided my thinking about hermeneutical phenomenology – Schleiermacher, Gadamer and van Manen. Because I found in my reading many second-hand accounts of these authors and many varying explanations that purported to account for their thinking, I chose to present their thinking as much as possible in their own words. This means that significant sections of this chapter consist of direct quotations. I believe this approach demonstrates that my line of reasoning in developing and carrying out the study is appropriately based on the intent of the original texts.

In chapter five of the thesis I show how my approach to the study is consistent with the theoretical elements introduced in chapter four. I alert the reader to what I was thinking at various stages of the research process and orient the reader to the setting of the study to provide a context for the subsequent interpretation. I also deal with issues including recruitment of participants,<sup>6</sup> the decision to stop recruiting at a particular time, ethical considerations, creating an audit trail, handling the interview material and the introduction of the multi-layered approach taken to the interpretation.

A significant portion of chapter five is devoted to the hermeneutical interview process. It is my contention that hermeneutical interviewing differs significantly from interviews used in other qualitative research approaches because of explicit attention given to the hermeneutic circle and the fusion of horizons.<sup>7</sup> I therefore show how I used my understanding of these concepts to develop the interviews and to recognize the changing perspectives throughout the course of the study. I use

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<sup>6</sup> The use of the words “participants”, “material” and “interview” in this paragraph is purposeful. Munhall (2001) argues that attention to language is necessary because phenomenological enquiry has a subjective and intersubjective quality to it, which must be reflected in the language. She proposes the terms “participants” rather than “subjects”, “material” instead of “data” and “conversations” instead of interviews. I follow her suggestions in using “participants” and “material”. I have chosen to use “interview” in preference to “conversation” because, although the interviews were conversational in nature, I asked the men to participate in interviews, not conversations, and I believe it is important that the language used is faithful to the process.

<sup>7</sup> These concepts are discussed in chapter four. Briefly, the principle of the hermeneutic circle is that everything individual can only be understood in terms of the whole. Fusion of horizons is terminology used to describe the merging of an understanding of the present in light of the past.

three distinct sources to provide the reader with sufficient information to judge the unfolding process incorporated in the interviews. First, I use the writings of Schleiermacher, Gadamer and van Manen to justify decisions I made about how to conduct the interviews and to demonstrate how I used their texts as guides in understanding what was happening over the course of the interviews. Second, to make transparent for the reader my attempts to be fully engaged in a hermeneutic phenomenological endeavour, I include passages from my journal written during the course of my doctoral studies. Third, I include passages from interview transcripts to illustrate the points I make about the hermeneutical interviews.

In chapter six I draw together various strands of chapters four and five to show how they contribute to the process of uncovering the various layers of the interpretation. For the first time the reader is explicitly introduced to the analytic categories or “unifying messages”<sup>8</sup> developed from the interview material, although it is expected that readers will recognise these as implicitly present in Patrick’s story, introduced in chapter two. Interview transcript material is once again used in this chapter. However, in contrast to the interview material included in chapter five, my contribution to the particular aspect of the conversation is omitted so that the reader can focus on determining the association between the quoted passage and the unifying message being presented.

Once the unifying messages have been presented, I discuss the process of creating text for interpretation. Thus the reader comes to learn how Patrick’s story was developed and how I used it to learn whether I had the beginnings of a plausible story to use for the final layer of interpretation.

In this section I have guided the reader through the conceptual map of chapters two through six of the thesis. In addition to the conceptual details I now add a word on the mechanics of my writing. I use footnotes throughout the thesis to indicate when a thought is introduced, but not explored, and where it will subsequently be found in the thesis. I also use footnotes to provide the reader with particulars that might

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<sup>8</sup> “Unifying messages” is a concept developed specifically for this thesis and the process for developing and naming them is found in chapter six.

otherwise detract from the flow of the information being presented and to refer the reader back to previously discussed matters. Throughout the thesis, in addition to the accepted tradition of using *italics* for all foreign words or phrases and for book titles, I use *italics* as a stylistic writing device. When *italics* are used as a writing device I alert the reader to this.

### **Arriving at the Interpretation and Moving Forward**

Chapter seven is the integration of the various layers of the interpretation. I present a transformed account of men's experience as fathers of breastfed babies distinctly different from the perspective I had developed solely from my clinical practice. The existential themes<sup>9</sup> of temporality (lived time), spatiality (lived space), corporeality (lived body) and communality (lived relationship to others) provide a structure to present an interpretation of the reality men experience as first-time fathers of breastfed babies. These themes are woven into the interpretation using the unifying messages revealed in chapter six. In using the structure of unifying messages and existential themes, I made an effort to search for deeper levels of enquiry and to engage in a dialogical fashion with research, lay and classic literature.

In chapter eight I review the significance of the study, discuss what I learned from doing it and what I would do differently if I had the opportunity. My interest throughout this study has been in understanding, yet the interpretation developed in this thesis is implicitly emancipatory in that it calls into question our culture's taken-for-granted knowledge about fathers of breastfed babies. Therefore in this chapter I consider how questioning conventional wisdom implies a critical stance and consequently has the potential to stimulate change in practice. I believe that reflection on taken-for-granted knowledge in light of an understanding of men's lived experience is a first step in making the attitudinal and structural changes necessary to integrate fathers of breastfed babies into care of the mother and baby. Consequently I suggest questions for clinicians, managers, educators and policy

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<sup>9</sup> Van Manen (1997 a and b) suggests using these existential themes as guides to reflection.



makers to guide them in reflecting on the views they hold on fathers of breastfed babies.

### **A Final Word to the Reader**

My naming of this chapter was deliberate. The phrase “a different voice” refers both to the atypical voice of fathers on the subject of breastfeeding and to the voice I used in structuring and writing the thesis. Holliday (2002) and Wolcott (2001, 2002) recommend that researchers remain ever vigilant in monitoring the language of ideology used in writing-up a study. A key element in the ideology presented in this thesis is that experience can never be simplified. Experiences are layered with meanings, which in turn mediate the way we perceive an experience (Munhall, 2001). The desire to do this study arose out of practice. Nurses, in their everyday work-life, are interconnected with actual people with varying perceptions of the “same” experience. This means that the nurse interacts with others who also have practices, ideas, vocabulary and traditions that frame their perceptions. In an effort to understand the experience of fathers of breastfed babies, I hope to contribute knowledge that encourages nurses caring for expectant and new families to humanize practice. Yet, this thesis is not solely directed to nurses. In the end, my interpretation of meaning in men’s experience must stand or fall on its ability to bring about understanding by mediating between the familiar and the unfamiliar aspects of the language of new parents, clinicians, academics and policy makers.

## Chapter 2

### From Decision to Weaning: A Father's Journal to His Breastfeeding Baby

*My father didn't tell me how to live; he lived, and let me watch him do it.  
Clarence Buddinton Kelland*

Health professionals and lay people are far more accustomed to seeing or hearing any line beginning with the word “breastfeeding”, subsequently being completed with the word “mothers” and/or “babies” rather than with “fathers”. Breastfeeding<sup>1</sup> cannot occur in the absence of a mother or the absence of a baby, although a mother and baby can breastfeed in the absence of a father. Consequently, it is not entirely unexpected that fathers are frequently omitted from our conscious awareness of the experience of breastfeeding. While it is not uncommon to read articles on breastfeeding, such as Lothian's (1995), emphasising that, “it takes two to breastfeed,” (p.328) an unintended consequence of such sentiments may be that fathers are viewed as inconsequential and therefore it is unnecessary to know how fathers experience breastfeeding.<sup>2</sup> Langeveld (1987) describes the father in such circumstances as “someone who is just there” (p. 5). In this chapter I introduce readers to Patrick; one man not content to be “just there”.

#### Background to the Story

With Patrick's story I invite the reader to mull over with me the experience of the father of a breastfed baby. Stories can take many forms and Patrick's story is a narrative account in the form of a journal of his experience. This use of story is

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<sup>1</sup> Here I distinguish breastfeeding from lactation and also from finger feeding, cup feeding or other methods of giving breastmilk to babies.

<sup>2</sup> In chapter one I indicated that I would identify instances of changes to my research question. Although the research question has not yet been introduced, it may be helpful to note that I am using different phrasing than that used in chapter one where I used “experience of fathers of breastfed babies” in contrast to my use in this chapter of the phrase “how fathers experience breastfeeding”. This phrasing correlates with my usage of the word “inconsequential”. If fathers are inconsequential to breastfeeding do they have an experience of breastfeeding and if so is it the same as the experience of being the father of a breastfeeding baby? These are issues I had to grapple with in understanding the phenomenon I was researching.

consistent with the dictionary<sup>3</sup> definition, “an account of imaginary or past events; a narrative, tale or anecdote”. I also suggest that use of “story” in this way is consistent with both the etymological source of the word and with hermeneutical phenomenology. Story comes from Middle English *storie* via Anglo-French *estorie* (Old French *estoir*) from Latin *historia* (as history). Historical perspective is an important concept in hermeneutical phenomenology because the present is understood through ways of seeing and preconceptions bequeathed from the past. The past is not something from which we are objectively removed but rather forms part of our horizon<sup>4</sup> or mental perception of the world. However, we are not necessarily conscious of preconceptions bequeathed through our past, nor are we always aware of how preconceptions influence our present understanding. Only through attaining a new horizon can we gain the breadth of vision that a person who is trying to understand must have (Gadamer, 1989/1960).<sup>5</sup> Once preconceptions are illuminated, a potential exists whereby we can move beyond our own individual understanding to a more universal understanding. Therefore, I created Patrick’s story as a heuristic device to assist readers in identifying or questioning preconceptions about fathers and about breastfeeding through reflecting on their reactions to the story.

Although Patrick is imaginary, his story is a weaving of the experiences of the 12 men who participated in this study; his thoughts integrated into a single story are those that the men articulated during the course of the interviews. By concentrating on the men’s voices and viewing the mother’s and baby’s experience from the father’s view, it may be possible to uncover images which illuminate how men experience the paradoxes and tensions inherent in being a father of a baby who is breastfed.

At the first interview the men were given a book in which they could write comments that they could then share or not share with me. Some men read excerpts

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<sup>3</sup> The Oxford Online Dictionary is the source for dictionary definitions and all etymological information unless otherwise noted.

<sup>4</sup> The concept horizon is more fully explored in chapter four.

<sup>5</sup> The first date in the English translation and the second is the original publication.

of their journals to me and others chose to keep them private. In writing Patrick's story I have modelled it on one father's journal as well as drawn on my own experience of being a nurse and the mother of two breastfed children. Where I have used the exact words (from the interview transcripts or e-mails) of one of the 12 men, these are shown in *italics* with the man's pseudonym in superscript. I have written the story in conversational tone to ease integration of quotations from interview transcripts. In some places as creator of the story or interpreter of the experience, I have made minor changes in phrasing (tense, person or omission of some speech habits<sup>6</sup>) to facilitate integration of the storyline. These changes are consistent with Gadamer's (1989/1960) assertion about the role of the interpreter.<sup>7</sup>

Even today it is still the case that an interpreter's task is not simply to repeat what one of the partners says in the discussion he (sic) is translating, but to express what is said in a way that is most appropriate to him (sic), considering the real situation of the dialogue, which only he (sic) knows, since he (sic) alone knows both languages being used in the discussion (p. 308).

## Patrick's Story

### Before Birth

Dear Peter,

You're likely wondering why I have suddenly started writing to you, in addition to *reading stories<sup>Adam</sup> to you and playing the walkman<sup>Bart</sup> on your mother's tummy*. It's all my way of getting to know you and letting you know something about your Dad. Mom gets to carry you all day and feel you move, while I have to experience the pregnancy, and eventually the breastfeeding, vicariously. So, first off, why have I addressed you as Peter? Well, Son, your Mom is convinced that she is carrying a boy and after seven years of being married to her I know enough not to argue when

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<sup>6</sup> By speech habits I refer to phrases such as "you know", use of partial phrases such as happens when the man started a thought and then paused before completing it e.g. "I learned to sleep – or learned – I just do. I think the biggest thing is ..." is changed in the story to "I've learned to sleep. I think the biggest thing is ..."

<sup>7</sup> The issue of interpretative research is discussed in chapters four, five and six.

her “intuition” tells her something. Besides her intuition suits me because *if I could walk to the warehouse right now and pull one off the shelf, I’d take a little boy.*<sup>Bart</sup>

Tonight I went for an interview with Gail, a nurse who is doing her PhD on the experience of fathers of breastfed babies. Your mother pointed out a pamphlet about the study when we were at the doctor’s office and I decided, why not check it out? After all, you are *my baby too*<sup>Bart</sup> even though, unlike your mother who is actually carrying you, *I can’t feel all the things she feels and takes for granted about the pregnancy and you.*<sup>Bart</sup> So my only way of knowing what is going on with you and feeling a part of things is to ask your mother over and over again, “*is the baby moving?*”<sup>Bart</sup> You probably heard her loudly say to me last night when I was doing that, “*would you leave me alone?*”<sup>Bart</sup> Another reason I decided to participate in this study, Peter, is that even though you are my baby, it seems at times as if I am an appendage. Now don’t get me wrong, your mother doesn’t treat me like that. You’ll learn, Son, as you grow older, that pregnancy, childbirth and breastfeeding are all viewed solely as the woman’s domain. Then again, I guess you’ve probably heard me complain about that after going to the doctor’s office with your Mom *and being treated as the third party most of the time.*<sup>Bart</sup> It’s like there is this *black hole*<sup>Aaron</sup> as far as fathers are concerned and *it’s kind of neat that someone is actually interested in my perspective.*<sup>Alex</sup>

So, over the next year, I’m going to be talking to Gail about my experience. She’s giving me copies of transcripts of the interviews, which *I think I might just put in a little binder for you when you’re grown.*<sup>Cari</sup> In addition, I’m going to be keeping this journal of my impressions and it will go in with all the mementos your Mom has kept just to remind you that from very early on I played more of a role in your life than *sperm donor.*<sup>Carter</sup> Who knows, Peter, maybe when you grow up and have your own children some of the *stereotypes about men*<sup>Alex</sup> will have disappeared.

So on to what happened at this first interview. It’s strange being asked what I feel/think about breastfeeding. I went to the interview out of *curiosity about why someone would be interested in the male point of view as breastfeeding really is an*

experience where you are an observer to the whole thing.<sup>Abe</sup> With all the promotional campaigns now and that type of thing,<sup>Alex</sup> it seemed to your mother and I that breastfeeding wasn't even a conscious decision. It was just made.<sup>Aaron</sup> I don't even remember having an initial discussion after we found out your mother was pregnant. I think we were just always under the assumption that it was something we would do.<sup>Andrew</sup> As I was talking with Gail though I realized one thing I do wonder about is whether or not I'll be jealous because you and your mother will have a special bond.<sup>Abe</sup> It's occurred to me that I'll be somewhat separate from this process, and I guess when I think of it I simply tend to focus on how else I can be involved in your life. So I guess how I feel about it is that it does bother me in a sense. I think about it and I'm conscious of it and I guess I'm kind of resigned to it. I'll say that in a good light. I mean there's nothing I can do about it<sup>Andrew</sup> and so your mother and I need to talk about it, about how I can play a role.<sup>Andrew</sup> On the other hand, Peter, let's face it; men don't have the equipment<sup>Aaron</sup> to breastfeed, it is a biological normal condition neither to be despised nor to be embraced. It simply is the way that it is.<sup>Ben</sup>

I'm never sure how much you are taking in when your Mom and I talk about things (I hope you weren't listening to us last night – time enough for the birds and the bees talk later). Anyway, perhaps when you were turning somersaults last week you were reacting to what we were saying about how distressed your aunt and uncle were with the care they were getting from the nursing staff at the hospital, and the nurses basically saying, "let's move to formula."<sup>Brock</sup> Hey, I want to reassure you that we are not going to get bent out of shape. The big thing about it is we're not militant. If you don't take to it or something happens to your mother's breasts or nipples and she can't breastfeed it's not going to kill us, or hopefully not you, to go towards the bottle. It's whatever's best.<sup>Barry</sup> Speaking about whatever is best, Peter, this whole area of breastfeeding is tough on us guys. I mean we can't do it and I feel a little guilty because your mother will have the 24-hour requirement and I have no concept of what it's like to do that. I can't. I'm a man.<sup>Carter</sup> So I've started to prepare myself, thinking I'll have to do a lot more around the house. I know your mother is going to be tired and I'll pick up the extra things that need to get done. I don't know

*how I'll feel,<sup>Brad</sup> but I realize I'm going to have to kind of step it up a little bit and help her out anyway I can.<sup>Carl</sup>*

Well, Peter, I've written more than I had intended when I started but *I think this is going to be a very good thing for me. I find I'm getting wrapped up in my work, and sometimes you don't take the time to think about things. And this is a good opportunity for me to become more involved.<sup>Carl</sup> I want to be there for your mother and show her as much support as I can. I don't ever want her to think that she's bearing the whole load on her shoulders. It's too big a job for her to do all on her own.<sup>Carter</sup>* I also want to be there for you from the moment you finally introduce yourself to us, from the early sleepless nights, through baseball and hockey, on to the turbulent teens and beyond. My mother, and your grandmother, (you're really going to like her) gave me a wall plaque for the upcoming Father's Day. It says, "Any one can be a father; it takes someone special to be a daddy." I hope that I'll always be that special someone in your life.

### Early Days

Me again, Peter,

Who knew that I would ever be this tired! *I mean I'm a guy that gets up on Saturday morning and gets at stuff. I don't think I got dressed until after noon. Had a shower at one o'clock – something like that – and I was hoping to go to town in the afternoon and that never happened. So you know the day just went.<sup>Brock</sup>* Right now your mother is grabbing a few minutes of shut-eye and the only way I got her to consent to do that was to promise I wouldn't sneak a nap too in case you stirred and she didn't hear you - as if that ever is going to happen any time soon. Considering that for the first few nights home we had to waken you for feedings and the last few nights you've pulled all-nighters, we're all pretty tired. *The first night when we came home it was really rough. You were a little bit jaundiced and they said every three hours, wake you and feed you. So I set an alarm clock and got up about 15 minutes before feeding time trying to waken you.<sup>Brad</sup>* Because of this you've already become an athlete, Peter. The first nights I sat there *doing little sit-ups with you to try and wake you up and get you to feed.<sup>Brad</sup>* The last few nights

you've not let us sleep more than two hours at a stretch and then taken 50 minutes to feed. Breastfeeding is *a lot more involved than I expected.*<sup>Brock</sup> I kind of thought it would *just be latch on, refuel like airplanes refuelling from one another in the air.*<sup>Ben</sup> Between us guys, Peter, I have to confess to being *really frustrated when it isn't working.*<sup>Bart</sup> *In my mind, I've never said this to your mother, but in my mind I think, "I'm not going through this" for much longer. That's also because I feel a little helpless sometimes. I can't say to your mother, "well you rest, I'll feed the baby,"*<sup>Carter</sup> particularly these last few days when you've seemed so hungry.

I just realized that I'm *only telling you about the bad stuff.*<sup>Bart</sup> Let me go back to the night you were born. *Your mother says I helped in labour more than she expected. That meant a lot.*<sup>Abe</sup> Don't ever let anyone tell you men are the stronger sex. After seeing what your mother went through - *the whole pregnancy, delivery and now breastfeeding. I mean what else is she going to do to impress me? Cause I have this huge respect for her now that I don't think I, it's not that I didn't have it, it's that I didn't realize it before until I saw this. Yeah, I'm looking at myself more; "jeez all I can do is pee standing up", that's pretty much it. And look what she can do. Wow!*<sup>Adam</sup> *I've stayed pretty much out of work this past week and, honestly, I don't know how people work it any other way.*<sup>Carl</sup> *It's good to know that I'm actually helping out, that its not just a little token, and breastfeeding something that you and your Mom are doing over in the corner.*<sup>Alex</sup>

I remember before you were born, and I wondered if I would be jealous because of the special bond you and your mother would have because of the breastfeeding. Surprisingly, it hasn't turned out that way at all. *I think basically it's taken your mother a little more time to get to the same level of bonding that I have just because she didn't have time to purely enjoy you as a little child that I did. I don't know if that's one of the drawbacks of breastfeeding or not. But just when she's holding you so much to breastfeed, I don't know if she picks you up just to enjoy you. During the day when you have your quiet alert stage I just sort of sit you in my arm and you look around watching what's going on. It's a nice little bonding time when we're just sitting there.*<sup>Alex</sup> In my experience, men shouldn't assume breastfeeding is



*something just for the mother and child, but should get involved because there's always something we can do. It's not something the father is totally excluded from unless it's by choice.*<sup>Alex</sup> So, Peter, I'm back to work next week, and it would be really great if you would take that into account and give me more than two hours of sleep on Sunday night.

### Getting to Know You

Happy Eight-Week Birthday Peter,

I remember laughing before you were born when one of the guys at work said that life with babies is one of *ESP – eats, sleeps, poops.*<sup>Alex</sup> And now the laugh's on me, cause when you go *it's pretty much everywhere - about a five-foot trajectory. I don't know how you do it. It's amazing. I call it your beating zone because it is a term used in the military where bullets land when you shoot them and that's pretty much what it was, one big beating zone on the carpet.*<sup>Adam</sup> In the last few weeks breastfeeding for the three of us *has become much more commonplace, not such a big deal, just very much part of our day.*<sup>Alex</sup> You're still not sleeping through the night but *I've learned to sleep. I think the biggest thing is we are comfortable with having you in the house now – your squirms and cries just don't upset us as much. They're normal.*<sup>Brock</sup>

Mom's the real expert right now in figuring out what you want. She *can settle you down much faster than I can.*<sup>Brad</sup> I need to learn to trust that and give her *some space and freedom. Quite often when I question what she's doing, I am wrong.*<sup>Adam</sup> I need to give her space cause the lack of sleep is getting to your Mom. In addition to that *her body's also tired from producing milk and so that has to take energy.*<sup>Abe</sup> You may have noticed, Peter, the last few days have been a little tense and your Dad has to *watch where he steps a lot. Because some things can spark an argument and I see that in other couples. I see how arguments start and I can at least recognize that there are some issues we don't cover or I don't bring up.*<sup>Adam</sup> I've learned these last few weeks that I really *wasn't quite prepared for the amount of time you would take from your mother.*<sup>Brock</sup> She's carrying all the load. *I'm really an observer and I have to deal more with her frustrations and anxieties.*<sup>Ben</sup> I also realize that I support her

*other ways, making supper and by doing things around the house.*<sup>Adam</sup> You may have noticed that in the last little while we're also beginning to *get a bit of attitude*<sup>Adam</sup> about the breastfeeding. Yesterday someone said to your mother, "*give up that old breastfeeding and put him on a bottle.*"<sup>Aaron</sup> I've had to run interference a couple of times *putting the fire out before it got going. Your mother doesn't need people bothering her all the time.*<sup>Carl</sup> In fact I hadn't really thought about how important what I do is until yesterday when I was in for my interview with Gail. When we were talking, she asked me how the breastfeeding might be going if I weren't doing all these things. So Peter, I guess what I realized after talking with her is, while I'm not directly feeding you, *I'm nurturing your mother so she can nourish you.*<sup>Adam</sup> Over the last eight weeks *there's a distinct difference in you. You're more alert and focussing on things.*<sup>Abe</sup> I really like those times and enjoy the sense of family that they bring. *Like this morning at five o'clock when it was just me up with you. And so I told you the whole family tree and what everybody's names were, how old they were and my relationship to them - just the whole family thing.*<sup>Aaron</sup> I've never really felt like I was being left out or anything. *But looking at it now, your Mom's had you fall asleep in her arms while she's been feeding you and once we get you on the bottle I'll be able to as well. That will be interesting.*<sup>Alex</sup> It's hard to adequately put into words the joy you've brought to our lives. Sometimes the adjustments have seemed overwhelming but the three of us are surviving and perhaps at times even thriving. I know I can't imagine my life now without you.

### Six Months

A lot of time has passed since I've last written, Peter. Someone once told me that the *days are long but the years are short*<sup>Barry</sup> and I now know what that means. I have my sixth-month interview this week, and just realized that I hadn't written anything since about two months after your birth. Before you were born, I imagined all of the things I was going to teach you and, man, these first months have been filled with you teaching me. *I've had to learn to be very flexible. It's not a bad flexible, just that things change. There is no schedule. I mean, you might get a bit of a routine within an hour or so, but things can change all the time. I mean, I think we're fine, all of a sudden you start to fuss. And the fastest way to solve the problem*

*is to find a way to nurse. We may end up being half an hour late because you've got to feed first. I've had to learn that.*<sup>Brock</sup>

You've been particularly stubborn about taking a bottle, which has severely limited the amount of time that your Mom can be away from you and *has forced me to become inventive*<sup>Ben</sup> about ways to settle you, because at times *I feel helpless when all I can say is "Mommy be home soon, mommy be home soon."*<sup>Brad</sup> Now that you're starting to eat some real food things should be a little easier. I've also learned to *be patient and have an open mind. I've found that if your mother and I get frustrated or shaken in any way that you pick right up on it and don't eat properly and don't sleep properly. So we have to be kind of relaxed about things.*<sup>Carl</sup> And it's not just you that we have to be relaxed about either. There was an article in the newspaper last week about a woman nursing toddlers and your mother's parents *were just shaking their heads saying, "you know that's just not right, shouldn't be doing that." I just held my piece,*<sup>8</sup> *but that's the old way of thinking*<sup>Alex</sup> and attitudes are slow to change.

Another thing I've learned, Peter, is that as much as I try to be with you and spend time with you, your mother is *your primary caregiver in every way*<sup>Adam</sup> and that's *been convenient for me because I work long hours and I have a lot to do around the house and that sort of thing, so it's been convenient. I didn't want to look at it that way, but it really is convenient to have your mother nursing because – not that it would happen – but I can't take that role. Just like your mother can't split firewood I can't feed you,*<sup>Adam</sup> so that clear-cut division of labour has helped me. *We have our own jobs in the house and nursing you is your mother's job just like I said. Splitting firewood is mine and these roles can't be reversed.*<sup>Adam</sup> At the same time I recognize *it would be very hard to have breastfeeding without fathers being involved and being supportive at some level simply because of the difficulties that go along with it; his opposition would be a big problem.*<sup>Ben</sup> I think we sometimes underestimate just how exhausting it is to be responsible 24 hours a day, seven days a week. Sometimes when I get home from work *you and your mother have just had enough*

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<sup>8</sup> In Canada we have a saying "I'll give him or her a piece of my mind". I transcribed the interview with this connotation in mind. It could also be read as holding my "peace" as in maintaining a truce.

*of each other. So I eat my supper and take you for a walk or go for a drive – give Mom even a half hour to herself. It makes all the difference.<sup>Carl</sup> And even then it's not just about giving your Mom a break. It's also about giving me time with you. I think back to prenatal class and things I read saying "oh Dad can help by doing this" but they only say it as taking a load off Mom because Mom's so busy. Then it seems as if it's not anything about Dad. It's all about him helping somebody else. And it's not. Really it's about helping me get to know you.<sup>Bart</sup>*

The interview this week is my last one until you are a year old, and then I'll meet some of the other fathers who participated in the study. Being in this study for the last six months has given me an *opportunity to talk about me, my experiences and my feelings, which has been therapeutic to an extent. I believe that throughout the entire pregnancy and following it, the father is treated or viewed as an inconsequential third party. Dads are not really encouraged or expected to have feelings, opinions or ideas on any part of the process because "you're not the one carrying this baby around for nine months."* In fact, fathers are often the brunt of jokes at this time even during educational sessions for new and expecting parents, at times even being made to feel guilty for some feelings. Breastfeeding education is the same way. Talking it out and realizing that your feelings are okay and very common is important.<sup>Bart</sup>

Your Mom is going back to work soon,<sup>9</sup> and we're all in for more changes. We've worked out a plan and are counting on you to cooperate. I'm going to go into work earlier, and Mom will breastfeed you and give you some breakfast. Then, at the end of the day, I'll pick you up and feed you some solids to keep you going until Mom gets back to breastfeed you again. And during the day, you ask? Well, Peter, that's why we've been using the funny little cup with the spout this last while. Strangely enough, we've found that you like the cup while Mum's not around, but when she is within calling distance, you won't even look at it. I've learned that you're *not going to starve to death if there's an extra hour between when you get fed. You'll make a heck of a pile of racket if you're hungry without being in any danger of dying or*

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<sup>9</sup> At the beginning of the study, Canadian legislation provided for six months of combined maternity and child-care leave benefits. This was changed to one year of benefits beginning January 2001.

anything.<sup>Ben</sup> Friends told me that the first year was a time of *adaptive perseverance*<sup>Barry</sup> and I guess I agree. Let's hope this next transition goes smoothly for all of us.

### You're One Year Old

Hello Birthday Boy,

How can I begin to tell you how much better my life is than it was before you entered it? *To have a relationship with you has made me want to have hours and time to be with you, to have you give me the big admiring glances, to play with you, to be involved. When the end of the workday is near I'll actually go, "oh good, I'm going to get to go home and see how Peter is doing," which would be a less big part of my life than if I hadn't done all this taking care of you.*<sup>Ben</sup> This past week a group of fathers from the breastfeeding study met with Gail in her office to talk about our experiences. It was apparent she didn't *have a whole bunch of alpha males*<sup>Barry</sup> there, so why the continued conspiracy of silence about how involved men are with their babies? Not all of the men felt as strongly as I did about being treated like an appendage by health care professionals but most had similar experiences. One man said it's like doctors and nurses think *once she's pregnant our role is done and wait until our child is 18*<sup>Alex</sup> before they think Dad has any worthwhile information to tell them about his child. *They probably have no idea they're doing it.*<sup>Alex</sup>

Like me, the other dads found the early days of breastfeeding were rough going. But I feel pretty lucky that we never had to go to the lengths some did to get breastfeeding working. One guy actually talked about *resorting to eyedroppers with milk drawn from the bottle*<sup>Ben</sup> to get his baby to eat. Another father talked about how his wife's nipples were cracked and bleeding in the first few days. Then there were the guys like me whose biggest problem was figuring out the best way to help in the early days. When I was asked to describe my experience of being the father of a breastfeeding baby I replied *overall – positive and confusing. Positive in that I knew and still know breastfeeding is best for baby – good for Mom and convenient (eventually) for all.*<sup>Bart</sup> The other Dads seemed to agree with me that *it was*

*confusing in the beginning because of not knowing what exactly my role was. I'm a problem solver by nature and when there were problems it wasn't always clear to me a) what the problem was and b) how to solve it.*<sup>Bart</sup>

Another thing we talked about is how, in North American society, breasts are sex objects and how breastfeeding challenges that view. I got quite a reaction from some of the men in the group when I admitted that I had been curious about the taste of breast milk and that I let it spray in my mouth during intercourse at least once. Another guy said that while his baby was breastfeeding he considered the *breasts were there for the baby, until such time that they were not in use.*<sup>Aaron</sup> Embarrassment about breastfeeding in public seems more common in Fredericton than in other parts of Canada. I mean, your Mom doesn't feed you in public because *you still don't sit very still at feeding time, so your Mom tends to go to another room so that she doesn't make people uncomfortable.*<sup>Brad</sup> A man who has lived in different parts of Canada was saying that *in Vancouver in the malls and that sort of thing you see mothers and babies nursing openly, and in the malls in Quebec and Ontario you notice women all over the place. Here in Fredericton you'd be hard pressed to find once a week, a breastfeeding Mom in the mall – very uncommon.*<sup>Adam</sup>

Before you were born I thought breastfeeding was natural and I also thought that it should only be done for six months. I've changed my mind about both of those now. It may be natural for some, but *it was a foreign concept to your mother, me and to you.*<sup>Brad</sup> I'm glad we were able to stick with it and that your mother convinced me to let you to be the one to decide when to stop. You did that with no muss and no fuss a couple of weeks ago or was it three? It was so easy because you were just nursing once a day by then, before bedtime. One night your Mom was out, I played Van Morrison on the CD, held you on my chest and you smiled and went to sleep. I'm happy you share my taste in music, Peter, but then again, why I am surprised? I played Van on the walkman for you when your mother was pregnant, so we have come full circle. I love you, Peter. You complete my life.  
Dad.

## **The Role of Patrick's Story**

As was indicated earlier in this chapter, Patrick's story is a heuristic device designed to assist the questioning of assumptions. The focus in the story has been on communicating the thematic meanings<sup>10</sup> uncovered in this study in language that conveys expressive meanings. Van Manen (1997a) draws our attention to the significance of expressive meaning in phenomenology. He claims that expressive meaning is known as "mantic" meaning and refers to "that imagery of language that can bring about, in the reader, a phenomenological reverberation" (p. 345). Accordingly, the power of phenomenology in breaking through the taken-for-granted dimensions of everyday life is linked to the emotive resonance that a phenomenological text effects. Van Manen (1997a) asserts that "when we turn from thematic meaning to expressive meaning, then the question we ask turns from 'What does the text speak about?' to 'How does the text speak?'" (p. 345) shifting the focus to how the text "inspires our understanding" (p. 346). Revealing the mantic meaning of men's experience through the device of Patrick's story provides a means of breaking through the taken-for-granted dimensions of the experience of fathers of breastfed babies and for engaging the reader immediately with a sense of what the study is about. By telling Patrick's story prior to introducing the reader to the research approach and findings, I also invite readers to join with me in questioning the taken-for-granted reporting of interpretative nursing research according to formats better suited for research arising out of an objectivist paradigm<sup>11</sup> which may not effectively mirror the complexity of interpretative research.

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<sup>10</sup> Thematic meanings or unified messages are discussed in chapter six.

<sup>11</sup> Interpretative and objectivist research are discussed in chapter four.

## Chapter 3

### Why Fathers and Breastfeeding?

*Fathers should be neither seen nor heard. That is the only proper basis for family life.*  
*Oscar Wilde (1854–1900), Lord Goring, in An Ideal Husband, act 4.*

Breastfeeding can seem both miraculously complex and mundanely simple to those of us who have breastfed or who, in our clinical practice, witness others breastfeeding. The mother and baby work together in a mysterious harmony that diminishes all the “miracles” of modern infant formula. Men can’t breastfeed. Does this physiological limitation consign fathers to “bit players” when the mother breastfeeds? Does it consign babies to the myriad of known and unknown hazards of infant formula<sup>1</sup> so the father can participate in feeding? Or is there another way to view the mysterious harmony of the breastfeeding mother and baby that is also inclusive of the father? What do we know about men and breastfeeding, and how have we learned much of what we know? In this chapter I invite the reader to join me as I reflect on the taken-for-granted nature of our knowledge of men and breastfeeding. I identify why I believe it is important to address the issue of men and breastfeeding within the societal context of breastfeeding in a bottle-feeding culture.<sup>2</sup> I also discuss challenges I faced as a researcher, with considerable clinical expertise as a lactation consultant, in looking at the breastfeeding experience with new lenses.<sup>3</sup>

#### **Breast? Bottle? Does it Really Matter?**

When I established the University of New Brunswick (UNB) Breastfeeding Clinic, I chose the motto, “Affordable health care begins with breastfeeding” for prominent display on the letterhead and parent information sheets. The phrase is not simply a snappy slogan but, in a bottle-feeding culture where “money talks”, it serves as a concrete statement drawing attention to the results of a multitude of studies on the

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<sup>1</sup> For a detailed review see Walker, M. (1993).

<sup>2</sup> For an excellent discussion of this issue see Mulford, C. (1995).

<sup>3</sup> As was indicated in chapter one, these issues are included to provide the reader a basis on which to judge the interpretation I present.



health benefits of breastfeeding for mother and baby.<sup>4</sup> The widespread fallacy that “while breast is best, the bottle is nearly as good” is a hallmark of the magnitude, in industrialised countries, of the societal shift in the twentieth century to bottle-feeding. It is a curious situation that the shift from breastfeeding to bottle-feeding was unaccompanied by any empirical research,<sup>5</sup> yet attempts to restore breastfeeding as the primary source of infant nutrition must be accompanied by an incontrovertible evidence base in order to gain acceptance. In keeping with my intent of inviting the reader to accompany me on my journey of understanding men’s experience of being a father of a breastfed baby, I review my clinical practice in light of the international efforts to promote breastfeeding over the past 25-30 years. It is not my intent to provide a detailed history of the breastfeeding movement.<sup>6</sup> Instead, I weave key issues from the literature with my clinical practice thus taking the reader to the pivotal telephone call, referred to in chapter one, that prompted this study. The literature presented in this next section is limited to breastfeeding<sup>7</sup> and fathers and reflects my search through medical, nursing and social science databases on the topic of fathers and breastfeeding between 1970 and 2002. The sophistication of electronic databases permits inclusion of articles on breastfeeding that mention the father peripherally and those dealing specifically with the father. Far more of the former than the latter exist.

### The 1970s

After reaching an all-time low in the 1950s and 1960s, in the 1970s breastfeeding began to be seen again in the clinical wards of hospitals<sup>8</sup> (Coates, 1999).

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<sup>4</sup> See for example, Ball & Wright, (1999), Beaudry, Dufour & Marcoux, (1995), Cunningham, Jelliffe & Jellife, (1991), Dell & To, (2001), Labbock, (1999), Owen, Whincup, Odoki, Gilg, & Cook, (2002), Raisler, Alexander, & O’Campo, (1999).

<sup>5</sup> Maureen Minchin in *Breastfeeding Matters* calls artificial feeding of infants the largest uncontrolled *in vivo* experiment in human history.

<sup>6</sup> Many excellent books are available documenting the decline of breastfeeding and efforts to re-introduce breastfeeding as the norm, throughout the twentieth century. In addition to Minchin’s, noted above, three of particular interest are Gabrielle Palmer’s *The Politics of Breastfeeding*, Patricia Stuart-Macadam & Katherine Dettwyler’s *Breastfeeding Biocultural Perspectives* and Penny van Esterik’s *Beyond the Breast-Bottle Controversy*.

<sup>7</sup> Throughout the thesis I use the preferred spelling of the term “breastfeeding”. However when quoting sources who use the less common spellings “breast-feeding” or “breast feeding” I use the spelling as it appears in the publication being cited.

<sup>8</sup> I refer specifically to hospitals because in Canada in the 1970s nearly all births took place in hospitals, a practice which still continues.

Breastfeeding was looked upon with great suspicion because of the medicalisation of infant formula (van Esterik, 1989). It was widely thought that doctors and nurses knew the best feeding pattern for infant health, therefore breastfeeding was subjected to many “rules” which were really more appropriate for formula feeding. Although interest in breastfeeding was undergoing resurgence, we believed health professionals should manage breastfeeding because, as a culture, we had devalued generations of experiential knowledge (Stuart-Macadam & Dettwyler, 1995, van Esterik, 1989). We no longer took breastfeeding for granted as we had in the days before widespread use of infant formula. Choice in infant feeding was the new norm and had created the potential for the father to be involved in infant feeding. This cultural shift had also generated a change in societal expectations about the nature of parenting.

It was into this environment that I entered a clinical rotation on the maternity unit as a student nurse in 1971. Despite coming from a family where four out of six children were breastfed, I entered nursing never having seen a woman breastfeed. Breastfeeding was so novel that my first experience with a breastfeeding woman remains a vivid memory. In the 1970s the central nursery was a standard feature in hospitals and babies were taken to their mothers on a four-hourly schedule for feedings. After giving the baby to the mother, I turned to leave the room. She asked, “Aren’t you going to stay and help me?” I looked at her in bewilderment and replied, “You mean you don’t know what to do either?” Together we muddled through the feeding and the needs of the breastfeeding mother and baby became firmly implanted in my mind. The father’s role seemed non-existent: he was a visitor to the ward and he couldn’t breastfeed, so why would he need to be involved?

What was the literature of the day saying about fathers and breastfeeding? Bishop and Bishop (1978) wrote of their dismay on hearing friends and professionals refer to the father’s inability to feed the baby as a disadvantage of breastfeeding. They argued that the most important thing a health professional could do to create a source of support for the mother was to encourage a positive attitude within the father toward breastfeeding. Their article appears to be based on personal and

professional experience. It contains practical recommendations such as encouraging the father's presence at the first breastfeeding<sup>9</sup> to promote bonding, as well as suggestions for health professionals to make to fathers for helping the breastfeeding mother following discharge from hospital.

Two articles (Lerner, 1979, Waletzky, 1979) focussed on the negative male reaction to breastfeeding. I will discuss Waletzky's first since it was published prior to Lerner's, and Lerner uses it as a reference to support her position. Interestingly, Waletzky also credited earlier work by Lerner on breast envy for framing her thinking. Like the Bishop and Bishop article, Waletzky's appears to be based on conjecture. She noted that some men had definite negative reactions to breastfeeding and argued that ignoring this "tends to generate guilt and anxiety in men ... and creates anger in women who feel they are alone in having an unsupportive husband" (p. 349). Waletzky categorically stated that in addition to depriving a man of "the easiest and most enjoyable way to relate to the baby, not being able to participate in feeding may also hinder father-infant bonding" (p. 350). She also declared that breastfeeding may create anger and sexual frustration in the man. She acknowledged benefits of breastfeeding for mother and baby, and concluded, "attempts should be made to modify the husband's negative reactions rather than to stop breast-feeding." She suggested that a support system to alleviate stress should be put in place for fathers.

Lerner called the absence or perfunctory mention of the father, in the professional literature on breastfeeding, "dramatic neglect" (p. 340). She argued that in the popular literature there was repeated indication that "husbands, in addition to feeling proud and gratified by the nursing relationship, may also feel superfluous, inadequate, envious, and excluded" (p. 340). Lerner acknowledged the "clear immunological, metabolic, and nutritional advantages" of breastfeeding (p. 339). In addition, she noted, "there exists no convincing evidence that babies, bottle-fed with love and affection, suffer later psychological costs" (p. 339). Much of the article is devoted to presenting views on male jealousy of females in general followed by a

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<sup>9</sup> In 1978 in many North American hospitals the father was treated as a visitor and frequently not present at feeding time.

case study presentation of a woman Lerner treated for clinical depression. Although she never saw the husband in treatment, Lerner indicated that she was able to conclude his negative reaction to breastfeeding was a contributing factor to her client's depression.

In reviewing the three publications located on fathers and breastfeeding, it seems my naïve view of fathers fell somewhere between the necessity to involve him and the need to protect him from negative consequences. Fathers were just there, pleasant to talk to but not my real focus. My "real" goal for breastfeeding was to deal with the iatrogenic<sup>10</sup> causes of breastfeeding failure. Moving into the 1980s, I was not alone in this view as will be discussed next.

### The 1980s

Throughout the 1970s an international momentum had been building following the boycott of Nestle for unethical marketing of infant formula. The culmination of the political action resulted in the 1981 signing of the World Health Organization's (WHO) International Code of Marketing Breastmilk Substitutes (WHO Code). Canada was one of the 118 countries that signed the code. The WHO Code is an important landmark in legitimizing political activism in the area of infant feeding. In the years following it the International Lactation Consultants Association was formed (1985), and in Canada the national breastfeeding promotion strategy adopted just prior to the signing of the WHO code gained prominence (Myres, Watson, & Harrison, 1981, Myres, 1983). I, however, had not yet moved beyond looking at breastfeeding as more than a mother and baby issue. In 1978 I had my first child, Peter who weaned himself at 11 months. A second child, Karen, followed Peter in 1980 and I encouraged her to wean at 11 ½ months. Neither baby had anything but breastmilk for six months, but both received bottles of expressed breastmilk, after three months of age, while I was at work. "Dad" gave those bottles and it didn't seem important to us.

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<sup>10</sup> Several publications deal with the impact of hospital practices on breastfeeding. One of the more recent publications is Auerbach, K. (2000).

West (1980), Entwisle (1982) and Beske and Garvis (1982) all noted the father as a source of encouragement for breastfeeding, however studies specifically looking at fathers in the breastfeeding literature continued to be conspicuously absent. Jordan (1986) presented the notion of breastfeeding as a paternal risk factor in relation to harmony in the marital relationship. She also indicated that the father-infant relationship, and ultimately breastfeeding success, could possibly be jeopardised if health professionals did not take father's concerns into consideration. Jordan's publication included no clinical or personal evidence to support her views, however she did cite Lerner (1979) and Waletzky's (1979) articles in persuading nurses to help couples "examine the array of meaningful ways to interact with the infant and to realize that feeding practices substitute only a small part" (p. 96).

Meanwhile, my professional life mirrored the benign neglect of fathers in the literature and I continued to focus on the mother and baby. My work also generally reflected the empirical mode of knowing that pre-occupied the nursing profession<sup>11</sup> (Storr, 1983, 1988, 1989a and b). In the 1990s events were to place breastfeeding firmly on the political agenda once again, and the impact of this became reflected in my professional life. This is discussed in the next section.

### The 1990s to the Present

During this time frame, the presence of fathers in the breastfeeding literature increased markedly. In contrast to the 1970s and 1980s, the literature reflects a research base rather than a clinical one. Before discussing this literature I briefly review the socio-political situation for breastfeeding. In this discussion I focus on Canada and New Brunswick since this is where the study was conducted. I refer to the international situation when it made an impact on the situation in Canada.

Throughout Canada, despite health promotion efforts of the 1980s and 1990s, there are still significant obstacles to breastfeeding. These include but are not limited to the marketing practices of infant formula companies, health care providers' lack of knowledge of breastfeeding practice and the continued erroneous view of the

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<sup>11</sup> The issue of the differing ways of knowing is discussed in chapter four and again in chapter eight.

equivalence between breast milk and artificial substitutes. A similar breastfeeding climate throughout much of the industrialised world prompted an international meeting culminating in the signing of the Innocenti Declaration in 1990. Signatories to the Innocenti Declaration committed to developing a comprehensive three-pronged strategy of promotion, protection and support of breastfeeding to deal with the complex issue of re-claiming breastfeeding as the cultural norm in a society where bottle-feeding was seen as normal. The United Nations Children's Emergency Fund (UNICEF) and WHO launched a Baby-Friendly Hospital Initiative (BFHI) the following year (Kyneka-Isabirye, 1992). The BFHI is the only global initiative that promotes breastfeeding within a hospital setting and is operationalised in the "Ten Steps to Successful Breastfeeding" (WHO, 1989). The steps were developed to assist hospitals to change policies and practices that hindered breastfeeding and to develop specific policies to facilitate breastfeeding.<sup>12</sup>

The Breastfeeding Committee for Canada (BCC) was established in 1991, and in 1996 it became the national authority for the BFHI in Canada. In 1996 the Canadian Institute of Child Health published a revised edition of *National Breastfeeding Guidelines*, and in 2000 the federal government publication, *Family-Centred Maternity and Newborn Care: National Guidelines* was published with an extensive chapter on breastfeeding.<sup>13</sup> Currently there is one Baby-Friendly designated hospital in Canada and no Baby-Friendly designated hospitals in New Brunswick. In 2001 the WHO Expert Technical group passed WHA Resolution 54.2 supporting exclusive breastfeeding for six months as a global public health recommendation. The stronger wording of this resolution, compared to a similar one in 1994, Resolution 47.5 was not without controversy, much of it the result of societal acceptance of formula feeding as normal. However, the strong stand of WHO is viewed by the New Brunswick government as further legitimating its position of encouraging hospitals in the province to work toward Baby-Friendly designation. In the next section I briefly review how New Brunswick arrived at this position.

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<sup>12</sup> I include this information to provide the reader with information on the context in New Brunswick. I make no comment on how BFHI is operationalised as this is not germane to my argument.

<sup>13</sup> I was invited to serve as a reviewer for the 1996 publication and as one of four authors for the 2000 publication.

Although at a national level breastfeeding promotion had been on the agenda since the early 1980s, it wasn't until 1997 following recommendations from a province-wide study on breastfeeding (Storr, 1996) that a provincial breastfeeding advisory committee was formed. Another outcome of the 1996 study was a province-wide "Train the Trainer" programme in May 1997 based on WHO recommendations for training breastfeeding professionals (WHO/UNICEF, 1990). Designated nurses and nutritionists from the hospital and public health sectors attended the 3-day workshop and then became responsible for Train the Trainer sessions in their health regions.<sup>14</sup> During the 3-day workshop the Minister of Health and Community Services introduced a provincial policy statement on breastfeeding.

Prior to 1997, fragmentation of services and breastfeeding promotion activities in New Brunswick was commonplace. Health care professionals in the same geographic area often pursued breastfeeding initiatives independent of each other and with no formal communication. Some health regions had developed interdisciplinary breastfeeding promotion committees. Although hospitals were represented on these committees, they were largely the creation of nutritionists from public health and, as such, had no real impact on changing hospital practices known to be detrimental to breastfeeding. Moreover, committees had no way to liaise with each other and no overall picture of provincial breastfeeding practices. Although the provincial department of public health kept records of initiation of breastfeeding, prior to the advent of the breastfeeding promotion committees these statistics were not readily accessible at a local and regional level. Until 1996 the only available provincial statistics on breastfeeding duration were from a study in the early 1980s (Beaudry-Darisime, Cronier, Martin & Prefontaine, 1982, Beaudry & Aucoin-Larade, 1989). Throughout the 1980s and the early 1990s efforts at protection, promotion and support of breastfeeding was largely the result of individual clinicians' interests and local La Leche League groups, which worked with mothers on a one to one basis.

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<sup>14</sup> Although health services in New Brunswick are centrally administered by the Department of Health and Community Services, there are seven health regions each with a hospital corporation responsible for all acute care services in the region and a Public Health Division responsible for community health.

During this time frame my professional life was so intermingled with the socio-political climate that I discuss the two together. The University of New Brunswick breastfeeding clinic, which I mentioned earlier in this chapter, was the first to be established in the province. Initially, referrals were word-of-mouth and the focus was on dealing with women who had problems with breastfeeding. By 1993 I was able to introduce a new focus – breastfeeding classes for couples. Each series of classes consisted of three classes prior to the baby’s birth and one class following birth. Over 60 couples participated in the classes in the first year. Only three women stopped breastfeeding prior to three months and 85 percent breastfed longer than six months (Storr, MacDonald & Howroyd, 1994). This was in stark contrast to an earlier study where fewer than 25 percent of women (n=152) were still breastfeeding at six months (Storr, MacLeod & Scott, 1988) and a later provincial study (Storr, 1996) where 35 percent of women (n = 855) breastfed between 4-6 months. More significantly for purposes of this discussion, these classes provided me with a more systematic opportunity to interact with men than any of my previous clinical experiences. Even so, I took for granted that the men were there secondary to the needs of their female partners. It was during this time that I received the pivotal telephone call bringing all of my assumptions about fathers and breastfeeding into question. During this time I was successful in an application for federal funding to conduct a province-wide study on breastfeeding. Based on my newfound awareness of fathers, I was able to convince the advisory committee to the project that we should incorporate focus groups with fathers (Storr, 1996). Listening to the men in the focus groups reiterated for me what the man who had called my clinic indicated – men, or at least some men, valued the opportunity to talk about their experience with a breastfeeding baby,<sup>15</sup>

Even a support group for men would be nice. You know I mean just sitting down here talking like this, I find myself saying, “well jeez he said that about his and maybe it was normal for me” and I didn’t know it at the time (Focus Group Participant in Storr, 1996, p. 47).

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<sup>15</sup> The focus of this particular research project was not specifically on the experience of being the father of a breastfed baby but rather looking at factors that influenced duration of breastfeeding.



I now show how, once again, my professional life was a reflection of what was appearing in the literature. In the professional literature, much of the discourse on breastfeeding focussed on the relationship between the lack of readily available widespread sociocultural support for breastfeeding and the ineffectiveness of education and policy development in support of breastfeeding (Brunig & Brady, 1993, Haddon & Storr, 1994, Hefti, 1992, Iker & Mogan, 1992, Lazarov, Feldman & Silveus, 1993, Mulford, 1995, Valatais & O'Brien, 1994). Textbooks are generally slower to reflect changing trends than journal publications and so it is with texts on fathers and breastfeeding. Many reputable textbooks of the 1990s mentioned the father either minimally or not at all when discussing the breastfeeding relationship (Lawrence, 1994, Lowdermilk, Perry & Bobak, 1997, Reeder, Martin & Koniak, 1992, Sherwen, Scoloveno & Weingarten, 1995, Riordan & Auerbach, 1993). In professional journals, reference to the father became more commonplace as shown in Table 1 shown over the next six pages.

Table 1 Publications on Fathers and Breastfeeding 1990-2002

Year, Reference & Country	Source for Information on Fathers and Breastfeeding	Focus & Journal <sup>17</sup>	Main Contribution
1990 Jordan & Wall United States	Serendipitous findings from longitudinal study on expectant and recent fathers (n = 56) PLUS evaluation of literature on fathers and breastfeeding	“To investigate the extent to which parents and professionals might be informed about breastfeeding and fathers” (p.210). <i>Birth</i>	Fathers had positive attitudes about breastfeeding in the prenatal period however following birth they discussed feeling envious, inadequate and left out.
1990 Black, Blair, Jones & DuRant United States	Survey of expectant mothers (n = 120)	To look at feeding decisions in a low income group <i>Journal of American Dietetic Association</i>	Fathers accounted for some of the variance in breastfeeding intention.
1992 Freed, Fralely & Schanler United States	Anonymous survey questionnaire (n = 268) of men and women during first session of childbirth education classes	“To examine expectant fathers’ attitudes and knowledge regarding breast-feeding” (p. 224) <i>Pediatrics</i>	Significant positive and negative variables of father (belief in value of breastfeeding, bonding, sexuality etc.) associated with woman’s breastfeeding intention.
1992 Sears United States	Professional experience as a paediatrician and personal experience as father of eight breastfed children convinced him that sensitive and supportive fathers important contributing factor to breastfeeding success.	Identified nurses as having a key role in conveying to fathers the significance of breastfeeding to infant health. <i>NAACOG’s Clinical Issues</i>	Provides many practical suggestions for fathers and mothers.
1992 Matich & Sims United States	Self-administered questionnaire to women (n = 159)	To determine factors contributing to a woman’s decision to breastfeed and her perception of a successful lactation experience. <i>Social Science &amp; Medicine</i>	Baby’s father a more important source of tangible support for intended breastfeeders.
1992 Håkansson Country not applicable	Cultural anthropologist who reviewed anthropological, psychological and medical literature	Review of the topic of sexuality and lactation <i>International Journal of Prenatal and Perinatal Studies</i>	Fathers in western society may feel jealous because they no longer have monopoly of the breast and may also feel disgust at seeing dripping breasts.

<sup>17</sup> One citation is from a book.

Year, Reference & Country	Source for Information on Fathers and Breastfeeding	Focus & Journal <sup>17</sup>	Main Contribution
1993 Freed, Fraley & Schanler United States	Anonymous survey questionnaire (n = 268) of men and women during first session of childbirth education classes (Data also used for 1992 publication).	To determine whether a mother can accurately predict the father's attitude about breastfeeding <i>The Journal of Family Practice</i>	"Mothers' predictions were little more accurate than random guessing in predicting their partner's response" (p. 148).
1993 Freed & Fraley United States	Anonymous survey questionnaire (n = 268) of men and women during first session of childbirth education classes (Data also used for 1992 publication).	To determine if differential perceptions of fathers' attitudes regarding breastfeeding existed between women who had made a prenatal decision to breastfeed or formula feed <i>American Journal of Perinatology</i>	Mothers who planned breastfeeding were more likely to predict positive attitudes of fathers toward breastfeeding. Mothers who planned formula feeding predicted less positive attitudes to breastfeeding.
1993 Robinson, Hunt, Pope & Garner United States	Adolescent mothers (n = 84)	To examine attitudinal and other influences on feeding decisions among a group of expectant adolescents <i>Journal of American Dietetic Association</i>	Fathers were an influential factor in the decision to breastfeed
1993 Gamble & Morse Canada (* Study will be discussed in more detail later in chapter)	Telephone interviews with fathers of successfully breastfed infants (n = 14; total of 25 interviews)	"To examine husbands' experience of having their wives breastfeed" (p. 358). <i>Journal of Obstetric, Gynecologic and Neonatal Nursing</i>	Provided grounded theory discussion of how fathers construct experience
1993 Voss, Finnis & Manners England	Survey questionnaire distributed by health visitors to fathers of infants six weeks to one year (n= 113)	To investigate fathers' opinions and attitudes toward infant feeding <i>Journal of Royal Society of Health</i>	72% of fathers involved in making decision about infant feeding. Some fathers feel left out and envious of breastfeeding, others feel bottle feeding permits closer paternal-infant bond
1993 Jordan & Wall United States	Serendipitous findings from longitudinal study on expectant and recent fathers (n = 56) PLUS clinical experience. Same data as 1990 publication.	To provide recommendations for education and support related to breastfeeding. <i>Journal of Human Lactation</i>	Suggested recommendations for anticipatory guidance for breastfeeding, supporting the couple relationship and enhancing the father-infant relationship
1993 Hoelscher United States	Experience as a La Leche League Leader	Providing commentary on findings from Freed, Fraley and Schanler's 1992 article <i>International Journal of Childbirth Education</i>	Claims that creating a positive mindset for breastfeeding is necessary for men to feel comfortable with public breastfeeding.

Year, Reference & Country	Source for Information on Fathers and Breastfeeding	Focus & Journal <sup>16</sup>	Main Contribution
1994 James, Jackson & Probart United States	Survey of women in postpartal period (n = 163)	To examine factors associated with breastfeeding prevalence and duration among international students <i>Journal of American Dietetic Association</i>	Fathers' preference the only significant variable related to infant feeding method.
1994 Littman, Medenhof & Goldfarb United States	Questionnaire to mothers within 24 hours of delivery (n = 115)	"To determine factors which may influence a mother's intention to breastfeed and to evaluate specifically the effect of working outside the home" (p. 214). <i>Clinical Pediatrics</i>	The only factors found significantly relating to breastfeeding intention were the father's level of education and his approval for breastfeeding.
1994 Giugliani, Bronner, Caiaffa, Vogelhurt, Witter & Perman United States	Self-administered questionnaires of fathers. (breastfeeding n = 92; formula n = 89)	To assess fathers' knowledge of breastfeeding in different areas of the subject. <i>Acta Paediatrica</i>	Fewer than half of the fathers of bottle-feeding babies were aware of benefits of breastfeeding for mother and baby. A majority of all fathers believed breastfeeding is painful.
1995 Kessler, Gielen, Diener-West & Paige United States	Telephone interviews from a random selection of participants (women and significant others) from larger infant feeding study (n = 133).	To examine the effect of significant others on intention, initiation and successful initiation (defined as seven days) of breastfeeding <i>Journal of Human Lactation</i>	Preference of significant other (for 71% of women the baby's father) showed highest odds ratio for intention to breastfeed.
1996 Eriksen Norway	Self administered questionnaires re breastfeeding practice of mothers attending mother and child health centers (n = 312)	To investigate the relationship between breastfeeding practice and the presence of the child's father in the household and the smoking habits of the child's father and mother. <i>Acta Paediatrica</i>	Non-smoking mothers are more inclined to start early supplements if they had a smoking spouse/cohabitant.
1996 Sullivan Canada	Focus Groups conducted for Health Canada (n=12)	A survey of Canadians' attitudes towards breastfeeding. <i>Canadian Medical Association Journal</i>	Recommends educating male partners so they can encourage and support breastfeeding mothers. Also suggests need to "spell out explicitly the role that male partners can have in developing their own special relationship with the child when the decision is [made] to breastfeed" (p. 1570).

Year, Reference & Country	Source for Information on Fathers and Breastfeeding	Focus & Journal <sup>17</sup>	Main Contribution
1997 Scott, Binns & Aroni Australia	Self-administered questionnaire to women prior to discharge from hospital (n = 556)	To identify factors that influence a woman's decision to breastfeed <i>Journal of Paediatrics and Child Health</i>	Fathers reported preference for breastfeeding found to be the most important factor influencing a woman's decision to breastfeed.
1997 Sharma & Petosa Country not applicable	Summary of 11 published studies explicating the role of the father in breastfeeding	"To identify factors that affect fathers' decisions regarding breast-feeding and to help establish effective breast-feeding recommendations targeted at expectant fathers" (p. 1311). <i>Journal of American Dietetic Association</i>	Across the studies reviewed, "the strongest and most consistent variable is support of the father" (p. 1311).
1997 Bar-Yam & Darby Country not applicable	Searches through medical and social science databases of English-language articles on topic of fathers and breastfeeding between 1980-1995.	To review the research literature and make suggestions for further research studies <i>Journal of Human Lactation</i>	The authors indicate that the research reflects a North American and British orientation that "artificial feeding is the norm against which breastfeeding is measured" (p. 50).
1997 Hall United Kingdom	Professional experience as a midwife	To explore issues related to culture and female sexuality that influence women in their choice and ability to breastfeed <i>British Journal of Midwifery</i>	Overview of societal view of breasts as sexual objects and how this attitude creates barriers to success in breastfeeding.
1997 Lupton & Barclay Australia (* Study will be discussed in more detail later in chapter)	Part of a longitudinal study interviewing first-time mothers (n = 16) and fathers (n = 16) from before birth until child is three years of age	"To elicit these men's practices and feelings in relation to their experience of becoming fathers and to seek to explore the ways they may take up, negotiate, re-shape or reject discourses on fatherhood emerging from popular and 'expert' texts and other sources" (p. 7). <i>Constructing fatherhood: Discourses and experiences</i>	Feeding appears to be "of immense symbolic as well as practical significance to men and their partners" (p. 138).
1999 Scott & Binns Country not applicable	Drawn from literature review from Scott's PhD identifying factors associated with initiation and duration of breastfeeding	Review focussed attention on studies that employed multivariate analysis of data. Breastfeeding duration and initiation were considered two uniquely separate events. <i>Breastfeeding Review</i>	Among the studies there is "strong evidence to suggest that fathers play an important role in the breastfeeding decision" (p. 5).

Year, Reference & Country	Source for Information on Fathers and Breastfeeding	Focus & Journal <sup>16</sup>	Main Contribution
1999 Susin, Giugliani, Kummer, Maciel, Simon & da Silveria Brazil	Clinical trial with fathers and mothers of normal newborn babies. Structured questionnaire prior to intervention, which consisted of video on breastfeeding, pamphlet, discussion following video, plus home visits at end of months 1,2, 4 & 6. (Control group n = 208 Experimental group 1 mothers only n = 197 Experimental group 2 mothers and fathers n = 196)	“To assess the knowledge of mothers and fathers about breastfeeding before and after receiving postpartum advice and its relationship to the frequency of breastfeeding” (p. 149). <i>Birth</i>	“By means of a simple, inexpensive intervention, it is possible to raise the mothers’ and fathers’ level of breastfeeding knowledge and consequently, raise the rates of breastfeeding in the infant’s first six months” (p. 155)
1999 Scott, Aitkin, Binns & Aroni Australia	Self-administered questionnaire to women prior to discharge from hospital (n = 556) and follow-up telephone interviews until 24 weeks postpartum or until breastfeeding stopped (Same sample as 1997 publication)	To examine the duration of breastfeeding and associated socio-demographic, psychosocial and biomedical factors <i>Acta Paediatrica</i>	“Positive association between father’s preference for breastfeeding and breastfeeding duration suggests that partners influence breastfeeding success by acting either as supports or deterrents to breastfeeding” (p. 420).
2000 Jackson United Kingdom	Professional experience as Midwifery Teacher	“To examine some of the lesser discussed topics in relation to breast-feeding and sexuality and how these may impact on this complex issue” (p. 83) <i>British Journal of Midwifery</i>	Discussion of issues related to sexuality and men’s attitudes to breastfeeding.
2000 Arora, McJunkin, Wehrer & Kuhn United States	Mail survey to mothers, from a family practice, receiving care from birth to one year (n = 245)	To determine factors influencing feeding decisions, breastfeeding and/or bottle initiation rates, as well as breastfeeding duration <i>Pediatrics</i>	The most common reasons mothers chose to bottle-feed included perceptions of fathers’ attitude.
2000 Shepherd, Power & Carter Scotland	Questionnaires distributed to couples (bottle-feeding n = 101, breastfeeding n = 126) Part of a larger longitudinal study re determinants of infant feeding from pregnancy to four months post delivery.	To compare feeding attitudes of breastfeeding and bottle-feeding couples and their socio-demographic details. <i>Journal of Advanced Nursing</i>	Fathers of bottle-fed babies had limited knowledge of health benefits for both mother and baby. Fathers of breastfed babies had less knowledge of benefits than mothers of breastfed babies.

Year, Reference & Country	Source for Information on Fathers and Breastfeeding	Focus & Journal <sup>17</sup>	Main Contribution
2001 Scott, Landers, Hughes, & Binns Australia	Data from two previous studies one in Perth (n = 556 ) and Queensland (n = 501)	Data from two separate studies combined and analysed as one data set in order to examine determinants of initiation and duration of breastfeeding. <i>Journal of Human Lactation</i>	Breastfeeding at discharge most strongly associated with perceived paternal support, duration most strongly associated with woman's intentions.
2001 Scott, Landers, Hughes & Binns Australia	Same data as above publication	Data from two separate studies combined and analysed as one data set in order to examine determinants of initiation and duration of breastfeeding. <i>Journal of Paediatric Child Health</i>	Breastfeeding at discharge from hospital most strongly associated with perceived paternal support.
2002 Cohen, Lange & Slusser United States	Professional experience with a corporate lactation programme that focuses on promoting breastfeeding through male employees	Description of the programme, participants and success. <i>Journal of Human Lactation</i>	Average length of breastfeeding for all of the infants whose fathers participated in the program was eight months.

A reasonable inference from the increased attention to fathers and breastfeeding in the 1990s compared to the 1970s might be that I was alone in my benign neglect of fathers, which I have recounted. A closer inspection, however, shows that fathers have mostly been studied to determine their impact on breastfeeding decisions and knowledge. A shift in language is also noticeable. Although choice is still used in describing feeding decisions, there is an increasing recognition of the benefits of breastfeeding to infant and maternal health. Of the 33 publications listed in Table 1, only three reported on research done solely and specifically with fathers of breastfed babies. In six publications the information reported about fathers came from women. Three of the five publications on studies done with couples resulted from serendipitous findings on breastfeeding - two from a study on expectant and recent fathers and the third from a longitudinal study of couples. In addition, nine articles reported on different aspects of fathers and breastfeeding from three single research projects. Four of the 33 publications are literature reviews and five are based on personal and/or professional experience. Clearly, although fathers now

appear in the literature on breastfeeding in greater numbers than in the 1970s, fathers of breastfed babies have rarely been studied in their own right.

In the same way that fathers have been peripheral in the breastfeeding literature, breastfeeding is peripheral to the literature on fathers. The history of research on fathers is well documented (Ferri & Smith, 1996, Lamb, 1997, 1999, Marsiglio, 1995). The National Center on Fathers and Families, an interdisciplinary center housed at the Graduate School of Education at the University of Pennsylvania, maintains an extensive database, "Fatherlit". In July 2002 the Fatherlit database had over 8000 citations and fewer than 20 of them have any information on breastfeeding.

The subject matter of fathers is inconsequential in recent texts on masculinity and the issue of breastfeeding nonexistent (Connell, 1995, Dench, 1998, Edley & Wetherell, 1995, MacInnes, 1998, Segall, 1997). Similarly, a brief overview of consumer-oriented and academic books devoted exclusively to fathers over the past 30 years reveals that breastfeeding is treated as a minor topic, if discussed at all (Brott, 1997, Burgess, 1997, Dienhart, 1998, Hanson & Bozett, 1985, Hass, 1994, Hirschfeld, 1999, Lewis, 1986, Lewis & O'Brien, 1987, Lupton & Barclay, 1997, McKee & O'Brien, 1982, Schaefer, 1972, Thicke, 1998). Within this genre of book, Lewis (1986) and Lupton and Barclay (1997) include more information on fathers and breastfeeding than any of the others. Lewis, in a 190-page book, includes five pages on feeding of which one to two pages deals with fathers and breastfeeding. Lupton and Barclay (1997) include two to three pages (from a 157-page book) on fathers and breastfeeding.

Lewis (1986) examined fathering from the man's point of view, interviewing 100 men when their children were one year old. He maintained that interviews conducted at one year enabled "men to describe the transition to parenthood as a whole and as a historical progression" (p. 23).<sup>17</sup> Some of the interviews were conducted with the men's partners present; most were conducted with the men

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<sup>17</sup> I discuss the merits of longitudinal interviews *during* the first year of the child's life in chapter seven.



alone. In comparing the results from interviews from the “wife present” and “father alone”, he found that when men were interviewed alone they consistently mentioned negative aspects of parenthood and marriages in contrast to those interviewed with their partners present.<sup>19</sup> In terms of breastfeeding, Lewis noted that men “appear to play an important, if unseen, role in helping their wives to establish their feeding routine” (p. 92), although some men felt at a psychological disadvantage with the baby until breastfeeding ceased. Conversely, he noted that a man’s ability to feed his baby does not mean that he simultaneously becomes more involved in child-care.

Lupton and Barclay (1997) interviewed 16 couples progressively until their children were three years old.<sup>20</sup> They report on the first 18 months of fatherhood and state that their intent was “to elicit men’s practices and feelings in relation to their experience of becoming fathers, and to seek to explore the ways they take up, negotiate, reshape or reject the discourses on fatherhood emerging from popular and ‘expert’ texts and other sources” (p. 7). While breastfeeding was not the focus of their study, they discussed feeding with the men. Although breastfeeding brings rewards to the mother that may compensate for the negative side of early child-care, they noted similar compensations are not so evident for men. They also describe men of breastfed babies as feeling “more ‘detached’ from their child than they expected or wanted to be” (p. 138). Lupton and Barclay indicated that the issue of fathers taking up early feedings, because of their desire for the emotional reward of feeding their babies, has the potential to disrupt breastfeeding and “reduce the benefits the infant *might* receive from ingesting human milk” (p. 141, emphasis added). They also conclude that men’s inability to breastfeed “combined with a currently hegemonic discourse that insists upon the importance of breastfeeding ... often served to shut men out of experiencing a close embodied relationship with their child to the extent they would have liked” (p. 147).

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<sup>19</sup> This information was helpful to me in deciding to limit my interviews to men only.

<sup>20</sup> The interviews were conducted in late pregnancy, 2-10 days, 3-6 weeks, 5-6 months, one-year and 16-18 months after birth of the baby. Although as discussed in chapter five I selected similar time frames for my interviews, I did not read Lupton and Barclay’s book until after I had done so. However, learning that the timeframes I had chosen corresponded to theirs helped me to believe that I had chosen prudently.

As I have noted, the pivotal telephone call I received from a father caused me to question my assumptions about fathers.<sup>21</sup> Prior to beginning my PhD in 1998, a review of publications on fathers and breastfeeding led me to question the evidence of the sources of information on fathers and breastfeeding. I subsequently began to question how western societal assumptions about fathers and breastfeeding are reflected in our assumptions about fathers. I consider this issue in the next section of the chapter.

### **What do we “Know” About Fathers?**

Oakley (1979) notes that, “if biology makes fathers dispensable, society carves out particular roles for them. These roles are shaped by history and circumstance” (p. 198). While I believe it is important to question the assumptions we hold about the role of fathers, it is not my intent to provide a review of the extensive body of literature that now exists on fathers. Instead, I will briefly explore how the historical images of fathers, focussing on non-involvement or limited emotional interaction with infants, have possibly created a synecdoche or a situation where we have confused the *whole* life of fathers with the *parts* of lives of fathers that are in common public images.

There seems to be a widely held view that the involved, nurturant father has emerged in the last 20-25 years (Barbour, 1990, Beail & McGuire, 1982, Burghes, Clarke & Cronin, 1997, Greenburg, 1985, Humez & Stavely, 1978, Kraemer, 1995, Lamb, 1986, Mackey, 1985, Russell, 1983). Lewis (1986) claims that the emergent view of nurturant fatherhood is too simplistic and utopian. I am also aware that there is some dispute about the evidence that men engage in more child-care or nurturing activities (Backett, 1982, Delphy & Leonard, 1994, Elliot, 1996, Ferri & Smith, 1996, Gershuny, 1992, Hochschild, 1990, Lamb, 1997, Segal, 1997). However, I am interested in learning whether there are historical public images of nurturing fathers at a time when breastfeeding was the default method of infant feeding. Thus the taken-for-granted knowledge I wish to question is “did fathers

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<sup>21</sup> This was described in chapter one.

develop warm, caring relationships with their infants despite the fact that they could not feed them initially?" If so, does that knowledge offer an alternative perspective to the more recent view that fathers feel left out if they cannot feed their babies? To consider this issue I show how the perception of fathers as distant and uninvolved developed.

### Historical Views of Fathering

Since my study was conducted in Canada, I present the prevalent images that gave rise to North American views of the father. Lamb (1986) describes four phases of fathering spanning two centuries in North America. The father was seen as moral teacher (puritan to colonial times), breadwinner (centralized industrialization), sex role model (post depression and World War II), and the new nurturant father (mid 1970s until present). Pleck and Pleck (1997) note that throughout different periods in history there has generally been a "single, culturally dominant ideal of fatherhood" (p. 34). Accordingly, Pleck and Pleck's description differs little from Lamb's. Their description of the dominant views of fathers over time includes stern patriarch (colonial America), distant breadwinners (American Revolution through the 19th century), wise dad (early to mid twentieth century) and co-parent (1970s to present).

Lewis (1986) claims that the emergent view of involved fatherhood "is as old and perhaps as prominent as the notion of patriarchy" (p. 5). If Lewis is correct and nurturing fathers are not new, how did we arrive at a position where we have taken-for-granted that men are distant and non-involved parents? I argued above that the existence of historical accounts presenting an alternative view might assist us in re-thinking whether recent societal assumptions have confused the *whole* life of fathers with the *parts* of lives of fathers, which are portrayed in common public images. I therefore present examples to demonstrate that, in the past, public images did not exclude images of nurturing fathers. I concentrate on examples of emotional involvement of fathers because one of the most frequent reasons given for promoting formula feeding is so that the father can feed the baby and develop an emotional bond. It will become apparent in the following examples that, during

periods when breastfeeding was the only way to feed a baby, public images of fathers showed an acceptance that fathers formed close attachments to their infants.<sup>21</sup> In showing that throughout history nurturing was viewed as a part of a father's role, I set up a reason to question today's societal assumptions about fathers of breastfed babies. If we have been incorrect in our assumptions that fathers in the past were distant with their babies, when breastfeeding was the default method of feeding, might we also be incorrect today in suggesting that fathers need to feed their babies in order to become involved with them?

### Historical Accounts Which Contradict the Stereotype

Fathers in ancient Greece were charged with the responsibility of leading a ceremony of *amphidromia* or carrying the newborn around the household hearth. "A sacrifice probably followed and then a party, with food and wine and gifts from friends for the baby" (Strauss, 1993, p. 1). The ceremony served the serious purpose of ritual of initiation of the newborn into the family and purification "which was considered necessary after the bleeding that accompanies childbirth" (Strauss, p. 1). One could argue that this ceremony was more about rituals and public acceptance of paternity than of affection for children, however it could also be argued that it was an opportunity to begin the development of a father-child relationship through the act of publicly claiming responsibility for fatherhood. While images of paternal authority are rife in the literature about early Greece, Strauss also notes that orators and playwrights of the day all upheld the ideal that parents should feel friendship and loving affection for their children.<sup>22</sup> One example is Aristophanes, a Greek playwright who lived from 448-389 BC. In the play *The Clouds*, Aristophanes included reminiscences of an old man, Strepsiades, who was determined to have his son educated by Socrates. In telling the story of Strepsiades, Aristophanes thought it

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<sup>21</sup> This discussion should not be taken to mean that emotional concerns were predominant for all fathers at all times or even for a majority of fathers some of the time. A review of just a small sample of the literature on fathers reveals far too much evidence suggesting otherwise (Beail & McGuire, 1982, Hanson & Bozett, 1985, Kraemer, 1995, Lamb, 1986, Lamb, 1997, La Rossa & La Rossa, 1981, Lewis, 1986, Lewis & O'Brien 1987, Pleck & Pleck, 1997, Seel, 1987, Tiedje & Darling-Fisher, 1996). In fact, a more in-depth review of the works of authors I present to demonstrate the historical images would present much to confirm the stereotype (Aries, 1962, Atkinson, 1991, Burgess, 1997, Cunningham, 1995, Pollock, 1983, Strauss, 1993).

<sup>22</sup> Prior to reading this, my image of males in Ancient Greece consisted largely of the Spartans.

credible to have Strepsiades speak of “the days when he fed<sup>24</sup> and ‘diapered’ his infant son” (cited in Strauss, p. 73).

Reading about a different country and another time frame provided me with an additional example to question the accepted longevity of the distant father image. It is said that in Florence during the Renaissance (14<sup>th</sup>-16<sup>th</sup> centuries) the father-child relationship vied for intensity with, and perhaps replaced, the mother-child relationship (Cunningham, 1995). According to Cunningham, Alberti, in a widely known book on the family, acknowledged that only through the experience of fatherhood could a man imagine how intense his feelings would be toward his children. Fathers were instructed, in the parental advice books of the day, to closely watch their children, being attentive to actions, gestures and words, so that they could understand the child’s nature and probable destiny. Fathers also took “responsibility for choosing and hiring a wet-nurse if the preferred option of breastfeeding was not followed - and there is evidence that they did do this” (p. 42). I am mindful of an argument that such behaviour might typify men’s desire to exert control over women. However, I began to question whether it might also be legitimate to interpret it as the father demonstrating active involvement regarding an essential element of his baby’s life.

Aries (1962) and Pollock, (1983) while having disparate views as to when childhood emerged as a distinct concept, nonetheless both serve my purpose of re-thinking whether fathers in the past were always distant from their children. Aries reviews centuries of paintings, and in describing a 1556 painting of a simple family gathering, notes “the father is sitting with a little child on his knees” (p. 343). A second painting that Aries describes is part of a series that shows various scenes from a marriage. One picture depicts presence of the father shortly after childbirth: “a child is born whom the mother and father hold between them, wrapped in swaddling clothes” (p. 344). Certainly one cannot draw strong conclusions about the exact nature of the father-child relationship from such pictures. However, on learning that such images exist, I began to consider the possibility that the inclusion

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<sup>24</sup> Since this play was written more than 2000 years ago, Strepsiades would likely have been referring to feeding solid or semi-solid food to an older child and not bottle-feeding an infant.

of such demonstrations of affection in pictures reflected 16<sup>th</sup> century societal awareness of an emotional aspect to the father-child relationship.

Pollock (1983) reviewed published texts, manuscripts, diaries and autobiographies of hundreds of parents from the 16<sup>th</sup> through to the 19<sup>th</sup> century and concluded that children were a source of emotional satisfaction to their parents. She claimed that while 16<sup>th</sup> and 17<sup>th</sup> century fathers may not have taken an active role in the care of their infants “there is no denying the depth of their involvement with their offspring, the anxiety which the 17<sup>th</sup> century fathers felt for their children’s future and the amount of pleasure fathers derived from their children” (p. 103). Patrick Traherne, who lived in Britain from 1885-1917, recorded in his diary, “I had always thought men rather fools who raved about their children’s looks: all babies used to look alike to me. Now I know that there was never a baby such as mine” (cited in Pollock, 1983, pp. 206-207). John Russell (1842-76), who also lived in Britain, described his baby as “a dear little fellow and it is a great happiness to look at his face and feel he is our own” (cited in Pollock, p. 206). To me, these are words that simply could not have been written by a distant, disinterested father.

Although St. Joseph is not commonly seen in religious icons today, Aries (1962) and Burgess (1997) both cite examples of pictures that show Joseph’s practical fatherly care in early pictorial representations of Jesus. Aries describes a picture where “St. Joseph is giving a drink to the Infant Jesus, who with a napkin around his neck looks as good as gold” (Aries, p. 362). Burgess notes that,

in the 15<sup>th</sup> century there are many illustrations of Joseph’s gentle domesticity. In pictures and engravings he is shown drying the Baby Jesus’ nappies and feeding him from a bowl. By the 17<sup>th</sup> century, childcare has ceased to be his province.... As time passes Joseph’s domestic involvement vanishes and, by the 18<sup>th</sup> century, he is portrayed as a religious contemplative, praying or studying alone (p. 11).

Learning about the transformation of early images of Joseph raises for me the question of why images of fathering behaviours began to exclude involvement or

concern with infants. Did such behaviours entirely disappear or did they simply disappear from the public sphere that helped to shape our view of the past?

In this section I have suggested that our taken-for-granted acceptance of the historical image of the distant, uninvolved father can be questioned. A current assumption of society is that it is important for fathers to be involved in the act of infant feeding. I believe this assumption contributes to a false definition of choice for expectant parents and an erroneous impression that breastfeeding and fathering are incompatible. When I started PhD studies in 1998 my questioning of the issue of fathers' experience was informed by an awareness of the relative scarcity of literature on fathers and breastfeeding and the existence of a societal impression that breastfeeding and fathering are incompatible. As I began to question the historical view of distant fathers, in light of my newfound awareness of my stereotypical thinking about fathers and breastfeeding, I began to wonder how fathers viewed breastfeeding and fathering. I now discuss challenges I faced in looking at the breastfeeding experience with new lenses.

### **Challenges Faced in the Research**

The description that best fits the early part of my journey into learning about fathers of breastfed babies is that I fell into acknowledging the role of the father and breastfeeding. Initially I was not entirely clear what it was that I wanted to learn and how my clinical expertise would benefit or hinder me in the process. I include two excerpts from my journals to show my thinking early in the research process. The first passage is from the initial month of my PhD studies and the second is 13 months later.

#### **Journal Entry October 10, 1998**

What is clear to me is that although I have a very good understanding of the mother's experience of breastfeeding I have a less than adequate knowledge of the father's experience... So if my clinical impressions and the scant literature available on fathers and breastfeeding are both telling me that breastfeeding is an important issue for fathers, it becomes clear that in my long history of being a breastfeeding advocate in my home province that I now must take a new path and begin examining yet another aspect of breastfeeding. To do so I must recognize that while I am an acknowledged expert practitioner with

breastfeeding mothers and babies, I am a neophyte when it comes to fathers' experience of breastfeeding.

My career path has been such that I am used to going to the literature to find answers to my clinical problems. It is surprising therefore for me to discover that so little is known about what it is like to be the father of a breastfed baby. While the literature is clear that fathers play an important role in the decision to breastfeed and also influence the duration of breastfeeding, there is nothing available which provides a father's interpretation of his experience... Some of the questions I have as a result of thinking about what it is I actually would like to know.

- What is it like to be biologically incapable of performing an act that has such a significant impact on the baby's health and development?
- How do fathers experience the cultural conflicts regarding breastfeeding?
- How do fathers experience the practical concerns regarding breastfeeding?
- How does the father's experience with breastfeeding unfold as the baby develops?
- How does the father interpret his role in sustaining the breastfeeding experience?
- How does the father experience the changes in his relationship with his partner brought about by the exclusivity of breastfeeding to the female domain?
- What does it mean for a father when a baby is unable to breastfeed?
- What is the father's experience when the mother has difficulties with breastfeeding such as sore nipples, breast engorgement or an inadequate milk supply?
- How does the father interpret his child's feeding experience with his own history of being breastfed or formula fed?
- How do fathers experience and express sexuality when the mother is breastfeeding?

I recognize that not all these questions may be answered with one study and that others may arise as I begin this journey. One of the first decisions I have to make is what is the best research approach to help me uncover the answers to these questions. Presently as a result of the reading I have done (and having not yet had the benefit of formal research classes at the PhD level) I would like to explore the viability of completing this research using a phenomenological approach.

It is clear from examining the above passage that, while I acknowledged my expertise as a lactation consultant, I had not yet thought about how that expertise could help or hinder my study. The change to thinking about how my experience framed my thinking came about gradually; nonetheless, one year into my PhD it was part of my consciousness.

#### **Journal Entry November 18, 1999**

How do I get started doing something, which has all my life been so second nature to me but has all of a sudden become a threat? I'm talking of journaling... I think that what has caused my angst is the fact that journaling is no longer simply a way for me to be; that it now has to have an outcome i.e. be



useful for describing to others how I reached my conclusions, what process I underwent in doing a PhD etc. So have I become outcome driven rather than process?

Today I read most of the book *Constructing Fatherhood: Discourses and Experiences* by Lupton and Barclay. I had started reading some parts of it last week but reacted strongly to the sections on breastfeeding. I need to explore my reactions about that. I find it difficult to read that fathers feel detached from infants because the “physically intimate relationship the mother was able to develop through breastfeeding was not at first available” (p, 138). Does this mean I will be unable to hear such things from men in my own study, or worse yet does it mean that I will try to convince them of the error of such thinking? I really don’t think so when I reflect on how I interact with people. I am able to be much less judgmental about such things when I am dealing with a real person than when I deal with the idea in an abstract way.

One of the thoughts that I keep having is that there may be two competing stories out there in the “real world” about breastfeeding. One, which seems to be given to men, is that breastfeeding is of such importance to “bonding” that their inability to do so makes them less likely to form an attachment. Yet at the same time we are constantly bombarded with the notion that mothers who bottle feed their baby can bond to the baby as readily as the mother who breastfeeds. I think developing a relationship with a baby is more complex than simply how one feeds the baby. As a matter of fact I guess I would go so far as to say that selling the value of breastfeeding by talking about bonding really misses the boat. Breastfeeding is a health issue to me not simply a life style choice. I highly value the health benefits of breastfeeding for both mother and baby and freely admit that I get annoyed when I see the negative aspects of breastfeeding portrayed, particularly when most of those negative aspects are, in my experience, iatrogenic and/or the result of lack of proper management of breastfeeding in a culture that promotes artificial feeding. It is amazing that only in the “civilised” world does breastfeeding take on so many problems.

In the above passage I clearly reflect on my beliefs about breastfeeding and contemplate some of the challenges of reflexivity<sup>24</sup> in the research process. I also began thinking about the necessity of considering how my beliefs might affect my interviewing style. I faced two other challenges early in the research journey. The first was deciding on the research approach.<sup>25</sup> Second, I had to critically think how I could take the questions I had identified for myself in October 1998 and develop a manageable research project. Gamble and Morse’s (1993) study was particularly helpful to me in determining what it was I wanted to learn from my research. I therefore discuss this research in the next section.

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<sup>24</sup> Reflexivity is further discussed in chapter five.

<sup>25</sup> Decisions about the hermeneutic phenomenological approach are described in chapter five.

## **Gamble and Morse's 1993 Study on Fathers and Breastfeeding**

Gamble and Morse's study on "husbands' experiences of having their wives breastfeed" (p. 358) arose out of their belief that emphasis on the negative aspects of breastfeeding for fathers tacitly implies that "fathering may be antithetical to breastfeeding" (p. 363). Their study was important for me because it was the only one I found dealing with the question of societal taken-for-granted knowledge of the need for fathers to feed in order to feel close to their babies.

I found Gamble and Morse's description of their participants and interview process somewhat obscure. They completed 25 telephone interviews with 14 fathers. Eight of the fathers were first-time fathers, five had two children and one had three children. They indicated that five informants were interviewed once, seven informants twice, and two were interviewed three times for a total of 25 interviews. They stated that "in the later stages of data collection they interviewed four expectant fathers and four fathers whose children were recently weaned" (p. 359). This means that six of the 14 fathers had babies who were breastfeeding at the time of their interviews. It is unclear which fathers were interviewed more than once, whether the original research design called for multiple interviews, or whether there was some other reason for the multiple interviews. I also was unable to determine why some men were interviewed only once. It seems reasonable to assume that these might have been the men whose babies were recently weaned however that would account only for four men. Similarly, one might assume that the men who were interviewed only once were the expectant fathers, but the lack of detail makes it impossible to know. This is significant because it appears that they did not follow any of the men through all of the phases. This is a weakness because it is unclear whether variations are related to timing of interviews or to different men.

Gamble and Morse conducted telephone interviews and tape-recorded the responses. They provide no rationale for selecting telephone over face-to-face interviews. The interviewers would have no access to nonverbal aspects of the men's responses; thus rich information may have been overlooked.

Notwithstanding the difficulties in determining their rationale for the research design and interviewing, they provided a comprehensive summary of their results. They found that, while fathers report negative consequences of breastfeeding, they are able to construct the experience in such a way that the negativity experienced becomes secondary to the importance of supporting breastfeeding. Gamble and Morse described fathers as perceiving the model of the close relationship of a breastfeeding mother and baby as the “gold standard” (p. 364) for parental relationships. At the same time “the biologic realities of breastfeeding, however, resulted in maternal-infant relationships that fathers could not replicate” (p. 359). Gamble and Morse found that fathers supported breastfeeding through a process of deferring development of the gold standard aspect of their relationship with the baby until after weaning occurred. They labelled this process “postponing” and concluded that it is an important contribution to making breastfeeding work, which is in turn a reflection of the father’s commitment to breastfeeding. Postponing first happened through men “becoming aware” of discrepancies of their expectations and their experience. “For all informants we detected a growing discrepancy between what the fathers ‘thought’ about breastfeeding and what they ‘felt’ about the personal consequences of breastfeeding” (p. 360). Once fathers were aware of the discrepancy they simultaneously began adopting “accepting strategies” and experiencing the occurrence of “reinforcing factors”. This course of action helped the fathers to accept that, if breastfeeding were to continue, “things had to be just as they were” (p. 360). Accepting strategies consisted of “fathers ignoring or quashing their feelings and reframing the situation so it is more acceptable to them” (p. 361). Reinforcing factors were described as “the fathers’ objective observations of the benefits of breastfeeding that were congruent with their prenatal expectations” (p. 361). The fathers used “compensating behaviours” to offset the negative personal consequences for them of the baby being breastfed. This meant they increased interactions with the baby in other ways. “Catching up” was the label Gamble and Morse assigned to the process the fathers engaged in after weaning. “At this time the fathers indicated feeling ‘right up there’ with their children, meaning the difference in parental relationships completely disappeared” (p. 361). They noted three conditions in the prenatal period that contribute to the eventuality of the father

developing a commitment to breastfeeding and engaging in postponing behaviour. These conditions include “the father’s expectations of himself as a parent, the acquisition of information about breastfeeding, and the father’s expectations of breastfeeding” (p. 360).

Another finding Gamble and Morse described was a typology that they claimed explained variation in the ways fathers initiated the postponing process. Each man developed a “fathering style that fit in with his previously established roles, his work or school situation, and his beliefs about fathering” (p. 362). Paternal involvement in the decision to breastfeed and paternal involvement in caretaking were two dimensions of their typology of fathering. The fathering styles included “involved”, “assistant”, “supervisor” and “detached”. Involved fathers began the process of postponing as early as two weeks after birth because they experienced “feelings of being on the periphery sooner and more intensely” (p. 362). Assistant fathers developed awareness of discrepancies in the parent infant relationship when the baby was 3-9 months old. Supervisor fathers tended to distance themselves from breastfeeding and did not rely on compensating behaviours to minimise differences in their relationships with infants, instead emphasising reinforcing factors to “strengthen their conviction of the superiority of breastfeeding” (p. 363). Gamble and Morse described detached fathers as being unconcerned with the decision to breastfeed and uninvolved in childcare. No detached fathers participated in the study.

Gamble and Morse’s conclusion that men “were able to take constructive action to ameliorate their situations and support breastfeeding” (p. 363) was important in helping me to understand that I was interested in how men would describe their experience of being the father of a breastfed baby. I decided that a longitudinal study with fathers of breastfed babies would be beneficial in helping me to understand men’s experience.<sup>27</sup>

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<sup>27</sup> The longitudinal nature of the study is discussed in chapter five.

## Challenges in Terminology

In any discussion of fathers there seems an inevitable link with mothering. As was shown earlier in the chapter, there is no one pattern of fatherhood that has been universally accepted throughout history. Seel (1987) believes the concept of fatherhood has changed so much that it is almost eliminated as a separate identity and has been replaced by parenthood. He contrasts this with the concept of motherhood, which, in his view, has evolved but is nonetheless still recognizable. Some authors, in comparing fathering with mothering, have noted that at times fathering is narrowly viewed as purely biological. Oakley (1979) contends that “the meaning of ‘fathering’ is insemination; ‘mothering’ means childrearing” (p. 198). MacInnes (1998) observes that, in a 1962 BBC radio broadcast, the role of the father was equated with being limited to ejaculation, “his part was so quick and unnoticed” (p. 106).

Fathering and mothering become even more entwined when the topic of study is breastfeeding and fathers. My study is not about fathering and it is not about breastfeeding, it is about fathers and breastfeeding. Therefore the first decision I made about terminology was electing to use the phrase, “fathers of breastfed babies”. Although this is cumbersome, the phrase, “breastfeeding fathers” is simply not correct because fathers do not breastfeed. The inability of men to breastfeed means that the father of a breastfed baby may well face special challenges to his parenting role in view of the exhortation to become involved with his child and the apparently contradictory message that breastfeeding is the healthiest method of feeding his baby. This apparent competition between breastfeeding and shared parenting may or may not be an issue for all fathers. One response to perceived competition may be to encourage formula feeding as a democratic way of not putting the father at a disadvantage in terms of opportunities to interact with his newborn. For some men the desire to feed their baby may take on even more extreme forms. Seel (1987) recounts a story, which he claims is widely told.

It is said that a man of forty, living in New York, was so keen to breastfeed his baby daughter that he paid for a course of injections

of “female sex hormone” which reportedly enabled him to develop breasts and produce milk. He was able to feed his daughter for three months and she apparently coped well with the experience (p. 93).

A similar story was recounted to me when I first arrived in Edinburgh. James Hunter of Edinburgh University is reported to have breastfed at least one of his children (P. Wright, personal communication, October 20, 1998). In searching out information on this, I learned that Gould and Pyle (1898) in their book, *Anomalies and curiosities of medicine*, state that Hunter refers to a man sharing equally with his mate in the breastfeeding of their children. They also recount other incidents of men breastfeeding. More recently cases of male lactation have been referred to in the medical literature (Jelliffe & Jelliffe, 1972) and in 2001, instructions were posted on the web for males wishing to lactate.<sup>27</sup>

A second challenge in terminology I faced is what is meant by the term “breastfeeding.” Research on breastfeeding has been difficult to interpret due to imprecise definitions. This has led to confusion in research findings about the interaction of the many variables that both affect and are affected by breastfeeding. There have been attempts to develop commonly accepted meanings as reflected below.

Full Breastfeeding: Further divided into *Exclusive*: No other liquid or solid is given to the infant and *Almost Exclusive*: Vitamins, minerals, water, juice or ritualistic feeds given infrequently in addition to breastfeeds (Labbock & Coffin, 1997, Labbock & Krasovec, 1990).

Partial Breastfeeding: Further divided into *High*: more than 80% of feeds are breastfeeding; *Medium*: 20-80% of feeds are breastfeeding; *Low*: less than 20% of feeds are breastfeeding. (Labbock & Coffin, 1997, Labbock & Krasovec, 1990).

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<sup>27</sup> I am neither advocating, nor condemning men who wish to lactate. I include this information because I believe it is important for nurses who work with breastfeeding families to be aware of it. I also return to discussing this issue in chapter seven. In August 2001, McCreary published information for male wet nurses on the worldwide web.

Token Breastfeeding: Minimal, occasional, irregular breastfeeds.  
(Labbock & Coffin, 1997, Labbock & Krasovec, 1990).

I believe that the nature of my study does not require such precise definitions of breastfeeding. What is more significant in my study is the changing character of breastfeeding for mother and baby and, consequently, the father. Breastfeeding is not a static experience, either in the mechanics or in milk composition.<sup>29</sup> Regardless of how long a woman breastfeeds, she must initiate breastfeeding, continue it and then cease breastfeeding. I believe for my purposes, it is more appropriate to think of breastfeeding in terms of the phases of initiation, continuation and weaning therefore I consider full, partial and token breastfeeding all under the umbrella term breastfeeding.

### **Why Challenge Our Assumptions About Fathers and Breastfeeding?**

At the same time that the dominant culture in North America actively perpetuates the use of infant formula, “breastfeeding has become the medical gold standard for infant feeding” (Stearns, 1999, p. 39). Nonetheless, myths<sup>30</sup> and misinformation and surrounding breastfeeding are perpetuated in both lay and professional communities (Friel, Hudson, Banoub, & Ross, 1989, Hill & Humenick, 1990, Livingston, 1990, Locklin & Naber, 1993, Moxley & Kennedy, 1994, Newman, 1986). Unfortunately, some view that other feeding options, including expressing milk, liberate “women collectively as well as individually from monopoly over this aspect of infant nurturance” (MacInnes, 1998, p. 43). This so-called liberation is not only a myth but also one that has had damaging health consequences to generations of formula-fed babies with concomitant increases in costs for the health care system (Ball & Wright, 1999, Beaudry, Dufour & Marcoux, 1995). Before the widespread use of infant formula as a “safe” alternative to breastfeeding, infant survival depended on breastfeeding. The role of the father in actual infant feeding was

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<sup>29</sup> Factors that influence milk composition include stage of lactation, age of infant, the stage of feeding (beginning or end), the frequency of the baby’s demand for milk etc.

<sup>30</sup> Some popular myths are “it is normal for breastfeeding to hurt”, “many women can’t produce enough milk”, “engorgement is normal”, “if a mother is sick she should not breastfeed”, “formula fed babies sleep better than breastfed babies” and “mothers who work outside the home can’t breastfeed”.

considered nonexistent (Odent, 1992). With the cultural shift to formula feeding in industrialised society, the potential occurred for the father to be involved. This cultural shift also accompanied a change in societal expectations about the nature of parenting. Since newborns spend a majority of their early life either feeding or sleeping, it is natural that feeding time becomes a valued time for interaction. Fathers are not immune to breastfeeding myths or to the campaigns to promote, protect and support breastfeeding. Fathers are now expected to be sources of support and encouragement to breastfeeding mothers. If we expect men to perform this role, have we given equal consideration to understanding the father's experience? These were all issues that gained new prominence for me once I recognised that, although I had little or no idea of men's experience of breastfeeding,<sup>31</sup> I was not alone. I decided that speaking directly to men in order to understand their experience had the potential to shatter the almost deafening silence of men's voices on this issue.

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<sup>31</sup> Here is another instance of my early confusion of whether the phenomenon I was interested in was fathers' experience of breastfeeding or the experience of fathers of breastfed babies.



# Chapter 4

## Theoretical Elements of the Study

*What kind of knowledge do we believe will be attained by our research?*

*What characteristics do we believe that knowledge to have?*

*Michael Crotty*

### Focus of the Study

This study provides an interpretative account of the experience of being a first-time father of a breastfed baby. An understanding of how fathers interpret and construct their role during the prenatal period and the phases of initiation, continuance, and weaning from breastfeeding should assist nurses and other health care professionals.

Despite lively debate about the notion of truth in Western philosophy, Kicuchi, Simmons and Romyn (1996) conclude that there has been a sustained reluctance of nursing scholars to deal with the subject. Yet, views of truth are what guide research and determine how it is to be evaluated. Perhaps the lack of discussion of the notion of truth in nursing research is related to the perception of a theory/practice gap. My aim is to consider how views of truth guide knowledge development in a practice discipline. Consequently, in this chapter I describe the theoretical elements that structured the study. First, I demonstrate the relationship between the view of reality or truth used in this study and the theoretical elements. Second, I show how the theoretical elements of the study determine how the study should be evaluated for issues of rigour.

### Disclosing the Theoretical Elements

Decisions about research consist of choices, both conscious and unconscious. A fundamental choice is a commitment to a particular view of reality. The theoretical elements for this study arose from a constructionist view of reality, which provides an alternative to the empirical or objectivist view. Positivist and postpositivist approaches are inherent in the objectivist view while interpretative approaches are intrinsic to the constructionist view. Interpretativism arose out of philosophical debates about the fallacious reasoning of using positivistic approaches in the social sciences (Hughes, 1990, Schwandt, 1998). The different research approaches arising

from these two positions are often referred to as paradigms. Kuhn (1963) suggests that a paradigm is a particular way for a discipline to define a problem and the nature of acceptable solutions. A paradigm encompasses a coherent, interrelated set of beliefs about the phenomena of concern for a particular discipline, provides us with the structure of the questions we ask, and eliminates the questions that do not fit.

An objectivist paradigm dominated knowledge development in nursing until the mid-twentieth century (Kikuchi & Simmons, 1992, Munhall, 2001). Frequently the prevailing paradigm is taken-for-granted, and people may not be consciously aware of the underlying assumptions until they are challenged to examine them. This certainly was the case for me. In reflecting on my nearly 30 years of nursing, I realized that I had undergone a dramatic transformation. I started nursing in 1969 in a hospital-based diploma programme where education was referred to as “training” and following the rules considered a virtue. Knowledge or truth was something that existed and was transmitted by the expert in a hierarchy from doctor to nurse to patient. Although I was never entirely comfortable with the hierarchal model, I did not understand that it was the view of truth that was the source of my disquiet rather than simply the organization of clinical practice. I had been successfully inducted into the view that the practice of nursing was separate from the science of nursing. In this study I wanted to consider knowledge that could be gained from understanding experience. To do so, I first had to determine that I was not simply replacing uncritical acceptance of objectivism with uncritical acceptance of interpretivism. Denzin and Lincoln (1998a) posit that “a paradigm encompasses three elements: epistemology, ontology, and methodology” (p. 185). In describing why the interpretative paradigm is appropriate for my research question I will briefly discuss each of these.

### Ontology

Ontology is derived from the Greek word for being.<sup>1</sup> Ontology is a branch of metaphysics relating to the study of being or essence of things. Ontology is also used as a means to consider the kinds of entities and specifically the kinds of abstract

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<sup>1</sup> Oxford Dictionary of Philosophy

entities that are to be admitted to a language system or the knowledge system of a discipline. In this sense, it is a term used for revealing how a discipline raises basic questions about the nature of reality or truth. Guba and Lincoln (1998), Hughes (1990) and Rawnsley (1998) assert that ontology is a way of asking what is the nature and form of reality and therefore what can be known about it. Salsberry (1994) specifies that ontological claims enlighten us to the fundamental entities that are of concern to nursing.

Issues such as the kinds, measures and sources of truth and ways of attaining and expressing truth engender philosophical debate about whether they can be resolved in one or many ways. In the interpretative paradigm, experience from the point of view of those who live it (lived experience) is considered to be a form of reality, and learning the meaning the actor attaches to lived experience is a way to understand reality. Another way to express what is meant by the concept of lived experience is that it is an existential concept of humans as beings-in-the-world. Embracing an interpretative ontology means accepting that understanding is achieved through the act of interpretation, and that reality is complex and dynamic.

The experience of being the father of a breastfed baby fits with an interpretative ontology because it is a lived experience. Once I grasped that lived experience counted for reality in an interpretative paradigm, I then turned to learning how to understand lived experience.

### Epistemology

Epistemology is a certain way of understanding what it means to know (Crotty, 1998). The question, “what is the nature of the relationship between the knower or would-be knower and what can be known?” is an epistemological one (Guba & Lincoln, 1998, p. 201). Ontological and epistemological questions are interconnected since claims about reality inevitably lead to questions about how we know or come to know reality. Constructionism is an epistemological position within the interpretative paradigm. Constructionists accept that knowledge is not what individuals believe. Instead knowledge is considered to include the “collective

generation and transmission of meaning” (Crotty, 1998, p. 58). This does not mean that individuals are devoid of meaning or that individual meaning has primacy. Rather, it means that individuals ultimately join others in making meaning in the context of their social situation. Meaning is therefore “contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (Crotty, 1998, p. 42).

The experience of being a father of a breastfed baby fits with a constructionist epistemology. Breastfeeding cannot be initiated in the absence of a willing mother and baby. Consequently any meaning the father attributes to the experience is influenced by the way in which the mother and baby engage in breastfeeding. Breastfeeding is not a static experience but has clinically recognizable stages of initiation, continuance and weaning to which individuals may ascribe different meanings. Decisions about whether to breastfeed, where to breastfeed and how long to breastfeed are open to public<sup>2</sup> comment because of a societal view of breastfeeding as an issue of choice, not a necessity. Therefore the meaning of the lived experience of fathers of breastfed babies is collectively generated and transmitted through membership in a society.

### Methodology

The focus of methodology is how to go about gaining knowledge about the reality being researched. Methodology is constrained by the answers to the ontological and epistemological questions. If reality is dynamic, dependent upon interaction between humans and their world, and the relationship of the knower to this reality is collective versus individual, the chosen methodology should reflect these views. According to German philosophers, who first challenged objective reality in the social sciences, the way in which we come to understand meaning is by attempting to reconstruct the subjective experience through a process called *verstehen* or understanding. (Abel, 1968, Hughes, 1990, Schwandt, 1998). Understanding, is a form of rationality that is different from the conception of knowledge that dominates the objectivist paradigm.

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<sup>2</sup> Public comment can be family, friends, health professionals or even complete strangers all of whose views are shaped by the bottle feeding culture which currently exists in North America.

Hermeneutics and phenomenology are two theoretical perspectives that evolved from this concept of understanding. Through this type of understanding we attempt to reconstruct the subjective experience of social actors (Hughes, 1990). In the social sciences where human beings are both the subject and object of inquiry, understanding gives the interpretative inquirer a “method of investigating social phenomena in a way that does not distort the social world of those being studied” (Hughes, 1990, p. 93). Phenomenologists and hermeneutists have specific ways to develop understanding.

“Phenomenological questions are meaning questions” (van Manen, 1997b, p. 23). In phenomenology the process of questioning the taken-for-granted releases the constraints of culturally derived understandings thus providing an opportunity for a fresh look at things as a way to develop understanding (Barkway, 2001). In hermeneutical philosophy, the belief about understanding is that meaning emerges or is transmitted through experience, values and beliefs. Sharing meaning developed through interactions between communities or individuals creates the potential for deeper understanding.

Before more fully explaining the hermeneutic phenomenological perspective of this study, I now summarize the answers to the ontological, epistemological and methodological questions I had about the experience of being a father of a breastfed baby. In doing so I demonstrate that a hermeneutic phenomenological perspective is a valuable approach for developing insight into the research question.<sup>3</sup> The almost complete absence of fathers’ voices in the literature on breastfeeding and a concomitant token discussion of breastfeeding in literature on fathers demonstrate a tacit belief that breastfeeding is a subject of little or passing interest to fathers. Hermeneutical phenomenology provided me a way to question this belief and to understand the meaning of the lived experience of fathers of breastfed babies. Breastfeeding is not simply a biological process but is a biocultural phenomenon (Stuart-Macadam, 1995), and the mother, baby and father all have different experiences related to breastfeeding. The breastfeeding experience is dynamic with

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<sup>3</sup> The original research question and the question revised as the study progressed is discussed later in this chapter.

identifiable clinical phases of initiation, continuation and weaning. The meaning of the experience for the father is contingent on these phases and is also mediated by his interactions in his family and society. Since uncovering the meaning of experience of the father was the goal of this research, the best way to do this was to conduct the research with men who were directly experiencing the phenomenon and do so in a way that allowed meaning to emerge through the interaction. My clinical and personal experience of breastfeeding would be beneficial in interacting with fathers since I would be more attuned to how subtle nuances in the fathers' individual descriptions related to other dimensions of the collective breastfeeding experience. Also, my questioning of the widespread assumption that breastfeeding was of little consequence to the father meant that I would be open if a different perception arose. Accordingly, hermeneutic phenomenological methodology is consistent with the ontological and epistemological positions I had identified.

## **Hermeneutical Phenomenology**

### Historical Origins

The combined term hermeneutical phenomenology first appeared in the 1960s (Crowell, Embree & Julian, 2001). A challenge in using hermeneutical phenomenology is coming to terms with the numerous versions that exist in the literature and the many second-hand accounts of the primary sources on phenomenology and hermeneutics that differ significantly in their explanations. For this reason it is important to have an awareness of these developments before claiming to follow any particular strand of hermeneutical phenomenology. In this section I provide a brief historical sketch before explaining the hermeneutic phenomenological approach I took in this study. The purpose of this historical sketch is not to discuss the controversies arising from different explanations of the various developments in hermeneutical phenomenology but to demonstrate that the literature I consulted to describe my use of hermeneutical phenomenology is consistent with and appropriate for the research question.

Although in providing the historical sketch I have focussed on tracing the development of hermeneutical phenomenology in the German tradition, it is also

important to note that there are other traditions that could be used. Embree (1997) provides a basic overview of the spread of phenomenology by nation and discipline. He also reviews prominent thinkers in the various tendencies and stages from the appearance of phenomenology to the development of hermeneutical phenomenology. Spiegelberg (1960 a and b, 1981) provides a comprehensive history of phenomenology and Palmer (1969) reviewed four important figures in the development of hermeneutics.

Cohen (1987) notes that Immanuel Kant first used the term phenomenology in a scientific context as the study of phenomena or “things.” The founding father of the phenomenological movement is generally considered to be Husserl (1850-1938) whose 1901-1902 publication *Logische Untersuchungen* brought phenomenology to the attention of philosophers (Cohen, 1987, Crotty, 1998, Crowell et al., 2001, Jasper, 1994). Husserl also introduced the notion of a “life-world” thus laying the groundwork for a phenomenology of human behaviour that was elaborated by others. Embree (1997) compares the phenomenological movement to a tree trunk (descriptive phenomenology) containing four dominant and sometimes overlapping philosophical tendencies or branches (realistic phenomenology, constitutive phenomenology, existential phenomenology, and hermeneutical phenomenology).

The term hermeneutics is derived from Greek language and mythology. The Greek noun *hermēneia* translates to “interpretation” and the Greek verb *hermēneuein* to “to interpret” (Palmer, 1969). Hermeneutics is associated with Hermes, a messenger god of the Greeks. To successfully transmit messages from the gods, Hermes had to first understand and interpret what the gods wanted to impart and then put it in a form humans could understand. Although interpretation existed since late antiquity, it was only following the Renaissance and Reformation that it came into being as a distinct discipline. Schleiermacher (1768-1834) is recognised as the founding father of modern hermeneutics (Bowie, 1998, Crotty, 1998, Mueller-Vollmer, 1997). Hermeneutics as a discipline first became an integral part of biblical interpretation and evolved into modern hermeneutics following developments in philology, jurisprudence, and philosophy. Dilthey, who was Schleiermacher’s biographer, developed hermeneutics for the social sciences by building on Husserl’s foundational

work. Heidegger (Husserl's student), and Gadamer (Heidegger's student) have also made significant contributions to hermeneutics (Mueller-Vollmer, 1997, Palmer, 1969).

### The Hermeneutic Phenomenological Approach in this Study

"To the things themselves" was Husserl's way of encouraging us to give "the phenomena a fuller and fairer hearing than traditional empiricism had afforded them" (Speigelberg, 1960b, p. 656). A return to the things exhorts us to question what we have previously taken for granted. Crotty (1998) emphasises "phenomenology is about saying 'No!' to the meaning system bequeathed to us" (p. 82).

Husserl proposed a relationship between the conscious subject and the object of the subject's consciousness. The concept of "intentionality" explains how the consciousness is directed towards an object and how the object is shaped by the consciousness. Used in a phenomenological sense, intentionality means directing oneself to. The word comes from 14-15<sup>th</sup> century French *entend-re* meaning to direct one's thoughts or faculties, to hear, understand. It can also be traced to Latin *intendĕre* meaning to turn one's attention.

'In-tending' is not about choosing or planning but about *reaching out into* (just as 'ex-tending' is about reaching *out from*). Intentionality means referentially, relatedness, directedness, 'aboutness'... when the mind becomes conscious of something, when it 'knows' something, it reaches out to, and into, that object (Crotty, 1998, p. 44, emphasis in original).

Hermeneutics adds the use of language to the phenomenological questioning of the taken-for-granted. Understanding can be achieved through awakening the intuitive power that resides in language (Risser, 2000). Since communication through language is central to the discipline of nursing, a research approach that focuses on language is appropriate. Consequently I will explain the significance of using Schleiermacher, Gadamer and van Manen's work for this interpretive study.



## Schleiermacher 1768-1834

Schleiermacher's view on understanding was that it was achieved through interpreting the meaning of text. He recognised that, because a text was a linguistic object laden with subjective meanings intended by a creative human author, understanding a text was different from knowing an object of nature. Hermeneutical methodology through exploration of the relationship between the author, text and reader could illuminate the subjective meanings of text.

Bowie, who translated and edited Schleiermacher's *Hermeneutics and criticism*, declares that it has erroneously been assumed that Schleiermacher's method of understanding unduly emphasised intuition and empathy. Bowie argues that Schleiermacher's method is based on a "relationship between the universal aspect of language and the fact that individuals can imbue the same universally employed words with different outcomes" (p. xxix). I found Bowie's argument that Schleiermacher did not limit hermeneutics to subjectivity persuasive when I read his translation and a chapter on Schleiermacher in Mueller-Vollmer's book, *The Hermeneutics Reader*.

### *Language*

Language is important to Schleiermacher's hermeneutics because humans use language in speech and in writing as objective expressions of subjective intentions and meanings. Schleiermacher believes that the art of interpretation "depends on one's linguistic competence and one's ability for knowing people" (1997/1819, p. 76). By linguistic competence he means sensitivity to the similarities and differences in language. He views speaking and thinking as an interactive relationship.

Just as every act of speaking is related to both the totality of language and the totality of the speaker's thoughts, so understanding a speech always involves two moments: to understand what is said in the context of language with its possibilities, and to understand it as a fact in the thinking of the speaker (1997/1819, p. 74).

Schleiermacher asserts that for even the most subjective expression (e.g. representing a mood) an object must be formed by which the subjective expression can be represented.

There is nothing purely objective in discourse; there is always the view of the utterer, thus something subjective in it. There is nothing purely subjective, for it must after all be the influence of the object which highlights precisely this aspect (1998/1809-10, p. 257).

Schleiermacher also described the effect of familiarity on interpretation. This was an important issue for me to consider since my study related to an area of my clinical expertise.

If, then, the expression is still new for the listener, but old for the utterer, then the former will read more into it than the latter wishes. But the opposite can also occur, namely that the image has already become old for the later listener and he (sic) therefore reads less into it than is actually there (1998/1809-10, p. 250).

### *Hermeneutic Circle*

According to Schleiermacher understanding relies on making sense of an ever-changing world. Understanding is an unending task given the infinite range of meanings of language. In the objectivist paradigm knowledge is the result of conformity between thoughts and objects. In contrast, understanding involves circular thinking because the part is only understood in terms of the whole and vice versa. "Because understanding is a sequence one can only ever come to the next member via the preceding one, and true understanding is only possible in a step by step progression" (1998/1809, p. 235). This progressive nature of understanding led Schleiermacher to assert that "complete knowledge always involves an apparent circle, that each part can be understood only out of the whole to which it belongs, and vice versa" (1997/1819, p. 84). In this context he advocates frequent reading of a text because "every reading puts us in a better position to understand because it increases our knowledge" (p. 84).

## Gadamer 1900-2002

Gadamer criticised Schleiermacher's hermeneutics for being too subjective. Nevertheless, his writings build upon Schleiermacher's ideas about language and the hermeneutic circle. Consequently I turned to his publications to enhance my comprehension of hermeneutics. Gadamer's hermeneutics investigates the nature of understanding as it relates both to texts and to experience.

### *Language*

Like Schleiermacher, Gadamer places a strong emphasis on the importance of language for understanding. For Gadamer, language is the medium in which understanding is manifested and through which understanding is possible.

Gadamer's emphasis on the relationship between language and experience can be seen in several different publications. In *Truth and Method* (1989/1960) he states "meaning and the understanding of it are so closely connected with the corporeality of language that understanding always involves an inner speaking as well" (p. 160). In *Philosophical Hermeneutics* he states "language is not only an object in our hands, it is the reservoir of tradition and the medium in and through which we exist and perceive our world" (1976/1969, p. 29). In another example from the same text, Gadamer asserts that language is a reflection of our world.

What we perceive in it [language] is not merely a reflection of our own and all being; it is the living out of what it is with us – not only in the concrete interrelationships of work and politics but in all other relationships and dependencies that comprise our world (1976/1969, p. 32).

Mueller-Vollmer's book on hermeneutics includes *Rhetoric, Hermeneutics, and the Critique of Ideology: Metacritical comments on Truth and Method* (1997/1967), in which Gadamer argues,

Everything that is reflects itself in the mirror of language. In language and only in language are we confronted by that which we encounter nowhere else, because it is we ourselves (not merely that which we believe to be true and which we know about ourselves) .... When at last we have got to the bottom of something which seemed to us strange and unintelligible, when we have managed to

accommodate it within our linguistically ordered world, then everything falls into place (p. 284)

In *Praise of Theory* (1998/1979) Gadamer links understanding to the art of conversation

In the end, the art of conducting a conversation is the art of coming to an understanding.... it is the intent to come to an understanding that first gives discourse its true possibility and, so to speak, opens the way to insight (pp. 124-125).

One final example from *The Enigma of Health Care* (1996/1993) is included to show how Gadamer perceived language as helping health care professionals to understand a patient's concerns. "It is this dialogue which constitutes the area of common ground between doctor and patient from beginning to end and which is able to break down the distance which lies between them" (p. 126).

#### *Life-world*

Gadamer viewed Husserl's introduction of the term *Lebenswelt* (life-world) significant for understanding a dynamic reality. He indicates that Husserl consciously formulated the concept to be the antithesis of all objectivism. In *Truth and Method* (1989/1960) he says, "it is clear that the life-world is always at the same time a communal world that involves being with other people as well" (pp. 246-247). In *Praise of Theory* (1998/1980) Gadamer extolled the creation of a word signifying an unrecognised or forgotten truth about ontology. "So the word *Lebenswelt* has reminded us of the presuppositions that underlie all scientific knowledge" (p. 55). Gadamer assumes that lived experience is both oriented toward meaning and a process by which meaning is understood through the act interpretation. This principle suggests that lived experience is essentially hermeneutical.

#### *Rehabilitation of the Term Prejudice*

For Gadamer understanding is achieved in a dialectical relationship between an interpreter and a text. He argues that *verstehen* is part of the lived experience of the interpreter, is never neutral and is prejudiced by the effects of history. His concept of prejudice is thought to be the cornerstone of his particular approach to hermeneutics

(Hekman, 1986). In *Truth and Method* Gadamer claims a specific type of sensitivity is necessary for a hermeneutically trained consciousness.

But this kind of sensitivity involves neither “neutrality” with respect to content nor the extinction of one’s self, but the foregrounding and appropriation of one’s own fore-meanings and prejudices. The important thing is to be aware of one’s own bias, so that the text can present itself in all its otherness and thus assert its own truth against one’s own understandings (p. 269).

Gadamer reminds us that not until the enlightenment did the concept of prejudice acquire a negative connotation. “Actually, ‘prejudice’ means a judgement that is rendered before all the elements that determine a situation have been fully examined... part of the idea is that it can have either a positive or negative influence” (1989/1960, p. 270). Gadamer suggests that the interpreter must recognise the link between prejudice and tradition or “historically effected consciousness.”

Reason exists for us only in concrete, historical terms - i.e. it is not its own master, but remains constantly dependent on the circumstances in which it operates... Long before we understand ourselves through the process of self-examination, we understand ourselves in a self-evident way in the family, society, and state in which we live” (1989/1960, pp. 276-277).

The prejudices of this historically effected consciousness can never be fully overcome, because they form the horizon of meaning carried by the self into every interpretation. He recommends that we ask ourselves “what are legitimate prejudices?” By doing this is the interpreter can distinguish between the false prejudices that lead to misunderstanding and the true prejudices that lead to self-knowledge. A duty in uncovering knowledge is to determine “what distinguishes legitimate prejudices from all the countless ones which it is the undeniable task of critical reason to overcome?” (1997/1960, p. 261). Rather than focussing on the negative view of prejudice, he argues, we should acknowledge that without prejudice no understanding is possible. Interpretation takes place whenever we understand, “especially when we see through prejudices or tear away pretenses that hide reality” (Gadamer, 1976/1967, p. 32). Because Gadamer holds that we can never correct all our prejudices, he urges making “transparently clear the guiding pre-understandings

in the sciences” (Gadamer, 1976/1967, p. 39) so that new dimensions of questioning will arise.

### *Historically Effected Consciousness and Horizons*

Gadamer admonishes us to recognise that “in all understanding, whether we are expressly aware of it or not, the efficacy of history is at work” (1989/1960, p. 301). Historically effected consciousness is an element in the act of understanding. Our historically effected consciousness is in turn influenced by our horizon.

Horizon is the range of vision that includes everything that can be seen from a particular vantage point... A person who has no horizon does not see far enough and hence overvalues what is close to him (her). On the other hand, “to have a horizon” means not being limited to what is nearby but being able to see beyond it. A person who has a horizon knows the relative significance of everything within this horizon, whether it is near or far, great or small. (1989/1960, p. 302).

A horizon is something into which we move and something that moves with us. “The horizon of the past, out of which all human life lives, and which exists in the form of tradition, is always in motion” (1989/1960, p. 304). Understanding occurs as a result of a fusion of horizons. “In a tradition this process of fusion is continually going on, for there old and new are always combining into something of living value, without either being explicitly fore-grounded from the other” (1989/1960, p. 306). The task of understanding is to explain how the horizon of the interpreter and interpreted are fused (fusion of horizons). This fused entity is the interpretation (Hekman, 1986).

### *Hermeneutic Circle*

Recognising the prejudices of a historically effected consciousness means that the nature of truth remains entirely open and questions of truth are never-ending, leading to a hermeneutic circle of understanding. Gadamer insists that a criterion of understanding is the movement from the whole to the part and back to the whole. We have not achieved understanding if we fail to achieve harmony of the details of the whole that results from this back and forth movement, which is a circular relationship in both cases. The hermeneutic circle contains both objective and subjective aspects, and “full understanding can take place only within this objective

and subjective whole” (1989/1960, p. 291). Gadamer also explains that the hermeneutic circle is always expanding “since the concept of the whole is relative, and being integrated in ever larger contexts always affects the understanding of the individual part” (1989/1960, p. 190).

### Drawing on Schleiermacher and Gadamer for This Study

Hermeneutics is an appropriate research approach for nursing researchers because it fits well with the significance of communication, connection, and holism in the nursing profession (Wilde, 1997, Wolf & Langer, 2000). However, Schleiermacher and Gadamer’s ideas are philosophical and do not provide the tangible and practical advice necessary for developing a method encompassing the philosophy. The method of hermeneutical phenomenology requires an ability to be reflective, insightful, sensitive to language and constantly open to experience. Van Manen (1997a and b) has developed an approach to achieve this.

### Van Manen

#### *Language*

Van Manen (1997a) claims that, “hermeneutic phenomenology is a philosophy of the personal, the individual, which we pursue against the background of an understanding of the evasive character of the *logos* of *other*, the *whole*, the *communal*, or the *social*” (p. 7, emphasis in the original). He suggests that a common way of dealing with phenomenological text is to focus on the thematic aspect of the text or “*what* the text says, its semantic, linguistic meaning and significance” (1997b, p. 346, emphasis in original). As was indicated in chapter two, van Manen emphasises the importance of the mantic aspect of the text or “*how* the text speaks, how the text divines and inspirits our understanding” (p. 346, emphasis in original).

Van Manen’s approach to understanding is one that involves writing. He believes reflective writing is a key element in connecting with lived experience. His research approach is the phenomenological and hermeneutical study of human existence:

[It is] phenomenology because it is the descriptive study of lived experience (phenomena) in the attempt to enrich lived experience by mining its meaning; hermeneutics because it is the interpretative study of the expressions and objectifications (texts) of lived experience in the attempt to determine the meaning embodied in them (1997a, p. 38).

### *Life-world/Lived Experience*

Van Manen (1997a) describes human science research as “the study of lived or existential meanings ... as we live them in our everyday existence, our lifeworld” (p. 11). He reminds us that life-world is “the world of the natural attitude of everyday life which Husserl described as the original, pre-reflective, pre-theoretical attitude” (p. 7). Reflecting on aspects of our everyday lives “makes us thoughtfully aware of the consequential in the inconsequential, the significant in the taken for granted” (p. 8). Van Manen proposes using four lifeworld existentials as guides to reflection: “lived space”, “lived body”, “lived time” and “lived human relations”.

Lived space (spatiality) is a largely pre-verbal life experience because we do not ordinarily reflect on it. “We know that the space in which we find ourselves affects the way we feel” (van Manen, 1997a, p. 102). Lived space is therefore felt space and reflecting on it provides a way for us to learn how we experience our day to day existence and to uncover fundamental meanings of the spatial dimension of our lives. “Lived body (corporeality) refers to the phenomenological fact that we are always bodily in the world” (p. 103). Lived time (temporality) refers to subjective time versus the objective time or clock time. “Lived time is our temporal way of being in the world” (p. 104). Lived human relation or lived other (relationality) “is the lived relation we maintain with others in the interpersonal space we share with them” (p. 104). Although these four existentials can be differentiated they cannot be separated. “They all form an intricate unity that we call the lifeworld – our lived world” (p. 105). In research we temporarily study the differentiated aspects and simultaneously recognise the ways in which “one existential always calls forth the other aspects” (p. 105).



### *Hermeneutic Circle*

Unlike Schleiermacher and Gadamer, van Manen does not expressly use the term hermeneutic circle. Instead he uses the term “meaning questions,” which he refers to as ones that are not solved and dispensed with. The process he describes is very similar to the concept of a hermeneutic circle. “In some sense meaning questions can never be closed down, they will always remain the subject matter of the conversational relations of lived life” (1997a, p. 23). Van Manen also uses the phrase “phenomenological nod” originated by Buytendijk (van Manen’s teacher). The phenomenological nod refers to the recognition that a description has the quality of an experience that we have had or could have had. “In other words a good phenomenological description is collected by lived experience and recollects lived experience – is validated by lived experience and it validates lived experience” (p. 27). The phenomenological nod is also referred to as the “validating circle of inquiry” (p. 27).

Clearly van Manen’s focus on language, his understanding of the life-world and his notion of the validating circle of inquiry are all congruent with Schleiermacher and Gadamer’s views. I now describe the suggestions he gives for investigating lived experience.

### *Examining Lived Experience*

For van Manen, an essential element of studying lived experience is orienting oneself in a strong way to the question of the meaning of the experience. Nothing about the experience should be taken for granted. This approach is reminiscent of Husserl’s motto “To the things themselves” described earlier in this chapter.

Van Manen suggests several different and complementary approaches to orienting ourselves to lived experience. I include the ones that I have attempted in my study. First he recommends using personal experience as a starting point in investigating lived experience. He suggests that we trace etymological sources because many of the words we use to refer to the phenomenon have lost some of the original meaning and no longer help us connect directly to the lived experience. He suggests

generating original text of lived experience descriptions for use in building the interpretation. He refers to this as protocol writing.<sup>4</sup> Additionally, van Manen provides direction for using conversational interviews to generate text for interpretation. He emphasizes that the interview process should be “disciplined by the fundamental question that prompted the interview in the first place” (1997a, p. 66). Van Manen advocates that the interviewer use concrete questions to stay close to the experience as lived. Although there are no ready-made questions, some of the examples of possible questions he suggests include: “How did the idea of ... first arise?” “How did you decide on ...?” “How did you feel about that?” “What did it feel like?” (1997a, pp. 67-68).

I have demonstrated with this review of van Manen’s work that his approach is consistent with Schleiermacher and Gadamer’s philosophical hermeneutics and Husserl’s phenomenological philosophy. I have also shown how the theoretical elements of my research are consistent with the interpretative paradigm. The methods for carrying out the research are discussed in chapter five.

### **Turning to the Research Question**

In chapter one I indicated that the form of the research question changed as my understanding of phenomenology grew. At the proposal stage of the research process I stated that the question that prompted the research was “what is the experience of a father whose baby is breastfed?” When I prepared the formal research question I used the following question. “What is the experience of first-time fathers of breastfed babies born to low risk mothers in southern New Brunswick during the first year of life?” The language in this phrasing inadvertently reflected positivistic assumptions. As the research progressed and I better understood the significance of the phrase returning to the things, I realised that lived experience was the things to which I was returning. At times I had difficulty determining whether the lived experience was fathering, or breastfeeding, or fathering of breastfed babies. Eventually I decided the most appropriate way to phrase the things or the phenomenon, was “the experience

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<sup>4</sup> Patrick’s story is an example of protocol writing and the process for creating it is discussed in chapter six.

of fathers of breastfed babies.” The process of attending to phrasing was a hermeneutic experience. Attending to the phrasing helped me to better understand the phenomenon, and focussing on the phenomenon helped me to understand the importance of the phrasing.

### **Issues of Rigour**

Denzin and Lincoln (1998b) make a strong case that the criteria for evaluating a study should be related to the paradigm guiding the study. They argue that traditional concepts of internal validity, external validity, reliability and objectivity in a positivist or post-positivist paradigm are replaced by the criteria of trustworthiness and authenticity in a constructionist paradigm. Rigour in qualitative research has been also characterised as a principled development of a strategy to suit the particular study (Holliday, 2002). Documentation of the strategy is described as “showing its workings,” (Holliday, 2002, p. 8) similar showing the work for mathematical problems. Others refer to this as creating an audit trail (Dey, 1993, Koch, 1994, 1996, Morse, 1998, Seale, 1999, Streubert & Carpenter, 1995). In chapter five I show my audit trail.

Another issue of rigour concerns sample size and the self-selection of men into the study. From a positivistic view, a potential criticism of the research design is that the process of recruitment and small sample size limits the generalizability of findings. However, since generalizability is not the intent of the interpretative paradigm, it is not an appropriate measure of rigour. Creswell reminds us, “the intent of qualitative research is not to generalize findings, but to form a unique interpretation of events” (1994, pp. 158-159). Van Manen (1997a) similarly notes that empirical generalization is not the aim of phenomenological research. Koch (1998) contends that phenomenological research aims to reach a new or better understanding. Finally, Gadamer (1976/1967) tells us that convincing and persuading, without being able to prove are the aim and measure of understanding and interpretation.

Anells (1999) recommended four criteria for use in evaluating a phenomenological project in nursing. She also suggested that harmony amongst the four is a necessity.

According to her, the first criterion is whether the resultant interpretation is understandable and appreciable. “‘Good’ phenomenology is translatable into ‘captive’ writing in a ‘popular’ form” (p. 10) that will be of use to clinical nurses. A second criterion is whether the researcher has created a clear trail of methodological decisions in a way that is rendered understandable. Thirdly, Annells calls for the research outcome to be useful. She believes it should have the “potential to inform nursing practice and benefit people receiving nursing care” (p. 11). Finally, she recommends evaluating the researcher’s approach to the inquiry and determining how congruent the approach is to the research question.

The details discussed in this and the next two chapters are included to provide the reader with the information necessary to begin evaluating the research according to Annells’ criteria. Whether the final interpretation meets the criteria of being readily understandable and useful for clinical nurses can only be evaluated at the conclusion of the thesis.

# Chapter 5

## Approach to the Study

*Complete knowledge always involves a circle, that each part can be understood only out of the whole to which it belongs, and vice versa*  
*Friedrich Schleiermacher (1768-1834)*

Before embarking on this study I received advice that “phenomenology as a philosophy must resonate with you, in order for you to take it on.” and “when you do phenomenology, you must see phenomenologically, and must write phenomenologically in order for there to be an essential coherence in the work” (M. MacLeod, Personal Communication, April 2, 1999). In this chapter I show how I kept the philosophy of Schleiermacher and Gadamer as the guiding principles for decisions made throughout the course of the research. To begin the discussion I briefly show how I determined that hermeneutical phenomenology resonated with me in the way that MacLeod had suggested was imperative. Following that I discuss the process of identifying the phenomenon and methods chosen for revealing it. I also include information on the research setting, the participants, ethical consideration, the hermeneutical interview process,<sup>1</sup> the audit trail and the layered approach used to develop the interpretation.

### Taking on Hermeneutical Phenomenology

Initially, as I sought ways to answer the questions I had about the experience of fathers of breastfed babies, I was hoping for a concrete method that would tell me what I needed to do and when I needed to do it. Koch (1999) refers to this as the belief that “if we look hard enough we will find a mechanical research approach to guide our inquiry” (p. 28). At the same time, I was intrigued by the potential of developing a method that not only permitted but also encouraged me to bring my experience to the research. Reconciling this ambivalence was imperative before I could design my study. I have included passages from my journals in October 1998, January, October, and November 1999 to show that gaining an understanding of

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<sup>1</sup> Transcription material is included in the discussion on hermeneutical interviews. The purpose of this is to demonstrate the particular claim that the interviews were planned and conducted with a hermeneutical focus that was consistent with the theoretical elements for the study.

hermeneutical phenomenology preceded the development of the final research proposal in November 1999.

**Journal Entry October 17, 1998**

As I read I also wonder am I really taking this in? Or is it even possible to take it in with the first reading? I think that I believe that I need to read really broadly so that I can then become aware of what I need to zero in on.

**Journal Entry January 16, 1999**

I finished my first Philosophy paper Thursday and have been reading on hermeneutics today and wonder if I'll really be able to grasp it. Also beginning to feel some stress about the research design.

**Journal Entry January 18, 1999**

Two months from today and I'll be home again. Feeling a bit overwhelmed with all that I have to do before then and wondering will I get this phenomenology stuff clear enough in my mind to know what it is that I want to do.

**Journal Entry October 15, 1999**

A year since I started the PhD and I can still vividly remember my sense of dismay when (name of lecturer) said to me that phenomenology was "naval gazing." My aim over the next few weeks is to try and articulate in writing my understanding of the various types of phenomenology and why it is the best way for me to approach my research.

**Journal Entry November 11, 1999**

I've just finished writing a paper I called *Phenomenology: Why Would You Ever Want to use it for Your Research* The dismay of a year ago at the comment from (name of lecturer) has been replaced with a sense that I can explain my rationale for my approach and feel confident that what I am doing is not simply any one of a number of forms of interpretative research masquerading as phenomenology.

## **Setting Down of the Phenomenon**

A defining characteristic of hermeneutic phenomenological research is that it begins in the life-world. Since I was interested in studying the experience of fathers of breastfed babies, I needed to ensure that the fathers and I stayed close to the lived experience. For assistance with this challenge I turned to van Manen (1997a) who indicates that it is helpful to be very concrete as you ask questions about what an experience is like. How I achieved this will be shown later in this chapter.

Initially I had to determine what I understood by the term “experience”. For this, reading Gadamer (1989/1960) proved very helpful. Gadamer asserts that treating experience as a result ignores that “experience is a process” (p. 353) and essentially negative. Through experience, false generalisations are “continually refuted” (p. 353) as we revise our view of what we previously thought was typical.

If a new experience of an object occurs to us, this means that hitherto we have not seen the thing correctly and now know it better. Thus the negativity of the experience has a curiously productive meaning. It is not simply that we see through a deception and hence make a correction, but we acquire a comprehensive knowledge (Gadamer, 1989/1960, p. 353).

Gadamer says that random experience of an object is not a true experience. To be an experience it “must be of such a nature that we gain better knowledge through it, not only of itself, but of what we thought we knew before” (p. 353). He refers to this kind of experience as dialectical. Because of my personal and professional experience of breastfeeding, I was familiar with breastfeeding as a dialectical experience. I assumed the dialectical experience for the father would unfold as the mother-baby breastfeeding relationship became established. Therefore, a research approach that would allow me to follow this process was essential. How I achieved this will be described later in the chapter.

### **Method Chosen for Revealing the Phenomenon**

I next determined what text would be used for the interpretation. As I have shown in chapter three, men’s voices are almost non-existent in the study of breastfeeding. Therefore, I believed that it was necessary to speak directly to fathers to uncover this experience. Gadamer (1989/1960) claims that Schleiermacher legitimised hermeneutics as an approach for understanding conversation. Schleiermacher viewed the challenge of understanding as more fully present in conversation than in written text:

a free loose conversation is already the object of explication and, particularly in relation to our task, a very intricate one. The more

someone speaks from within themselves and the basis of their combination lies purely within themselves, the more the question arises as to how they arrived at what they say. It does happen that one thinks one knows how the other person will respond to what one has said to them. It is something significant if someone has the ability to understand the succession of ideas of another as a fact of that person's individuality (Schleiermacher, 1998/1819, p. 102).

This convinced me that conversations in the form of interviews would give me acceptable text for the interpretation. However, I then wondered how a hermeneutical interview approach differs from interviews used in other qualitative research approaches. I believed that simply completing a series of unstructured interviews, transcribing the interviews and then interpreting the interview material would not substantiate a claim that the study was a hermeneutical phenomenological one. This meant that I had to design an interview process that integrated the concepts of historically effected consciousness, the hermeneutic circle, and fusion of horizons.

#### Number, Timing and Format of Interviews

I made the decision to engage in a prospective longitudinal study to reveal the dialectical nature of the father's experience because I believed that a one-time interview would be too static to make this process clear. Others who have completed research involving the intensely personal experiences of pregnancy, birth, and motherhood or fatherhood have also found that more than one interview is necessary to capture the complexity and diversity of the experience (Bergum, 1989, Dienhart, 1998, Lederman, 1984, Lupton & Barclay, 1997, Oakley, 1981).

The choice for the number of interviews was closely tied to the timing of common decision points during the breastfeeding period. In clinical practice I had observed that it frequently took six to eight weeks before women described breastfeeding as pleasurable and easy. Significant factors in reaching this turning point appeared to include prenatal attitudes combined with the initial physical, emotional and logistical challenges of early days of breastfeeding. I was aware that in New Brunswick nearly 13 percent of women stop breastfeeding two weeks after birth, 27



percent by two months and 65% by six months (Storr, 1996). I had no specific details of the percentage of women continuing to breastfeed beyond a year. However, I did have personal and professional knowledge. I breastfed my two children slightly over 11 months, in the late 1970s and early 1980s and in my clinical practice I had cared for women breastfeeding well beyond this time. Based on all of these factors, I chose to interview men in the prenatal period, when the baby was 2-3 weeks old, 6-8 weeks old, approximately six months old, and around the end of the first year. I decided to interview all men once after their babies had stopped breastfeeding plus the one-year interview. For any men whose partners were still breastfeeding at one year the one-year interview would be their last interview. The schedule of interviews is in Appendix A.

The interviews in the prenatal period and during the six months after birth were individual interviews and the interview one year following birth was a group interview. Gadamer (1989/1960) indicates that a conversation is a way of getting to know the horizon of another person. The combination of individual and group interviews meant that I could explore the changing horizons of the individual men in the context of my own horizon as well as with those of other men. Sequential individual interviews provided an opportunity for the men to describe and reflect on their feelings and thoughts. The group interview provided an opportunity for the men to interact with other fathers of breastfed babies. For me, it was an opportunity to observe how the men entered each other's horizons. In one group I had an opportunity to gain insight not only from the interaction of the fathers but also the interaction between and among fathers and babies. Gibbs (1997) and Rubin and Rubin (1995) have described the importance of group dynamics in the creation of data. The interviewing technique adopted will be discussed once the setting, process for ethical review and strategies for recruitment of participants has been presented.

### **The Setting for the Study**

The context of the setting in which the fathers have their experience is significant because it forms part of their and my horizons. Since other measures to protect the

identities of the fathers have been taken and will be described later in this chapter, I have made no attempt to hide the identity of the location. New Brunswick is on the east coast of Canada and Fredericton is the capital city. In land mass New Brunswick is similar in size to Scotland. However it is much less densely populated with 729,498 residents. Artificial feeding is still the norm for many families in New Brunswick. Although breastfeeding rates are increasing, initiation rates are among the lowest in Canada, 55 percent compared to a national average of 80 percent (Levitt, Hanvey, Avar, Chance, & Kaczorowski, 1995).

There is one hospital in Fredericton. Home births are actively discouraged and obstetricians attend more than 90 percent of births (midwifery is not a licensed profession in the province). Hospital stays are typically 48 hours for women who give birth vaginally and 72 hours for women who have a caesarean delivery. Combined mother-baby care is the norm in the hospital although a central nursery is still used. During the day women are encouraged to keep babies with them in their rooms. At night most babies return to the nursery and are either bottle fed by the nurse or taken to the mothers for demand breastfeeding.

Physicians and hospital nursing staff have had a considerable input into the curriculum of the prenatal classes even though they are taught by non-hospital staff. First time expectant mothers and fathers both attend most classes. The topic of breastfeeding is covered generally in these classes. In 1998 the hospital began offering one 2-hour breastfeeding class in the prenatal period.

Follow-up nursing care for mothers is hospital based. Postpartal home visits to new mothers and babies are only made to families who are identified at risk. Women who are not considered high risk are expected to return to the hospital Mother-Baby Clinic (MBC) during the first week after discharge. Breastfeeding women are also expected to schedule an appointment to the Breastfeeding Clinic (BFC). Return appointments are scheduled if necessary. The BFC is staffed part-time by nurses who are also International Board Certified Lactation Consultants. When the BFC is not open the staff from the MBC take any telephone inquiries.

## The Fathers, Mothers and Babies in the Study

The 12 men who participated in this study were all first time fathers living with the mother of their baby (demographic information about fathers is provided in Appendix B). To recruit participants for the study I attended prenatal classes, to speak about the study and give pamphlets to fathers who expressed an interest. In addition, pamphlets and small posters were placed in physician's offices (Appendix C).

Since the study was predicated on hearing the experience of fathers of breastfed babies, I wanted to find a means to ensure that the focus did not revert to the mother's or baby's experience. I also was concerned about preserving the confidentiality of the men in the study. Before beginning recruitment, I decided to name all mothers Erica, the boy babies, Peter and the girls, Karen. I did this as a way to keep the fathers' lived experience in the foreground and the mothers and babies in the background. I justified my decision based on my understanding of Gadamer's conceptualisation of experience, i.e. that you can only experience others when you have a firm version of the self. The men were encouraged to choose their own name beginning with the first five choosing from the letter A, the second five from the letter B and the last two from the letter C. The pseudonyms the men chose are shown in Table 1.

Table 1 Pseudonyms Chosen by The Fathers

A	B	C
Abe	Ben	Carter
Andrew	Bart	Carl
Alex	Brock	
Aaron	Brad	
Adam	Barry	

I explained my plan for naming the men, their partners and babies when I was recruiting or prior to the first interview if the man had been recruited other than through prenatal classes.

## The Connection Between Recruitment and the Beginning Interpretation

Recruitment was an ongoing process and the longitudinal design facilitated preliminary interpretation as the interviews proceeded. While such an approach is desirable in any form of qualitative research (Lofland & Lofland, 1995, Morse & Field, 1995), interpretation during an interview is a requirement of hermeneutical phenomenology. Schleiermacher declared that the basis for solution of the hermeneutic challenge always lies in an earlier point of view and “we are therefore always obliged to pay attention to what can become the basis of a solution” (1998/1813, p. 6). Weinsheimer and Marshall the translators of *Truth and Method* describe Gadamer’s approach to understanding in the following way

Instead of the binary implication of “understanding” (a person understands something), Gadamer pushes toward a three-way relation: one person comes to an understanding with another about something they thus both understand. When two people “understand each other” (*sich verstehen*), they always do so with respect to something. That something is never just an opinion (*Meinung, Gemeinte*), as when two people merely “exchange views.” When we understand what someone says to us, we understand not just that person (his “psychology,” for instance), nor just his or her “view,” but we seriously consider whether that way of looking at a subject has some validity for us too. In this sense, even “self-understanding” (*Sichverstehen*) does not for Gadamer mean turning oneself into an object, but in German idiom, “knowing one’s way around” in a certain matter (pp. xvi-xvii, emphasis in original).

When I had recruited the twelfth man into the study, I believed that I could see a pattern emerging in terms of the message I was hearing. Only one man had not continued in the study at this point. I was beginning to know my way around the phenomenon, and although I was aware that my hermeneutic circle would continue to enlarge, I felt confident in ceasing recruitment.

### **Ethical Considerations**

The study received ethical approval from both the University of New Brunswick (UNB) and the Region 3 Hospital Corporation (Appendix D). UNB’s Research

Ethics Board complies fully with the standards established by the Medical Research Council of Canada, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada, known as the Tri-Council (1998). The element of coercion in the study was minimal because I attended only the first 10 minutes of 15 different prenatal classes to explain the study, request volunteers and leave information on how to contact me. Advertising the study through physicians' offices and the hospital prenatal clinic involved absolutely no prospect of coercion. A written consent form was obtained at the first interview (Appendix E). Verbal consent was re-confirmed at each subsequent interview. The interviews were all conducted in my private office at UNB. All interviews were audio taped with the permission of the fathers, labelled with a pseudonym chosen by the father and kept in a locked cupboard.

I transcribed the initial 10 and the last three of the 45 interviews. A senior administrative secretary employed within the Faculty of Nursing at UNB transcribed the other 22 interviews. Because of her position within the Faculty of Nursing, she was particularly cognizant of the need for confidentiality of participants.

An additional ethical concern I dealt with was the issue of avoiding too close an incursion of my clinical expertise in breastfeeding on the research topic. At the same time I could not ignore the ethical dilemma of denying my clinical assistance. Before beginning the study I carefully considered how I would handle this issue. I decided to limit my clinical consultations in the UNB Breastfeeding Clinic to women whose partners were not in the study. However, I did not ignore direct questions for information about breastfeeding. Only one man, whose wife was having breastfeeding difficulties, asked me if she could come to see me in my clinic. I answered that although I was willing to see her, she might find the specific assistance she was seeking from the local La Leche League leader. Another woman called me directly when she was unable to reach the hospital breastfeeding clinic. She wanted to inquire about information she had read on foremilk affecting a baby's behaviour. She described her baby's behaviour and what she had read. I

confirmed that her identification of the problem and plan for dealing with it were appropriate.

## **Hermeneutical Interviews**

### The First Interviews

In chapter four I provided van Manen's (1997a) suggestions for staying as close to the lived experience as possible. Once I had explained the preliminaries of the study and gained consent from the men to tape the interviews, I opened the first interview with the question, "how did the idea of breastfeeding first arise?" Although hermeneutic interviewing is not governed by predetermined questions (Geanellos, 1999), I nonetheless had other questions available to ask during the interview if necessary to assist the fathers in describing their experience more specifically. For the first interview this included questions such as "how did you and Erica decide on breastfeeding?" "How do you talk about breastfeeding with Erica?" "How do you feel about not being able to feed the baby?"

During the early interviews I was also mindful of Gadamer's guidance on interpretation:

For the interpreter to let himself (herself) be guided by the things themselves is obviously not a matter of a single "conscientious" decision but is "the first last, and constant task." For it is necessary to keep one's gaze fixed on the thing throughout all the constant distractions that originate in the interpreter himself (herself) (1989/1960, p. 267).

I carefully analysed my interviewing style after transcribing the initial interviews to determine if, in keeping my gaze on the things themselves, I was inadvertently leading the men to answer in pre-determined ways. An excerpt from one such analysis is included below.

#### **Journal Entry May 13, 2000**

When I reflect on my questions I am not relating them specifically enough to breastfeeding. I'd like to think that this is because I was giving him an

opportunity to talk about what was important to him rather than thinking I am an ineffective interviewer.

Elsewhere in the analysis I noted my appropriate and inappropriate responses. This helped me to adjust my interviewing technique, maintain a concrete focus on the experience and continue being flexible enough in subsequent interviews to hear what the fathers were saying. One of the challenges I faced during the early interviews was coming to understand my horizon as a neophyte hermeneutic phenomenological researcher. An excerpt from my journal demonstrates aspects of the process I followed so that I could clearly focus on the father's experience.

**Journal Entry May 14, 2000**

I felt somewhat tense asking questions and realize that my style of communication is to reflect the feeling and content of what a person says but in different words. I firmly believe that asking questions has the potential to put the person asking the questions in a power type relationship but I am going to have to reconcile that view with the fact that asking questions is a part of the interview process. While I am recruiting new participants I'll have to re-read Rubin and Rubin's, *The Art of Hearing Data*. I think that an important part of this process is to accept that I am using my skills in a new way and it takes time to become comfortable with any role change.

Staying Close to Lived-Experience

I discussed earlier how, in the prenatal interview, I helped the fathers stay close to the lived experience. I continued to do this throughout the following interviews. In the second interviews, after the preliminary greetings and reconfirmation of the father's consent for taping, I asked the father to "describe for me what it was like the first time you saw Peter (Karen) breastfeed." Other questions to help the father focus concretely on the experience included, "how is breastfeeding going now compared to in the hospital?" "What is life like for you with a baby who is breastfeeding?" Frequently I noticed that fathers focused on describing either Erica's or the baby's experience rather than theirs. When I noted the father's story was outwardly focused on Erica or the baby, I also noted nonverbal communication of emotions that were present. I then asked specific questions to help bring out the message behind the message. This is what Egan (2002) refers to as listening to the slant of a story. Examples of this are shown below.

### **July 7, 2000 Aaron Interview # 2**

Aaron: cause they were both new at it and, uh, you know he wasn't getting any milk and I don't know if he was enjoying the colostrum or not so

Gail: mm hmm. How did it feel for you to see Erica and Peter both frustrated?

Aaron: uh, well it was, uh, (chuckles) I was trying to be encouraging and you know, I still left it totally open if she didn't want to breastfeed then it was totally up to her and I've always said that and uh, uh. But when he's there bawling and, you know, Erica's upset herself and then it's, you know, "well give him the bottle kind of thing" or, uh, I didn't actually say that but too you're thinking that kind of thing. And so the nurse would come in and, you know, give him some formula and he'd be fine (chuckles). And then it, uh, it would be frustrating for me I guess to see them so frustrated cause there's nothing I could do other than to ask the nurse to come in and to, uh, give him some milk or whatever.

### **October 10, 2000 Bart Interview # 2**

Bart: And it's been pretty smooth ever since then. For the most part – like there have been a couple of days when, you know, she thought she was really engorged that he couldn't - she said it was just too full and she couldn't get him on properly, so other than that it's been going fairly well.

Gail: What did it feel like for you when she wasn't able to get him latched?

Bart: Really frustrated. Yea, I was really frustrated because there was absolutely nothing I could do to help with that process. You know, I'd try – I'd try to help her, cause I'm looking at the books and I remember the class. And like I know you're supposed to hold the breast to get the nipple in the right position and, you know, so you've got –her mother was there too. So you've got three pairs of hands and a baby whose hands are in the way, all trying to get this thing – which I knew instinctively was making it worse. Because if everyone is frustrated, the baby knows that. So I was frustrated when it wasn't working. I was really frustrated. In my mind, I never said this to Erica, but in my mind I thought – well we're going to try this and if she goes to the clinic and find out, because I heard they were very helpful to people having problems – but I'm not – I will not – this is what I was saying to myself (chuckles), I'm not going through this for three months or six months – every time you try to feed – or even a week – that if this isn't fixed in a couple of days.

As the lengthy replies from Aaron and Bart demonstrate, guiding them to be more concrete helped them to focus on their lived experience. Thus I was able to uncover the men's experience that was hidden behind the obvious message about Erica and/or Peter's experience.

### Incorporating Understanding During the Interviews

Here I review various aspects of the interviews to demonstrate how: a) I coped with problems in the initial interviews, b) I sought specific clarification during an



interview, c) I incorporated understanding I had gained from a previous interview with a specific father, d) I incorporated understanding from one or more fathers into the interviews with subsequent fathers, and e) the fathers in the group interview contributed to enlarging each other's horizon of understanding.

An important aspect of understanding how the hermeneutic circle increased is awareness of how I utilized the longitudinal nature of the study. I read each transcript for a father prior to any subsequent interview with that particular father. This meant I read through transcripts one, two and three before doing the fourth interview. While I was reading, I made notes for myself for areas to follow-up on during the interview. I also listened to each tape with a copy of the transcript to compare accuracy of the transcript with the tape. Because at any one time I would be conducting a number of first, second, third and fourth interviews with different fathers in a short time frame, these two steps were invaluable in keeping me in touch with my interview material and in helping me to recognise emerging patterns. Fathers were also given copies of their interview transcripts, some read them prior to subsequent interviews others did not.

#### *Problems Identified in Early Interviews*

Despite being very conscientious in checking equipment and sound levels prior to taping interviews, I initially had some problems with the equipment I was using. An excerpt from my journal shows how the initial difficulty with equipment figured prominently in my thoughts.

##### **Journal Entry May 14, 2000**

After my experience with Abe's tape and the problems with sound again I bought shorter tapes (30 minutes per side instead of 60 minutes per side). I recognized that would mean I would have to switch the tape part way through the interview but I figured the awkwardness of that would be outweighed by better sound for transcription... Sad to think that something so mechanical is causing me so much stress when it never has before but oh well that's life.

In the initial interviews I had a tendency to focus a little too much on health teaching because of the blurring in my mind of my roles as nurse and as researcher. This tendency to revert to a familiar role may also have been a reflection of my

anxieties related to the initial problems I had with equipment. Although in later interviews I still responded to direct questions for information, there was much less unsolicited health teaching. One other early adjustment I made was the addition of the following question. "If you had one piece of advice to give the father of a baby who was going to be breastfed, what would it be?" I incorporated this question after completing eight interviews because I recognised that fathers sometimes focussed on the mother and baby's experience rather than their own. This question helped the fathers to focus more specifically on their own experience and became the occasion for light-hearted humour in the later interviews.

#### **April 3, 2001 Abe, Alex and Adam Group Interview**

Gail: If you were going to give a father - an expectant father of a baby who you knew was going to be breastfed - one piece of advice, what would it be?

Adam: How many times did you ask us that? (All laughing) What did I put there the first few times, I'm trying to think (laughter all) oh man, every time!

#### *Clarifying During an Interview*

While I was interviewing fathers I continued to read and re-read *Truth and Method*. By early June 2000 I had completed eight interviews (three with Abe, one with Andrew, two with Alex, one with Aaron and one with Adam). One of my journal entries shows that I acknowledged the necessity to check with the fathers any spontaneous interpretation I was making as the result of our conversation.

#### **Journal Entry June 6, 2000**

Some of the things I've picked up from *Truth and Method* that give me encouragement that these interviews will prove fruitful for me include: Gadamer does not conceive communication as the passing of information from one person to another. Rather, in communication some subject matter becomes mutually accessible for two or more people. "Gadamer pushes for a three-way relation to understanding rather than a binary implication of understanding (a person understands something). In a three-way relation one person comes to an understanding with another about something they both understand" (p. xvii). More important to me at this point, is the notion that what makes coming to an understanding possible is language, which provides the medium, middle ground or place where understanding takes place. The ground is not established by any explicit contract but rests on the willingness of the participants in conversation to lend themselves to the emergence of something else, the subject matter which comes to presence and presentation in conversation. I think I am being fairly successful in engaging in communication, which fits these two notions. I also think I need to relax and begin trusting that. So I'm not feeling profound

but am feeling determined to move along more confidently in the next interviews.

Because it was important to ensure that understanding was occurring, I began clarifying with the fathers whether we each had the same understanding of what was being said. Examples of how I did this are shown in excerpts from transcripts of interviews with Brad and Barry.

**December 4, 2000 Brad Interview # 2**

Gail: So was that putting a fair amount of pressure on you – feeling that you would be the one to get up and waken him, or was it sort of feeling like here’s something I can do

Brad: Uh, I don’t know if there was pressure, but it felt like - I had to get up to make sure he was fed or whatever, and so it was tiring, but I just knew it was something I had to do

Gail: Yeah

Brad: If I can just get him over this little bump and then

Gail: So it was giving Erica a break in terms of?

Brad: Yea, because if Erica were to get him up, try to wake him up, and then feed him – she wouldn’t have gotten any sleep I’m sure for those first, the first little bit

**January 30, 2001 Barry Interview # 2**

Gail: I would think it’s a pretty helpless feeling in some ways seeing someone you love go through this when you know there’s alternatives

Barry: I, well yea I don’t think I felt helpless, because I know that she’s internally - like externally, you wouldn’t know she was a strong woman – well internally, I found out – I guess the word we were throwing around was stoic. But she – if when push came to shove – for the health of the baby and being a lawyer and you’re taught – she does a lot of family law – and you’re taught from the get go that whatever is best for the child. The child can’t make the decisions – you do what’s best for the child – usually go that route anyway.

In developing understanding, “the essence of the question is the opening up and keeping open of possibilities” (Gadamer, 1989/1960, p. 266). I did this by clarifying with the fathers if my interpretations were correct. The examples provided demonstrate that I had not captured exactly what the fathers meant in their descriptions of the impact of initial challenges of breastfeeding on them. However, by using descriptive words such as “pressure” and “helpless”, I opened up the

possibility for fathers to disclose their interpretation while simultaneously opening the possibility for me to reflect on whether or not I had preconceived ideas about a father's experience with breastfeeding.

### *Bringing in the Father's Past Horizon*

Reading all of the interviews I had completed with a father before subsequent interviews with him meant that I was easily able to bring information from the previous interview into the current one. Selected sections from Alex and Adam's transcripts show this.

#### **May 9, 2000 Alex Interview # 2**

Alex: I guess part of the whole thing goes back to – I've probably spent more little bonding time with the baby and I tend to pick her up more and look after her more. I've done more of the diaper changes and the baths and everything else and so – I think because of that it's not like, you know, Erica's looking after the baby and I'm, you know, missing out on a lot of stuff.

#### **June 7, 2000 Alex Interview # 3**

Gail: So are you feeling as much a partner in it now as you were at 2-3 weeks?

Alex: Uh, I think it's more an over all, uh, sort of stepping back a little bit because, uh, in the – initially I took time off from work so I had a lot of time to help and that. Erica's you know, when I, uh, when we first started I did all the diaper changes and that type of thing whereas now Erica is doing more herself. We're sort of evening out a little bit more to the point where she's probably doing a little bit more uh, even when I'm home just because I've got other things to do now when I'm home.

Gail: Mm hmm

Alex: That I haven't had a chance to do. So it's uh, it makes me step back to look to make sure that I'm still doing my share

#### **November 9, 2000 Alex Interview # 4**

Gail: What about – you had said early on that it seemed like you were enjoying the baby more because Erica was so caught up with getting feeding going initially, and that gave you a sort of special closeness with Karen. Does that feeling sort of continue from those early days when you couldn't feed her that you still had a special time?

Alex: Yea. It's –we've, it tended to sort of drift into our own times that – or our own duties that we spent with her. That you know, if we're not there then the other person can fill in – like for example, I usually give her a bath and Erica breastfeeds her, you know. So we each have our own special times and where you know like I say I can't breastfeed her, but if Erica's not around I'll just give

her another bottle. But you know we play in the bathtub and have our own special time there – have a whole lot of fun.

**May 29, 2000 Adam Interview # 1**

Adam: I don't want to get, uh, depressed over not being as close to the baby, but I'm very aware of that possibility so, uh, I hope that's enough to avoid it.

**June 22, 2000 Adam Interview # 2**

Gail: I remember you saying that you were worried that you were going to be a little bit jealous because of all the time she had with, with him

Adam: Yea, well I already feel like I'm missing stuff. You know I came home today and he smelled great. He'd obviously had a bath and I thought "jeez like another thing that I missed." It's so much fun to bath him just that his cord hasn't fallen off yet. But I am a little jealous because she gets to spend all day with him and because she's up all night. But at the same time I am starting to think I'm getting the best of him because she's a little worn out of him now because she's, you know, caring for him constantly and I, I can't get enough of him.

In these two examples, the hermeneutical interviewing technique uncovers how experience of something changes knowledge. Gadamer (1989/1960) reminds us that "we cannot have the same experience twice" (p. 353). When an experience is repeated we possess it and "we can now predict what was previously unexpected (p. 353). He refers to this as a reversal of direction of an experiencing consciousness. "The experiencer has become aware of his experience; he is 'experienced.' He has acquired a new horizon in which something can be an experience for him" (p. 354).

*Bringing in the Horizons of Other Fathers*

According to Gadamer (1989/1960) "all understanding-as is an articulation of what is there, in that it looks-away-from, looks-at, sees-together-as" (pp. 90-91). To learn how men understood their experience in the context of other men, I repeated comments of fathers to other fathers in subsequent interviews. This allowed me to understand which experiences were meaningful for the fathers. This is a key factor in identifying an experience, because "something becomes an experience not because it is experienced but insofar as in being experienced makes a special impression that gives it lasting importance" (Gadamer, 1989/1960, p. 61).

**May 5, 2000 Abe Interview # 3**

Gail: Is there any sense that in your looking after her that, that makes it easier for her to look after Peter so in that way you're contributing?

Abe: Very much cause I do feel that.

Abe was the first man I interviewed. When he spoke about doing housework and looking after Erica, I clarified with him if there was any sense that this contributed to the success of breastfeeding. Four days later I had the opportunity to use what I had learned from Abe with Alex. Alex briefly concurred with Abe.

**May 9, 2000 Alex Interview # 2**

Gail: One of the fathers was saying to me that he saw getting the meals now as something he could do to give her time to be doing something

Alex: Yeah. And I guess that's something um, I mean.

Adam was more specific than either Abe or Alex in articulating his role in assisting Erica so she could breastfeed Peter.

**June 22, 2000 Adam Interview # 2**

Gail: You know one of the dads was telling me that he thought getting meals was, for her, his contribution because

Adam: Yeah

Gail: If he kept her fed she could keep the baby fed

Adam: I guess you could look at it that way. I do a lot of the, a lot of the maintenance things around the house including maintenance on Erica so that is a good way of looking at it. That would be my contribution I suppose or running the bath tub or, or doing some of the things so that she has more, she doesn't have to worry about sitting there for an hour if need be you know, I can do the other chores that need to be done

Gail: Mm hmm

Adam: Yeah, that's a good way of looking at it I guess nourishing her to nourish Peter cause I do. I am the principle meal maker, uh, in our house

Gail: So how are you juggling all of those things with now being back to work?

Adam: (sighs) I'm very, very energetic. I'm very, very energetic and if I don't do it, uh, when I come home from work I do it in the morning. I get up, I could get up an hour later in the morning than I do and I do, I do some quiet housekeeping things in the morning.

I disclosed Adam's view to Aaron and asked him if he thought getting meals was a factor in the success of breastfeeding.

**July 7, 2000 Aaron Interview # 2**

Gail: Um one of the dads was telling me that he saw his way of supporting her was getting meals and that sort of thing, that he felt was a concrete way to help breastfeeding. Is that something you feel helps or doesn't help?

Aaron: Yeah, I do the dishes more (chuckles)

Gail: Mm hmm

Aaron: I, I do well we've always been, you know, if something needs to be done then one of us will do it

Gail: Mm hmm

Aaron: Whether it'll be me or Erica and so if she's in breastfeeding then I'll do something or, uh, or, you know, maybe I'll take care of the baby and she'll do something or

Gail: Mm hmm

Aaron: Whatever

By 10 months into the study, I was feeling fairly confident that the fathers viewed the assistance that they gave Erica as an important contribution to the success of breastfeeding. I continued validating this impression with other men.

**October 19, 2000 Ben Interview # 2**

Gail: One of the other things that some of the dads have been saying is that this housework bit becomes a part for them a way of them doing something so that the wife can breastfeed, freeing up her time

Ben: Yes, I don't do very much if it, but what little I have done of it, that's been motivated by that kind of feeling and I've got positive feedback from Erica saying "I'm glad you did that because it means I didn't have to do it. I'm glad I didn't have to ask you to do it."

**November 8, 2000 Brock Interview # 2**

Gail: One of the dads described it to me - as he saw his role to nourish and nurture his wife so that she could nourish and nurture the baby

Brock: That's a good way of describing it. You really have to provide positive reinforcement. I can see that and well - I think it's an emotionally taxing time for mothers, and if she's got to deal with some issues with her husband as well, well then things are going to get tough.

By the time that I was ready to do my ninth prenatal interview (19<sup>th</sup> interview overall), I decided it would be helpful to see if the belief that helping Erica was contributing to the success of breastfeeding occurred in the prenatal period as well as after birth.

**October 27, 2000 Brad Prenatal Interview # 1**

Gail: So would you say that you see helping Erica get her rest and do things is your way of contributing to the breastfeeding?

Brad: I guess so, yea, basically ... I know that I've prepared myself - thinking I'll have to do a lot more around the house.

Gail: Mm hmm

Brad: So, I know she is going to be tired. I will pick up the extra things that need to get done.

In the final stages of the interview process I continued to ask other men about the experience of caring for Erica. I did this to learn if it was a common experience in all the men's horizons.

**January 23, 2001 Carter Interview # 2**

Gail: I know that one of the fathers had said to me that doing that he felt was his way of contributing to the breastfeeding because by doing that it meant that his wife actually had the energy for breastfeeding

Carter: Yeah, yeah

Gail: That would be your experience as well?

Carter: Yeah. That's how I look at it too - it's like I have to do - that's my part at that point. That helps her relax, that's less that she has to do and more time that she has for breastfeeding because I knew it was a big job, but I didn't think it was this big a job

**May 6, 2001 Carl Interview # 2**

Gail: One of the dads the other night said to me - "I fed her so she could feed the baby." He said that was

Carl: Exactly - well I've been doing that - I've been helping out with meals and whatnot. And I mean if we wake up in the middle of the night and the baby's fussing or something - I mean I'll get up and try and settle her down.



The interview technique of bringing issues discussed with one man to the attention of other men was also followed for increasing my understanding of other commonalities I heard in the men's experience. These included issues such as fathers' perceptions of a necessity to portray confidence to Erica that breastfeeding was going to work even when he was not feeling confident, the early perception that fathers had more quality time with the baby than Erica did because she was "too caught up with feeding to enjoy the baby", relationship changes with Erica and with the baby, views on not being able to feed the baby and finally men's perceptions of the role of health professionals.

### *Group Contributions to Revealing Men's Horizons*

The significance of group interviews on the research process was described earlier in this chapter. As anticipated, the group process allowed for exchange of ideas between fathers. This exchange revealed many common experiences and highlighted different aspects of the experience. Schleiermacher (1997/1819) believes that text can never be understood right away and that every time we engage with the text "we are in a better position to understand because it increases our knowledge" (p. 84). In the group interviews the men engaged in spontaneous conversation with each other and with me. The text that resulted provided me with an opportunity to engage in a new way with men's experiences.

In one group interview three babies attended the interview with their fathers. This gave me an opportunity to see the congruence between the behaviours fathers described to me and the actual behaviours with their babies. In all three group interviews the spontaneity with which the horizons of understanding fused became evident. The example included shows the men responding to a question about why they volunteered to participate in the study.

#### **December 11, 2001 Group Interview Aaron, Barry, Carter and Carl**

Carter: You know I saw it as a very positive thing and that maybe something like this would give me more insight and maybe different insight into the whole process, like especially you know sitting around here and talking to other guys in the same situation and stuff...

Aaron: I guess it also gives, allows father a time to be verbal and talk about it and to maybe form your own opinions. It might have happened in this room talking to you, kind of thing. You had something you might not have thought about previously...

Carl: For me it was, uh, I can't remember if you contacted me or if I contacted you. I can't remember now. I know a friend of my wife had been in to see you and I think in a roundabout way that's how we got together...

Barry: I saw your ad up at my wife's doctor's office ... I guess maybe being a little older than the rest of the guys here, I mean I've been dying to be a father waiting for the right woman I guess. And I was just all over the fatherhood thing so I wanted to know (chuckling) what you were studying and same as you (talking to another father) being able to "what? You want me to talk about what's going on. Sure!"

Carter: Sure

Aaron: Yea I think talking about it like even here, you know, it gives you an opportunity to, uh, kind of formulate how you think about it as well

Carl: You hear yourself

Aaron: Yea, someone asks you a question off the cuff, you know, or from Gail's questions and you are able to or you have to think about it. And then, you know, that kind of forms your outlook, uh, on breastfeeding - that sort of stuff

Carl: It's apparent to me I guess that we are all feeling the same kind of things. So I, uh - maybe didn't realize that before

## **Creating an Audit Trail During the Interview Process**

"Auditing is an exercise in reflexivity, which involves the provision of a methodologically self-critical account of how the research was done" (Seale, 1999, p. 45). In chapter four I described how Gadamer rehabilitated the concept of prejudice in the conduct of social science research. In contrast to bracketing my clinical and personal experience with breastfeeding, as would be the case if I were following the phenomenological approach attributed to Husserl, I attempted to understand and address my horizon. The 45 interviews for this research were conducted over a 23-month period when I was working full time. In this section I describe the challenge of maintaining a consistent level of journaling amidst competing demands on my time. Koch (1994) indicates that one way of increasing self-awareness is noting the content and process of interactions and reactions. While I was preparing for the research, and in the early months of interviewing I made

extensive notes in my journal. In May 2000 (five months into the interview process) I was still writing extensively in my journal. At the same time I was finding the strain of teaching full time and being fully engaged in the research tiring.

**Journal Entry May 5, 2000**

I was drained after a day of teaching and wondered if I picked up on everything brought out in the interview. On the other hand I also felt there were a couple of times that I really picked up on what he was saying. He seemed genuinely happy to have the opportunity to talk today... As he was leaving I walked out with him and there were three men in the kitchen area just outside my office. After he left I went to the men and offered to remove the books from the room they were using (about 50 or more on pregnancy, fathers, breastfeeding etc for my students) and one man mentioned a book he really liked. We had an engaging conversation in which I disclosed that fathers are my research interest and they expressed interest and pleasure that men's interests were being considered... I'm trying to achieve a balance between being engaged in research and avoiding letting it become all-consuming. Also trying to juggle so many things that I find it a challenge to stay focused. I guess I feel as if I should be more profound but I'm not so I'll have to take things as they go.

By October 2000 I was only writing in my research journal every 2-3 weeks. I was still making the attempt to make connections between the research outcome and the research process.

**Journal Entry October 18, 2000**

(After checking Bart's prenatal interview tape recording with transcript) - It is really hard moving back and forth between work and research. Bart and I talked in the prenatal interview how hard it is for him knowing about what is going on with Erica when he is not there and I see a similarity in terms of me. It is hard to feel like a PhD student when I am not a "student" in the sense I once was. Also interesting that I've noticed fathers have a hard time focusing on themselves and I did something similar today when NAME asked me about my research. I turned the conversation away from me because I can't feel I am truly a researcher yet and perhaps that is similar to the father's prenatal experience.

By late November 2000 the occurrence of what I labeled "research fatigue" set in and entries in my journal became shorter as well as more sporadic. At times I resorted to simply writing key words or phrases in a book I kept for this specific purpose. While the scribbles I made in my book would have no meaning for anyone else, they were helpful to me during many of the actual interviews. They have also served the purpose of reminding me of specific events that were occurring concurrently with the interviews.

Although I was not as disciplined about writing in my research journal in the last year of data collection as I was in the first 11 months, I believe that this did not adversely affect my research. The reality for me is that research will always have to be juggled with a labour-intensive job. Therefore, successfully juggling priorities is of inestimable value in my development as a researcher. Gadamer (1989/1960), as always, provides me with comforting rationale for the break I took from intensive journaling. “Only by forgetting does the mind have the possibility of total renewal, the capacity to see everything with fresh eyes so that what is long familiar fuses with the new in a many leveled activity” (p. 16).

### Side Journeys in the Research Process

I took a few side journeys during the research process, which also served to enrich my understanding of both the research process and the men’s experience. Schleiermacher (1998/1828) indicates that “speaking is only the external side of thought” (p. 7) and a way of deepening understanding. I next explain four different opportunities I took to deepen my understanding through externalization of thought. In April 1999 I was asked to fill in unexpectedly when a conference speaker cancelled. This gave me an opportunity to talk about my understanding of hermeneutical phenomenology and the occasion to externalize my thoughts in front of an audience, thus deepen my understanding.

In September 2000 a journalist from a provincial newspaper, who had seen the research posters in a physician’s office, requested an interview about the study. I consented to this request, as I believed it might be a potential avenue for further recruits. I stressed to the journalist that I was very early in the research process and that any findings would be very preliminary. The subsequent newspaper article served to remind me of my thinking at that stage.

During the 23 months I was completing interviews I also had an opportunity to serve as chair for a Canadian national breastfeeding conference (Breastfeeding NOW: Nurturing Opportunities for Wellness/ L’allaitement maternel aujourd’hui le mieux-être pour la VIE). Serving as conference chair (July 2000 – May 2001)

provided me with several occasions to talk informally about my research with academics and practitioners across Canada who were on the conference committee. At the conference in May 2001, I spoke about my preliminary understanding in a presentation called "Fathers and Breastfeeding: An Oxymoron?" Once again, externalizing my thoughts before a knowledgeable audience provided me with an opportunity for feedback and helped me deepen my understanding of both the research process and the experience of fathers of breastfed babies.

### After the Interviews

Koch (1998) argues that in hermeneutical inquiry "we the researchers thrive on the tension about what is unique but what we rely upon is shared and vividly expressed" (p. 1185). Once the interview material had been collected, I had to find a way to balance this tension between the unique and the shared aspects of the men's experience.

### *Handling the Transcripts*

Although I had read through the men's transcripts before subsequent interviews with them and listened to each man's interview while I checked it with the transcript, I had never listened to each man's individual interviews in sequence. I believed that doing so would provide an opportunity to hear anew what I had heard before. Consequently, I listened again to all 45 audiotapes and again compared them with the transcripts. First, I listened to the individual interview tapes for each man. After I had listened to the four individual interviews with Abe, Alex and Adam, I listened to the group interview with these three men. This same process was followed for the other individual and group interviews. I made notes of my impressions as I listened to the tapes. This process while time consuming (31 hours of tapes and nearly 800 pages of transcripts) immersed me in the interview material and was a valuable way to reorient myself to the study when I once again had the opportunity to concentrate on it full-time.

Once I had listened to all 45 tapes I then re-read all the transcripts; first, all the prenatal interviews, then all the second interviews etc. until I had re-read all 45

interviews. I made notes of my impressions and questions to ask of myself for later reflection. Some examples of these are included below.

- What characterizes the process of the father beginning to see breastfeeding as “commonplace”?
- Adam was the first to say nourishing Erica to nourish the baby and mentioned it more than once. In this interview we transposed nourish and nurture. Are there other ways that men describe nurturing?
- When I write the men’s stories I’m going to have to be very careful that revealing this information does not lead to anyone being able to identify this specific father (intimate details about resuming intercourse). I wonder if I should omit details about resuming intercourse from all the individual stories and find a “foolproof” way to ensure confidentiality in dealing with the lived relationship aspect of the life-world? Obviously something I need to think carefully about.
- I got “teary” again hearing this last interview with Adam. I wonder if I can/should create this mantic<sup>2</sup> aspect when I write his story. Need to check what van Manen says about this again.

Holliday (2002) indicates that “arriving at themes can be the result of formal data analysis, but can also be born from what was seen during data collection (p. 104). During the interviews I uncovered patterns that arose in the men’s talk at the different time frames in the interviews. As previously described, I used this knowledge in the interview process. I now describe the first phase of my more formal analysis. I reviewed my research journals and the notes I had made while listening to and re-reading the interview transcripts. I first made a list of code words and also reviewed the themes I had informally identified during the interviews. I entered these codes and themes into the Ethnograph 5 software package. I did this to determine if the code words and the themes from the interview material, which I had divided into the time frames of the interviews, made sense. In Ethnograph, a project file is developed (Fathers Study) and files are created within the project (Files for the 45 transcripts). The files are then coded using no more than 10 characters including spaces. A codebook can be created to define what a code represents, when it was first entered and when modifications, if any, were made. An example of some of the codes in my codebook is shown below. Codes can also be grouped into parent and child codes. In the following list of code words “Care

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<sup>2</sup> The meaning of mantic was discussed in chapters two and four.

Erica, Dir Support and Protective” became part of the pattern “Nurturing Erica” which subsequently became the parent code “Nurturing”

<u>Code Word</u>	<u>Definition</u>
BONDING	Any mention of bonding mother or father
CARE ERICA	Indirect things father did to care for Erica i.e. getting meals, housework
DIRSUPPORT	Things father did to directly support breastfeeding i.e. assist with latch
PROTECTIVE	Things father did to “protect” Erica while breastfeeding i.e. helping her to maintain privacy when other around
>TOKEN	Any time the father speaks about the significance of his help to the success of breastfeeding
HELPLESSFE	How father describes feeling helpless
LIFEWITHBF	Descriptions of what life is like with a breastfeeding baby

Formally coding the interview material in this way further increased my understanding of the interview conversations and confirmed the patterns I had identified during the interview process. After fully immersing myself in the interview material I was satisfied that I had come to an understanding of common and individual experiences the men talked about in the interviews. My next decision was how to effectively portray the men’s experience.

As was shown in chapter four, the process of interpretation is ongoing and the hermeneutic circle is always expanding. The interpretation of the men’s lived experience could undoubtedly continue. I have identified, and chosen to stop, at six layers of interpretation for this study.

1. The interpretation that occurred during the hermeneutical interviewing process
2. Identification of patterns in the series of transcripts for each man
3. The development of codes and confirmation of the informally identified patterns from transcripts of all 45 interviews
4. Protocol writing through development of individual men’s stories which incorporate the patterns identified in their transcripts
5. More protocol writing by developing one lived experience story incorporating the common patterns
6. Tracing etymological sources and interpreting the single story in relation to lived space, lived body, lived time, and lived human relations.

In chapter four I noted that creating an audit trail was one way of demonstrating rigour. Sandelowski (1993), Koch (1994), and Morse (1998), maintain that in order for a qualitative study to be trustworthy the researcher has to persuade others that the process by which researchers reach their conclusions can be re-constructed. Koch (1994) indicates that “readers may not share the author’s interpretation but they should be able to follow the way in which the author came to it” (p. 977). Throughout this chapter I have shown the reader the basis for decisions I made about methods for identifying and revealing the phenomenon. In the next chapter I show the process I used for generating text for the interpretation.



## Chapter 6

### Developing the Interpretation

*There are no facts, only interpretations. Friedrich Nietzsche (1844 - 1900)*

Just as the fathers of breastfed babies in this study had an experience that unfolded over the baby's first year of life, the interpretation presented in this thesis also developed over time. The developmental approach to interpretation taken in this thesis is congruent with the concept of the hermeneutic circle discussed previously. In chapter five, I discussed the unfolding of the first layer of understanding that occurred during the hermeneutical interviews. Had I stopped attempting to understand the men's experience at this stage of the process, I believe I would have been focusing on the meaning making activity of the individual fathers. However, as indicated in chapter four, I wanted to pursue the meaning of the personal and individual in the context of the meaning of the other, the whole, the communal and social. Doing this involved the unfolding of several more layers of understanding. To provide a context from which to judge the last layer of the interpretation presented in chapter seven, in this chapter I describe the unfolding process.

#### **Creating Text for the Interpretation**

Since I was following van Manen's research approach, I used reflective writing to assist me in developing understanding. The first text used for interpretation was the conversation I engaged in with the men. The interview transcripts formed the first form of written text. This text was used in chapter five to describe the hermeneutical interview process. I left that text in transcript format because the intent was to demonstrate that the interviews were hermeneutical, and the conversation between the interviewer and the father was the focus of the text. In subsequent layers of the interpretation I wanted to shift the focus to the father rather than the interview process. I did this by changing the format of the written text at various times depending on its use. I used the unaltered interview transcripts to examine analytic themes, which were then transformed to the concepts of "messages" and "unifying messages." I did this through a combination of informal and formal analysis of the transcript text.

## Patterns, Analytic Themes, Messages, Unifying Messages

As has been described, the longitudinal design of the study and process followed in the interviews enabled me to informally identify common elements in the men's experiences during the 23-month interview period. I followed a specific procedure prior to each interview. I re-read the interview transcripts for the man I was interviewing and made notes for myself on areas to follow up on with this particular father, and also with other fathers. I initially thought of this as a way of identifying patterns in the men's talk to assist me in learning about their experience. I subsequently recognised that the patterns were analytic themes and a way for me to convey the men's experience. This evolutionary process for naming what I was doing came about as I struggled with finding a way to balance the unique aspects of the men's stories and the shared aspects of the experience.

Before I began writing I used the word "pattern" to describe the commonalities I heard in the fathers' talk. I was aware that coherence in my writing about the research and theoretical elements was essential. I believed that continued use of the word "pattern" would not be coherent with my plan to develop stories for the protocol writing<sup>1</sup> I intended to use as text for deepening my understanding. I then turned to using the word "theme" as it is a commonly used word in conjunction with stories and also in qualitative research. However, I was not convinced "theme" best described the intent of the stories I planned to write. I wanted a word that would readily convey the notion of understanding that is inherent in the word *verstehen*.<sup>2</sup> I then began using the word "message."

The phrase "get the message" means to understand a position stated or implied. "Message" is also frequently used in conjunction with story telling as in "what was the message in that story?" Understanding fathers' experience had been the impetus for undertaking the study; therefore, use of the word message was entirely consistent with the beginning of the study. Furthermore, Lévi-Strauss (1966), in his classic work *The Savage Mind*, described knowledge development as being

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<sup>1</sup> Protocol writing is the term used by van Manen as was discussed in chapter four.

<sup>2</sup> *Verstehen* was discussed in chapter four.

“constantly on the look out for ‘messages’” (p. 20). He also asserts, that the messages one collects “have to some extent been transmitted in advance” (p. 20). This notion fits with Gadamer’s concept of historically effected consciousness and my awareness that the men in this study experience being the father of a breastfed baby in a society that superficially promotes the advantages of breastfeeding while simultaneously endorsing practices that undermine it. Therefore, the messages I looked for in the men’s talk about their experience would have to be viewed within this horizon.

There were common and individual messages I had drawn from the men’s conversations and I decided to focus first on reviewing whether the ones identified in tandem with the interview process were consistent with what would be identified in a review of all 45 transcripts.<sup>3</sup> This process meant that I was moving back and forth between the parts and the whole in determining what the common messages were. Identification of individual messages during the interview process was an informal process and identification of common messages came from a more systematic review of the transcripts. Once the formal process was complete, I gave the confirmed common messages the term “unifying messages.” In the next section I describe the unifying messages that arose from the informal and formal analysis of the men’s talk.

## Unifying Messages

### *Informal Analysis*

Early in the interview process, I recognized that the fathers talked about finding ways to support their partners’ breastfeeding intention and efforts while simultaneously thinking about a role for themselves that would not detract from breastfeeding. In my early notes, I called this *anticipating a role*. After birth, fathers described focusing on the need to get the breastfeeding successfully established and expressed doing tasks to assist with breastfeeding as their role. These tasks ranged from indirect to direct help. Indirect help included things as getting meals and doing housework. Direct help included actively assisting with the

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<sup>3</sup> The process for reviewing the transcripts was described in chapter five.

latch, getting up with the woman for early night feedings and helping her maintain privacy when others were present during breastfeeding. Another form of help included the fathers conveying to the mothers that breastfeeding was going to work. They tried to instill confidence in the mother that breastfeeding was going to work while not being entirely confident themselves.

I also noticed, in the initial days following birth, all fathers took advantage of opportunities aside from feeding to get to know their babies. They did not appear to feel as if they were missing out on developing a relationship with their babies. Several of the fathers claimed that because they couldn't feed they took the time to get to know the baby in other ways. Apart from routine baby care, fathers did things such as taking the baby out on their own, engaging the baby in activities the men were interested in such as watching television with baby on the father's chest, showing the baby computer parts. Fathers spoke about learning not only the baby's rhythms but also the mother's. Some of them described the early days as "walking on eggs" because of the woman's fatigue. Also the couples had to learn to re-establish rhythms in terms of sexuality. During the early weeks I saw the father initially *being a bystander*, moving to *creating a niche* and then to *learning the rhythms*. At the last individual interview, which for all but two men was the six-month interview, fathers engaged in a process of *looking back*. With the exception of one father (Barry) whose partner had nipple thrush, all fathers described the breastfeeding experience as generally positive for mother, baby and father.

As I identified these messages I questioned fathers about them in subsequent interviews. This process has been described in chapter five. Briefly to remind the reader, this involved using questions such as "some of the fathers have told me ... How does that fit with your experience?" Also I specifically asked one father for feedback on my identification of messages at his six-month interview. During the time that I was interviewing men for the study I also saw a small number of clients, whose partners were not in the study, in my breastfeeding clinic. Fathers accompanied almost all the mothers, and when they did, I took the opportunity to ask these men about their experience in light of the information I was learning from

the interviews. All of the men I asked indicated that what I had identified as messages was consistent with their experience.

### *Formal Analysis*

In chapter five I briefly discussed how I handled the transcript material once the interviews were completed. I used both the Ethnograph codes I had developed and the original transcripts to determine whether the unifying messages I had identified could be substantiated with a more rigorous examination. I colour coded the transcripts to assist me in recognising whether the experience being discussed resulted as a response to a planned question, a question arising from the hermeneutical interview process or whether it related specifically to similar experiences described by other men. I then examined the Ethnograph coded material with the colour coded transcripts and was able to confirm all of the unifying messages I had informally identified. I also identified and confirmed two more unifying messages *Don't Discount Me* and *Feeding is Nice but not Necessary*. In presenting the selected quotes from transcripts used to confirm the unifying messages, I include at least one passage from each of the 12 men. Many other examples are found in the individual interviews. In presenting this text I wanted the focus to be on the fathers' language therefore I created written text that differs slightly from the original transcripts. In the passages included, the interviewer's voice is absent unless it is necessary to understand the fathers' communication. In such instances my voice is shown in *italics*, rather than breaking the conversation into transcript convention. In this way the written representation mimics the conversational flow. On occasion some extraneous talk from the father has been omitted and such omissions are shown with ellipsis points. In Appendix G an example of unedited material is included to demonstrate that omission of some words did not alter the meaning.

### *Anticipating a Role*

In the prenatal period fathers began grappling with balancing the notion of breastfeeding as being the best thing for the baby with explicit acceptance that this placed physical demands on the woman and also limited the father's participation in

feeding the baby. Andrew indicated he had been thinking about how he would deal with not being able to feed the baby.

**February 14, 2000 Andrew Interview # 1**

It's occurred to me that I'll be somewhat separate from not only this process but no doubt others as well and I guess when I think of it I simply tend to focus on how I can play a part.

Brock and Barry had discussed with their partners what they would do if there were problems with breastfeeding. Brock accompanied Erica to a class on breastfeeding because of problems his brother and sister-in-law had recently faced in hospital. Barry sought out information from the Internet.

**October 14, 2000 Brock Interview # 1**

And I went to visit them in the hospital – my brother and sister-in-law – very early and they were extremely frustrated and very impatient and a bit – well frustrated with the care they were getting from the nursing staff at the hospital ... So I thought, you know, you better find out a little bit about what this is all about, at least so you know what areas that you can support in and what areas you can't support.

**December 11, 2000 Barry Interview # 1**

Basically, yeah, I guess - as soon as she got pregnant - there really was no doubt [we were going to breastfeed]. And the thing is we're not militant about it, if the baby doesn't take or something to her breasts or nipples and she can't, it's not going to kill us or hopefully not the baby, to go towards the bottle. It's whatever is best.

Aaron was philosophical about his inability to breastfeed and he assumed that there were other things he could do. Carter in contrast, who had been the one to convince his wife to breastfeed for the health of their baby, admitted feeling guilty for asking her to do something that would take so much of her time. Although self-employed with minimal parental leave benefits, he planned to take two weeks off work after the birth of the baby to assist Erica in whatever way he could.

**May 8, 2000 Aaron Interview # 1**

I just take things as they come. It's not something I can do. I can change the diapers and all the rest of it. It's not even something that I've, it doesn't make me feel any which way, I don't think it's just, it's not my job. Or not job but I don't have the equipment to.

### **December 11, 2000 Carter Interview # 1**

I want to give my baby the best start. I know it's very important and I think I'm starting to convince her now and I feel a little guilty because I can't do it myself. It's kind of selfish on my part because I have no idea of what it's like to go through a pregnancy or after pregnancy to have that 24-hour requirement to do the breastfeeding ... But I know like for the first two weeks after the baby's born, I won't be working, I'll be at home. So for the first two weeks – it will give it her a break, you know, help her out – take care of the baby and the house.

### ***Being a Bystander***

In the first interview with a father following the birth of the baby the men talked about their early reactions to seeing the baby breastfeed. Alex actually used the word *bystander* and Brad talked about standing out of the way.

### **May 9, 2000 Alex Interview # 2**

But now all of a sudden you're basically just an observer and bystander

### **November 21, 2000 Brad Interview # 2**

He was having problems – well new baby learning. I was trying to stand out of the way just because the nurses were there and I didn't figure any more people in the way would help. So I was just watching.

*Being a bystander* was also manifested in the way that fathers described the worries they experienced about the success of breastfeeding and their inability to fix things for the mother and baby.

### **May 29, 2000 Adam Interview # 2**

I was so worried that he wasn't, it's kind of like I compare breastfeeding to pumping gas, you never actually see the product, yea, cause you, you're supposedly putting this in, moving this fluid from one place to another but you never really see it until it comes back to you (chuckles). Cause, uh, that's what we were talking, Erica and I were talking about that and she said, "How are we supposed to know? How are we supposed to know?"

### **October 19, 2000 Ben Interview # 2**

I, of course was worried it wasn't going to work – I worry about everything. But what she needed was for me to essentially tell her, whether I knew it or not, that things were going to work out, and I find that very difficult. It's not what I'm trained to do, you know.

### ***Creating a Niche***

The fathers all actively found ways to move from being a bystander to *creating a niche* for themselves. The process of *creating a niche* took different forms such as

actively assisting with the feeding, taking care of Erica or casting their own inability to feed the baby in a positive light.

**March 23, 2000 Abe Interview # 2**

What I like being able to do is when Peter is trying to latch on, at times he does this thing he puts his hand up to his mouth and I just like helping Erica hold his hand and trying to get him to latch

**May 9, 2000 Alex Interview # 2**

But, uh, the actual feeding I've not had any desire or, you know, not feeling kind of that I'm missing out on something I guess is a better way to put it. I guess maybe part of that goes back to I've probably spent more little bonding time with the baby and I tend to pick her up and look after her more

**January 23, 2001 Carter Interview # 2**

Erica's not thinking about eating. She's thinking about the baby being hungry. I'm thinking about the baby too, but it's a much different way of thinking for me than for her. So I help by preparing the meals and one time I literally sat there and cut her food up and fed her while she was feeding the baby.

**April 6, 2001 Carl Interview # 2**

Oh, I don't mind. I mean physically not being able to feed her – that doesn't bother me at all. ... You know, I, I have my time with her afterwards. If Erica is tired, you know, she's missed out on her sleep she feed her and I change her... I usually settle her down and rock her to sleep.

### *Learning the Rhythms*

Fathers described a process of having to *learn the baby's rhythms* in the first eight weeks, which, not surprisingly, was related to how smoothly the breastfeeding was going.

**November 13, 2000 Bart Interview # 3**

She's very confident now – like she knows and I find myself asking her, you know, "do you think he's hungry?" or you know she's really in charge of him. She's the one that knows what he needs and what he doesn't need – definitely more so than I am

**December 1, 2000 Ben Interview # 3**

I thought it would be a lot more regular. I also think I thought it would be a lot more – what's the word – linear, mechanical, unproblematic – you know

**May 18, 2001 Carl Interview # 3**

It seemed the only thing that would settle her down would be maybe either giving her a bath, maybe I guess taking her mind off it or strapping her in the car seat after supper and taking her for a little drive ... a little simple drive like that and I mean it seemed to help.



Fathers also had to *learn* how *the rhythms* of their partners had changed as a result of the physical and emotional demands placed on their bodies by breastfeeding.

**May 5, 2000 Abe Interview # 3**

Erica seems to be a lot more tired than I would have guessed and I know it has to be because of the breastfeeding. I know it has to be the body working, not just to produce milk, or in addition to everything we – I would have expected Erica to go through, her body's tired from producing milk and so that has to take energy.

**August 2, 2000 Adam Interview # 3**

He still gets up a lot in the night-time so she's still very tired and I don't think she's able to sleep in the daytime. So she doesn't get as much sleep as she probably should. So she's always, always tired at night.

*How do you find that – dealing with her always being tired?* Uh, it's like walking on glass, uh. I have to be very careful of what I say, how I say it and, uh, yeah because she can be irritable. But so far everything's been going smoothly. I just have to be very cautious (chuckle) because she's a little grumpy sometimes –yeah understandably – especially when he's wanting, you know.

Fathers also learned that while they now viewed breastfeeding as commonplace, others might not be in tune with the family's rhythms.

**June 7, 2000 Alex Interview # 3**

Once in awhile something will happen where it sort of makes you realize it's not quite as common as you're getting used to for example if the paper boy comes to the door.

**August 2, 2000 Adam Interview # 3**

We both get the feeling that people, particularly on her side of the family that didn't breastfeed, are hoping still clinging to the hope that she will fail.

### *Looking Back*

At the six-month interview when fathers were asked to *look back* on the breastfeeding experience and describe it, they acknowledged both positive and negative aspects.

**September 24, 2000 Abe Interview # 4**

If Peter being as happy as he is has anything to do with being breastfed, then yeah you should do it. ... I mean you're talking about the well being of the child

#### **March 29, 2001 Bart Interview # 4**

I'd say that it was a positive experience. I still believe in the science of breastfeeding and that – it's really important and that it's healthiest and all that for the baby. You know, it's not easy – it's definitely not as easy as I once thought it was. I thought it was all going to be a breeze – that it was so natural and like I said in one of my other interviews it was a lot more difficult than I thought. And it's tough for the dad. You know, there's the whole bonding thing that happens with the mom that the dad's not, or may not feel, a part of all the time. So that's something. I mean at the end of the day I'd do it again – like I would recommend doing it again.

#### **June 1, 2001 Brad Interview # 4**

It's as far as we're concerned it's so much easier to breastfeed than it is to have to prepare the bottles and clean everything ... it's so much easier than what we've seen people go through getting bottles ready

#### **June 2, 2001 Brock Interview # 4**

You have to be very, very flexible. It's not a bad flexible just – that you, you know, things will change. It's, uh, there is no schedule. I mean you might get a bit of a routine, you know, within an hour or two but, uh, - things can change all the time. I mean you might think that you're fine, all of a sudden you know the baby will start to fuss. And the fastest way to solve the problem is to find a way to nurse. You know, if you're heading out to a meeting you may have to stay an extra half hour and be late because the baby's got to nurse first. That's kind of the – and I've had to learn that.

### *Don't Discount Me*

The motivation men had for participating in the study reflected men's awareness of societal views and the men's desire to be a part of the mother and baby's breastfeeding experience.

#### **April 3, 2001 Group Interview Abe, Alex and Adam**

Adam: I wanted to participate as much as I could in everything that was going on.

Alex: It was just a little different so I thought it would be interesting just to see what it was all about – a chance to break the mould, stereotype and basically, the truth is out there somewhere, let's show it.

Adam: Honestly, just curiosity – why would someone be interested in the male point of view? As I said it really, at that time anyway, it really is an experience where you are an observer to the whole thing so try to help out as much as you can.

#### **December 11, 2001 Group Interview Aaron, Barry, Carter and Carl**

Carter: I saw it as a very positive thing and that maybe something like this would give me more insight and maybe different insight into the entire process

Aaron: I guess it also gives the father a time to be verbal and talk about it and to maybe form your own opinions. It might have happened in this room talking

to you kind of thing – you had something that you might not have thought about previously.

**January 21, 2002 Bart E-mail Correspondence**

I thought it would be an opportunity for me to learn more and take a more active role with the new baby.

*Feeding is Nice but not Necessary*

The fathers all enjoyed the opportunity to feed their babies but described it as not essential to development of a relationship with the baby. This was particularly true for fathers whose babies were still being breastfed at the one-year interview.

**December 4, 2001 Group Interview Ben, Brock and Barry**

Ben: Taking care of him and being involved with him. I mean I did take parental leave ... I had all kind of time to be involved with him and I certainly haven't felt alienated from him that Erica can do something special and I can't.

Brad: I mean at first it was a little difficult if Erica had to go out and I couldn't feed him, what do I do? But I mean I just found other ways to amuse him or comfort him.

Fathers who had been involved in bottle-feeding their babies early in the weeks following birth also described feeding as something they could do to help but not something necessary to develop a bond with the baby.

**December 11, 2001 Group Interview Aaron, Barry, Carter and Carl**

Carter: It [relationship with baby] didn't change as much as I thought it would. I guess at first I saw the, the bond that they were having together with the breastfeeding, which was great you know. Which I thought was an incredibly positive thing and I thought I guess after I felt much more helpful and I felt much more productive in the entire process when I could feed the baby. But I guess it wasn't, I don't think it helped me bond anymore with the baby, everything else I did I think helped me bond with the baby. But just the actual act of feeding I guess for me, I didn't see the bond grow from me feeding her as it did with mother and baby.

Aaron: I'm not really big on this bonding stuff. I think you develop a relationship with the baby whether or not you feed him milk or not. Like I always talked to Peter and I always played with him and even before (chuckles) we, I used to appease him from crying by swinging him in his car seat ...

Carl: I don't think I needed to [feed the baby to feel close to her] I had the opportunity to though when Erica started to, she pumped some off

Barry: I'd say it helped me being able to feed the baby, helped you know squeezing the finger or the first time they roll their little eyes up... I don't know if I'd completely say [it was necessary] probably not... as long as you notice all

the changes going on. To me, that's when the bonding comes in. Oh look this is going on. How do I know that? Because I knew what was going on before.

An examination of the unifying messages demonstrates that the experience is a process that unfolds and changes over time. However, the piecemeal approach to reporting the unifying messages does not do justice to portraying the richness of that process. To convey the richness I turned to writing stories of the individual fathers. This is described in the next section.

## **Protocol Writing**

Protocol writing is the term that van Manen (1997a) uses to describe the exercise of creating text for interpretation. In developing the text for the next layer of interpretation I continued to move back and forth between the men's transcripts and the unifying messages. In doing this I created individual stories for each man.

### Developing Individual Stories

Story telling for me has always been an effective way of teaching and learning. Koch (1998) eloquently describes the role of story telling in research. "Stories, when well crafted, are spurs to the imagination, and through our imaginative participation in the created worlds, empathic forms of understanding are advanced" (p.1183).

In deciding how to transform the interview transcripts into stories, I consulted three models of phenomenological writing that I considered exemplary (Bergum, 1989, Coles, 1990, Hillman, 1960). From Bergum I learned how individual stories could be presented and the thematic moments (what I have called unifying messages) integrated into the lifeworld themes. Coles reminded me that as we hear a storyteller speak we "let our own imagination, our past experiences, our various passions and problems, help form images that accompany the words we're hearing" (p. 334). Finally, Hillman reaffirmed for me that in abstracting and condensing the transcripts to tell the stories, I was taking a gamble with the fathers' words.

One runs the risk through the act of selection both of displaying one's own prejudices and of misrepresenting the other's intentions. Yet it is still better to make this selection, present these excerpts in their original language wherever we can, than to try to rephrase, interpret or merely report. Direct quotation, even if torn from context, at least serves the author in his own words. Direct quotation is also necessary to the phenomenological approach. It means taking statements as they appear (p. 29).

As I wrote the stories, I asked myself "What stands out in the man's talk in the story?" "How does he express what is central to his story?" "What is this father interested in?" "How does his talk reflect the past, the present and the future?" "What is the nature of his relationships?" The individual stories were written using the time frame of the interviews as described in chapter five. In the stories, the mothers and the babies are always introduced to the listener through the eyes of the father. The events, characters, emotions, and images in the 12 individual stories arise from occurrences in the lived experience of these fathers.

### Developing Patrick's Story

My original intent had been to include all 12 stories in the thesis as Bergum (1989) had done with the five women from her hermeneutical phenomenological study. However, since the word total for my 12 stories was nearly 39,000 words, this was not feasible. I also believed I would destroy the fundamental nature of the stories with more stringent editing. I was faced with the decision of how to best pursue the logos of the personal in the context of the logos of the whole. Just as I could not include all the stories, I also could not justify choosing one or more stories from the 12 because at this stage it would not accurately represent the necessary interplay between the part and the whole.

Devising "our own framework for the process of interpretation" (Koch, 1999, p. 27) is one accepted strategy for developing the hermeneutic interpretation, and modifying or creating new stories can be used as a technique to incorporate understanding at another level (Bergum, 1989). Consequently, I decided to create a new fused story from the 12 individual stories. This decision could also be justified

in terms of using the concept fusion of horizons described in chapter four. I next read all 12 stories in sequence and asked myself two questions “what does this sentence or phrase reveal about the experience of the father of a breastfed baby?” and “what phrases seem particularly essential in revealing the experience the father is describing?”

Before writing the fused story I again reviewed the transcripts and the 12 individual stories to become more conscious of how tradition was reflected in the stories. Understanding is achieved by placing ourselves within tradition not by relying on a subjective act (Gadamer 1989/1960). From the description of the research setting, it is apparent that the 12 men live in a culture where pregnancy, birth and breastfeeding support are heavily institutionalized and medicalized. While breastfeeding promotion efforts in New Brunswick are in place, institutional and societal barriers to successful breastfeeding still exist (Storr, 1996) therefore the men’s experience with breastfeeding must be viewed within this tradition.

Crotty (1998) criticizes researchers who “inquire into private history. They focus quite intensely on ‘self-awareness’, ‘autobiography’, ‘self-examination and ‘self-reflection’ and, curiously a number of them invoke Gadamer’s support in doing so. But he obviously is not on their side” (p. 103). I was mindful of this criticism when I wrote Patrick’s story, which fuses the horizons of the individual stories of the 12 men. In writing Patrick’s story, I situated the unifying messages of fathers’ experience within the tradition where much of what passes for support of breastfeeding is lip-service and where the switch to formula feeding is viewed as normal or even desirable. I, as the writer, and many readers of the thesis also live in this tradition. Consequently, we may not be aware of the prejudices we bring to learning about the experience of fathers of breastfed babies. In conducting this research, I consistently made efforts to become aware of my prejudices. With the early introduction of Patrick’s story to the reader, I wanted to assist readers in becoming aware of their assumptions about fathers of breastfed babies. My intent was for readers to become aware of their assumptions as they read the developing

and final interpretation, and thereby become partners with me as I uncovered meaning in the men's experience.

### Sententious Phrase

After Patrick's story was written I reviewed all the varying texts I had used and created in developing the interpretation to maintain the movement between the parts and the whole. I asked myself "what sententious phrase may capture the fundamental meaning or main significance of the text as a whole" (van Manen, 1997 a p. 92). The dictionary definition of sententious is "aphoristic, pithy, given to the use of maxims, affecting a concise impressive style." The fundamental meaning I found in the whole is explained by the following sentence. *When a couple who are living together have a baby who is being breastfed, the father wants to feel that his input to the success of feeding is more than a token.* The sententious phrase I developed for this was *It takes three to breastfeed – uncovering the role of the father.*

### **Inviting Others into the Hermeneutic Circle**

Throughout the research process I have invited others into the hermeneutic circle as I sought an answer to my research question. I gathered an experiential description from the 12 men through our interview conversations and gave each man a copy of all the interview transcripts. Once the individual and Patrick's stories were written, I sent all men their individual stories plus Patrick's story. I asked them, "is this what the experience is really like?" (van Manen, 1997a, p. 99). I also sent Patrick's story to fathers of older children who were previously breastfed, an expectant mother and nurses with experience with breastfeeding families. This feedback is included in chapter eight.

I continued to refine my interpretation by using the individual stories, Patrick's story, the sententious phrase and life-world themes as the means by which the experience of being the father of a breastfed baby could be understood. This approach ensured continued movement between the parts and the whole, which is

how the hermeneutic circle enlarges. The last level of interpretation is presented in chapter seven.



## Chapter 7

### It Takes Three to Breastfeed: Uncovering the Role of the Father

*Sit down before fact as a little child, be prepared to give up every preconceived notion, follow humbly wherever and whatever abysses nature leads, or you will learn nothing.*

*Thomas H. Huxley (1825-1895)*

#### **The Nature of Involvement**

##### Fathers of Breastfed Babies

Fathers of breastfed babies serve as witnesses to lactation. However, breastfeeding is more than lactation, and fathers of breastfed babies do have a meaningful experience. Men are profoundly aware that it is the woman who will bear the responsibility of the decision to breastfeed. For men who wish their babies to be breastfed the significance of the sacrifices a woman must make is not lost on them. Such men believe that their role is to create an environment for the mother and baby to facilitate breastfeeding. In doing so, the men ameliorate some of the burden on the mother and share in the responsibility of providing the benefits of breastfeeding to their baby. The French dramatist-philosopher Gabriel Marcel suggests that fatherhood “only exists as the carrying out of responsibility, shouldered and sustained” (1951/1943, p. 116). Marcel’s perspective would suggest that men’s taking on this responsibility is an affirmation of their fatherhood. Consequently, men who want to feel that their input to the success of breastfeeding is more than a token are taking on a responsibility critical to their sense of being a father. However, because there is no single experience with breastfeeding just as there are no identical fathers, mothers or babies, the meaning of their input to the success will vary.

##### Nurses<sup>1</sup> Caring for Breastfed Babies and their Parents

Fathers and nurses who work with expectant or new families are both witnesses. Just as fathers witness the physical act of breastfeeding, nurses in their professional relationships witness the act of “being” a father of a breastfed baby. Yet nurses are

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<sup>1</sup> I use the term nurses rather than “health care professional,” “midwives,” “lactation consultants” or “health visitors” to maintain consistency with the horizon in which I practice. I also like Altschul’s (1979) argument that nurses continue to be nurses at all times. I identify myself as a nurse first and foremost and this research grew out of my nursing practice therefore I prefer the term nurse.

also “beings” and our responses are guided by all that we are. Bishop and Scudder (1999) interpret “nursing as ways of being” (p. 18). They assert that nurses care for others in the context of a personal-professional relationship. The relationship is informed by our use of professional expertise to sensitively and personally relate to the person for whom we provide care. Confident and competent parents are a powerful influence for society and their contribution is critical to the healthy growth and development of their children (Crafter, 1997). Breastfeeding is a complex, dynamic process (Riordan & Auerbach, 1999). Nearly 30 years ago Raphael (1973) found that mothers who receive “mothering” from another person do well at breastfeeding. Raphael did not exclude the father as a source of “mothering” the new mother. In the last decade there is empirical evidence to suggest that an important facet of the process of breastfeeding is the father. Just as the fathers move out of their roles as witness to create an environment to facilitate breastfeeding, so too nurses can move out of their role as witness to the experience of fathers of breastfed babies by opening themselves to the unknown and possibly different view of fathers. Through coming to understand how fathers of breastfed babies move beyond the role of witness, nurses enhance their capacity to use their professional expertise in sensitively relating to fathers as well as mothers of breastfed babies.

### **The Nature of the Interpretation**

Marcel (1951/1943) calls fatherhood a “creative vow” almost always accompanied by “a more or less hazardous conquest, which is achieved step by step over difficult country full of ambushes” (p. 110). In this chapter I provide an interpretation of how fathers of breastfed babies take on the “creative vow of fatherhood” by shouldering and sustaining responsibilities. I also discuss how fathers view these predictable and unpredictable ambushes that accompany the mother and baby’s breastfeeding experience.

In chapter three I indicated that I considered how the mother and baby adapted to the changes that occur with breastfeeding a significant factor in contributing to the meaning of the father’s experience. I identified the experience for mothers and

babies as a process of beginning, continuing and stopping breastfeeding. The mother and baby's experience is clinically observable as the defined time periods of initiation, continuation and weaning. I designed the study to engage in discussion with the fathers before breastfeeding began, while it was occurring and after it had finished. Accordingly, the interpretation is presented in the way that it unfolded for the men.

Before their babies were born the experience of being the father of a breastfed baby was not a part of the men's horizon of experience. It was as if they were adding an *unknown world* to their known worlds of partner, family, work, etc. Once the baby was born and breastfeeding initiated, a horizon of experience began to be formed as the men *entered the world of breastfeeding*. As breastfeeding began to be well established for the mothers and babies, the fathers' horizon of experience became more familiar to him and the breastfeeding world became *commonplace*. Once babies weaned or became breastfeeding toddlers, the fathers' horizon of experience was a reflective one, and he engaged in *looking back* on the breastfeeding world.

In this chapter I explore the existential themes of time, space, body and relationship for each horizon in order to uncover men's experience of being a father of a breastfed baby. I also return to the unifying messages identified earlier in the study and show how lived experience is embedded in the messages. In doing so I show that the fathers' lived experience is within the everyday conversations of men and that the ability of the nurse to hear the lived experience is dependent on the insightfulness of the nurse into the human condition. Boswell, in *The Life of Johnson*, attributes to Samuel Johnson a quotation that typifies the link between having knowledge and recognising knowledge. "As the Spanish proverb says, 'He who would bring home the wealth of the Indies must carry the wealth of the Indies with him,' so it is in travelling, - a man (sic) must carry knowledge with him (sic) if he (sic) would bring home knowledge."<sup>2</sup> This movement back and forth between the existential themes and the unifying messages may illuminate meaning found in

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<sup>2</sup> Found in Bartlett's Quotations Online Edition.

being a father of a breastfed baby that is intrinsic to the clinical phases of breastfeeding in which nurses interact with breastfeeding families.

In developing the interpretation I have borrowed insights from various literatures by including passages from poems, novels, professional publications, parents, music, personal communication, etc. I chose passages that I had previously read and had a vivid recall of once I had recognised the lived experience. I sought out other passages<sup>3</sup> after identifying the lived experience. This process is similar to the resonance-reverberation doublet response Bachelard (1994) suggests is a vital aspect of phenomenology. “The resonances are dispersed on the different planes of our life in the world, while the repercussions invite us to give greater depth to our own existence... the reverberations bring about a change of being” (p. xxii). With the use of language from different literatures, I also attempt to authentically speak the world of the fathers of breastfed babies rather than abstractly speaking *of* the world (van Manen, 1997a).

The selection of literatures is both partial and personal. I have made no attempt to find a perfect expression of the lived experience being considered. Instead the selection is used to illustrate the nature of shared wisdom within lived experience. In doing so I hope to offer plausible insights that bring us into more direct contact with the world of fathers of breastfed babies. The interpretation of the fathers’ desire to feel a part of the breastfeeding success presented in this chapter will not tell *the* essence of the father’s experience but *an* essence. “Essence is not a single, fixed property by which we know something; rather it is meaning constituted by a complex array of aspects, properties and qualities – some of which are incidental and some of which are more critical to the being of things” (van Manen, 1997a, p. xv). Consequently, others might choose different essences of the father’s lived experience and different literatures without diminishing the plausibility of my interpretation. Equally, while aspects of my interpretation might in some ways

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<sup>3</sup> While I was writing I was constantly taking advantage of opportunities to find varied literatures. I found Cusk’s (2001) book at the Edinburgh Book Festival. Reading it led me to Coleridge’s poem *Frost at Midnight*, which subsequently led me to more of his poetry. I also frequently read book reviews in various newspapers. One of these reviews led me to Pears (2002). I also used the internet to find attributions for the music with which I was familiar.

overlap and in other ways differ from others' interpretation, the perspective offered does not serve to replace others' interpretations; instead it brings light to another point of view.

### **The Unknown World Of Breastfeeding - An Indistinct Horizon**

Arnold van Gennep coined the phrase "rite of passage" in 1909<sup>4</sup> to describe any of the rituals that mark the end of one phase of existence and the start of another throughout an individual's social existence from birth to death. Becoming a mother is a well-known rite of passage. Beginning with the confirmation of pregnancy, continuing after childbirth and during breastfeeding, dramatic changes in a woman's physical being, emotional state, status in society and gender identity are acknowledged and expected. The rituals accompanying becoming a mother may vary from culture to culture but are nonetheless present. Although becoming a father is also a rite of passage, the same level of ritual does not accompany it. In North American society much of the focus for expectant fathers is on their coaching role during labour. This focus of placing all the emphasis on the birth serves to spotlight the actual birth and not the transitions that follow it. Although breastfeeding is one of the major transitions facing couples following birth, in contrast to pregnancy when the focus is placed on the father's role as labour coach, breastfeeding is frequently seen to be the sole domain of women.

The tacit acceptance of the conventional wisdom that breastfeeding excludes men is perhaps best illustrated in popular cartoons. To illustrate something means, "to elucidate (a description, etc.) by means of drawings or pictures." Cartoons are thus light-hearted drawings setting forth pictorially what we "know" about men and breastfeeding. A man's unawareness of his place in the world of breastfeeding is ready fodder for the cartoonist and serves to draw our attention to our taken-for-granted knowledge. Neil Matterson's (1990) book of cartoons about breastfeeding, *Is He Biting Again?*, contains two cartoons which are particularly apt at portraying how we view expectant fathers and breastfeeding. In one, a father is shown seated

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<sup>4</sup> Oxford Online Dictionary

in an armchair tossing a book over his shoulder and saying to his obviously pregnant partner, "I've read everything there is to know about breastfeeding. Now it's up to you" (p. 5). Piled beside the chair are another five books. A second cartoon shows an expectant couple chatting with another couple. The man in the expectant couple his arm around his partner is pronouncing, "And of course, WE will be breastfeeding!" (p. 6, emphasis in original). Both of these cartoons highlight the issue that men do not have the same embodied experience of breastfeeding that women do. Men who wish their partners to breastfeed acknowledge their disembodiment. I labelled this acknowledgment *it's her body and our baby*. For some men the *it's her body* sentiment dominates any decision-making and for others the *it's our baby* sentiment enters into the feeding decision. The *it's her body and our baby* perspective is also an essential element of the father's experience of the temporal, spatial and inter-relational aspects of breastfeeding.

### The Meaning of the Decision to Breastfeed

The widespread availability and acceptance of infant formula creates a situation where breastfeeding is no longer the default position for infant feeding and expectant parents are faced with choosing between breastfeeding and bottle-feeding. The advent of "safe" infant formulas means that either formula feeding or breastfeeding can assure survival. Although perhaps an anachronism to men and women today, evidence exists that mother's milk was equated with love and an orderly society.

Ought the question, however, to be considered only from the physiological point of view? Does not the child need a mother's love as much as her milk? Other women or even other animals may give him (sic) the milk she denies him (sic), but there is no substitute for a mother's love... But when mothers deign to nurse their own children, then there will be a reform in morals; natural feeling will revive in every heart; there will be no lack of citizens for the state; this first step by itself will restore mutual affection... When women become good mothers, men will be good husbands and fathers. (Rousseau, 1955/1757-1760, pp. 12-14).

While breastfeeding is an embodied experience and a personal decision, the act of breastfeeding "is a state in which the body is in some ways a public good and thus

open for public comment” (Stearns, 1999, p. 308). The impact of the notion of breastfeeding as a public good is that some women report choosing to breastfeed so they won’t be viewed as a “second class ” mothers (Maclean, 1990). It seems that the pressures facing expectant parents today are subtly reinforcing Rousseau’s ideals.

The timing of making the decision in the 21<sup>st</sup> century obviates the necessity of considering infant survival as a key aspect of the decision to breastfeed. As was shown in chapter three, fathers play a role, either directly or indirectly, in influencing the mother’s decision. Co-mingling with the *it’s her body and our baby* belief is the meaning the men attach to the decision, which is based upon their understanding of the superiority of breastmilk over infant formula. This understanding is based on a generic knowledge of scientific evidence but is also coloured by men’s relationships with others who were formula fed and are healthy—frequently including themselves and their partners. Conversely, intense valuing of breastfeeding can also come from men’s relationships with others.

Public and private space also features in the meaning that men attach to the decision to breastfeed. In North American society, breasts as a source of nutrition pale in significance to breasts as a source of sexual objectification. Matterson (1990) has powerfully demonstrated this quintessential view in several cartoons. I have chosen three to illustrate the paradox between the public and private view of the breast. Picture a mother sitting on a park bench breastfeeding her young baby. Sidling by is a unkempt man gripping a bottle of what is obviously alcohol judging her with two words, “That’s disgushting!” (p. 45). Next, imagine a woman seated in an art museum getting ready to breastfeed. Behind her are paintings containing four nude females. She says to her male partner who is with her “No-one could possibly object to me feeding her in here” (p. 68). Finally, consider an image that speaks loudly about the societal taken-for-granted knowledge about breasts and breastfeeding. A mother is seated at a table breastfeeding her baby. A tuxedoed headwaiter stands over her saying “I’m sorry madam, we don’t allow breastfeeding in here” (p. 71). Beside the headwaiter is a sign proclaiming TOPLESS WAITRESS

(emphasis in original) and at the next table a topless woman is seen serving martinis to two businessmen. While these particular cartoons may not be in men's minds as they contemplate the decision to breastfeed, similar images are undoubtedly reflected in their psyche. Counter images to public breastfeeding are presented by Health Canada in a series of posters showing women breastfeeding in the park or at a shopping mall with slogans "Who says you can't have a day at the ... ?" However, such posters are frequently only displayed in health care professionals' offices and even then not in all offices. Many men will not be as familiar with them as they will of the more archetypal images typified by Matterson's cartoons.

Given the infinite complexity of humanity, a range in the level of men's desired involvement in the decision to breastfeed and the meaning they attach to the decision can be expected. Reflected in the range of meanings will be the interaction of the man's lived body, lived time, lived space and lived relationship experience. Now that I have discussed notional aspects of men's lived experience I return to concrete manifestations of these notions with the men whom I interviewed.

#### *Breast is Best and Formula is Acceptable*

Today the decision to breastfeed a baby is based on a generic acceptance that *breast is best*. Coupled with this is the acceptance that ready alternatives to breastfeeding exist and that a decision to breastfeed is a decision to continue aspects of the exclusive mother-baby relationship and a continuation of physical demands on the woman. A generic awareness that *breast is best* is more common than an explicit knowledge of the biological specificity of breast milk and is linked to openness to formula feeding as an alternative if breastfeeding is not successful. While breastfeeding advocates are uncomfortable with the co-existence of beliefs about the near equivalence of breastmilk and formula, such beliefs are nonetheless part of our culture. Since breastfeeding in North American society is not an idyllic experience for many women, it is not surprising that men take this into consideration in framing their accounts of the decision to breastfeed. Alex, Bart, Brad and Barry's comments are typical of what I understand as a pragmatic stance that *breast is best and formula is acceptable*.



**Alex Interview # 1 March 9, 2000**

Basically, it's [breastfeeding] been something that I grew up with it's just been the standard part of post-pregnancy care. And so it's never really been – there's never really a choice of whether or not we were going to – it's more just something that's as natural as taking the baby home... just sort of an assumed thing. Generally not caring. We're going to try it. If it doesn't work out then we're not going to kick ourselves and ask why we're not as good as anybody else, you know. It's just you, we realise that a lot of people have trouble with it and so if something happens that, you know, is causing a lot of stress after a couple of weeks then we're just going to move to the bottle and not worry about it.

Like Alex, Bart indicated that the couple considered breastfeeding as the preferred option. However he too was aware of the possibility of breastfeeding not working and thus viewed formula as a healthy alternative.

**Bart Interview # 1 September 9, 2000**

Another good friend of ours really wanted to do it, and she tried and just gave – she gave up after a couple of weeks and we weren't around so I don't know exactly what the problems were. But you know it wasn't working out for them and they decided not to continue it. So we thought that same thing – we'll try it and if it doesn't work out. I mean we're not going to give up because it's inconvenient but if it's really, if it's not working well for the baby, that he or she is not getting enough food or can't latch on or if there's a problem with the milk or whatever – that it's more healthy for the baby if we stop then she'll stop. So, it's not like we're going to do this come hell or high water.

Brad's brother's baby lost a lot of weight after birth and friends of his who breastfed found the experience too tiring. In making the decision to breastfeed he and Erica took these concrete experiences into consideration.

**Brad Interview # 1 October 27, 2000**

We talked about it and I guess it was something we thought we'd try, Erica's taking the year off just to be with our child. We figure if she, if it works great – if it doesn't then we'll fall back on to the formula.

Barry actively sought out information on breastfeeding and this was a significant factor in the couple's decision. At the same time he too was open to switching to the bottle for health reasons for mother or baby.

**Barry Interview # 1 December 11, 2000**

[Deciding to breastfeed] is interesting since we're both bottle fed babies in bottle fed families. I guess we, we're pretty well educated on – or well read anyway. When we knew she was pregnant, um, I'm online all the time, so I go

to respected sites anyway and I guess I learned that the balance had totally shifted over to breastfeeding. And we want what's best for the baby and it was overwhelming what we were reading. ... Basically, yeah, I guess as soon as she got pregnant there really was no doubt. And the thing is we're not militant about it. If the baby doesn't take or something to her breasts or nipples and she can't, it's not going to kill us, or hopefully not the baby to go towards the bottle. It's whatever is best.

The pragmatic stance taken by some men toward breastfeeding may be a very real perception of men of the need to protect their partners in an environment where the impact of breastfeeding promotion practices are more evident than the support and protection practices. When widespread breastfeeding support and protection practices are not the norm, women may feel like failures when breastfeeding does not go as planned. The expressions voiced by these men are echoes of the experiences described by some women who react to the well-intentioned efforts to re-create a culture of breastfeeding. Consider the following view found in a recent book on becoming a mother.

There are books about motherhood ... [which] begin, like science fiction, with a sort of apocalyptic scenario in which the world we know has vanished, replaced by another in whose principles we must be educated... Like the great library of Alexandria, a world of knowledge has gone up in flames... A chain of command has been broken. We will never know what these mothers whispered to their daughters, what secrets they handed down the years... The text inside is righteous and faintly bullying. It bristles with lists and bullet points, and with exclamation marks too, apparently denoting humour: they swim before me, mad as eyebrows, embarrassing as politicians' jokes. Their conviviality cannot conceal the dictatorial lust belonging to scientists of baby management. The authors prescribe a regime of mandatory, indiscriminate, perhaps life-long breastfeeding. There are pictures supplied, of women breastfeeding naked in bed, in the bath, in groups and alone... Breastfed children, the book states, are not only healthier, longer-lived and more disease resistant than any other sort, they *may also be more intelligent* [emphasis in the original]. I read this last claim several times, unable to make sense of it. As far as I know I myself was not breastfed, which may explain the problem. A quantity of evangelical fire is reserved for those tempted to sin with the bottle. There are lists, mnemonic, like doodlings of schoolgirls, with headings such as 'Benefits of Breastfeeding' and 'Problems with Breastfeeding'. Problems with

breastfeeding, I discover, are almost always the mother's fault. (Cusk, 2001, pp. 111-113).

### *Breast is Best and It's Her Decision*

In addition to being interpreted in the light of acceptable alternatives to breastfeeding, the understanding of the mantra *breast is best* is also interpreted from the viewpoint that ultimately it is the woman who makes the decision. This view does not negate belief in the value of breastfeeding but serves to highlight the disembodiment of breastfeeding for men. For some men, the woman's bodily claim to the breast confers a status of superiority in the realm of knowledge about breastfeeding. Aaron, Ben, Brock and Carl's comments reveal this aspect of the meaning of the decision.

#### **Aaron Interview # 1 May 8, 2000**

I guess Erica being a nurse, she's always been exposed to it and so I don't know it wasn't even something that we thought about. She knows the pros and cons and – well if there are any cons, so she just – wasn't even a conscious decision it was just made kind of. *What about you, if you hadn't been married to a nurse, what do you think your thoughts of it would have been?* Uh, whatever she wants to do.

Although Ben has diabetes he was unaware of the protective effect of breastfeeding against juvenile diabetes when the decision to breastfeed was made. He indicated that Erica had made the decision based on health and economic reasons and that he had no objection to breastfeeding.

#### **Ben Interview # 1 September 1, 2000**

I guess I consider it pretty straightforward. I mean I know very little about it. She has been doing quite a bit of reading on the topic... she basically takes all the initiative. She knows she's going to do it, she knows more than I do, you know. And I think I take my role as supportive as opposed to initiatory.

Brock was impressed by the difference in the nurturing attitudes toward infants in Erica's home country as compared to Canada. He indicated that Erica's mother breastfed all four children, that Erica was breastfed until she was around 18 months old and her sister until she was nearly two years old. Erica's ready acceptance of long-term breastfeeding has an impact on Brock's beliefs.

**Brock Interview # 1 October 14, 2000**

And I think for Erica she saw that as very good – well the development of the relationship between the mother and baby. But also she thought that the health of the child, children was improved with breastfeeding. She thinks she has strong teeth and bones because of it. So, I think, I think she believed that there are some very good health reasons for doing it. There are some very good emotional, bonding reasons for doing it and I think she believed it was economical – which I think all three are true.

Carl suggests that based on his friend's experiences breastfeeding seems to be the right thing to do. At the same time he is aware that there may be problems with breastfeeding, and if such a situation were to arise he believes the decision should centre on Erica's health and happiness.

**Carl Interview # 1 February 28, 2001**

First and foremost is her health and happiness. I guess the baby right now, I guess will come second, I don't want to sound like I'm (sighs).

*Well you don't know the baby yet.* Exactly. You know and its not here yet. So that's kind of the way I am now.

The meaning of the breastfeeding decision is a complex one. The knowledge that the woman's body has borne the demands of pregnancy and will continue to bear the physical demands of breastfeeding was a factor in some men apparently deferring the decision about breastfeeding to their partners. Deferring to the woman can be interpreted as a way of recognising her strength and trusting her to make the best decision for her and the baby. All of these men knew of people who had problems with breastfeeding and consequently their stance reflected the knowledge that breastfeeding may have as many difficulties as joys. Although it is unlikely that the men had read McCaffery's editorial in the *Canadian Family Physician* (1984), one can hear in her words possible reasons for the reluctance of the men to intervene in a decision that can be both so positive and so negative for the woman.

I can tell them why women stop breastfeeding in four little words that infant feeding manuals never mention: "it's damned hard work." Only for the first few weeks of course ... At nine months I think I can say with some conviction that breast feeding sometimes is a religious experience, but it's also hard work. Just because it's "natural" doesn't mean it's easy. But the alternatives? No thank you. (pp. 1441-1442).

## *Breast is Best and It's Our Baby*

Another component in understanding the meaning of the decision to breastfeed for men is the significance that some men attach to supremacy of breastmilk in contributing to the overall health of their baby. Balancing the intensity of this belief with an almost equal desire to avoid placing an undue burden on the woman is a challenge for some men. Adam and Carter articulate the paradox faced by such men.

### **Adam Interview # 1 May 29, 2000**

It [breastfeeding] came up when we were first married, uh, cause we talked about having kids and she was completely opposed to the idea, uh, because she has such sensitive nipples she didn't want to have anything to do with breastfeeding and was completely against the idea. And over time, I think a lot of it was talking to my Mom, over time she completely changed her ideas and with all the information we've gathered ... she's really come around and decided that's definitely what she wants to do.

*What do you suppose made you feel so positive about breastfeeding?* Growing up under the strict rule of Canada's Food Guide and nutrition, nutrition, nutrition and what's best for your children. And what's best for this and what's best for that and I guess I just knew that it's the right thing. Uh, I don't know I, I've (chuckles) my mother's very granola - roots and berries oriented and I ate very healthy as a child...

*Can you think back to how you felt when Erica first was not interested in the idea of breastfeeding?* Ah - jeez. She just didn't want to. She said, "there's no way, I couldn't handle that feeling, I just couldn't do it" and I, I didn't, it never led to an argument but it was sort of, you know, the best thing and it's inexpensive and it's really easy when it gets going and there's no bottles to prepare none of this, none of that. Um, I was a little disappointed when she first said it...

*So would you say it was a relief when she did decide to breastfeed?* Oh yeah, big time. I was very relieved. I would have been embarrassed if she wouldn't even have given it a try. I would have been embarrassed. Yeah, mothers that say, uh, her best friend ... did not even try went right to the bottle. And, uh, I would be embarrassed if she wouldn't even give it a try. That's, to me, like somebody walking into the hospital, going into labour and demanding an epidural right off the bat.

Carter, in contrast to Adam, experienced the necessity to make a decision about breastfeeding in the face of a partner who mainly consented to breastfeed to please him. He had to deal with conflicting feelings about his perception of her being selfish in not being committed to breastfeeding coupled with his perception of his own selfishness for asking something of her she was not passionate about doing.

**Carter Interview # 1 December 11, 2000**

Well, I guess it's [breastfeeding] something - it's one of those things that - I don't know, that to me it's just always seemed to be the most sensible way to go - supposed to be from everything that I've read and heard, the healthiest way to start - especially at the beginning with the colostrum - It starts with - I know that's a very important - and ... she at first was not really sure about it. From her perspective I think that it just seemed like a very, very difficult task to have to do that and be on call 24-7 to do that and I know, myself, I felt that it was just very important. From everything that I had read and everything that I had heard - I figured, you know, I want to give my baby the best start possible and you know, and she agreed, you know, that she wanted to try it but she didn't know for how long. And I know I pushed her to you know- I shouldn't say pushed - I encouraged [her] to do it as long as possible, you know once we do start. So - but, I know I feel it's very important and I think I'm starting to convince her that, you know, how important it is.

*How did you find out about how important it was? Uh reading books, magazines, talking to people - you know, I talk to people all day long and people say, you know, that it was - to them - it was priority number one when they were going to have a baby to do that. So I just assumed from, you know, from everything that you hear and you read and you see that it's just the thing to do, if you can. And why do you suppose she wasn't thinking that way? I don't know. I, I got the impression that it was almost a little selfish on her part. I got the impression that she did not want to be burdened with that all the time. And how did that make you feel knowing that it is something that she has to do and that you're the one that really wants it? I feel a little guilty because I can't do it myself but it's like I told her - if I could take a pill, grow breasts and do it myself, I'd quit my job in a heartbeat and do it as long as I could, you know, for the health of my baby - there's no question in my mind. I told her if she wanted to - you know, get a pump and bottle it all, she could sleep every night all the way through if she wanted to - if that's what it took. And like I told her - "it's like I feel a little guilty asking, almost demanding, but that's how strongly I feel about it."*

You know, I feel that it's essential, in my opinion - that's unwavering ever since I found out we were going to have a child. You know, that's how I wanted it done. It's kind of selfish on my part because I have no idea - you know - of what it's like to go through the pregnancy or what it's like to, you know, even after the pregnancy, still have that 24 hour requirement to do the breastfeeding. But I can't help the way I feel. I'm not going to lie about it. And I feel guilty about that. I wish I could do something - you know, it's like I said, if I could - if there was some miracle pill that a man could take and do it, I would do it without hesitation - you know, barring inconvenience, pain, discomfort, whatever - it wouldn't matter. That's how strongly I feel about it.

It seems that some men have feelings similar to those espoused by breastfeeding advocates that biotechnological science has propelled us towards the situation where something previously taken-for-granted (breastfeeding) has been taken away from our culture. One of the unintended consequences of choice is that society views breastfeeding as a burden. Adam and Carter's expressions of strong beliefs about the value of breastfeeding demonstrate this. Coupled with this is a loss of

confidence in what our ancestors took-for-granted, that breastfeeding is the biological destiny of female human's breasts. Palmer (1988) is more eloquent than most in expressing these sentiments.

The story of breastfeeding has followed the same sad pattern [as technology in childbirth]. The zeal to solve the problems of nature actually created more problems and women lost a power their ancestors took for granted. The errors and sabotage created the acceptance of the normality of a prosthetic instrument, the bottle, and of a second-class substitute for an amazing fluid that our own bodies miraculously produce. It is as if crutches intended for those with damaged legs were issued to everyone, in case their legs ached a bit after a long walk. When muscle wasting follows everyone actually does need crutches and normal walking becomes impossible. People who dare to run freely are viewed with dismay or ridicule by those who are afraid to try, and especially by the crutch makers whose livelihoods depend on their use (p. 297).

### Public Spaces Private Places

A mother breastfeeding an infant is one of the most personal acts we are able to observe between two human beings and yet in some cultures it is seen as normal, and in others, aberrant. The appropriateness of breastfeeding in public is a much-discussed topic in some circles in North American society. My home university engages in student exchanges with a university in Sweden and the Swedish nursing students were astounded to learn that typical first-year New Brunswick nursing students expressed being affronted at seeing a woman breastfeed in public. Earlier in this chapter I noted that the identification of breasts primarily as sexual objects played a role in the level of discomfort some have with public breastfeeding. Bachelard (1994) is helpful in expanding this view to more than simple corporeality of the breast. In his examination of how we experience intimate places he compares a nest (home) to "the origin of confidence in the world" (p. 103). To go against the tide and break away from breastfeeding only in the home requires either confidence on the part of women in their ability to breastfeed discreetly or confidence that breastfeeding is publicly acceptable. Bachelard also writes, "what a spiral man's (sic) being represents. And what a number of invertible dynamisms there are in this spiral" (p. 214). To have confidence requires "mutual trust or the mental attitude of

trusting in or relying on a person or thing.” In understanding this spiral of our beings related to attitudes about breastfeeding, one of the dynamics worth exploring may be the mutuality of trust and confidence.

Aaron’s early introduction to breastfeeding was an uncomfortable one when friends were over for dinner and the woman began breastfeeding without any forewarning. At the same time he was not completely averse to the thought of Erica breastfeeding in public.

**Aaron Interview # 1 May 8, 2000**

We were finished supper and so then she started to breastfeed and I was like, I felt a little uncomfortable cause, you know, and so I went out to the kitchen and did the dishes (chuckles), which sort of became a tradition every time she came over, so. Just cause I wasn’t too comfortable with uh, you know, my friend’s breast being exposed. *So would you have preferred it if she had asked to breastfeed?* Uh, if she had asked and also if she had probably used a blanket just to uh, you know be a little more discreet...

*So have you and Erica talked about how you will handle this when you’re in a similar situation?* Yeah, well we’ll use a blanket to you know, cover the baby and Erica, and just like in public places that sort of thing to be discreet about it. And you know if we’re at the mall to go into the mother-baby room or whatever and also to, you know then again be discreet. Because of my feeling uncomfortable I’m sure that there will be other people that would feel uncomfortable so that then, you know, we don’t make others feel uncomfortable.

Adam’s conversation also showed elements that can be interpreted in terms of trust and confidence in relation to public breastfeeding. He worried because he could not trust that others, including Erica’s family, would avoid commenting negatively on public breastfeeding.

**Adam Interview # 1 May 29, 2000**

Her mom is very uh, she’s very (pause) I have to choose my words carefully. She’s old fashioned and not hot on the idea of breastfeeding and thinks it’s something that needs to be done in private and very close-minded about it... *How does that feel for you knowing that she’s going to be getting some flak, if you will, about breastfeeding?* I’m afraid I’m going to be too defensive about it. Because uh, when I see a mom breastfeeding in the mall or something like that I think it’s great. I don’t think there’s any reason why she shouldn’t and I, I’m worried that I’m going to react a little too - uh - hostile and that I’m going to be too defensive for Erica.



Time may also play a part in the level of comfort that men experience with the notion of public breastfeeding and thus how they express the meaning attached to it. Abe talked about the age of the child as a factor and Barry spoke about the desirability of timing feedings so that Erica would feel comfortable.

**Abe Interview # 1 January 28, 2000**

I don't have any problem with seeing a woman breastfeeding in public. I think it's beautiful personally...But I do feel personally there is a limit – three year old I can't say I understand it.

**Barry Interview # 1 December 11, 2000**

She'd probably re-organise her schedule – let's say feedings are three hours apart or four hours apart – she'd probably feed at home, get the baby all dressed up and let's go out to the mall knowing that I have open this time slot.

To understand the lived-experience of men in terms of public breastfeeding, we also need to understand the context of place in breastfeeding. Paintings or statues showing women breastfeeding are not uncommon yet are frequently viewed as art and not real life. Alternatively, breastfeeding women may be shown as exotic or third-world. Ted Greiner uses a postcard with breastfeeding advocates and the general public to illustrate a different view of lived experience when public breastfeeding is widespread. I saw him use the postcard at a breastfeeding conference I chaired. He showed the postcard to a mixed group of professional and lay breastfeeding advocates and asked them to guess the caption. The postcard shows a woman in a market weaving a basket and nursing an older child. Of the nearly 400 people attending the conference not one was able to guess correctly that the caption read “woman in the market weaving”. All other guesses focused on the breastfeeding but to the photographer who named the picture, breastfeeding in public was so commonplace it required no comment.

**We Are Three Not Two**

The advent of pregnancy is the beginning of the transformation of a couple into a family. The couple generally moves over the nine-month gestation toward parenthood in a time-honoured fashion of first suspicions of pregnancy, to confirmation of pregnancy, to the first signs of fetal movement, to labour and on to

birth. With pregnancy the couple relationship changes. The woman shares her body with a baby and the couple's exclusivity is forever altered (Sandelowski & Black, 1994). The decision to breastfeed the baby has the potential to further shift the focus to a new exclusive relationship, the mother-baby dyad. The bodily experiences of pregnancy and breastfeeding are ways of being that are inaccessible to men, other than in their role as witness to the physical transformation. But even for woman, pregnancy and breastfeeding are more than physical transformations (Bergum, 1989, Lederman, 1984, Maclean, 1990, Rubin, 1984). Men can and do share in the transformative experiences of being that accompany pregnancy and birth. Fatherhood like motherhood is a continually changing ontological state. It is not a single static identity identically experienced by every man. Being the father of a breastfed baby calls for consideration, from both the mother and father, of how the act of breastfeeding shapes each person's relationship with the baby and with each other.

Frequently the idealised nature of the mother-baby breastfeeding relationship is used as a touchstone for evaluating the father-baby relationship. The pervasiveness of this view is evident from the nature of advice given to fathers typified by the following. "You feel useless or unsure about your role when a breastfed baby focuses mainly on his mother. Remember you can still wind/settle/change/bath him (sic), and - when breastfeeding is well established - you can feed him (sic) expressed breastmilk. And the chance to feed solids is just 4-6 months away" (Fathersdirect Network, 2002). Feeding has become an important symbol of parenting; and in chapter three I noted the findings from several studies that indicated a desire to involve the father in feeding factored in the decision to formula feed. How fathers interpret the different ways that they become parents as compared to their partners and how they interpret the exclusivity of the breastfeeding experience provides us with insights into the meaning of being the father of a breastfed baby.

Abe, Andrew and Carl's conversations reflect the dilemma some men experience in balancing their desire to develop a close relationship with their babies with the desire to provide their babies with the optimum form of nutrition. At the same time

they also reveal awareness that talking about their feelings with their partners ameliorates feelings of being separate from the experience.

**Abe Interview # 1 January 28, 2000**

One thing I do wonder about though is whether or not I'll be jealous because the mother and infant will have a special bond.

*I suspect that it can be difficult for a father to say to a mother 'I'm jealous'.*

No.

*You'd be able to say that quite easily to Erica? That's the relationship I have with Erica I mean our relationship isn't a stereotypical relationship where the man never talks.*

In speaking of his feelings about being unable to feed the baby, Andrew said,

**Andrew Interview # 1 February 14, 2000<sup>5</sup>**

So I guess how I feel about it is, uh, uh, it does, it does bother me in a sense I think about it and I'm conscious of it and you know, I guess I'm resigned to it may be a good way to put it. But at the same time I'll say resigned to it I'll say that in a good light. I mean there's nothing I can do about it and I know that's the way it's been, the way it will be. And so that Erica and I need to simply constantly be talking about how I can play a role.

Carl's experience with the issue of not being able to feed the baby was somewhat different than Abe and Andrew's. His mother-in-law believed that Erica should not breastfeed so that Carl would have an opportunity to feed. This was to be the mother-in-law's first grandchild and Carl interpreted her response as her indirect way of saying she too wanted to feed the baby. In response to a question about how he and Erica talked about breastfeeding Carl had the following to say about the nature of the relationship.

**Carl Interview # 1 February 28, 2001**

She mentioned that her mother didn't breastfeed and her mother kind of indicated that she shouldn't bother to breastfeed, that it would be hard on her and that I wouldn't have a chance to participate in feeding the baby ...

*How does it make you feel when you know that her mother is discouraging her from doing something that you and she have decided to do? How does it make*

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<sup>5</sup> A part of this passage from Andrew's interview was previously used in Patrick's story in chapter two and again in chapter six where it was used as an example in showing how the interpretation developed.

me feel? Well I suppose you could get mad, you could but it doesn't accomplish anything. I just ignore it to be honest with you. We're going to do what we want to do and, you know, we don't base our decisions on how easy it's going to be for us... I mean I'm sure I'll have lots of opportunity to feed the baby, you know, when the baby is older. I don't feel left out or anything like that.

Aaron, Ben and Barry, for varying reasons, believed that their relationship with the baby would not be distanced by the act of breastfeeding. Their comments reflect the belief that relationships are too complex to be overly influenced by one factor such as breastfeeding.

**Aaron Interview # 1 May 8, 2000<sup>6</sup>**

I just take things as they come. It's [breastfeeding] not something that I can do. I can change the diapers and all the rest of it. It's not even something that I've, it doesn't make me feel any which way. I don't think it just, it's not my job, or not job but I don't have the equipment to.

Ben also indicated that being unable to feed was "a biological normal condition" and suggested that feeling left out was more likely to be related to the woman's attention being directed to someone other than her partner.

**Ben Interview # 1 September 1, 2000**

Well, I would think socially one's inclined to feel left out simply because the mother is paying so much attention to the baby no matter breastfeeding or not. Men don't like being displaced from the centre of attention.

Barry's talk reflected a confidence that feeding was only one part of developing a relationship with his child. He said not being able to feed right away was not a problem. At the same time he showed awareness that, when he could become involved with feeding, his experience with the baby would change. He had learned from internet chat groups how other fathers dealt with the issue of feeding.

**Barry Interview 1 December 11, 2000**

Not a problem. Like Erica says – it's uh – not a problem the kid won't know me. Because I have a bit of an outgoing personality that – I get down on the floor and play with everybody's kids. Um I don't think it will be a problem. You know I view it as a natural thing to so anyway. It's completely natural and

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<sup>6</sup> A part of this passage from Aaron's interview was previously used in Patrick's story in chapter two and in chapter six in describing the interpretation developed.

if nature didn't intend it to be that way, you know there'd be a different way of doing it....

If it does move toward bottle-feeding, yes I do get involved. Yes there was talk [on the chat group] about how you got to get through to expressing milk in a bottle, it felt weird to have mom out of the room because that's the way it's supposed to be. But he said, "I totally understand how it works – how the bonding and everything." The guy was overjoyed...

Adam and Carter both attached significant importance to the value of breastfeeding for their babies. They spoke of this in terms of concrete health benefits and although each indicated some interest in feeding their babies, they spoke of it in terms of breastfeeding rather than bottle-feeding. Earlier in the chapter I included Carter's statement that if he could grow breasts and feed the baby he would. Adam, who admitted to being worried about the possibility of feeling depressed over not being able to breastfeed, spoke of dealing with not being able to feed the baby in two different ways, talking with Erica and finding a way to mimic the perceived closeness of the act of breastfeeding.

**Adam Interview # 1 May 29, 2000**

And I'm worried that, that's all going to lead to the baby being closer to her. Yeah, that's the – I'm really worried about that. *It's kind of a tough thing to think about. Do you think it's something you'll be able to talk to Erica about?* Yes, I do think it's something we can talk about ... I could probably approach her and say, "Erica I'm a little, little miffed about this whole favouritism thing we are, I'm worried that I'm not getting as close to the baby as you are"...

*What sorts of things do you think you might be able to do to help yourself be closer to the baby where you're not breastfeeding?* Spending time with the baby. I'm so looking forward to spending time with the baby, uh, between feedings...I'll do everything I can to keep the gap closed... I can't remember where I saw it. A long time ago I saw something about uh, uh, the breasts a man can wear to feed the child so that Dad gets the same amount of time but then there's all the pumping involved and that sort of thing. (chuckles) that would appeal to me though and that would appeal to me.

As was noted in chapter three, discourse about male breastfeeding is not purely idiosyncratic. More recently Shanley (2002) has created a website telling the story of her husband's lactating experience. According to her story he "began telling himself he would lactate, and within a week, one of his breasts swelled up and milk began dripping out". She also recounts a similar story told to her by a friend of a gay couple, one of whom lactated.

I knew these two wonderful guys, very dear friends of mine for years. A mutual acquaintance of ours was pregnant, unplanned, and did not want to do the whole "adoption thing" so when the guys approached her about taking the baby, they just proceeded as if it had been a planned surrogate pregnancy. The guys were adamant that the baby should get breastmilk. So when she was in her 7th month we bought a really good quality breastpump and Ian started pumping, every 2 hours during the day and once during the night. He was wonderful about it! He used an SNS<sup>7</sup> after she was born, with donated milk from several friends who were nursing. He was making milk but not a full supply. By the time the baby was 12 weeks old he was making a full milk supply! He stayed at home with the baby (he was a massage therapist) and nursed her exclusively until she was 8 months old!! I don't think many people outside their intimate circle knew about it, I'm sure folks would have had a fit if they'd known...but I thought it was wonderful! (Shanley, 2002).

It is apparent that men experience a range of meanings associated with the intimate nature of the relationship between the breastfeeding mother and baby. The feelings expressed are similar to feelings some men experience during their partner's pregnancy, however the biological reality is that there is no alternative for a woman gestating the baby whereas there is a biological reality for feeding that allows men to participate. Patrick (1994) described the feelings he experienced during his partner's pregnancy.

Our lives had changed. Part of me felt left out, while the other part of me admired her fervent desire to do everything right for our baby. After all I couldn't possibly have the same feelings she was having – she had another heart beating beside her own (p. 36).

To understand expectant fathers' lived experience of feeling left out of pregnancy and expecting to feel left out of feeding, it is perhaps beneficial to explore what Arendt (1958) says about societal expectations of its members in conjunction with what Seel (1987) says about societal expectations of fathers.

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<sup>7</sup> A supplemental nutrition system (SNS) is a commercial feeding device consisting of a container in which milk is placed and two feeding tubes. The system is designed to be suspended around the neck so that the container lies against the chest. Two feeding tubes from the container are placed, one at each nipple, so that when the baby suckles he/she receives the milk from the container while simultaneously sucking on the nipple and stimulating hormonal response. As the milk supply increases the amount of milk necessary from the SNS decreases.

Instead, society expects from each of its members a certain kind of behavior, imposing innumerable and various rules, all of which tend to “normalize” its members, to make them behave ...the realm of the social has finally, after centuries of development, reached the point where it embraces and controls all members of a community equally and with equal strength. (Arendt, pp. 40-41).

We seem to have arrived at a position where fatherhood has become a sort of male motherhood! ... What we are left with is *parenthood* [emphasis in original] an activity which in theory can be undertaken by either men or women without distinction (Seel, p.6).

In North American society where there is an apparent expectation that men should participate equally in the transition from a couple to a family, couples may see bottle-feeding as a more democratic solution than breastfeeding. Seel (1987) suggests that instead of looking to bottle-feeding as a solution to feelings of being left out, we need to explore other alternatives.

In the end, the man who feels jealous of his wife’s ability to breastfeed has to accept that his reaction, although perfectly natural, is incapable of being cured. If other people were more sympathetic about his disappointment it might be easier to accept as just one of the inevitable adjustments and compromises which have to be made by both parents after the birth of a baby (p. 95).

The men in this study, although not privy to Seel’s advice, were aware from their lived experience that transition was an inevitable aspect of the shift from couple to family. They incorporated their inability to breastfeed into their sense of being a father by *anticipating* other levels of involvement.

### Anticipating a Role

Langeveld (1987) asserts that “the father exists from the beginning, at least as provider and protector of the caring relationship of the mother and child” (p. 6). In the prenatal period, one meaning fathers attach to breastfeeding is assuming this responsibility of protecting the mother-baby relationship, by *anticipating a role* and committing to assisting breastfeeding in whatever way they can. The focus of the

meaning of *anticipating a role* could be on lived experience of time, space, body or relational aspect of breastfeeding. Alex spoke of time in the near and distant future.

**Alex Interview # 1 March 9, 2000**

I'm actually planning on taking off quite a bit of work in the next, in the first month or so – and – uh – basically just to help out because, you know, I think it's part of the role anyway. That, plus I've got a fair bit of time coming to me so. And I think it'll be establishing that pattern of the first month I think will certainly help things and whereas if she has to breastfeed that you know, I kind of expect going you know getting the baby so she can relax more just to try to help her keep more rested. So I think as long as we're both sort of keeping the same schedule that way that, that will help - counteract any problems that might arise...

Because I think we'll each have our own different roles in life that we'll have to play with the child - and while she may get to, to have this role that, uh, in the future I'll have my own little things, you know that I'll be doing with a baby or with an adolescent. I think basically that's just a fact of life that we have get used to is that, you know, it isn't always going to be we're doing this you know, we're each going to have our own little expertise area that we, that, uh, we'll be developing with the child on our own. That we have to respect the other person's abilities and give them the leeway to do that, and we can't always expect to be doing everything the three of us, uh, although certainly later on of course ... But uh, so for now, I'm fairly comfortable with the fact that, uh, I expect this is just one the things that she'll be doing with the baby and I'll have my own time.

Adam joined Erica in sharing in the dietary and social restrictions of pregnancy and breastfeeding.

**Adam Interview # 1 May 29, 2000**

I did drink, I drank beer regularly prior to her pregnancy but I'm not going to until she can. That will include the six months after the baby is born...If she can't have a cold beer on a hot day then I won't have a cold beer on a hot day. Yeah. That's one of the ways I'm trying to support her.

Ben and Erica planned their parental leaves to run consecutively and anticipated necessary adjustments to sleeping arrangements in the beginning.

**Ben Interview # 1 September 1, 2000**

But I think from sheer observation, she knows my limits. I mean when you get a heart condition at 40 years old and, all hell breaks loose and five years later you're diagnosed as type 2 diabetic, it bangs in your head that there are real limitations. So for instance, Erica has said that one of the advantages of breastfeeding is, uh, that where - is she can sleep in the front room if the baby is not sleeping well, or making a lot of racket. We've put - the what are they called - a playpen, it's a great big structure that he sleeps in crib - in the front



room where we have a futon, you can make it into a bed, so that I, who will be teaching this fall, will be able to get my sleep. When Erica starts teaching in January, we hope the baby will be on a more regular schedule, because the intention is for me to be on paternity leave and do much of the kind of daytime taking care of the baby while she is off teaching.

Carter anticipated that after the considerable pressure he had put on Erica to breastfeed, he had an obligation to create an environment where she would be able to tell him if she wanted to stop.

#### **Carter Interview # 1 December 11, 2000**

And I just kind of let her make her decisions on everything, but it's the breastfeeding thing that's the one thing that I'm strong - really strong opinion on...Well, I know that since we started our relationship, I've told her that - you know, "if we don't have communication, we have nothing - we might as well end it now, finish it - without the communication, if you can't come to me and say what's on your mind", you know, it is, "we're wasting our time." And you know, and she's been the type of person in any relationship she's ever had - she's bottled things up and then it's all exploded at once, and she's done it to me a couple of times now and I've told her, it's like, "when you have a problem, tell me immediately. I don't know, you know, I can't read your mind."

You know, so I've told her it's like - you know - "when we get into this and with the breastfeeding, when you really want to stop, you tell me and if I'm pushing too hard, just tell me" - "say 'leave me alone'" - you know, "I am not able to do this anymore." "And I'll understand." I think I know her well enough to know when she's thinking maybe it's inconvenient and when she really wants to stop. I hope I do anyway.

One meaning of *anticipate* is to "look forward to, look for (an uncertain event) as certain". *Anticipating a role* helps the expectant father take some of the uncertainty surrounding the meaning of being the father of a breastfed baby and create some certainty. Doing so is perhaps a reflection of the commitment of making breastfeeding work that Gamble and Morse (1993) identified as requisite in the prenatal period to the father's willingness to consider postponing his relationship with his infant so that the mother could breastfeed.

### **Entering the World of Breastfeeding – An Emerging Horizon**

Until the baby is born, breastfeeding remains very much an elusive concept for both the mother and the father. Although the infant is born with the necessary instincts to locate and latch onto the breast, to suckle, swallow and digest breastmilk, many of

the birth practices in hospitals interfere with these instincts. Similarly for women, although milk production and the let-down reflex are hormonally controlled, much of the care surrounding labour, birth and the early postpartum period can interfere with the normal biological processes critical for her ability to breastfeed effectively. It has been 25 years since warnings appeared in the medical literature about the detrimental impact of routine hospital practices on a mother and baby's ability to successfully initiate breastfeeding (Lozoff, Brittenham, Trause, Kennell & Klaus, 1977). The effect of interventions is cumulative therefore the mother and baby may be strained beyond their limits of adaptability. When this occurs the mutuality necessary for successful initiation of breastfeeding is interrupted and the normal course of breastfeeding transformed.

In Canada the bottle-feeding culture that exists means that many new parents have little or no lived experience with the "normal" course of initiation of breastfeeding. They, therefore readily accept sore nipples as normal, when in reality the cause is often iatrogenic. While breastfeeding is being actively promoted, we have not yet reached a state where breastfeeding is equally supported and protected. "It makes little sense to focus on gaining new recruits for breastfeeding if we set women and their babies up to fail" (Storr, 2000). Because of the low priority placed on protection and support for the good breastfeeding practices that do exist, many couples accept that breastfeeding is a black and white issue. Either it goes well or it doesn't. Conversely, some blame themselves when breastfeeding doesn't go well or go through Herculean struggles to keep breastfeeding going.

Many first-time fathers either have never seen a baby breastfeed or have read or heard Pyrrhic tales indicating that, "cracked and even bloody nipples are not uncommon" (Brott, 1997, p. 27). Similarly, tales of babies who refuse to take the breast form the context for fathers and mothers as they *enter the world of breastfeeding*. Once the challenges to successfully initiating breastfeeding have been overcome, the anecdotes can be quite entertaining. Matterson reflects this aspect of the lived experience in his cartoons. I'll describe two that aptly demonstrate the impact of the early days of breastfeeding on both parents. In one a

mother is seated in a chair, holding a screaming baby; the mother's feet are braced against the floor and she has a contorted facial expression evoking images of sheer panic. Beside her the father is shown rapidly flipping through a telephone book obviously looking for assistance and saying, "There's nothing in the phone book under LET-DOWN REFLEX" (p. 26, emphasis in original). A second cartoon shows a dishevelled mother standing, crying and holding a crying baby while the father is beside her examining a book titled "BREASTFEEDING MADE EASY" (emphasis in original) and saying, "Where the heck do these books find such contented looking mothers and babies?" (p. 27).

Another consequence of living in a bottle-feeding culture where breastfeeding is also being promoted is that first-time fathers may have an image of peacefulness associated with breastfeeding mothers and babies. The language of poetry and novels reflect this aspect of the lived experience. Consider this sonnet by Samuel Taylor Coleridge written "to a friend who asked how I felt when the nurse first presented my infant to me" (p. 154). The poem gives concrete expression to the powerful emotions evoked in a father at the first site of his baby at the breast.

Charles! My slow heart was only sad, when first  
I scann'd that face of feeble infancy:  
For dimly on my thoughtful spirit burst  
All I had been, and all my child might be!  
But when I saw it on its mother's arm,  
And hanging at her bosom (she the while  
Bent o'er its features with a tearful smile)  
Then I was thrill'd and melted, and most warm  
Impress'd a father's kiss: and all beguil'd  
Of dark remembrance and presageful fear,  
I seem'd to see an angel-form appear –  
'Twas eventhine, beloved woman mild!  
So for the mother's sake the child was dear,  
And dearer was the mother for the child (1968/1796, p. 154).

Another later poem by Coleridge provides the concrete image of a satisfied baby at the breast. Satiety and bliss are what all parents would wish for in terms of their lived experience and a powerful reinforcement for positive images of breastfeeding.

Its balmy lips the infant blest.  
Relaxing from its Mother's breast,  
How sweet it heaves the happy sigh  
Of innocent satiety! (Coleridge, 1968/1811).

Lawrence (1976/1915), writing at a time when breastfeeding was the norm, described breastfeeding as a rapturous experience.

She did not mind that the baby was not a boy. It was enough that she had milk and could suckle her child: Oh, oh, the bliss of the little life suckling the milk of her body! Oh, oh, oh the bliss, as the infant grew stronger, of the two tiny hands clutching, catching blindly yet passionately at her breasts, of the tiny mouth seeking her in blind, sure vita; knowledge, of the sudden consummate peace as the little body sank, the mouth and throat sucking, sucking, drinking life from her to make a new life, almost sobbing with passionate joy of receiving its own existence, the tiny hands clutching frantically as the nipple was drawn back, not to be gainsaid. This was enough for Anna. She seemed to pass off into a kind of rapture of motherhood, her rapture of motherhood was everything (1976/1915, p. 213).

While an attractive manifestation of breastfeeding, this experience can only occur after breastfeeding is well established. Even though many will have read neither Coleridge nor Lawrence, the language they use to express the lived experience symbolizes the experience that many new fathers expect.

Even if all goes well physiologically for the mother and newborn, positioning oneself and presenting the breast for suckling are not reflexive behaviours but must be learned. As with all behaviour with a psychosocial component, breastfeeding is a learned behaviour permeated with cultural meaning. Dettwyler, (1995) describes breastfeeding in this context as a "lost cultural art" (p. 197). Consequently men have little in the way of reference points for knowing what to expect in the early days of breastfeeding. As they learn about breastfeeding first hand in the hospital, and in the early days at home, they untangle the many mixed messages they perceive and receive about their role. Fathers believe that the focus should be largely on the mother and baby during this time. At the same time the fathers face

the challenges of supporting their partner's efforts at breastfeeding and the associated time spent with baby with a desire to get to know the baby themselves.

### The Meaning of Breastfeeding

Just as the notion of choice permeates the decision to breastfeed, so too awareness of the existence of an easier alternative is a part of the context once breastfeeding is initiated. Synchronised interaction in breastfeeding is not fully developed at birth and the high failure rate of breastfeeding in industrialised societies demonstrates that success is far from automatic. Initiation of breastfeeding may follow a long and difficult labour and, in some situations, an unexpected caesarean delivery. Some babies may establish breastfeeding readily while others may take considerable time. Pears (2002), in a recently published novel, captures the miraculous nature of the experience of breastfeeding going well.

After nine months my wife gave birth. And her body, as well as taking what it needed for itself, stopped passing the goodness of what she ate in the form of oxygen, salts, nutrients through her placenta and umbilicus, into a baby inside her womb, but rather transformed it into milk. To be suckled by the infant from her breast.

While our baby, for his part, as well as learning instantaneously at birth to fill his lungs with air and breathe, had to change the way he ate from a tube coming into his stomach to a nipple at his mouth, and milk down his throat. Which he accomplished impressively, I might add.

I've contemplated it, this process, as I've witnessed it these last weeks, and let me be honest, I still can't quite come to terms with it. The audacity, and ambition. How outrageous its inventiveness (p. 85).

The wonderment he expresses at the ability of a woman's body to nourish her baby through her breasts is commonplace in society. The ability of a woman's body to produce milk is no longer taken-for-granted, by either men or women. Murphy Brown, the main character in an American television sitcom, after giving birth and being presented with her newborn son to breastfeed, remarked, "thinking of my breasts giving milk is like being told that my elbow can give bacon." The limited

trust North Americans put in their bodies, coupled with the ready availability of formula, means that the decision to breastfeed can readily be reversed if all does not go well with breastfeeding. At the same time, because of men's disembodied experience of breastfeeding, the reversal of the decision or the decision to persevere through difficulty may take on a different meaning for men than for women. To understand this, compare a father's description of a baby's incessant demands for food to a mother's.

His existence revolves around his digestion. Mysterious rumblings emanate from deep in his little gut; I listen to them like sonar readings, though I understand nothing. When his digestion upsets him he flexes and twists, grimaces, whimpers. Distressed by food – the processing of it or his need for more of it. Not in a minute or two or ten. Now! (Pears, 2002, p. 50).

One morning, when she is six weeks old, I am alone at home trying to get her to go to sleep. I am extremely tired. The night has been filled with fireworks, with surreal adventures and Olympian feats of endurance, and dawn has arrived like a hangover. She, and hence I, have not slept for many hours (Cusk, 2002, p. 79).

The *it's her body and our baby* phenomenon experienced in the prenatal period by fathers of breastfeeding babies becomes even more pronounced as the couple *enters the breastfeeding world*. The reality experienced by the father is complex and continues to be based on beliefs about the value of breastmilk coupled with the linkages between lived body, lived time, lived space and lived relationship experiences. To show how these lived experiences both mimic and vary from the lived experience descriptions in the literatures presented, I return to the language of the men in the study.

### *Breast is Best and Formula is Acceptable*

When the baby does not spontaneously go to the breast and feed effectively or appears to feed but still seems hungry, it is difficult for parents not to be induced into thinking that “topping up” with formula is the approved approach for dealing with the problem. This is particularly so when the mother is exhausted, the father is

unsure how long the breastfeeding problem will last and the nurses suggest formula. Aaron, Bart and Barry experienced this situation and their comments reflect a desire to protect the mother and baby from an initially negative breastfeeding experience.

**Aaron Interview # 2 July 7, 2000**

It was hard for him to get the first, start sucking and I think she was getting frustrated and he was getting frustrated cause they were both, you know, new at it. And, you know, he wasn't getting any milk and I don't know if he was enjoying the colostrum or not. *How did it feel for you to see Erica and Peter both frustrated?* I was trying to be encouraging and you know, I still left it open. If she didn't want to breastfeed then it was totally up to her and I've always said that. But when he's there bawling and, you know, Erica's upset herself and then it's, you know, "well give him the bottle kind of thing." Or, uh, I didn't actually say that, but too you're thinking it kind of thing. And so the nurse would come in and, you know, give him some formula and he'd be fine (chuckles). And then, uh, it would be frustrating for me I guess to see them frustrated cause there's nothing I could do other than to ask the nurse to come in and to, uh, give him some milk or whatever.

Bart described how latching became difficult once Erica's milk was in and he experienced feelings similar to Aaron's.

**Bart Interview # 2 October 10, 2000<sup>8</sup>**

You know, I tried - I try to help her because I'm looking at the books and I remember the class, and like I know how you're supposed to hold the breast to get the nipple in the right position. And you know, so you've got - her mother was there too, so you've got three pairs of hands, and a baby whose hands are in the way, all trying to get this thing - which I knew instinctively was making it even worse, because if everyone is frustrated, the baby knows that. So I was really frustrated that it wasn't working. I was really frustrated. In my mind, I never said this to Erica, but in my mind I thought - well, we're gonna try this and if she goes to the clinic and find out, because I heard they were very helpful to people having problems. But I'm not - I will not - this is what I was saying to myself - (chuckles) I'm not going through this for three months or six months. - that every time you try to feed - or even a week - that if this isn't fixed in a couple of days. Because he took a bottle in hospital - they would always top him up - he was always still hungry. They said it was because he was so big, I don't know. They'd always give him you know 30 mgs or - is it mg or mls, yeah. Not always, but you know a couple of the feedings

Barry not only had to deal with the situation of a baby who had difficulty latching, but also with a partner who experienced pain with each breastfeeding session. Consequently, she had little pleasure from breastfeeding.

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<sup>8</sup> Parts of this passage from Bart's interview were previously used in Patrick's story in chapter two and in chapter five as an example of "bringing out the message behind the message" in the hermeneutic interview.

**Barry Interview # 2 January 30, 2001**

If there's one thing she noticed and having done some reading and prenatal clinics, there certainly wasn't that - endorphin release - or anything like that it wasn't a pleasurable experience I guess. Her nipples were hurting as well. The latching on would work sometimes, even if latching on was dead on perfect - uh, she I guess she didn't feel like it was fulfilling for the baby. And I guess eventually we'd have to top up all the time and she thought - and then it was hurting basically. So, the baby was fussing, mom is fussing - we just tried, you know, we want both to be happy. The child won't be happy unless mom's happy as well. So, we were, been evaluating alternatives ... We're pretty much weaning the child - actually it's more for the mother at this point.

Worrying over a loved one or ones is a common life experience. Caring is a profoundly human phenomenon and worry is a part of caring (van Manen, 2002). In Aaron, Bart and Barry's words one can hear echoes of Lawrence's (1976/1915) moving description of feelings experienced by a father on hearing his baby's cry.

From the first, the baby stirred in the young father a deep strong emotion ... When he heard the child cry, a terror possessed him... He had the infant in his arms, he walked backwards and forwards troubled by the crying of his own flesh and blood. This was his own flesh and blood crying! (p. 211).

Commitment to a loved one is another aspect of caring. The men's language shows an understanding of the woman's vulnerability when breastfeeding is not going well and conveys a sense of standing by her. The song, *That's What Friends Are For* (lyrics by Carole Bayer Sager and music by Burt Bacharach) celebrates the lived experience inherent in the phenomenon of a father communicating to his partner the sentiment that he'll support her through the good times and the bad times of breastfeeding.

That's what friends are for  
For the good times  
And the bad times  
I'll be on your side forevermore  
That's what friends are for.

Hearing a hungry baby cry takes on a different meaning when breastfeeding is not going well and the baby's contentment not immediately forthcoming. Fathers, as witnesses to the baby's distress from hunger and their partner's difficulty with



breastfeeding, struggle in balancing their commitment between the mother and baby. They want to see the baby's hunger satisfied and know that an alternative to breastfeeding is readily available. Simultaneously, they want to support their partner's decision and acknowledge the effort she is expending to initiate breastfeeding. As witnesses they have judge whether the mother will be better supported by a happy baby (the good times) or continuing to struggle (the bad times). Thus in understanding what the experience of a troubled initiation of breastfeeding means for fathers, it is important to consider how the notion of caring for and commitment to mother and baby may be reflected in the act of accepting introduction of formula, as a whole or partial solution to the breastfeeding problems.

### *Breast is Best and It's Her Decision*

Some mother-baby couples with preliminary difficulties initiating breastfeeding are not exposed to the experience of topping up with formula in hospital. Although initiation of breastfeeding is not instantaneous, the confidence of nursing staff that breastfeeding will work is perhaps transmitted to fathers and is reflected in their language demonstrating faith in the process. Confidence can also be inspired when problems such as sore nipples are dealt with effectively by nursing staff. Abe, Alex, and Carl spoke of being able to provide reassurance to their partners or of gaining confidence as the breastfeeding began working.

#### **Abe Interview # 2 March 23, 2000**

Erica was still a little worried about him that he wasn't latching right and things like that and I kept saying, "well everything I've heard - if it hurts it's wrong and you're not complaining that it hurts" ... Erica had a, as I said she really rough labour so she couldn't sit up at all so she was trying to nurse on her side which they told her was more difficult for the football hold, and she wasn't able to do that, uh, so she was frustrated. Thursday night she was really frustrated and I just told her, "look have faith in yourself, have faith that you know. Everything looks good so far, we've been very lucky there, uh, everything is going right so it shouldn't be a problem it is just a matter of time." Now she's really happy. Although we were up all Friday Saturday morning, we looked at it very positively because this is good, he'd caught on and that was nice to see.

Alex and Erica were able to achieve the first latch unassisted and this experience boosted their confidence.

**Alex Interview # 2 May 9, 2000**

And we, uh, they had cleaned her up and it was probably about an hour after she had been born that the nurses and the doctor left us alone for a little while. And uh, we just we decided we'd try it on our own to see how it worked. And, uh, it well it was a handful for Erica to start with just until her nipples got a little used to it and that type of thing but, uh, Karen went on and she started to feed quite well. So it was more of a relief than anything. Cause I knew it was something that Erica really wanted to do ... The more I saw it the next few times it just starts to really strike you that it was quite a little miracle that uh, just another little thing of God's design, how it all just comes together and just it was really, you just sort of stand back in awe and look at this little process happening. But it's, uh, it sort of changes your whole perspective, you know, the breast is no longer just a decoration its you know, its sort of long the long lost tool of the toolbox that nobody ever quite knows what it is for. And then suddenly it clicks on that hey this is, it works perfectly as another little bottle basically and, uh, so it was pretty, pretty amazing over all

Assistance from the nursing staff played a part in Carl's ability to convey a positive attitude to Erica when she was lacking in confidence in her ability to breastfeed.

**Carl Interview # 2 April 6, 2001**

Well, the first 24 hours, it was a little, little hard because Karen - she kept falling asleep and you know, Erica wasn't really sure how to do what she was trying to do, and again, the nursing staff in the clinic up there, they spent an awful lot of time with her in the first 24 hours and helped her, and after that, she picked right up. And I think Erica was a little more relaxed.

*What was it like for you when she wasn't feeling confident and you weren't quite sure what was going on either? What was it like for me? I remember her saying one time she wasn't sure if she knew how to do this - if she was going to be able to do this or not - and, uh, I remember we just talked about it - I said, "just take it slow and, uh, you know, we'll get a nurse to come back in from the clinic" and, uh, you know, they kept telling us that the first 24 hours - you know "don't expect big bang results - just be patient" - so, which is kind of - we were patient about it. Didn't get all uptight and ... I would say they [nurses] went out of their way to make us feel - confident in what we were doing.*

When nurses have confidence in their practical skills to assist with latch, they convey confidence to parents and prevent a cascade of unsuccessful breastfeeding that commonly occurs beginning with ineffective latch. An ineffective latch leads to painful nipples, leading to limited oxytocin and prolactin release, leading to engorgement, leading to ineffective feedings, leading to a dissatisfied baby, leading to disillusioned parents. Because these mothers and babies did not experience the cascade of negative consequences of an ineffective latch, the fathers were able to focus on helping their partners remember the significance of their decision to

breastfeed and to focus on their longer-term desire rather than on the shorter-term initially dissatisfying experience of breastfeeding. Thus the father helps the mother to trust her body and follow through with her decision.

### *Breast is Best and It's Our Baby*

For many couples the early days of breastfeeding, when learning is occurring, are not predictable. For others, breastfeeding appears to go smoothly. Either experience may result in the father being able to focus on the *it's our baby* facet of the breastfeeding relationship rather than solely on the mechanics of breastfeeding. This aspect of the experience can be seen in Adam, Ben, Brock, Brad and Carter's early conversations about the experience. Adam worried, along with Erica, whether Peter was getting enough breastmilk.

#### **Adam Interview # 2 June 22, 2000**

I was so worried that he wasn't, it's kind of like I compare breastfeeding to pumping gas, you never actually see the product. Yeah, cause, you, you're supposedly putting this in, moving this fluid from one place to another but you never actually really see it and until it comes back at you (chuckles). Cause, uh, that's what we were talking, Erica and I were talking about that and she said, "How are we supposed to know? How are we supposed to know?" Other than by weight and that kind of thing, how's she supposed to know, obviously you see it from what comes out the other end but, uh, yea, she's - how did I react to the first time? I was concerned that she, uh, that nothing was going in. Yeah, I was concerned that nothing was going in, cause she nursed in the hospital right after and, uh, yea. She was a little, she didn't really want a bunch of witnesses cause she's, she was afraid that she wasn't going to get something right or that kind of thing and so on. I helped I held his hands back - because he was a little squirmy. And, uh, because he was so sleepy right after, uh, the first couple of times she tried nursing he just racked right out. But when she finally did nurse I was so relieved.

Despite the unanticipated variability of breastfeeding, Ben recounted feeling positive about it and about his part in the new three-way relationship.

#### **Ben Interview # 2 October 19, 2000**

I mean - every while it'll strike me. "This is my son" - or you know, "what have I taken on?" You know, various kind of like glimpses or recognitions, imaginative recognitions of what now is it I am now part of... And if it [breastfeeding] isn't working out between them, it's a bit frustrating - I can do nothing about it, but I guess I was quite successfully sold on the notions of why breastfeeding was much more valuable for the baby.

Brock found himself counselling going against the advice he and Erica had been given on discharge from hospital. He recognised that he, too, had a role in judging what was best for the baby, Erica and him.

**Brock Interview # 2 November 8, 2000**

And then they said that maybe the best way to approach was - that you should feed the baby every three hours. And wake her up to feed her. So we went home and being dutiful parents, that's what we did. And it was a nightmare. An absolute nightmare because it first of all took a long time to get her awake, so that she would feed. And then she wouldn't go back to sleep. So, you know, and you know, she was - I don't think she was ready to eat. So she would get gas, you know, she'd get some gas and be uncomfortable and squirm and cry and so I think - what was it Wednesday night or something. So Erica went back to the clinic on Tuesday, they weighed the baby and she hadn't lost any more weight - so we liked that - and then on Thursday, Erica had to go back again. And now she was starting to gain a little bit - maybe an ounce or two. And then my mother was over for supper that night. I said, "well what do you think's going on?" Erica says, "and they still say you should try and feed the baby as often as you can." My mother said, "don't wake the baby up." So, I said, "you know what Erica - I agree, we're not going to wake up the baby anymore to do this, we're just not going to do that." So we stopped doing it on Thursday night, and it's gone much - although what will happen is - you know - her days and her nights, she hasn't got them quite figured out, so she may wake up at one or two in the morning and decide to be awake for a couple of hours. But for the most part, it's going pretty good. But I wouldn't recommend waking babies up to feed them. Maybe - I don't know what you think. *Well, your experience is telling you that it didn't work.* Yeah, that's true.

Brad, too, initially followed advice to waken Peter for feedings. Like Brock his decision to stop waking Peter was based on the experience of getting to know the baby.

**Brad Interview # 2 December 4, 2000**

Peter usually determines the routine (chuckles). We try to keep it every four hours at most, but at nighttime, if he sleeps longer it's yeah -you don't complain. The first night when we came home, it was really tough - like I say, he was a little bit jaundiced, and so they said every three hours, wake him and feed him. So I got up about 15 minutes before feeding time and started trying to wake him up. But being jaundiced, he was really tired, and so I would sit there and do little sit-ups with him and try to wake him up. Because he just wouldn't eat if we tried to wake him up and feed him so that - little 15 - 20 minutes before then he would eat. That every three hours was tough cause, especially at nighttime - I had an alarm - to go off about - I think it was like 9:00, 12:00 - 12:00 I got up no problem - 6:00 I got up, or 3:00 I got up, no problem. 6:00 - I heard the alarm, I hit it, shut it off and said, "okay just a couple more minutes." Anyway, one of them turned into an hour - He awoke and started whimpering a little bit at that time. So - it worked out well that way.

*So was that putting a fair amount of pressure on you - feeling that you would be the one to get up and then waken him, or was that sort of feeling like here's something I can do? Uh, I don't know if there was pressure, but it felt like - I had to get up to make sure he was fed or whatever, so it was tiring, but I just knew it was something I had to do. If I can just get over this little hump and then.*

Carter was pleased that Erica was enjoying breastfeeding more than she had anticipated and he recounted her concern that he might feel left out because of Karen's frequent feedings. He responded to not being able to feed by taking charge of other aspects of Karen's care.

**Carter Interview # 2 January 23, 2000**

The breastfeeding thing has gone really well. Erica really took to it - a lot better than I thought she would. Because she was so against it - you know she really thought it was going to be an inconvenience - but once she started, she wouldn't have it any other way now. She loves it, she finds it relaxing, she really enjoys it, she enjoys the bond. And I think that - from what I can tell - women, who have really high expectations, I think, get very disappointed, once they do start, because it's not as enjoyable as they might think. But where her expectations were so low, she was just energized at how much she enjoyed it and how easy that it was for her. Now there were a couple of days where Karen went through a growth spurt where all she wanted to do was feed - all the time. Like I couldn't satisfy her, like no one could but her mother. Karen just wanted to eat, eat, eat, eat all the time. So that was a little tough but Erica still didn't mind it, like she never complained or anything. *And what about you? What was it like for you knowing that nobody but Erica could satisfy her?* I was a lot better with it than she was. She was very scared that I would get jealous or that I would feel really left out, but I think it's a beautiful thing that she can do it. But like I told her, it's like "when I'm home, I'd like to do the changing, I'd like to do the burping, I'd like to do the bathing and all that so that I can have my time with Karen and my bonding with her" - where I can't do that, I want to do as much as I can otherwise. And plus, it gives Erica a rest because she has no rest.

On *entering the world of breastfeeding* the men all took steps to move beyond a spectator role and become a part of an *unknown world*. The men's active engagement with the experience of breastfeeding facilitated changes in their being, with an inward focus on the family. The transformative nature of this experience may initially seem commonplace. However, the words of a gifted novelist can make visible the profound nature of this phenomenon so that further reflection on the men's descriptions changes the way we hear the commonplace.

And yet, for his own part, for his private being, Brangwen felt that the whole of the man's world was exterior to his own real life with Anna. Sweep away the whole monstrous superstructure of the world to-day, cities and industries and civilization, leave only the bare earth with plants growing and waters running, and he would not mind, so long as he were whole, had Anna and the child and the new, strange certainty in his soul (Lawrence, 1976/1915, p. 193).

### Father-Baby Time in a Breastfeeding World

Taking care of a baby can be both a tender and intimate experience, yet the repetition of burping (winding), spitting-up and changing can become mundane tasks when they are performed in a haze of what seems to be never-ending fatigue. In the early days of breastfeeding there is little predictability and the baby's feeding-wake-sleep cycle seems to control all other aspects of life. A 24-hour day can seem to last forever when a baby is feeding every two to three hours, taking anywhere from 30 to 50 minutes from the start to the ending of a feeding. While the parents may share many similar experiences in these early days of adjustment, the father can only experience from the outside what the mother intimately experiences in terms of the changes in her body. Wolf (2001) eloquently describes her early days at home.

My delight in our child was absolute. At the same time, I experienced a tightening of the world's circumference; I *was* chained to the couch, nursing; I *was* stunned with fatigue; I *was* a vast primate of flesh ... (p. 177, emphasis in original).

This juxtaposition of joy and sorrow may be completely unexpected and can mar the shiny patina of egalitarianism many modern couples hope to preserve in terms of parenting. While the mother may be feeling overwhelmed with the amount of time breastfeeding takes coupled with the responsibility of being the person who always feeds the baby, the father may be finding it hard to get his time with the baby. A cartoon by Sipress in Brott's (1997) book, *The New Father*, symbolizes this dilemma. The father is sitting beside a cradle containing the baby and saying, "Oooglie googlie, oooglie googlie". The baby is seen to be thinking, "Who is this person and where's the one with the milk?" (p. 87).

Newborn babies spend a considerable amount of time sleeping. Since awake time is often feeding time, fathers can create father-baby time by watching the baby sleep. Pears (2002), provides a narrative account of the lived experience of this aspect of father-baby time.

He doesn't like to be watched in his sleep, John Junior – which is what I call Jacob. He's like me (of course). However silent I am, he'll stir, he'll fidget. Sometimes his eyes open simply because, it seems, he's being observed. It's true, they really do. But I love to watch him. It feels less the observation of a process taking place, of life unfolding (though this is it too), than me feeding myself, visually. Feasting on my son with my eyes (Pears, 2002, p. 49).

Arendt (1958) tells us that the human condition is such that pain and effort are necessary for the “very liveliness and vitality” (p. 120) of human life. An examination of the efforts or interpretations that men make, in the early days of breastfeeding, in relation to father-baby time may help us to understand how men breathe life into their being as fathers.

Alex arranged his work schedule so that in the early days and weeks after Karen's birth he took mornings off and worked in the afternoons. This work schedule meant that “Erica doesn't mind getting me up in the middle of the night so much” (Interview # 2, May 9, 2000). He described breastfeeding in hospital as a joint process with him playing more than a token role in assisting with latch and at home he took over other aspects of baby care.

**Alex Interview # 2 May 9, 2000**

It was very nice being basically part of a team to get the whole [breastfeeding] started. So that was, I think, because of that it has helped, you know, basically been a part of it right from the beginning. So it's not something that just Erica and the baby are doing over in the corner, it's something, something you've really been involved with except for the actual you know, latch... I guess probably because I'm part of the process anyway that, you know, I hold the baby's hands and Erica feeds or, uh, I really, it's [feeding Karen] really not something that I've thought of, of the fact that I wish I could or anything like that.

You know it's funny sometimes when she's getting ready to feed, Erica's just getting ready and sometimes I'll put the, you know, hold the baby as if I was going to burp her you know, with her stomach against my chest and sometimes

she'll swing around and try to latch on to my neck or something (laughs) so you get this little slobber on the side of your neck (chuckles) I mean it's you know it's just little things like that that are really cute that, uh, but, uh, the actual feeding I've really not had desire or you know, not feeling kind of that I'm missing out on something I guess is a better way to put it.

I guess maybe part of the whole thing goes back to I've probably spent more little bonding time with the baby and I tend to pick her up more and look after her more. I've done more of the diaper changes and the baths and everything else and so - I think because of that it's not like, you know, Erica's looking after the baby and I'm, you know, missing out on a lot of stuff and. Uh, you know, and maybe that's why I like to change the diapers and do the bath time more and that type of thing is because it sort of gives us each our own little areas that we're really good at or that we're used to doing or responsible for and, uh, I get that's probably one of the big reasons why you know, I'm comfortable with just Erica feeding the baby and I get the, the diapers (chuckles). So she puts it in and I take it out ... Through the day, Karen will have her quiet alert stages, through the day, and so you just sort of sit her, you know, sit her in your arm and she looks around just sort of watching what's going on. It's just very, you know, it's a nice little bonding time when you're just sitting there with them

Adam, who did not have the same flexibility with work that Alex had, acknowledged feeling like he was missing out on special time with Peter. At the same time he recognised that because he did not have the same quantity of time as Erica, he viewed his time with Peter differently.

**Adam Interview # 2 June 22, 2000<sup>9</sup>**

Caring for Peter for me right now consists basically of diaper changes when I'm home and a little bit of play before he starts making the, "I want to eat" signs, you know, the smacking and the sucking on his fingers and then it's all Erica. So I don't get that much time with him although, um, I did get to take him to the mall on my own for three or four hours in the Snugli last week-end which gave her a nice break and I plan to do that again Saturday if I can, if she needs the break, which I think she does ...

I already feel like I'm missing stuff. You know I came home today and he smelled great he'd obviously had a bath and I thought "jeez like another thing that I missed." It's so much fun to bath him just that his cord hasn't fallen off yet. But I am a little jealous because she gets to spend all day with him and because she's up all night but at the same time I'm kind of starting to think I'm getting the best of him because she's a little worn out of him now because she's, you know, caring for him constantly and I. I can't get enough of him... But it does seem, that way, that every time Erica has him it's always business there's never any pleasure.

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<sup>9</sup> A part of this passage from Adam's interview was previously used in chapter five as an example of how the father's past horizon was brought into the hermeneutic interview.



Aaron, who also had to return to work immediately after Peter's birth, found that early morning, just after Peter had fed and before he had to go to work, was a time when he could let Erica rest and have his time with Peter.

**Aaron Interview # 2 July 7, 2000**

I really like the time that we have at five o'clock in morning (chuckles) or three o'clock in the morning, if it's just me up with him. Like if Erica's fed him or whatever or he's just upset and wants to be up, then if I'm up with him and pacing with him or whatever. Then, you know, usually I'm telling him a story or telling him about his family, you know, singing songs or just you know, talking to him so that's kind of nice - it's kind of like our time.

*So you're able to find your own special time with him?* Oh yeah, yeah like yesterday morning was really nice. Like it was, like he was up from five until probably ten after six and I told him the whole family tree and what everybody's names were and how old they were, and my relationship what the relationship was to them and, uh, just the whole family thing. So that was kind of nice... how my parents were older and that Dad's [Peter's paternal grandfather] birthday is today, like July 7<sup>th</sup> and just, you know, just the whole like, you know, cause I've got two foster - a foster sister and a foster brother and a two sisters that Mom and Dad had. And so I was explaining that whole thing and that I had a niece that was older than me, and a niece that was a year younger than me (chuckles). And all those sorts of things, that was kind of nice. So he knows all about his family.

To understand the meaning of creating father-baby time in a breastfeeding world, it is helpful to remember Marcel's (1951/1943) dictum that human perspectives are different from biological perspectives, and his declaration that fatherhood "develops from what must certainly be called a nothingness (*néant*) of experience" (p. 103, emphasis in original), in contrast to motherhood, which develops from the biological experience of gestation and by extension, breastfeeding. To those who argue for formula feeding so that the father can participate in feeding and hence gain experience of the baby, Marcel's words may at first seem to support their view. However, Marcel also claims that because fatherhood arises out of a nothingness of experience,

We have to ask ourselves not only how this development can take place and work itself out, but, going further and deeper, whether beyond this initial blank we have not to discover ... a secret motion of the will which prepares for the initiative he is to take in the future (p. 104).

The experience of being a father of a breastfed baby means that the father develops his role through the initiatives he takes aside from feeding time to gain experience of the baby. Rather than interpreting breastfeeding in terms of a father postponing aspects of his relationship with his child as suggested by Gamble and Morse (1993), I suggest that fathers of breastfed babies may construe the repeated routines of feeding as business-like. Consequently, men see the time between and after feedings when the baby is awake and has other needs as valuable interaction time.

### Orienting and Re-orienting Relationships

In 1973 Raphael coined the terms “matresence” and “patresence” to signal the state of becoming-a-mother and becoming-a-father as new experiences. Like adolescence, matresence and patresence are biological and cultural phenomena. The transitions to mother and to father do not take identical paths even if the baby is not breastfed. However, breastfeeding does give the mother a different embodied relationship with her baby and also with the father of the baby. Consequently, the couple each have to develop their own relationship with the baby and re-orient their relationship to each other. Langeveld (1987) claims that in the bond of mother-child-father, the father is the “representative of the living experience of security” (p. 8) making it possible for the mother to be vulnerable. At the same time that he makes it possible for the mother to be vulnerable, the father also becomes anchored to the baby and becomes aware of depths within himself. Another Coleridge poem, *Frost at Midnight*, makes concrete this phenomenon. The poem begins at midnight with the child asleep in the cradle beside the author who is listening for the outside world so intently that he can hear the frost being laid down outside. The last stanza begins like this,

Dear Babe, that sleepest cradled by my side,  
Whose gentle breathings, heard in this deep calm,  
Fill up the interspersed vacancies  
And momentary pauses of the thought!  
My babe so beautiful! It thrills my heart  
With tender gladness, thus to look at thee,  
And think that thou shalt learn far other lore  
And in far other scenes! For I was reared  
In the great city, pent 'mid cloisters dim

And saw nought lovely but the sky and stars,  
But *thou*, my *babe*! shall wander like a breeze ...  
(p. 242,1968/1798)

As he sat listening he began to recognise depths within himself. At first he chafed at the confinement, but as the memories swept over him he experienced profound feelings of love for his child. The quiet reflective time changed confinement to freedom and ugliness to beauty, so that through the gift of poetry Coleridge gives us a lived experience description of the transformative moment in which his love for his baby finds a voice.

To understand the father's experience with patresence, the protective nature of his relationships and the developing connection with the baby, I now examine the language used by the men in describing various aspects of their transformation. At the second interview Abe explained that he was beginning to feel less fatigued. He also had identified that Peter's recent fussy behaviour was potentially food-related.

**Abe Interview # 2 March 23, 2000**

I, I have so mixed feelings over everything right now that it's, uh, the responsibility, once baby's there the concrete responsibility that you assume really overwhelms at first not so much now. And I'm comfortable with it now partly because I'm not as tired as I was same goes with Erica. But I've asked her, I've said "so how does feel to be the sole source of food?" and she agrees it's just overwhelming if you really think about it and Erica has to watch what she takes in because we've picked up that's probably what upset him those two days. Um I don't know. I know broccoli affects Erica with gas so I don't know with Peter that way but it's the only thing we could see that was different

Bart spoke about Erica feeling "like such a complete and utter failure" (Interview # 2, October 10, 2000) when breastfeeding was going poorly. He noted that the father needed to remain supportive during that time and that sometimes support meant not interfering. On having it acknowledged that watching Erica go through a difficult time was also difficult for him, Bart recognised that he too was experiencing a transition.

**Bart Interview # 2 October 10, 2000**

You know, I'd say more nights than not, there's the nights when, there's still little things that, you know, for me - where I try to say my piece bite off my

tongue for example, especially at night when she's tired too, she'll feed him and then he'll fall asleep, he's tired. So then she puts him down because she wants to sleep too and I'm always saying, "he's not full yet, he hasn't enough, so you're going to have to get up again. So why don't you feed him on one side and then go change his diaper or do something like that to wake him up and feed him on the other side, then maybe he'll be more full." And maybe, I try to get my little two cents in (chuckles). But it's hard to wake, you know, he usually falls asleep, he looks so peaceful and all that stuff, it's hard for her (said softly).

*And it's hard for you too in terms of it's not your body that's going through all this. That's right... Like when she was really feeling she had to feed the baby now - or well, when she was going through frustrations, or even now, if there are some days when he's not as easy to feed as others - I try to help but I often find myself, I just leave because I think I'm very frustrated because I don't know you know. I might think we're not doing this right or you're not doing that right. And I'd don't - I'd rather let her deal with it than stay there and criticize how she's doing it because she needs to be confident in what she's doing, so. You know I try to be supportive as much as I can. But when my frustration's at a certain level, it's better for me not to be there because she can tell.*

At times when Peter had been fed and was still really fussy, Ben could settle him more easily than Erica. In doing so and thereby coming to know Peter, Ben also learned something about his own infancy.

#### **Ben Interview # 2 October 19, 2000**

Believe it or not, the most difficult time to distract him from screaming is after our supper. He seems to go on a blat fit every night, and it used to be around midnight and now it's around 7:00, and that's much better. And there are only three things that seem to calm him down. One of them is me singing, and the next one is a very rattly fan in the apartment's bathroom and the other is going for a drive in the car now. I like to believe I know how to carry tunes, I'm not entirely happy with the rattly fan but I'm not sure that's but you know, I mean that's the only time that he seems to scream and cry without any visible reason about which we can do something.

*So you're able to calm him easier when he's like that than Erica is? Actually, yes and I don't know why. There's some irony in this. My father could not carry a tune in a bucket, completely tone deaf. Could not tell one song from another. And he - apparently the only thing that would keep me quiet when I was screaming and crying, as a baby, was for him to sing to me and walk me around the apartment. It's interesting that my son would have a similar kind of problem.*

As noted earlier in the chapter, when Karen was 20 days old, Barry and Erica were in the process of deciding to switch to formula feeding. Erica had, had a caesarean delivery and an unfulfilling painful breastfeeding experience. To help Erica overcome her feelings of guilt about stopping breastfeeding, Barry sought out information on the relationship of oxytocin to the let-down reflex.

## Barry Interview # 2 January 30, 2001

There were so many variables. It could be painful for the mother, the let-down, you know. Basically our baby was anxious for the milk. Colostrum was - it was - the milk was coming in I guess late, and it was just sick of colostrum, it didn't want colostrum, it wanted milk. Uh, can I give you a pet theory of mine? Erica wasn't giving up contractions, her body was not one to give up contractions a lot very well, so you know everything was tablet or drip whatever - and of course, near the end, they couldn't turn up the drip because uh the fetal heart rate was going slower, so basically with contractions, was turning - so the turning wasn't complete.

They said, okay - they did whatever. So she doesn't give up contractions well and the milk letdown didn't happen 100% and on some of my research, I found out there is a common thing for that - and that's oxytocin. So we thought about perhaps finding out if there's a way to supplement oxytocin in her body - keep it going. And we didn't want to mess with that. But we think that's probably the common issue is going on - because her letdown wasn't - no she didn't feel full, then slightly soft - then full no, she wasn't getting that. In fact, she was losing bra size, so we knew that the signs were all there - like it's, it was pointless to continue with this. So that's what made our decision. I just want everybody healthy and happy.

Barry's search for an explanation for a low milk supply reflects a North American societal expectation that the role of the father is to support the breastfeeding mother. In previous centuries, when formula feeding was not an option, such information was also necessary and frequently came from other women. In the late 19<sup>th</sup> century such information could be found in general household lore.

Independently of its invigorating influence on the constitution, *porter exerts a marked and specific effect on the secretion of milk, more powerful in exciting an abundant supply of that fluid than any other article within the range of the physician's art*; and in cases of deficient quantity, is the most certain, speedy and healthiest means that can be employed to insure a quick and abundant flow (Beeton, 1986/1859-1861, pp. 1085-1086, emphasis in the original).

### Being a Bystander - Creating a Niche

In the initiation phase of breastfeeding, as was noted earlier, fathers face the dual challenge of balancing support of their partner's time-consuming efforts at breastfeeding with their own desire to get to know the baby. In keeping with Langeveld's (1987) notion role of father as protector of the caring relationship between the mother and child, fathers build on their commitment to assisting in

making breastfeeding work by moving from *being a bystander* to *creating their own niche*. Speaking in terms of biology, lactation is something that the mother and baby do and for which the father is unnecessary. So in terms of biology the father is a bystander or “one who is standing by; one who is present without taking part in what is going on; a passive spectator.” A niche is “a place or position adapted to the character or capabilities, or suited to the merits, of a person or thing.” If one only looks at the outward manifestation of the bystander role it may seem that the father is passive. However, outward appearances do not describe the range of emotions that a father may be experiencing and how this plays a role in how he *creates a niche* suited to the his temperament, the time and place.

Alex described his experience in terms of a transition after being an active participant in labour. Having specific tasks associated with getting the feeding established helped him to feel less a spectator and more a part of the feeding process.

**Alex Interview # 2 May 9, 2000**

Basically it stems from the same source that we – ah, feel a little bit helpless that there’s something going on and you’re used to being a significant part of it is. But now all of a sudden you’re basically just an observer and bystander but, uh. And there’s still lots of things, you know still quite involved with the whole process in the sense that you know, if I’m around I’m the one that changes her beforehand and you know, wraps her up after she’s done and that type of thing. Sort of in the ten steps of feeding a baby, I’m involved in quite a few but just sort of that those few central key ones. In the middle you sort of step back and relinquish control of the whole thing over to her to let her know that is - she knows how well it’s going she’s knows that.

I think generally, even now when I’m around I usually still hold the baby’s hands. Just because they like to you know, like I mentioned she loves to suck on things and, uh, if her hand hits her mouth, you know, she’ll just swing right around and sucking on her fingers and that type of thing. And, uh, so even now I generally hold her hands away so that she doesn’t distract herself and, uh, I guess that’s - it’s nice at least you know, feeling that you have a part, and you can help out with that. And, uh, you know the other nice thing is, from time, if she comes off and Erica’s putting her back on she’ll call out and ask me to go and give her a hand to put the baby back on so, you know, it may be a small little thing but it makes you feel that you’re needed and it’s good to know that you’re actually helping out that it’s not just a little token, you know, “come here and I’ll let you hold her hands while” (chuckles).

Ben recognised that what Erica needed from him was faith that breastfeeding was going to work. To do so meant learning to listen instead of offering an immediate

solution to the problem. In addition, although he admitted to normally being oblivious to housework, he found himself taking on more because he saw it as a way of contributing to her ability to breastfeed.

**Ben Interview # 2 October 19, 2000**

I got up this morning they were lying together in the bed versus sleeping, she was just too tired to get him back in the middle of the night kind of thing. And you know, I knew that there was a kind of like - one of those mysterious moments where you kind of realize - you know - mother, child, family - I would say that the overall experience - birth and breastfeeding - thing has given me a greater admiration for what they go through and birth ... And you know, I mean like the devotion - I mean the time and effort she's totally tied up in Peter. I would not want to be tied up like that. Erica says I'm a very self-centred person. I wouldn't be a professional academic if I wasn't - I mean that's the training, you know. She's often complained that I think the only work really worth doing is scholarly work, and it's probably true. I mean, I accept the scholarly life as a vocation equivalent to a priest, and that kind of devotion and that it always should be number one... But in my head, you know, once your priority is of work, household stuff is pretty much at the bottom, so what I'm finding, of course, is just to be a father I have to spend a lot more time hanging around, you know, hurrying up and waiting for Peter and Erica servicing Peter than I certainly realized I would, in spite of the fact that people tell you that it's going to consume a lot of your time.

I don't do very much of it [housework], but what little I have done of it, that's been motivated by that kind of feeling and I've got positive feedback from Erica saying, "I'm glad you did because it means I didn't have to do it. I'm glad I didn't have to ask to do it"... Men do not worry much about the state of the house. They can be slob, and I'm a slob, and I'm a slob with other things to concern me. So, most of time she has to ask me to do things. But there is a certain satisfaction in being able to participate by doing that ... And in fact when I have, you know, when I've not gotten my pipe - as I did a couple of nights ago because I spent so much time being on the periphery of helping with Peter - I felt very noble about myself.

Brock was worried for Erica when a nurse was clearly impatient with the time it was taking Karen to latch. As a bystander he found this frustrating. At the same time this experience helped him to understand how important it was for the father to be supportive. Consequently, at home when Erica began going to another room to feed in the middle of the night so that Brock could sleep undisturbed, he took an active role in urging her to stay and breastfeed where he could be of assistance.

**Brock Interview # 2 November 8, 2000**

Some nurses were extremely patient, and some nurses got very frustrated, more frustrated than we ever got. They would sigh, they would want to do something, try it later - stop, whatever - it was. I found that very frustrating. I don't think I was worried very much about myself, but about Erica. I thought it

was going to be - it was not going to be very helpful in her keeping on with breastfeeding...

The nurse we had the day before we left, she had a lot of trouble on Monday morning getting the baby to latch ... but that nurse was - yeah, she wanted to abandon the project for sure. The non-verbals definitely said that. And she - and I found her to be not very at ease with the baby or with mom. You know, with the mom - I mean, and she was kind of rough in the way she handled - but that's - bad day, long day - I don't know. *But as a father standing by watching that, you're saying that you were worried about Erica?* I was. And I was surprised at how she kept her composure...

I guess I was expecting a much quicker fix than we got. Now, is there a quick fix? There's not a quick fix - I mean it's just - it just takes time but I mean everybody involved has to basically resign themselves to that fact, right? *Did anybody pay attention to your needs during that period of time? Did anybody talk to you about what it was like for you?*

No, no. I'm not a - Erica - I think Erica's always been mindful of me, but and often what I'll do is when she's finished nursing, I'll burp the baby and sit with the baby. And even at night - what she'll do is she'll nurse the baby and then she'll - she used to go out to the living room and sit in the easy chair and nurse the baby, to try and keep her quieter. And I said, "Erica - that doesn't make any difference. Do it here." So then she'll hand the baby over and I'll try to burp her and get her settled back down so Erica can go back to sleep. Sometimes it works, sometimes it doesn't (laughter).

But it's - it's more involved than I expected. I have to honestly say that. It takes a huge commitment to keep breastfeeding up, that's - like you've really got to be committed to the idea. Or it's really easy to give up on it. I can see why so many people give up. Actually there was an interesting statistic in the paper last week - was it the *National Post*?<sup>10</sup> A study out of the States where - that was in Saturday's paper - a study out of the States - Pennsylvania - and most women gave up breastfeeding because they didn't think that the fathers liked it. Which I thought was a very interesting article, considering your research.

Zaner (1964) teaches us that "having is essentially a *relation*, between what is had and a haver" (p. 25, emphasis in original). In the early days of patresence, one question facing the father is, "what does it mean for this baby to be mine?" So having a baby means developing an understanding of the relation between the baby (what is had) and the father (a haver). Moving from *being a bystander* to *creating a niche* is one way for fathers to understand this relation. Doing so is a process intricately tied up with the meaning of breastfeeding, the way in which the father perceives and adjusts father-baby time in a breastfeeding world and the way in which he orients and re-oriens his relationships. In the process of moving from *bystander* to the breastfeeding to having a *niche*, the father of a breastfeeding baby

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<sup>10</sup> A national Canadian newspaper



develops a sense of what it means to have a baby. Lawrence provides the words to help us clearly understand this phenomenon.

Sometimes in the night, the child cried and cried, when the night was heavy and sleep oppressed him. And half asleep, he reached out his hand to put it over the baby's face to stop the crying. But he arrested his hand: the very inhumanness of the intolerable, continuous crying arrested him. It was so impersonal without cause or object...He learned to acquiesce to this, to submit to the awful, obliterated sources which were the origins of his tissue... He became accustomed to the child, he knew how to lift and balance the little body. The baby had a beautiful rounded head that moved him passionately. He would have fought to the last drop to defend the exquisite, perfect round head (1976/1915, p. 211).

### **The Breastfeeding World as Commonplace – A Familiar Horizon**

The healthy newborn may take from birth to 48 hours to establish breastfeeding, that is, to show regular cues for feeding and to succeed at latching and suckling at the breast with a minimum of help (Storr, Butler, Newman & Watters, 2000). It may then take another six to eight weeks for the mother-baby couple to establish the synchrony at the breast necessary for breastfeeding to become second nature (Newman & Pitman, 2000, Riordan & Auerbach, 1999, Storr, 1995). This period of adjustment can be particularly challenging if it is accompanied by physical discomfort and worry about the adequacy of milk supply, common experiences in North American society (Maclean, 1990). The effect of physical discomfort and the perception of insufficient milk is compounded by the intensity of the time commitment, the unpredictable nature of feeding times and maternal fatigue. There is a range of experiences during the early weeks of breastfeeding and the ease with which the mother-baby establish breastfeeding synchrony is a major factor in the meaning of being the father of a breastfed baby. Pears (2002), in descriptions of three different mornings, vividly demonstrates the variability of the lived experience for a father when a baby is breastfed.

First thing in the morning I lie with my son beside me and make notes, calculations, plans. My brain functions well before dawn,

with a first cup of tea. I'll be on the bed in the spare room having brought John Junior there after his last feed, at 5 a.m., so that his mum can get some undisturbed sleep. Undisturbed by my snoring, his snuffling and squeaking, her restless men. John Junior moves in his sleep... and suddenly he's up against you... He appreciates the reassurance of a human being's pulse, the touch of our skin, our body heat (p. 98).

My wife munched her toast, sipped her tea, between sentences. Our son was at her breast the whole time. She's amazing (p. 122).

While the day slowly dawns outside I can be found lying in the spare bed beside John Junior with a mug of coffee. Smooth Columbian. I need it, I'm yawning, when John J's had a bad night. And you don't know what a bad night is until you've had a baby. It's one of the banal revelations awaiting. There are others. To be honest, I wouldn't mind apologising to those acquaintances over the years who'd say of their crying infants, 'I wonder if she wants a feed now?' or 'Does he want a walk in the sling?'

I'd think, How can you not know, you idiot, isn't it straightforward enough for you? How much more simple can it be than this tiny blob of primal needs? He/she/it needs to eat and excrete and sleep and, yes, to be caressed and held and entertained. I mean if the babe's unhappy you have a limited number of choices. Choose! ... Now I know better and I'd like to say I'm sorry, I really would (pp. 123-124).

### The Meaning of Breastfeeding

When breastfeeding synchrony is established the world of breastfeeding becomes familiar or *commonplace*. When breastfeeding synchrony does not occur or is slow to happen, the absence or projected absence of mutuality in breastfeeding alters the experience of breastfeeding becoming *commonplace*. It either happens more slowly or not at all. In such a situation the transition to breastfeeding is unpredictable. The experience of the uncertainty that accompanies change is a not an uncommon human experience. In the well-known children's tale, *Alice in Wonderland*, after experiencing several changes in size, Alice expresses the almost universal feelings of uncertainty that accompany unpredictable transitions (Carroll, 1992/1865).

Let me think *was* I the same when I got up this morning? I almost think I can remember feeling a little different. But if I'm not the same, the next question is "who in the world am I?" (p. 15, emphasis in original)

I know who I was when I got up this morning, but I think I must have changed several times since then... "I can't explain *myself*, I'm afraid, Sir," said Alice, "because I'm not myself you see" (p. 35, emphasis in original).

How puzzling all these changes are! I'm never sure what I'm going to be from one minute to the next (p. 43).

The *it's her body and our baby* phenomenon I described for the prenatal period and initiatory period of breastfeeding continues to shape men's experience. Some women who experience insurmountable difficulties with breastfeeding never reach the state where the breastfeeding world is *commonplace*. Even if the process of breastfeeding becoming *commonplace* is only a few weeks, a few weeks of 8-12 feedings a day adds up. Although McCaffery's editorial in *Canadian Family Physician* is 18 years old, what she says about breastfeeding being hard work is timeless. "It only gets easy after the time when those who are going to stop have stopped – they never get to know the easy part... after all, when you're semi-comatose from lack of sleep, how many religious experiences can you have?" (p. 1441).

Matterson's cartoons (1990), as always, offer us a comical view of the father's world. I include a description of two which are particularly apt in the transition period before breastfeeding becomes *commonplace*. In the first, we are shown a couple with a crying baby. The mother holds the screaming baby over her shoulder. The father is standing beside her looking completely bewildered as the mother says, "The more he cries the less milk he drinks, so the less milk is produced, so there's less for him to drink, so he cries because he didn't get a drink. Do you understand that?" (p. 32). An image simultaneously capturing the life-world of mother-baby learning and the life-world of the father's return to work is shown in a second cartoon. The mother is positioned face down in an armchair, feet positioned up against back of the chair, one hand braced on the floor and both breasts hanging

over the edge of the chair. Her second hand is holding a baby who is semi-upright and feeding off the breast. The father is shown dressed in a suit with a briefcase in his hand, either ready to head off to or just returning from work. The mother says to him, "It's the only position she's been happy to feed" (p. 60).

The experience of the father of a breastfed baby continues to be a complex one. Furthermore, it also continues to be based on beliefs about the value of breastmilk coupled with new linkages of lived body, lived space and lived relationship over the time that breastfeeding either becomes *commonplace* or breastfeeding ceases. In returning to the language of the men in the study we can hear similar language to the description of lived experience expressed in the various literatures.

### *Breast is Best and Formula is Acceptable*

Continued difficulty with breastfeeding after discharge from hospital, the time demands of ineffective feedings and the belief that the baby has received the benefit from the colostrum create a situation where formula feeding is viewed as a better alternative than persisting with breastfeeding. Aaron and Barry were both pleased that their babies received the early immunological benefits of breastmilk and were supportive of their partners' decisions to switch to formula feeding. Aaron recounted a story of how Erica's family had encouraged her to give bottles because of the time involved in breastfeeding.

#### **Aaron Interview # 3 September 1, 2000**

Well while we were home we increased the number of bottles - or I should say Erica increased the number of bottles, depending - well not really depending on anything - just started to increase them... It's - like hopefully - Peter's gotten whatever he can from it that, uh, and I suspect bottles will be able to carry on from there on because of the immunity that the mother's milk provides in the first few months...

Actually, one of Erica's parents said - you know, "give up that old breastfeeding way and put him on the bottle because he spends a lot of time" - actually that was before we went to [name of province], because she had been spending a lot of time just breastfeeding and wasn't able to do anything else and so, just for that reason alone.

*How did you feel when her parents said that to her?* I don't know, I just laughed - that was it. It was just - I didn't really feel anything I guess. It was just a comment, that's all. *You didn't view it as not supporting breastfeeding?* Oh no, like she was supportive, it was just but I understood where she was

coming from - saying that, you know, if Erica was spending a lot of time breastfeeding, then it was taking away from other things. Like just being able to do anything really, because she was spending probably up to eight hours or nine hours a day breastfeeding. And that's a lot of time, especially if you don't sleep in between, uh, when the baby's sleeping so it wasn't.

As noted earlier in the chapter, Barry and Erica had decided after struggling with persistent sore nipples that Erica should switch to bottle-feeding. After a few weeks of seeing the positive effect of the switch on both Erica and Karen, Barry spoke in concrete detail of the challenges faced when breastfeeding does not become *commonplace*. Although the passage I have included from his interview is long, it illustrates the complexity of the lived experience for the father when he faces the prolonged situation of an unsatisfied baby and a mother putting considerable effort into breastfeeding for very little reward.

**Barry Interview # 3 March 13, 2001**

*So what was it like for you when Erica was having these difficulties? Well, I - you feel kind of helpless I mean even though we're not, you know, hanging off each other - you know, like a bunch of 20 year olds in love or something like that. We're, we're totally linked - we call each other several times a day. So we're totally linked to each other and if, uh, she feels like crap, it affects me obviously too. And obviously the baby's - I mean in retrospect - you would say the baby was fussy, but it wasn't, it was just hungry. You know. Uh, but for her to, uh - I didn't want her to feel like a failure. That's basically the bottom line because it was nothing she was doing. She was doing everything she could, there's no two ways about it. But I could see the frustration and the crying - the crying away from the baby obviously. And there, uh, was nothing I could do except help her position stuff, do some burping, that's about it I guess.*

*So a pretty powerless feeling for you? Uh, yeah, the only thing I could do is a comfort thing. I couldn't help - I mean, she used to love her sleep before she got pregnant, you know. Through the week, at least nine hours a night, and then on the weekends, a good 10 hours sleep or something like that. So that now, of course, that's shot - well it was shot then and, uh, she, she saw no end in sight. Because if the baby doesn't get enough milk, well, then Karen wants to eat again and it's not within a two-hour period, it's sooner. So it's a horrible cycle going on and then the thrush kicked in. Uh, well, I don't want to say horrible because when she had a good day or the baby would have a good sleep, her spirits - well, Erica's spirits would jump up quickly and I respect her for that. That's, uh, she's a strong woman. But, we had to find a solution... I mean - when I say - there are good times - I mean, like what I meant was, she once every - six feedings, let's say, the latching on wouldn't be so bad and Erica would actually play with the baby and the baby would actually eat and stuff. Little did we know that uh, even after she went on both sides - let's say 20 minutes each or half an hour each even - that it was never enough. So whether some good moments were there or not, that aft milk just wasn't getting there so - we were headed that way.*

*I'm just wondering if - if having some good things didn't sort of give a false sense of "oh now it's going to work" and sort of then it came crashing down afterwards when it didn't work? - It's basically, uh, my wife was - the good times were not enough to counter the fact that she was getting zero sleep and the baby was crying a lot. Uh, well crying a lot - or fidgeting - whatever, and we felt helpless. We're new parents and we don't know, we don't know all the comfort factors and we thought we had a fussy, colicky baby. Which you don't know anyway - you don't know that until six weeks later, which we don't have a [fussy] baby - but all it was, was hungry. And no I don't think that having a few good feedings in between a whole bunch of hell would - a few good feedings being a few good latches and you know, and caressing moments, like you know with the baby - it wasn't enough to, uh, save the fact that mother was exhausted and drained... She had hope and she wanted desperately to get all the antibodies and all the good stuff that breast milk does. I mean it was and all the books - now, of course, you know, the big theory - the big feeling is that it's the best thing you can do. It's the only thing you should do, and yes, that stuck in her head so we kept wanting to have hope, but at some point we sat down and - you know, I was sick of seeing her [Karen] cry and then just falling asleep at breastfeeding and stuff like that. And uh, finding a solution- uh, we were topping up anyway. Once we figured out - they were doing at the hospital and that once we figured out that when we topped up she slept for longer - wasn't nearly as fussy - the decision wasn't too hard to figure out...*

I couldn't - I mean it wasn't my decision. Don't get me wrong it's not my decision. I support whatever - whatever is good for mother and baby. And this was good for mother and baby... We phased it out, we were in fact worried about nipple confusion and, uh, there was a bit like you know, on the bottle "I can just hang around and flick it around do whatever." Well, she would do that with the mother as well, with Erica as well. Like, you know, she needed that, but the pain and the blistering and everything - uh, but the weaning went very well and except maybe some guilt from the mother's side. No, no I think - no, I think we got what we wanted. I think we don't feel bad at all about it. I mean we think we got the antibodies and the colostrum, I think it was called - at the beginning. Which she needed and I think - I mean, I'm 38, I'm bottle fed, so are my four brothers and sisters - you know, and so's my wife and her family, so that didn't bother me at all. But she felt a little guilty.

Aaron and Barry's experiences are not uncommon in a context where breastfeeding protection is given a low priority. Both mothers had unexpected caesarean deliveries and the babies were exposed to the practice of topping-up in hospital. Aaron and Barry's descriptions are interpreted based on my lived experience and knowledge of breastfeeding. When nurses introduce formula as a solution to breastfeeding problems, they solve the short-term problem while simultaneously initiating a cascade of problems for the breastfeeding mother-baby-father triad. Without having the benefit of seeing Erica and Peter or Erica and Karen breastfeeding, I can only speculate from my clinical experience that both mother-baby couples had a poor latch. In Erica and Peter's case, a less than optimal latch could account for the sore nipples Aaron reported as still present at one month and the over-length feedings

still occurring at eight weeks. It is well established in the professional healthcare literature that an ineffective latch leads to sore nipples, a diminished milk supply and overlong feedings (Hill & Humenick, 1989, Inch & Fisher, 1999, Livingstone, 1990, Newman, 1986, Riordan & Auerbach, 1999). Erica's sore nipples and the overly long feedings were part of Aaron's lived experience of breastfeeding. His lived experience may well have been different if Peter had not been topped up in hospital.

Barry's lived experience was a prolonged situation of a continually fussy baby and a partner with nipple thrush and intensely painful nipples. Erica's development of nipple thrush does not surprise me because she had several of the risk factors including damaged nipples, recent antibiotic use by mother and/or baby, history of caesarean delivery, fatigue and a history of thrush infections (Amir, 1991, Johnstone & Marcinak, 1990, MacDonald, 1995). Early introduction of rubber nipples is a significant factor in the aetiology of sore nipples (Newman, 1990, Woolridge, 1986) yet Erica, Barry and Karen did not benefit from practices to protect breastfeeding by limiting the introduction of early bottles. The early preventable damage to her nipples from introduction of rubber nipples, combined with her risk factors for thrush, made her a prime candidate for development of thrush post-hospitalization. Like Aaron, Barry's negative lived experience of breastfeeding was iatrogenic and preventable. Suck retraining can be used for an ineffective latch, and finger or cup feeding pumped breastmilk is the preferred way of administering nutrition until the baby successfully latches and initiates sucking and swallowing (Riordan & Auerbach, 1999).

In chapter three I indicated that the Innocenti Declaration and the Baby Friendly Hospital Initiative comprise an international approach to balance breastfeeding promotion efforts with efforts that support and protect breastfeeding practices. However as Inch and Fisher (1999) state, in reviewing the background to the widespread professional acceptance of complementary or supplementary feeds, "unfortunately artificial feeds are seen as a panacea for breastfeeding problems and have been since 1900!" (p. 436). Frequently hospital nurses never see the impact of

their indiscriminate use of top-up feedings. I include a passage from Barry's interview revealing his experience at eight weeks, a month or more following the switch to formula feeding. In chapter eight I discuss the impact of this type of response on me as a nurse and as a researcher.

**Barry Interview # 3 March 13, 2001**

I wasn't going to sit back and watch my baby suffer. And neither was my wife... Can I ask you a question? Why were they topping the baby up with Similac at the hospital? We got all these nice from the Similac company – glass jars – you know, the four ounce jars glass – you know – fairly – not the ortho nipples that we like. But they gave us all this stuff, and, you know – even sugar water once in a while. Well, “hey I'm confused now.” You know, if everything's so complete and wonderful – why do we need all this top-up stuff?

*Breast is Best and it's Her Decision*

When the breastfeeding experience follows a normal course of an initial learning period followed by relative ease of latch and suckling, it is easier to focus on the other aspects of breastfeeding, and consequently, other aspects of being a father of a breastfed baby. Abe and Erica agreed that in the early days of breastfeeding caring for Peter during the day was her job and when Abe came home from work he would look after meals and housework.

**Abe Interview # 3 May 5, 2000**

I wanted to take on, I knew she was tired from the breastfeeding and so and I wanted to take care of Peter. And I wanted to do more so I was kind of I'm happy to more. I started doing the cooking and all the groceries and things like that and we both liked that because it gave Erica that little bit of relaxation for about two hours. “Okay Abe's home now” and so, uh, I could just hold baby, just hold the baby. Or he really likes his car seat I'm not sure why (chuckles), or she would put him up in his car seat and just sit down and watch TV and really zone out. Or I'd pick him in the car seat and put him in the kitchen while I'm making food and ... [it] was nice especially when he starts cooing.

Alex had described playing more than a token role in getting breastfeeding successfully initiated. The relative ease with which Erica and Karen established breastfeeding synchrony meant that for Alex breastfeeding rapidly became part of their daily life.



**Alex Interview # 3 June 7, 2000<sup>11</sup>**

*So are you feeling as much a partner now as you were at two-three weeks? Uh I think it's more an overall, uh, sort of stepping back a little bit. Just because, uh, in the - initially I took a lot of time off from work so I had a lot of time to help and that. Whereas now, uh, Erica's doing more at night because I have to get up to go to work earlier. And I don't think it's as much not helping with the breastfeeding as much as just not helping in the overall care quite as much. Erica's you know, when I, uh, when we first started I did all the diaper changes and that type of thing whereas now Erica is doing more herself. We're sort of evening out a little bit more to the point where she's probably doing a little bit more ... Even when I'm home just because I've got other things to do now when I'm home that I haven't had a chance to do. So it's uh, it makes me step back to look to make sure that I'm still doing my share. But, uh, it's - so I guess overall there is some bit of a withdrawal from the whole process for sure. Erica certainly (chuckles) makes sure that I, uh, you know, if I don't click with something that she'll ask me to do something if she wants to do something else.*

Overall there's still - I'm quite active in the whole thing ... sort of watch the clock so that I know when something, you know, if she's going to feed and I want to be a part that type of thing, I'll be back either in the house if I've been out mowing the lawn or something like. Or to be in the general area if I'm in another part of the house doing something so I do have to. Uh, take a little bit more of a conscious effort to, uh, basically be around for a while at this time just because we let some things slide when she was first born and everything - all the priorities change...

[Breastfeeding] is much more - commonplace, you know it's not really a big deal at all now. It's just very, you know, very much a part of our day-to-day activities as going to the bathroom or getting a meal. It's just a, you know, I guess we are getting a meal. It's very, very laid-back, very relaxed. Once in awhile something will happen where it sort of makes you realize it's not quite as - common as you're getting used to. For example, if - if the paper boy comes to the door then, uh, before you go to answer the door you generally make sure there's a receiving blanket near by so that if he has to come in Erica can just throw a blanket over herself. But for the most part so it's happening six to eight times a day you get used to it quite quickly ... Now it's just a very common, it sort of surprises me how used to it we've become it's just we don't even think of it really

Carl described how the couple dealt with the challenge of Karen's discomfort from gas and fussiness between feedings.

**Carl Interview # 3 May 18, 2001**

*What was it like for you when Erica was having the trouble trying to get Karen settled, you know you were saying that up until Erica started expressing off a bit of milk, Karen was getting so much foremilk that she was fussy. What was it like for you during that time?*

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<sup>11</sup> A part of this passage from Alex's interview was previously used in chapter five as an example of how the father's past horizon was brought into the hermeneutic interview.

Well, uh, a bit stressful I guess you know, more worried about - I knew the baby would be okay and that. Obviously I was concerned for her but more worried about Erica that she didn't get rattled too much you know. I tried to help her out, we, it seemed the only thing that would settle her down would be maybe giving her a bath maybe, I guess, taking her mind off it. Or strapping her in the car seat after supper and taking her for a little drive, down to get an ice cream or what ever, a little simple drive like that and I mean it seemed to help... Erica relied on me to come home at night and give her a break and that's why when I went away last week she was a little bit apprehensive about that and kind of worried about it. But she got through it was the main thing. She got through it okay and it wasn't easy I mean she housework and dishes and things like that. That I usually do...

It [pumping off some foremilk] worked, it seemed to work fine I mean I think it's a lot easier on Erica too and it's funny now because when Karen gets hungry and she starts to cry a little bit and Erica expresses the foremilk the sound of the pump, Karen stops crying. She knows - I think she's got it figured out now that she's about to be fed

Breastfeeding is more demanding for the mother than the father. As can be seen from Abe, Alex and Carl's conversations, easing the responsibility on the women helps to preserve the woman's decision to breastfeed and gives the father a feeling of satisfaction. The language used in Pears' novel expresses how anticipating a baby's need for feeding and easing the burden on the mother, by taking the baby to her can give a father satisfaction.

Our son needs to wake and when he does I'll scoop him up before he becomes conscious of his empty stomach, and I'll carry him through to his sleeping mother. She'll wake even as we approach the bedroom, already heaving herself up on her elbows by the time we reach the bed; he groping for the feeding pillow, and the muslin with which she covers her spare, leaking breast. By then John Junior's hunger will be making itself known to him, but the sight of his mother will counteract this signal, and he'll smile at her as she sleepily greets him - "Hello, gorgeous," - as I pass him to her. His smile will engulf her nipple. He will guzzle from Lily's full breast.

This morning he needed to wake, but couldn't. He began to flail as if drowning in sleep. Our son could do with some help. I leaned over him and whispered, "My darling, calm yourself. The day awaits, a life awaits you, the world is yours for the taking." I kissed his forehead. Wake up, my beamish boy. Wake up' (2002, pp. 226-227).

### *Breast is Best and it's Our Baby*

The process of the mother and baby establishing breastfeeding synchrony, whether or not it is successful, can help fathers focus on the *it's our baby* side of the belief that *breast is best and it's our baby*. Bart, Ben and Carter all had different experiences and thus expressed in different words the way they experienced this phenomenon. Bart noted that Erica knew Peter's needs better than he. While somewhat disappointed in this, he also was able to identify that this did not mean Peter was unresponsive to him.

#### **Bart Interview # 3 November 13, 2000**

She's very confident now - like she knows, and I find myself asking her - you know, "do you think he's hungry or?" She's really in charge of him. She's the one that knows what he needs and what he doesn't need - definitely more so than I am. *How does it feel for you that she knows those sorts of things more so than you?* Um- it's a little disappointing I think, because that's not how I thought. I thought I'd be a lot more knowledgeable I guess, but you know, logically, it only stands to reason - she's the one who is feeding him so. She's with him all night - I work all day and, she's with him all day. So I mean it makes sense. So when I look at it more logically it doesn't really, it doesn't really bother me that much. You know, when there's something wrong with him and he's fussy or whatever, and I don't know - that's always frustrating. But I think that's frustrating for her - it happens to her too. It's just that I don't see that, because I'm away a lot. So it's not so bad.

*So, would you say that you feel you're developing a relationship with him?* I think so. I was away - the first time - anyway, I was away for three or four days and then I came back and I had this feeling he wasn't going to know who I was. You know, I was worried about that when I came back. Because she'd been with him and she's with him all the time anyway, and I thought, "he's not going to know who I am when I come back." And I had sprained my ankle so I was on crutches for a week and then limping around for another week, so I wasn't really able to do anything with him. And then it was right after that, that I was away, and I guess all of that combined, I thought - "Oh no! He's not going to know who I am." But he does. It was a coincidence that the very day I came back I was in the room, and I don't know who it was that was holding him. Anyway, I was talking to somebody else sitting beside him, and his head was searching - I can't remember, don't know who it was - anyway, I remember her saying - "Oh look! He's looking for his dad, he hears your voice." That made me feel really good, that made my fears get rested a little bit. *Yeah, you need those little sorts of concrete things. That he does know you and that he's your baby*

You do. Yeah. Absolutely. But, you know I'm feeling pretty - I mean I definitely think that he knows who I am and there's a bond there and all that - because that was a big fear of mine before the baby was born - is what happens if - I mean it's really easy to say you're going to have this baby - but it's a stranger until it comes out and what happens if there's no connection there? I looked around I used to think about it, you know - just - I know everyone says it's natural and it happens. And I've heard people say that you know, "it wasn't

as natural as I thought it would be.” And I was kind of worried about that, but that was - that happened quite quickly.

Ben described how his “either/or” approach to being with Peter and Erica during breastfeeding bothered Erica and how the couple was dealing with this. He also indicated that the breastfeeding had not limited his ability to have meaningful interactions with Peter.

**Ben Interview # 3 December 1, 2000**

Now Erica will complain that when she starts breastfeeding, I will either get up close to be close to her, which will irritate him - or I just leave the room. “Okay, you’re doing this, fine I’m going to do my thing now.” And this seems to bother her. Like last night, instead we sat around and discussed organizing one of her courses - with me standing back far enough that he wasn’t looking at me and being - that I was there talking to her...

For my part, I would think that my feelings toward Peter have grown. I see he’s become less abstract and more real. Um, he’s at the stage now where I can talk to him, play with him and he responds very strongly. He will talk back at me, he will giggle and gurgle and laugh and he’ll almost take the initiative in accelerating the emotional level. It’s very clear that he’s enjoying himself. And I really like doing this. And Erica has even said, “how come he does it more with you than me?”

Carter was extremely disappointed when Erica chose to stop breastfeeding without discussing it with him. After two weeks of breastfeeding, Erica fed Karen a combination of pumped breastmilk and formula via bottle. By five weeks she had completely stopped breastfeeding. The passage is lengthy, nonetheless it is included to illustrate the very intense emotions a father experiences when, he strongly values the benefits of breastmilk, and, the mother has ceased breastfeeding.

**Carter Interview # 3 February 27, 2001**

Once she started pumping, once she got that quantitative measure, she just said, “oh well I’m just not producing enough.” Well, we understand there was a difference between the way the baby suckles off the nipple and the way you pump, but at the same time, she figured that - I guess that didn’t factor into her way of thinking because of it. We figured, you know, that she wouldn’t produce quite as much pumping. But at the same time, you know - she was happy with the 50/50, you know, it’s like - “This is great.” I figured as long as Karen was getting breast milk, this was great, you know if we have to supplement a little bit that’s fine. And within like the last week or two Erica just kind of weaned off - and she never really said anything. Like she never really gave me input on that - you know, until one day, I just said “Well, are you getting anything?” - and she’s like “No, no I’m not”. It’s like “Well jeez

you know you could have discussed this a little more with me, I would have liked a little more input.”...

By the time I get home from work, I usually do a feeding as soon as I get home from work – it’s kind of the schedule she’s on – and I do another feeding at like 11:00 or 12:00 – then I’ll do another feeding at like 3:00 so I was around for like three feedings ... Karen’s not on a real good schedule yet – like she’s still up through the night and stuff. She’s not sleeping through, but you know, for the most part – I have no idea how much she’s eating, when and how often she’s eating...

But I think Erica just found her days very busy and just the entire baby adjustment thing, and being home all day and the lack of adult contact so much through the day, I think she was just struggling with that a lot at first too. So, you know, like she said – “Well, jeez I don’t have time to do this or that.” It’s like I’m thinking – “Don’t worry about laundry and dishes and that stuff – I can do that when I get home from work. It’s like your focus now should be on feeding the baby. If we’ve made this commitment to do the breastfeeding thing, I realize that this is what you do this is your job” basically because it’s almost like a full time job for the amount of time. It’s like you know, “So don’t worry about anything else.” But she wanted to do everything – she wanted to cook, she wanted to clean, she wanted to do the dishes and you know, feed the baby and this and that. She just found her days really long and hard.

*And hard for you when she isn’t able to accept your help? Yeah, yeah. You know, like as much as I wanted to help – I tried to be as passive about it as I could. Because I didn’t want to stress her out, or really drive her away from doing that ... So it’s hard – it’s a hard balance to know when you should push and when you shouldn’t – when you should give input and when you should just sit there and nod and comfort. But in the end it didn’t matter. It wouldn’t have mattered what I said – I don’t think. I think in her mind she just thought that this was better this way – just on quantity alone – that the baby was getting more. But the baby had a really fussy week and I think that really threw her off, because the first couple of weeks, she was so well behaved. But, you know, the books say – they need two weeks of sleep just to recover from the birthing process.*

Pride and disappointment are common human emotions. Bart and Ben felt pride that their babies received the benefits of breastmilk. Carter was disappointed when his baby was denied the benefits of breastmilk because of Erica’s decision. If we review their expressions of pride and disappointment in terms of the value system of *breast is best and it’s our baby*, we can say that Bart and Ben were saying *breast is best and our baby got the best*. Carter was saying *breast is best and our baby didn’t get the best*. The pride expressed in the former position may be more common than the disappointment of the latter. However, that cannot be known for certain because of the lack of opportunities to hear men to talk about breastfeeding and the perception that breastfeeding women need support but fathers of breastfeeding babies do not. At an abstract level Carter shares this perception, but

later in the interview, when asked the question in another way, he responds differently.

**Carter Interview # 3 February 27, 2001**

Yeah... Well, I tried. In the end, that's all - I guess that's all I can say - I tried as much as I could, you know, with her and stuff. And I think they need that support too - I think that support group - because it is such a big task, so I figured that my role was just as important in supporting her and helping her and educating her and doing whatever I could...

*What about men? Do you think men need a support group - would it have been helpful for you to have had a support group while this was going on with Erica? Well - no, I don't think so. I just saw it as a task and a job and I enjoyed being a part of it. As far as myself needing support, I didn't really feel any need to have anyone to talk to about it or, you know, express my feelings on it. I think men and women are a little different. I think men and women are very different that way, as far as support groups and help and emotional stability goes. Whether that's a good thing or a bad thing, I don't know. I think it's a balance of the two, but you know, I guess the focus is on her and the baby, because she was the one breastfeeding the baby. And as far as I go, I figure support group or my emotional requirements weren't the factor - not that they weren't important or they weren't unimportant. It's just, that it just wasn't - my mentality wasn't like that. I just didn't think that way. I still don't think that way. It was more about her and the baby - so.*

After the discussion had continued for another 10 minutes, and I used a less leading question, Carter responded differently.

*What would you say your experience has been coming in here, talking about it? Good, really good. It's good to have an outlet. It's almost kind of like lying on a couch at the psychiatrist. You just get to let it all out and stuff.*

The perception that breastfeeding is a women's only issue is common, as is the perception that men who introspect are "new-age". A 1999 cartoon by Igor Kravarik in a Swiss newspaper (Falk, 1999) brings to light our taken-for-granted knowledge about these notions. The cartoon shows a side view of a nude male his legs crossed, holding a baby in the *en face* position, fingers in a scissor hold on the breast and the baby ready to latch. The baby has one hand tangled in the abundant chest hair of the man. The German caption for the cartoon *Mit Selbstwahrnehmung den Weg suchen: Die neuen Väter* can be translated as "Conscious recognition of the self: The New Fathers".

## Incorporating Breastfeeding in Family Relationships

The changes that accompany patresence continue as the synchrony of the mother-baby breastfeeding relationship develops. This allows for changes in the father's focus on the relationship with the mother and with the baby. For families experiencing the phenomenon of breastfeeding becoming *commonplace*, other aspects of the experience can now come into view. This process can be explained by understanding the way in which knowing about something contributes to meaning. Polyani (1969) refers to this as first being aware of the particulars focally and then in terms of their participation in a whole. He suggests these two ways of noticing things do not necessarily involve any change in the degree of attention given to the particulars but to the type of attention. "Focal and subsidiary awareness are definitely *not two degrees* of attention but *two kinds of attention* given to the *same* particulars" (p. 128, emphasis in original). As a result there is a difference in meaning attributable to the isolated process of a mother and baby breastfeeding and the joint process constituted in considering the experience of being the father of a breastfeeding baby. Until breastfeeding becomes *commonplace* the focus of the fathers' awareness is on the isolated act of feeding. Once breastfeeding become *commonplace*, the focus can shift to consideration of what the experience means for the father.

Abe acknowledged that Peter distinctly knows and responds to Erica when she holds him because of the breastfeeding and the amount of time Peter spends with her. However, he also identified that the breastfeeding has not prevented him from having a close relationship with Peter.

### **Abe Interview # 3 May 5, 2000**

Uh, this one particular night Peter was so fussy that we couldn't figure out why. He, he didn't really want feed he was acting as if he had lots of gas and it really hurt. And the more we seemed to pat him he might sooth a little bit and then just - I was extremely overtired and not really paying attention to what I was doing and I, we were in bed. And I said, "Give him to me" and I held him but I was lying down and I was tired and just holding him and I started soothing myself doing my Tai Chi breathing and circling energy and he just calmed right down. Which was very weird (chuckles) to the point that he fell asleep - and I didn't fall asleep but I didn't realize how much time had passed. And basically an hour had passed and, you know, we were in bed and well that's happened twice now ... So that was weird I didn't expect that. I never expected that

there's one thing that I might be able to do that Erica doesn't know enough about. But that's not to say that she couldn't learn

Brad also notes that Peter responds more to his mother. However, he doesn't interpret this as meaning that he can't have a relationship with Peter. He says it's a matter of making the effort to do more with him.

**Brad Interview # 3 January 29, 2001**

*So you were saying you make some specific time too. What sorts of things do you do to specifically be with him?* Oh, I like to take things apart or whatever. And so the other day I took apart an old hard drive, and I saw there was quite a big sort of a mirror surface - so I showed Peter. Like before, when we'd hold up the mirror whatever to look - he wasn't interested. But, he's interested in the hard drive. So - so I showed him the hard drive quite a bit, like when he doesn't know what he wants to do or whatever - so I show him a hard drive - it gives us something to do. I just try to find different things to do with him. Like, exercise his legs and stuff.

Erica takes care of one end I take care of the other (chuckles)- not quite, but... But when I'm home, if he needs a diaper changed and if I'm not doing something else it's kind of "He needs diaper changed," or usually the two of us do the baths together.

For Ben, the unpredictable nature of breastfeeding and the resultant fatigue he and Erica experienced made him aware of the significance of the father's role in supporting the breastfeeding mother. Because his expectations of breastfeeding as unproblematic did not coincide with what happened, he had to reflect on what this meant to the three way relationship with Erica, Peter and him.

**Ben Interview # 3 December 1, 2000**

I thought it [breastfeeding] would be a lot more regular. I also think I thought it would be a lot more - what's the word - linear, mechanical, unproblematic - you know? *Because it's natural?* Because it's natural. Humans operate in odd contradictory dialectical, trial and error kind of processes. I assumed biological ones were like physical ones - were like physical - You know, nice, neat clockwork systems. Nice little equations governing rates at which processes operate, you know - very predictable, mathematically reliable. If it's fully mechanical at least you know the probability of the events, whereas this is much more hit and miss and chaos - chaotic literally in a mathematical sense. You know, [what the] boundary is but the number of states stays quite large. And you have no idea which one it is going to pop to. That was a bit disturbing to me. Uh, simply because it's more of a problem to deal with... what you need is the reassurance and the tacit knowledge of other people it would seem to me.

*I've got two fathers coming in on Monday who are expecting a baby in January - if you were in the room with those fathers - when I was interviewing them - what would you tell them about breastfeeding - having a baby who is going to*



*breastfeed?* Uh, I think I would tell them that there was going to be a lot of irregularity in what was going on. That they were going to despair at some times whether or not it was going to work. That their wives are going to have a lot of anxiety about it and that, you know, chances are it will work out, but that - you know get support. Get people who will be able to help your wife over this. Uh, as long as you're not primarily responsible, as a man, for taking care of the baby yourself, and mother is there - she's carrying all the load you're an observer. You have to deal more with her frustrations and anxieties and upsets than you do directly - so it's a mediating process.

Carter remarked that, because he had such an intense desire to be a part of the breastfeeding experience, he had to learn to recognise cues that this was not what Erica needed. He compared learning this to learning what her needs were in labour.

### **Carter Interview # 3 February 27, 2001**

But after awhile, with the feedings, I was too there - like I would give her the baby and she would start feeding - I'd be there - it's like, "How's it going?" Or I'd tickle Karen's cheek when she stopped feeding or tickle her feet, I was right there. And after a while I could see that Erica was getting a little defensive and at one point - it was like, "Would you like me to leave?" And she said, "Yes!" "Okay I'll just go, really cool just watch TV." And after that I would come in and bring her the baby and I would just kind of start and sit there and talk to her for a minute and then I'd just kind of leave. Because I could tell that she wanted me to - get the hell out of there. You know, "Just leave me alone." Because I'd be like - "How's the baby doing? How's the baby doing? How are you feeling? How are you feeling?" - you know, I was right in her face.

And I never really realized until that point that - "Jeez, you know, I got to stop you know, pushing so hard." It's not like I was - I wasn't pushing "Make sure she feeds well, make sure she does that" - but I was just too almost too involved. Like I wanted to be involved since I couldn't feed, but I was too close - like too in her face with it. I don't really think that factored into her stopping at all - you know, that was just part of it. It was like in delivery - you know, when she was giving birth, right before - she started pushing. With the water - I was like, "Can I get you some water? Can I get you some ice chips? Massage your feet? Do this" - she was like, "Will you just shut up? Just shut up and get out of my face." "Okay," after that I just kind of held her hand, and said, "If you need anything, just let me know."

### Bringing Together the Public and Private Worlds of Breastfeeding

Fathers are not immune to the controversies that arise in a bottle-feeding culture when the issue of breastfeeding in public is considered. As I discussed earlier in the *unknown world of breastfeeding* - public spaces private places, the issue of the appropriateness of breastfeeding is a topic that engenders much discussion when breastfeeding is not the default feeding position in a society. Breastfeeding is an implicitly protected activity under human rights legislation in many Canadian

provinces. Legislation includes prohibitions against gender discrimination in provincial statutes and under the *Canadian Charter of Rights and Freedoms*. The *Charter* contains a prohibition against sex discrimination, and since only women can breastfeed, asking a breastfeeding woman to leave a public area has been interpreted as discriminatory. Legislation alone, however, is not sufficient to protect breastfeeding women from harassment. A nation wide campaign using the slogan "Breastfeeding Friendly Anytime Anywhere" has been in place over the last decade to increase awareness that breastfeeding is normal and need not be hidden from view. Nonetheless attitudes are slow to change and the issue of public breastfeeding, in many countries, comes under frequent media scrutiny. Edmonton, Canada and Edinburgh, Scotland are thousands of miles and several time zones apart, yet both have been in the news recently because of efforts to deal with the issue of breastfeeding in public. On August 16, 2002, a report on *Breastfeeding at Municipal Pools in Canada* was widely picked up by the Canadian print and visual media (Strange, 2002). On August 20, 2002, an article was published in *The Scotsman* with the banner "Mothers give backing to breastfeeding bill". Both report on efforts to protect the rights of women to breastfeed in public without fear of the harassment that frequently accompanies it. That harassment occurs for what is a normal biological function is a reflection of our taken-for-granted knowledge about the primary function of the female breast.

In North America it is entirely possible that a child will grow to adulthood without ever having seen a baby breastfeed, and yet will see, on numerous occasions, breasts displayed in a sexually provocative fashion on television, in print media and at the corner store on the magazine rack (Samuels, 1997, p. 47).

Dettwyler (Personal communication, May 2001) relates a story clearly revealing just how taken-for-granted our knowledge of infant feeding is.

One of the undergraduate students in my *Women and Culture* course was astounded to discover that the biological function of women's breasts was for feeding children. With obvious shock and disgust in her voice she asked, "You mean a woman's breasts are like a cow's udder?"

That a young woman could reach university without ever having considered that women use their breasts to feed their children is a sad commentary on western society. Sad conclusion or not, the reality is that, in North America, ignorance of breastfeeding and negative attitudes toward breastfeeding in public still, and will for the foreseeable future, form the context of the breastfeeding experience. The exchanges Abe describes occurring between him and Erica surrounding the issue of breastfeeding in front of others reflects their awareness that we have not yet in Canada reached a stage where public breastfeeding is taken-for-granted.

**Abe Interview # 3 May 5, 2000**

I came home from work one day she had this blanket completely over her and Peter and everything basically hiding Peter breastfeeding. And I looked at her when nobody was in the room and I said "Why? Why? Why are you doing this?" It didn't make sense to me and she goes "It makes my Dad uncomfortable" and I said, "Did he tell you this?" "No." I said, "Well how do you know? Did he leave the room?" "No." Well I then asked, "Well does it make your Dad uncomfortable or does it make you feel weird doing it in front of your Dad?" She didn't really, I don't remember the answer, so I don't think she had an answer. So, uh, what I have noticed is depending on where she is she'll put a blanket over her. And I don't mind that but I will, depending on who's in the room if it's her parents I don't think she should feel bad about that. Or even our friends because of our friendships, I'd like to feel we have close friends and we just accept life the way it is. I jokingly tease her and say "Okay, let's put the tarp on" (chuckles).

And we were at very good friend's last night, she's well into her 80s and she does think, we both mutually think of each other as extended family. And, uh, Erica again she asked for the blanket to start with like. And just as a reminder I took the receiving blanket and put it over her head and Peter and said, "Okay here's your tarp" (chuckles) and then I noticed that after doing that she said "Oh yea" and "Okay" she was much more relaxed about it...

But us, so yeah - there are I've noticed, there are areas or situations where she will do - that if she's at a restaurant make yourself comfortable other people don't want to see that likely, by all means I agree. But in a family environment where you naturally feel comfortable then my saying to her is you know "Relax don't worry about - trust your friends, trust your people, trust your friends."

Adam describes feeling very protective of Erica when she was breastfeeding in front of younger family members who were used to seeing bottle-feeding.

**Adam Interview # 3 August 2, 2000**

Erica's really, she's really become more accustomed to nursing in front of other people - in the car when she's out with her mom or grandmother. One of the notes I made actually was about, because she was nursing in the living room at her grandparents' house up the road. And her nephews were running around and quizzing her no end about what she was doing, and she had - she was covered

with a receiving blanket. But they were quizzing her no end and I just wanted to say, "HEY! LEAVE HER ALONE!" kind of thing - but I let Erica deal with it. She has really come out, not quite as much as - uh, I have a friend from Quebec that came to visit us Sunday, and Erica was blown away by the fact that she was not afraid to sit down in the living room, pull out her breast and nurse her baby. And Erica was just like - "Oh my God, I can't believe - I can't believe that - in front of half a dozen people. It didn't bother her at all." But I don't think Erica will ever get to that level, but -

*How would you feel if she did get to that level?* Um, just because of the shock that other people that - you have to sort of adapt to your surroundings - if you're with people that, that wouldn't bother, that would be fine.

Brock indicated that Erica breastfed easily in front of his sisters-in-law and his mother but found it difficult to breastfeed in public because she had not yet learned to deal with Karen's active approach to feeding.

**Brock Interview # 3 December 21, 2000**

Well, she'll go find another room. She'll just go find a quiet spot and go there. But Karen moves around so much that Erica basically has to take her shirt off while whatever - I guess that's what causes her to want to be a bit more discreet. Like Karen's hands are going all the time. And her legs are going and I mean she takes a very active approach to eating (chuckles).

The decision on where to breastfeed is important because it affects the amount of freedom a woman will have in both in her home when others are present and in public. The taken-for-granted view that freedom for the breastfeeding woman is restricted will in turn contribute to the meaning of the experience for the father of the breastfed baby. The restrictions placed on public breastfeeding may make it inconvenient or alternatively the restrictions may become viewed as unreasonable. Later interviews with fathers show that public breastfeeding became easier to accomplish as breastfeeding continued, so the view of breastfeeding as an inconvenience diminished. Also as breastfeeding became more *commonplace*, feeding in public became easier to accomplish and the restrictions less obvious. I discuss this in the section *Looking Back*.

### Learning the Rhythms

As I listened to fathers talk about the early days and weeks of breastfeeding and the changes in how they interacted with the mother and the baby, a unifying message in their stories was revealed. Some of the fathers spontaneously identified a specific

role for themselves in breastfeeding and others identified a role as a result of our conversations; I pictured this process as fathers *learning the rhythms* of the new family unit. The word, “rhythm” means “due correlation and interdependence of parts, producing a harmonious whole.” Rhythm also implies change. Both of these meanings can be heard in the language the men used to describe their experience. Aaron and Bart pointed out changes in their behaviour resulting from the opportunity to hear other points of view. In Aaron’s case I told him what one of the fathers (Alex) had told me about sitting with Erica in the initial days while she was breastfeeding and holding Peter’s foot.

**Aaron Interview # 3 September 1, 2000**

I tried to do what I can around the house. Or you had mentioned before that one of the guys had sat down with his wife and spent that time with her. So I mentioned that to her and she said, she was like, “yeah it’s lonely just sitting here by yourself with the baby and no one else to talk to.” And so I sat around a little bit more when she was breastfeeding and stuff so. *And how did you feel doing that?* Oh, it used to be a joke kind of thing at first, because I tried to make a conscious effort to be around when she was breastfeeding just for company. And still trying to do a few chores but I’d make sure that I was within you know a yell or whatever - if she wanted anything. Or carry out a conversation with her or whatever - so - It was you know, I guess, like I said before, I’m not really a touchy-feely kind of person - so you know, it was okay - like I didn’t object to it or anything. I understood where she was coming from, because she spent a lot of time by herself just - you know - her and the baby and no one to talk to. So that could get lonely - especially eight or nine hours a day, so I understood.

Bart indicated that after being in for his second interview and talking with me about the difficulties Erica initially had breastfeeding, he realised he’d never talked with her about what it had been like. He also said that talking out loud helped him to sort out his own feelings.

**Bart Interview # 3 November 13, 2000**

We’ve [Bart and Erica] talked about it at different times - something that maybe we’ve [Bart and Gail] discussed here, or that triggered something in my mind. And I’ve gone back and talked about it with her. Like, I already mentioned about those first few days when she was really frustrated and how awful that must have been for her. Anyway, I knew it was - but I never - so we talked about that, you know, and just the whole thing about the dad not being necessarily seen as being as much a part of it as they really are. We talked about that and “isn’t that interesting?” You know, and she’ll comment now - like - we’ll see a program on TV or be sifting through the material that we got and she kind of comments on - you know, “there’s a little bit for the dad” [in a teasing voice] - and kind of chuckles about it.

*So having somebody for you to talk to has meant that enriched the conversation a little bit that you and Erica have? Yeah. And I'll go back and something in terms of - sort of how I'm feeling about whatever - might have come out. Like at the very beginning or after the last interview. And then I go back and talk about - you know, "I didn't even realize that I was feeling that way, or thought that way until we started talking about it." And then I'll relate the story to her and share it with her, so definitely it's helped that way. And she's really supportive of me and the way I think - she very much recognizes that one thing that I was worried about, especially in the beginning - you know, when you get all that advice from parents, that it wasn't going to be our baby - it was going to be like hers and our moms' baby - you know (chuckles). But it's not, that's not worked out that way at all - like very much so her and I are the ones that decide whatever. Yeah. And just being able to verbalize those fears is important isn't it? Yeah. And that's been easier as time goes on too. You know, because the advice that was very annoying to me at the beginning was probably helpful to her. You know, now it's annoying to her so we're even (chuckles). What was really helpful - we had a discussion last time I was here about you know, the solid food, and putting rice in the bottle - and Erica and I talked a lot about that when I went home - so that really - it's really solidified in our minds, don't want to do that.*

Adam commented that at times, because of Erica's fatigue, he felt like he had to "walk on glass". When asked what one piece of advice he would give to a father of a breastfeeding baby, he indicated that learning how to achieve a balance between giving support and giving space was a priority.

**Adam Interview # 3 August 2, 2000<sup>12</sup>**

So I have one piece of advice for a breastfeeding father - of a breastfeeding baby mm - uh jeez (sighs) I'd say, you know when somebody is screwing up - and the expression is to - "you give them enough rope to hang themselves" - kind of thing. Like, just give them enough rope, give them lots of freedom - well I would say give your wife space and freedom. Not, not for that reason. I mean just give her space so that she can do her thing, yeah. That's what I end up doing a lot now, is just giving her, her space and not questioning the things that she does, yeah. Quite often I question what she does, and I am wrong. I'll say, "Why are you doing that? That can't be right - kind of thing." And I'm wrong. So giving her space I think while she's nursing and uh - well, 24 hours a day. *So trusting that she's the expert in doing that.*

Yeah. Trusting her and giving her space and giving her space and (chuckle) watching where you step I think. Now at this point, I watch where I step a lot. Because there are some things that can spark an argument and I see it, I see it in other couples. I see how the arguments start and I can at least recognize that, that's an issue that we don't cover, or an issue that I'm not going to bring up. Well, once in a while one comes up but - yeah space and.

*So it's a real balancing act - you've got to give her space and yet you've got to give her support. Uh, but the support I end up giving a lot of the time isn't - it's from a distance - it's not, as we would call it in the military, intimate support*

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<sup>12</sup> A part of this passage from Adam's interview was previously used in Patrick's story in chapter two.

where you're right in there. It's not that kind of support but it's another kind of support. I support her in other ways - you know, making supper, I support her by making supper and by doing things around the house.

Brock also commented on the tension created by fatigue and uncertainty in the early days. He recounts noticing how the tension has lessened.

### **Brock Interview # 3**

So, I think the biggest thing is you get comfortable with this other person being in the house and there's squirms and there are cries - or her cries just don't - you know they're normal. Everything is normal, so we don't - the tension is gone, I think there is probably quite a bit of tension - we were at this party last night and there was a couple of people there that have been parents within the last two, uh, years - that was one of their comments. They said when they came home from the hospital they were scared to death. And, uh, maybe there was a certain amount of that and maybe the baby realizes that, I don't know. You know, so but you're just more at ease - more comfortable, you know. You learn that some cries are good cries and some cries aren't good cries. And she really doesn't cry very much. She starts to "eh, eh, eh, eh" when she wants to eat. She moves around and she lets her mom know that she's ready to eat...

And, uh, I would say, I wasn't quite prepared for the amount of time that Karen would take from Erica. That's - but am I happy that she's doing it? Yeah. Because I think Karen's a very calm, she's a very healthy calm baby. She's - she doesn't cry uncontrollably or need to be walked or you know driven around the block - or any of those things - you know, and I think that comes from having a - you know - a calm environment.

In *learning the rhythms* the father of a breastfeeding baby is becoming experienced. Fathers spoke of learning rhythms either to facilitate breastfeeding or to understand the nature of their partners' experience. Gadamer (1989/1960) tells us that "self-understanding always occurs through understanding something other than the self, and includes the unity and integrity of the other" (p. 97). Through *learning the rhythms* and working out how changes influenced the interdependence of the father-mother-baby triad, the fathers were developing an understanding of what it meant to be the father of a breastfed baby. Accepting that the decision to breastfeed has joint consequences for the mother and the father, it appears that fathers of breastfed babies derive meaning from developing a sense of responsibility for the mother-baby breastfeeding relationship. Langeveld (1987) asserts that the phenomena of faithfulness and responsibility are necessary for a man to become a father.

The woman has to carry the unavoidable consequences and the man can go on his way. This is why we said that his first virtue should be his faithfulness. Faithfulness can only “qualify” for one who accepts the consequences of his actions. Faithfulness and responsibility belong together and it is these two virtues which the father, with only minimal help from nature, must live for his children and pass on to them. (pp. 14-15).

### **Looking Back on Breastfeeding – A Reflective Horizon**

The experience of being the father of a breastfed baby is an ongoing, integrative process occurring during the initiation, continuance and weaning phases of the breastfeeding mother and baby dyad. For the father part of the integrative process of understanding meaning is *looking back*, which occurs both before and after the weaning phase. “Understanding is not placeless and empty” (Palmer, 1969, p. 233), so as the father looks back he does so through the horizon of expectations he had concerning the experience of being the father of a breastfed baby. In *looking back*, the father does not understand the experience better but differently. The *it’s her body and our baby* phenomenon that I have discussed throughout this chapter continues to be reflected in the fathers’ descriptions of their experience.

I have also engaged in *looking back* in writing the interpretation. Van Manen (1997a) declares, “interpretative phenomenological research and theorizing cannot be separated from the textual practice of writing” (p. ix). In the sections on *The Unknown World of Breastfeeding*, *Entering the World of Breastfeeding* and *The Breastfeeding World as Commonplace* I have used different literatures to show the fundamental nature of the unifying messages in the experience of being the father of a breastfed baby. The perceptiveness and intuitive sensitivity of gifted authors permits readers to vicariously gain insight into aspects of the human condition. Examining such sources helps us to “*transcend the particularity of their plots and protagonists*” (van Manen, 1997a, emphasis in original) and turn back to life as lived.



In the next section of the chapter I consider the father's experience by taking into account what I have learned from the vicarious descriptions of lived experience. In further developing the interpretation I use this knowledge to challenge the acceptance of taken-for-granted knowledge about fathers of breastfed babies presented in the interpretation of one comprehensive nursing study on men's experience with breastfeeding (Gamble & Morse, 1993). Since Gamble and Morse's publication was reviewed in chapter three, I refer to key concepts in suggesting an alternative interpretation.

### The Meaning of Breastfeeding

In *looking back* on the experience of being the father of a breastfed baby, the lived experience of the father is shaped by the ease with which the mother-baby-father entered and engaged with the *commonplace world of breastfeeding* and/or the ease with which the weaning process occurred. The process of *looking back* is a way for fathers to re-examine their experience and gain better knowledge of it either by reconfirming and strengthening their earlier views or by reassigning meaning to the earlier experience by engaging in the dialectical process described by Gadamer (1989/1960).<sup>13</sup> This reassignment of meaning allows earlier meaning to be viewed from a horizon of experience. Walton (2001) describes how the phenomenon of an emergent horizon links individual meaning with a wider communal meaning.

Consciousness of an object always goes hand in hand with consciousness of an inner horizon of endless manners of presentation and an outer horizon of other objects, the references of which expand to encompass the world as a universal horizon... It [horizontality] appears as a horizon of familiarity such that our acquaintance with the world is an outcome of the sedimentation of past experiences. Furthermore, an intersubjective horizon connects subjectivities so that the experiences implied in grasping an object are not only those of a single stream of experience. This interlinkage between a multiplicity of egos leads to a constitution of various kinds of community-horizons along with a broadening of the temporal horizon into a historical horizon when the sedimented meanings are handed down by traditions of generative communities (pp. 243-245).

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<sup>13</sup> The dialectical aspect of experience was discussed in chapter five.

Walton's quotation brings together the concepts of intentionality and historically effected consciousness, concepts that were discussed in chapter four. Through becoming conscious of the lived experience of fathers I know something about it. My understanding is has been influenced by both the fathers' and my horizons, which in turn have both been influenced by historically effected consciousness. The intersubjectivity of our horizons means that understanding the lived experience transcends the individual meaning and considers collective meaning.

The concept of horizontality integral to the design of the current study permitted the dynamic nature of experience of fathers of breastfed babies to be revealed. Gamble and Morse (1993) had identified that fathers deferred developing a relationship with their babies until breastfeeding stopped and labelled this "postponing". A combination of the sedimentation of the men's and my experience with an examination of vicarious lived experience from various literatures allows me to present an interpretation based on aspects of the experience other than postponing. Although it is unlikely that Gamble and Morse intended postponing to be viewed as a negative aspect of breastfeeding for the father of a newborn baby, there is the distinct possibility, in a bottle-feeding culture, of a negative connotation being placed on it. A review of the etymology of "postpone" shows that it comes from Latin *postpōnēre* to put after, postpone, neglect - from *post* after plus *pōnēre* to place, put down. The negativity inherent in the word is replicated in Gamble and Morse's description of their model of the "social psychologic process of postponing" (p. 359). They describe a "*discrepancy* between what the fathers 'thought' about breastfeeding and what they 'felt' about the personal consequences of breastfeeding" (p. 360, my emphasis). Phrases included in the model such as "becoming aware", "accepting strategies", "reinforcing strategies", "compensating behaviours" and "catching up" also direct the focus of attention to a comparison of the father's relationship with the baby to the mother's based on the father's inability to feed. If feeding is always the focus of how relationships with a baby are developed, there may be a failure to see other important aspects of how fathers of breastfeeding babies develop a relationship with their babies.

In the process of *looking back* the father's beliefs about the value of breastmilk coupled with persisting linkages of lived body, lived space, lived time and lived relationship continue to frame his experience. A return to the language of the men in my study reveals that if aspects of the lived experience other than feeding are considered, a different interpretation from postponing can be substantiated.

### *Breast is Best and Formula is Acceptable*

In the prenatal and subsequent interviews Aaron maintained both that formula was an acceptable alternative to breastfeeding and that he did not perceive that bottle-feeding was necessary for him to develop a relationship with his baby. The notion that a father had to feed a baby in order to develop a relationship with his baby seemed artificial to him.

#### **Aaron Interview # 1 May 8, 2000<sup>14</sup>**

*How do you feel about not being able to feed the baby? Haven't thought about it. It's just a given that you're not going to? It's not something that I can do. I can change the diapers and all the rest of it. It's not even something that I've, it doesn't make me feel any which way, I don't think it's just, it's not my job. Or not job but I don't have the equipment to.*

*And so in a sense that makes it easier because you don't have the equipment, is that what you're saying? Well I can still bottle feed if need be, you know, if Erica wants to go out for the evening or something then you know I can still feed the baby, it's (pause).*

*One of the things some dads say is "I'd like to give a bottle once a day." Uh, no, mother's milk is best for baby, it's like your thing here [referring to Health Canada breastfeeding poster outside of office] the natural choice (laughs) but it's, uh I don't feel that way at all.*

#### **Aaron Interview # 3 August 2, 2000**

*Do you think your relationship with him has changed any since you've been bottle-feeding him? Um. Well, I get to feed him every now and then - Erica still does the majority of it where I'm working - and especially when I have to work the next day if he happens to wake up during the night, which is most nights ... when I lose track of the number of nights, then that will be great. Uh but, yeah, like I've been able to burp him. I, I well I could have burped him before but with breastfeeding, we didn't burp as much as he would with the bottle. So, uh, I was able to burp him and feed him more and - yeah - you know, like I hear people saying that, you know, "that's when the bonding occurs" and all this stuff. And I was like, well it's just - you know - again, one of those touchy-feely kind of things.*

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<sup>14</sup> A part of this passage from Aaron's interview was previously used in Patrick's story in chapter two and in chapter six as an example used in developing the interpretation.

At the group interview, Aaron reiterated his feelings that time with baby, rather than feeding, was important for developing a relationship.

**Group Interview Aaron, Barry, Carter and Carl December 11, 2001**

I'm not really big on this bonding stuff. I think you develop a relationship with the baby whether or not you feed him milk or not. Like uh, I always talked to Peter and I always played with him. And even before (chuckles) we used to appease him by - crying - by swinging him in his car seat and so I think, just, those sorts of things. Like I didn't think that breastfeeding or anything like that. *I remember too early on you were saying you used to get up in the morning with him before you went to work and just spend time with him and so that made you feel like you got to know him? It wasn't - feeding wasn't necessary?* Yeah, yeah, you know when he used to get up at four o'clock in the morning, I'd try to just walk around the house with him and I'd tell him about our family and you know, where he fits into the picture and all about you know, his grandparents and that sort of stuff cause none of our family are here. So uh, yeah, we kind of we don't do that so much any more.

In his first interview Bart revealed that although the development of the father-child relationship was of interest to him it was not his sole concern in terms of the issue of being able to feed the baby.

**Bart Interview # 1 September 9, 2000**

*How do you feel about not actually physically being able to feed the baby?* That doesn't bother me in the least, not at all. I mean having been around my nieces and nephews when they were tiny infants, like I being able to give a baby a bottle, and I can imagine when it's your own - this is our first - it's even a strong - like it's this whole bond thing, right, that you'd really want to do that. But just knowing that's so healthy - or at least feeling it's so much better for the baby. Though I guess the only thing I would say about that is - the fact - not as much that I can't do it, but she has to do it every time, that's what would bother me more than the fact that I can't do it. If it's constantly feeding which some babies do. She's going to be tired and there's - and that part will be frustrating, that there's nothing I can do to help. You know, other than encouragement like we talked about or decide, you know, to stop encouraging then she'll -

*So, your not being able to feed is more a feeling of "I'm not pulling my weight" in terms of helping her with the baby than it is a need to feed yourself?* Yeah, yeah I think so, because I'm pretty confident that, you know, I'll be spending lots of time with the baby - as much as I can - just not that time. So in terms of you know the bonding or spending my own time and being able to give to the child and all that stuff, I don't, it doesn't bother me really. And I think she plans - we've talked a little bit but not a lot because it won't be something we'll do immediately. She plans to express milk so that she can have it in bottles and, you know, or maybe introduce whatever, milk or stuff that you buy at some point so that she can do a combination of expressing or giving it some sort of formula as it gets a little bit older, so we have flexibility and we even things

out. *So you're willing to say, "Well I can postpone<sup>15</sup> feeding the baby because it's good for the baby and it's going to happen at some point in time down the road anyway?"* Yeah, yeah, I guess so, in terms of the feeding part, exactly.

Bart's second interview occurred after Erica and Peter had established breastfeeding following initial difficulties in hospital. In this segment of the interview Bart explains that the couple continued to top up Peter for a short while after discharge from hospital. He also discusses his reaction to being able to feed Peter.

#### **Bart Interview # 2**

We did it [topping up] a couple of times when she was having a hard time, because we knew he wasn't getting enough and he was frustrated - Erica was tired, you know. And that went really well and I liked that, of course, because I was doing that. *So you got to give him the bottle so that's kind of neat?* Yeah, and I liked that, and maybe I was - I don't think I was hoping it wouldn't work out, but I wasn't all that disappointed if it didn't, you know, partly because of that? You know, I just thought it was just so frustrating for all of us - we just couldn't continue that way.

By the third interview Bart is giving an occasional bottle. He enjoys the relationship aspect of feeding but acknowledges that there is more to feeding than simply giving the bottle. He says he could tire easily with the mundane responsibilities that go along with bottle-feeding.

#### **Bart Interview # 3 November 13, 2000**

Yeah, I've given him a bottle too - like if - the other morning I got up, took him downstairs with me, early in the morning. And I mean Erica had been up a lot that night, so I just fed him and changed him, fed him, put him back to bed so she could sleep in - kind of thing. *And it worked okay?* Yeah. If Erica goes out through the week - one night a week she's out - and depending on his schedule - I've fed him one night - one of those nights that she's been out since he's been born. So, we're doing fine. I really like it, of course. There's a little part of me that wishes he wasn't breastfeeding because I like it, you know, I like to feed him. But I don't like getting the bottles ready. And I'm doing all that, which is pretty easy to do when you just buy a little can of pre-mixed stuff and you pour it in because he's only going to take a few ounces kind of thing. If we were doing that [mixing formula] and we will be probably eventually but on a regular basis, I could actually get tired of it.

By Bart's fourth interview, Peter has been fully weaned for three months.

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<sup>15</sup> When I was doing this interview I had not yet developed the perspective that emphasis on postponing neglected other aspects of the fathers' lived experience. At the time of the interview I thought Bart's agreement confirmed Gamble and Morse's model.

**Bart Interview # 4 March 29, 2001**

*And how have things changed for you now that he's exclusively bottle-fed versus breastfeeding? Um, obviously I guess, like I'm a lot more involved in it. Well Erica was on - well he was waking - when he'd wake through the night, which probably - which he never really did consistently after he's been on the bottle - like it was pretty sporadic - she still would always get up with him. Just because I was working and she was not kind of thing. So you know, I would feed him if I was up - kind of thing. So during the day, or early morning or whatever, I would feed him almost all the time with the bottle more than she did. Or at least as much - I shouldn't say a lot more, but at least as much, you know. Where as opposed to before [when Erica was breastfeeding], it was nothing. So I was - and I guess I was paying a lot more attention too - you know, "is he hungry? Is he not?" - because it was kind of my responsibility now I was a lot more aware yeah, felt that it was my job, you know. Probably at the beginning, I think back - I would also be asking - "do you think he's hungry? When was the last time he's ate, he's eaten"*

In the prenatal period and continuing after Peter's birth, Bart's conversation shows that that he is concerned with feeding Peter. However, it is not only the father-baby relationship aspect that concerns Bart. A thread running through the conversations also demonstrates a concern with sharing responsibility with Erica for this aspect of Peter's care. Postponing seems to play a minor role in his conversation, he focuses more on the aspect of shared responsibility.

As indicated earlier in the chapter, in the prenatal period, Barry stated that he didn't view his inability to feed the baby as a deterrent to developing a relationship with the baby. The idea of the father needing to feed the baby came not from Barry but from Erica via the prenatal class instructor.

**Barry Interview # 1 December 11, 2000**

Erica absolutely did say she'd like to have, and she only got that idea after seeing it at the prenatal class, to have me have one feeding a day or whatever, at the same time every day, so it's mine. Which still can be done shift work - probably like a 7:00 a.m. thing - or something like that, or 7:00 p.m. but only if the baby can handle the switch between the two.

By Barry's second interview he and Erica had decided to switch Karen to formula feeding because of the problems they were having. He describes his reaction to being able to feed Karen.

**Barry Interview # 2 January 30, 2001**

And at first you know the baby - would just there's no - the eyes aren't open, you know, there's no real - you know, other than the fact that - it looks like you. She looks just like me - she looks just like me there's no two ways about it. And then here you go - for a father breastfeeding or no breastfeeding - I'm giving her a bottle and those big blue eyes are just looking at me the whole time - staring at me and I'm looking at her - I'm always getting emotional - going, "what are you thinking? What are you thinking? You know what I'm going to do with you when you're five; we're going to go out and we're going to play." You just, I'm glad to do that now, I'm glad I can see her - and all that stuff, so. Whereas before, you know, breastfeeding's done, she can hand the baby over to me, and I was - you know, I was the burper extraordinaire. That's where we got our time in and walk around stuff and now I get a little extra. It's nice, but - it's nice - it's not a need to have.

When Barry was interviewed a third time, Karen had been exclusively bottle-fed for 6-7 weeks.

**Barry Interview # 3 March 13, 2001**

*Do you think that it's been easier for you to establish a relationship with Karen now that you've been feeding her a lot more often than it was before you were feeding her? That's a good question because I wouldn't know what would have happened if - I don't understand this breastfeeding for two - til someone is two years old - like that freaks me right out. Uh, Yeah, I mean it's probably not politically correct to say but - oh yeah, I feel that, I mean, we spend some awesome time together. Breastfeeding I mean - you know, I want mom to get some sleep, you know, go to bed upstairs - I'll be downstairs - well, you know playing swing - I'll practice stuff whatever - and I'll come upstairs and change her and we always play while we're changing, stuff like that. Of course, that could have been done without breastfeeding, but when you're bottle feeding - oh yeah, there's intent high staring going on during the day, not at night (chuckles). There's no looking in the eyes at night, you go right back to bed. But oh yeah, and there's hanging on to the fingers and all this stuff and - oh yeah there's no doubt that side benefit that came with the bottle is amazing for the man. *Doesn't matter whether it's politically correct or not, that's what I want to hear.* That's what the study is about, yeah. *Yeah, what I really want to know is not what other people think about it, but what your thoughts are.* But what I don't want to come across is - I pushed my wife to bottle feed because I wanted to have time with the baby. That's absolutely not what happened.*

In the group interview when the discussion turned to whether it was necessary for a father to feed a baby to develop a relationship, Barry clarified that feeding was beneficial but what really made the difference was spending time with the baby as he had been able to do during paternity leave "I took four months paternity leave and so far it is the best thing I've ever done in my life" (Group Interview December 11, 2001).

**Group Interview Aaron, Barry, Carter and Carl December 11, 2001**

*All of you, every man in this study has said to me. I did not need to feed the baby to get close to the baby...*

Barry: Well I wouldn't say, I mean, I'd say it helped me being able to feed the baby, helped, you know, squeezing the finger or the first time they roll their little eyes up and you and then once you hit the three month phase when the smiles began and the stuff like that, well yea, it kicks in. I don't know if I'd completely say, *It was something that was helpful, but it wasn't necessary initially?*

Barry: Probably not... I'm a big hands on person I think and the neurons and everything paths and that, I think you still need to get some hands on with the baby and play around with them and stuff, I'm a big, big fan of that when it comes to bonding or whatever you want to call it

Carl: I think the bonding will come as long as you're there and you spend some time, I mean you don't have to be doing much

Barry: As long a you notice all the changes going on

Carl: yeah

Barry: to me that's when the bonding comes in "Oh look now this is going on." How do I know that? Because I knew what was going on before.

All fathers: agreeing

Although there is obvious support in Aaron, Bart and Barry's conversations for the notion that feeding a baby is beneficial in developing a father-baby relationship, there is also an obvious ebb and flow to the constancy and intensity of this belief. As well there is a distinct awareness that feeding is only one way for a father to develop a relationship with his baby. These same three fathers were the ones whose babies were introduced to topping up in hospital. The endorsement of formula through such practices has been linked to a decreased duration of breastfeeding (Howard, Howard & Weitzmann, 1993, Sullivan, 1992). It might be worth considering whether the early cessation of breastfeeding, associated with the introduction of bottles, might also influence the father's perception of a link between feeding and bonding.

*Breast is Best and it's Her Decision*

Abe, Alex, Carter and Carl had the experience of breastfeeding stopping either shortly before or after the mother's return to work or because the mother had breastfed as long as she desired. This means that the father's opportunity to feed the



baby is viewed in the context of feeding choice being determined by the woman's decision. Once again, however, it is helpful to look at how the conversation about the topic of father feeding changes over time.

For Abe and Alex, the day-to-day experience of being a father of a breastfed baby changed because of their partners' return to work. In the prenatal period, although Abe expressed minor concern about the relationship between feeding and bonding, he did not have any strong desire to feed the baby in order to develop a bond. By his second interview he indicated that he felt his connection to Peter came through things other than feeding. At the third interview Abe commented on the fact that he now gave Peter an occasional bottle.

**Abe Interview # 3 May 5, 2000**

Erica wanted to express milk. From her point of view she wanted to express milk so I could share in feeding Peter. From my point of view I appreciate and would like to do that but the foremost thing for me was so that "If you wish you could have an hour or two to yourself and go with your friends or something"

*And how did it feel to give him the bottle?* Very nice, very nice just to know that - actually it's fun watching him too with the whole thing. The other night I was feeding him, and it's like he, I'm positive he would have just kept drinking if there was more in that bottle. Because when I pulled the bottle out his mouth was still formed as if the bottle was there and still working and then "Oh it's gone" (chuckles).

After Peter was weaned at five to five and a half months when Erica was returning to work, Abe and I revisited the meaning of the father giving a bottle to his baby. He emphasised that giving Peter a bottle had a purpose aside from giving him an opportunity to feed Peter. It "would be like maybe just an ounce a day or something like that - just to get him used to [taking a bottle]" (Interview # 4 September 20, 2000). Abe was the first man I interviewed for all phases of the study. In an attempt to be sure that I wasn't hearing that feeding wasn't important simply because that was what I wanted to hear, I asked a question based on my understanding of the literature on fathers, reviewed in chapter three.

**Abe Interview # 4 September 29, 2000**

*What would you say to a father or an expectant father who said to you, "Oh I don't want my wife to breastfeed because then I'm not going to have my opportunity with the baby, to get to feed the baby and so on?"*

That's a neat point of view because I extend it to "Why do people have children in the first place?" And it's a very selfish reason I believe to have children. And someone - to me - that would state that would be more a self-focused than focused on the betterment of the child. And again, I would tell them to get over it, I mean you're talking about the well being of the child through the first two years of development is most critical for them, if not the very first part mostly due to their rapid learning. You will get your chance - I know that. But if he is so determined with that, any father that does any work or whatever the combination thereof, introduce one bottle in the evening - it doesn't hurt them that's what we did and generally, I would feed that bottle if I was able to. And it wasn't a consistent thing - it was enough I believe to make sure that transition from breast to bottle would go smoothly. That was the whole purpose.

At the one-year interview when I placed a different emphasis on the question of father feeding, Abe remembered the pleasure aspect for the father in feeding. The passage for that interchange will be shown in the group interview and after Alex's experience with feeding is discussed.

Before Karen was born Alex indicated that he was comfortable with the notion of not being able to feed the baby.

**Alex Interview # 1 March 9, 2000**

For now I'm fairly comfortable with the fact that, uh, I expect this is just one the things that she'll be doing with the baby and I'll have my own time.

His comfort with the idea of developing a relationship with his baby through means other than feeding continued in the initial weeks of breastfeeding. As was indicated earlier in the chapter, he thought that he was more able to concentrate on developing a relationship with Karen because he didn't have to focus on feeding. By the third interview Alex indicated that the couple was thinking of introducing an occasional bottle. However, the reason was to give Erica a break rather than specifically to give Alex an opportunity to feed Karen.

**Alex Interview # 3 June 7, 2000**

She's, uh, feeding well and we're starting to think about either uh - expressing some or else supplementing with bottle feeding - formula just to basically give Erica a chance to get out a little bit more.

By the fourth interview, Erica had returned to work and Alex was sharing in the responsibility for getting up at night with Karen. He noted that once Karen began sleeping through the night the couple would switch to formula feeding.

**Alex Interview # 4 November 9, 2000**

Erica went back to work two weeks ago and so now, we're starting to alternate which one of us gets up with her through the night until she sleeps through. And when I get her up with her, I'll give her a bottle, and then Erica will feed her off both sides in the morning just to keep things going. And the nights that Erica gets up with, she'll feed her off one side in the middle of the night and off the other side in the morning. But I think Karen's getting close to sleeping through and when that actually happens, she may - you know, Erica may decide that she'd rather not continue with it just for the sake of convenience and that.

When Alex was asked what it was like when he first fed Karen he revealed that it took on a very special meaning because of the unique circumstances surrounding her first bottle.

**Alex Interview # 4 November 9, 2000**

At 9 ½ weeks or nine weeks or so, she came down with an intestinal virus and she was hospitalized for a week. *Oh! That must have been tough.* It was quite serious actually. It was sort of touch and go there for a while. Tough is a good word. But it was very traumatic on all of us really, and she was - she lost about a third of her body weight. *Oh my goodness!* She wasn't that heavy to begin with, quite a bit, so - and things turned around and she came out of it quite well. That was - when she was in the hospital we put her on pedialite - and so her first bottle was pedialite. And so, we have a couple of pictures of giving her first bottle, but it's not milk; it's just water. And, she was quite dehydrated by that time, so she just really sucked it right back, so she became quite used to it...

It was still you know pretty special at the same time. So, it's - I guess it may have even made it more special just because it was going from beyond just giving her, her daily food - something that basically could save her. So it was probably not the same experience a lot of people have.

At the one-year interview it is possible to see how Abe and Alex's view of feeding is framed within the horizon of their memories of the experience of feeding. If Abe had only been interviewed at one year, you could interpret that he viewed feeding as necessary to developing a relationship with his baby. However, when viewed in context with the other four interviews, you are aware that while it was special, there were other aspects to the issue of feeding that he also considered significant.

Similarly, if this were the only interview with Alex, one would not be aware of his earlier views of taking on feeding as a way of relieving Erica more than as a need for him to develop a relationship with Karen.

**Group Interview Abe, Alex and Adam April 3, 2001**

*You were mentioning – “I couldn't do it” [feed]. How does it feel to not actually be able to do that aspect of caring for your baby? Abe: I think there's - I'm not trying to be funny - but I think it would be very painful if I tried to do it. I'm not trying to be funny but. (All laughing) I have to show you this (shows Kravarik cartoon of father “nursing” baby)*

Alex: Ouch!

Adam: (looking at cartoon) oh yea that's great!

Abe: ooh no it would just be painful. *Yeah. But I mean did it bother you not being able to feed the baby?*

Abe: Probably a little because I know it helped once I was finally able to give him a bottle. That felt very special to be able to do it.

Alex: And when - with us, Karen was in the hospital with the intestinal virus for a week - and it was really serious and basically, she went totally non-responsive - the whole bit and so it was hard on us. So we started giving her pedialite and so the first the first bottle I gave her was in the hospital and so just being able to get that into her, not just - you know, wasn't special just from the point of view of - you know, “now I'm feeding her,” But it was the fact that, “hey, this could be saving her life right now,” because we did almost lose her. So, that was really special. But I guess in the beginning I didn't get to put it in but I sure got to look after it coming out. But same thing – Erica looked after [one] area of her and -diaper changing isn't as glorious as breastfeeding, but you know, I changed 90% of the diapers, really looked after some of her other needs - so I think that helped as well. It wasn't that Erica had this one special area and the two of us were doing everything else. It was sort of - we each had our own areas of responsibility for Karen and so - I don't think I really missed the breastfeeding side of things. Certainly helped having other areas to concentrate on.

Carter and Carl's ongoing experience of being the father of a breastfed baby ended when their partners decided that they were ready to stop breastfeeding. Carter, as indicated earlier in the chapter, had been quite disappointed when Erica stopped breastfeeding. From the prenatal period throughout his three individual interviews Carter expressed a belief that his relationship with his baby was not dependent on the feeding. I have shown how his focus in the prenatal period was directed at influencing Erica to breastfeed. Consequently, he put little stock in the view that it was necessary for a father to feed in order to develop a relationship. Moreover, his feelings about being able to feed Karen need to be viewed in the context of his

disappointment that she was no longer receiving breastmilk and his subsequent coming to terms with Erica's decision. While, as has been shown, at the third interview Carter viewed the decision to bottle-feed almost entirely from a position of disappointment, by the one-year interview his horizon of understanding had changed. First, I show that by the final interview he had reconciled his negative feelings about Erica stopping breastfeeding. Second, I show his feelings about feeding and the father-baby relationship.

**Group Interview Aaron, Barry, Carter and Carl December 11, 2001**

Erica didn't have the serious complications but the baby was hungry and like you said (speaking to Barry) with the hind milk we didn't, because it is such a difficult thing, you can't quantify how much the baby is getting. She can't say "okay that was about four ounces," you know, (Aaron and Barry agreeing) and I think that was the worst part. Because that's what I always wondered it's like "well you know she's still a little fussy is she tired? Is she still hungry?" You know and it came down to it, I guess the last interview that we had I expressed very strong views opposing Erica's stopping. I guess I looked at it as her being a little bit selfish where there weren't any really strong, strong medical problems. But the more we talked and the more I started to understand her side of it, she enjoyed doing it and she bonded with the baby well - it was just very difficult and it was very frustrating for her to see the baby hungry. And to finally find out after we did wean Karen off and put her on the bottle, how much happier she was, how much more consistent her weight gain was.

At another point in the interview when fathers were specifically asked about their relationship once they could feed the baby, Carter indicated that feeding was not a key factor in developing his relationship with Karen.

**Group Interview Aaron, Barry, Carter and Carl December 11, 2001**

*All of you now have had babies who have stopped breastfeeding, how did your relationship change with baby, or did it change with baby after the breastfeeding stopped?* It didn't change as much as I thought it would I guess, I guess at first I saw the, the bond that they were having together with the breastfeeding, which was great you know, which I thought was an incredibly positive thing. And I thought I guess after, I felt much more helpful and I felt much more productive in the entire process when I could feed the baby. But I guess it wasn't, I don't think it helped me bond anymore with the baby, everything else I did I think helped me bond with the baby.

Carl's views on the idea of the necessity for a father to feed a baby in order to develop a relationship were disclosed earlier, in the discussion of his reaction when Erica's mother suggested that Erica formula feed so Carl could feed the baby. At

the second and third interviews he indicated that a father spending time with his baby was more important than feeding, in terms of developing a relationship. At the same time this view did not inhibit the joy he experienced when he began giving Karen a bottle of pumped breast milk.

**Carl Interview # 3 May 18, 2001**

I've been, I've been giving her a bottle before she goes to bed, trying, usually its around eight o'clock and you know, uh, I burp her and put her to bed and she seems to sleep right through. She'll stir around two or three and then you know Erica will give her a little drink or nothing, just sort of rock the cradle whatever and she'll go right back to sleep until about five. *And how does it feel to be able to feed her?* Great. Great very, uh, it's very satisfying cause she, you know how they, you're familiar with how they look at you. Well she never takes her eyes off me so you know and I think it's helping with the bonding you know cause now when I come home at night you know and I go in and see her and she's awake and she knows, I'm pretty sure, she recognizes me and sometimes she'll give me a little smile, you know and it's I think it's helping out. And it's giving Erica a break too.

Carl was the last person who joined the study. Consequently at his six-month interview, which was the final individual interview of all of the fathers in the study, I took the opportunity to determine if the view I was developing that feeding was *nice but not necessary* for a father was something I should continue to explore in the two final group interviews planned for two months later.

**Carl Interview # 4 October 1, 2001**

*For the last interview you were saying that you didn't think that feeding Karen made a really big difference in how you developed a relationship with her. That's right.*

*So you would say that's still the case? That we could safely say to a breastfeeding father "look you can still develop a relationship with your baby even if you're not feeding?"* I, uh, yea I agree. I think so. I think that's the case. Uh, I mean there's so many other things you can do I mean, with your new baby and as each week goes on they're just more and more fascinated with you and, you know, when I come home now after being away all day long, you know, her face lights right up

As with the review of Aaron, Bart and Barry's interviews, a review of Abe, Alex, Carter and Carl's interviews shows changes in their feelings about the necessity for a father to feed his baby so that he can develop a relationship. All the fathers enjoy feeding their babies, but clearly they also believe that feeding is only one part of establishing a relationship. The longitudinal design of the study permits the

temporal horizon to be considered in arriving at an interpretation that these fathers did not postpone their relationship with their babies because they were unable to feed. It might be worth further considering how the circumstances in which the woman makes the decision to stop breastfeeding influences the father's perception of a link between feeding and bonding

### *Breast is Best and it's Our Baby*

Four fathers in this study had babies who breastfed for longer than one year. Adam, Ben, Brock and Brad's babies either never or rarely received bottles. These fathers did not view feeding as a primary source of developing a relationship with the baby. Although at times they experienced frustration that they could not readily settle the baby by feeding, overall their sense was that the inability to feed also helped them to focus on other aspects of the father-baby relationship.

Throughout this chapter I have shown that although Adam highly valued breastfeeding, his feelings about his inability to feed varied. At the prenatal interview he indicated that although he worried this might inhibit his relationship with the baby, he was determined to spend time with the baby to compensate for this. By the second interview he viewed his inability to feed as positive. He interpreted feedings as routine and thought perhaps this prevented Erica from enjoying Peter as much as he did. At the third interview Adam commented that Erica's negative experience of leaving Peter two times since birth had made her reluctant to leave him again. He wondered if this meant she had a stronger bond than he did.

#### **Adam Interview # 3 August 2, 2000**

*So have you tried the bottle yet?* We went to a wedding (sighs) and left her mother a bottle of frozen milk and said, "last resort" - you know, "if nothing seems to help, he's just been nursed, he's sound asleep, last resort, if you just can't calm him - we're only going to be gone for two or three hours - you know, last resort." Well I guess she just thawed it right away and gave it to him. We were probably gone 45 minutes and he had a bottle in his mouth. And actually that's discouraging Erica from ever wanting to be separated from Peter for any length of time again because that's the only, only experience we had away from him was crying full time from the time his eyes opened. So - now I'm going on holidays next week and I was thinking well "jeez, maybe since we have a bunch of breast milk pumped, maybe we could just leave Peter for 24 hours"

and I could take Erica for a romantic little get-away or something like that. No way. Not going to happen. No. It's not in the program (laughter) definitely not in the cards for us, so.

*How do you feel about that?* Uh, uh, I don't know. It doesn't really bother - it does bother me because there's - uh, she, I guess I'm a little - I don't even know how to describe it - see I'm willing to leave the house, leave Peter with the grandparents for 24 hours, but she's not, and that certainly makes me wonder - you know - "why?" You know, I hate to think that there's a stronger bond there, but it's obviously the case. But you know I'm more interested in giving her a holiday, just a short one even, but she doesn't want to take one.

Another time that Erica left Peter, Adam did not have a bottle to give because the couple anticipated Peter would not awaken until Erica's return.

**Adam Interview # 3 August 2, 2000**

As soon as she was out the door, he woke up and cried - nonstop - for me. Nonstop, I bounced him, I danced with him, I took him outside, I did all the things he loves to do. I swung him and did all the different things that he loves - wouldn't stop crying. He was hungry and I didn't have a bottle. At that point we didn't have any milk pumped and - we don't use the soother - so, uh, the only thing I could to soothe him for any length of time, was have my little finger in his mouth. And it was horrible - just because I didn't want to do that too long, because he figured it out after awhile. She called I think at two hours and I noticed it was the hair salon's number on the phone and I just picked up the phone and said, "When are you coming home? When? When? When?" And that was just before we went to the wedding, and, uh, so actually she's been away from him twice. And he was terrible, just terrible and there was nothing I could do for him. But of course as soon as she came home, it was Mom to the rescue and I felt horrible because I just can't provide that service for him. But it was - what a horrible time, it was the kind of cry that you know he's serious about it. That wasn't a great experience. I think that's the other reason why she doesn't want to leave for any length of time. Even though I really could have called her - I could have called her on her cell phone but I didn't want to because - then you know, I might as well have though because really it was a horrible experience in the end anyway, for her and for Peter. *And for you.* And for me, yeah but of course I rank down there (chuckles). It's not really relevant.

If Adam had not been interviewed again one might have been left with the feeling that the helplessness he expressed in the above segment was pervasive. However, by his fourth interview Adam, Peter and Erica have adapted to the occasional times when Erica is away.

**Adam Interview # 4 December 6, 2000**

*Does he get bottles at any time now?* Actually, the times that Erica's been away and left me breast milk to give him in bottles, he wouldn't take it. She had a first aid course on the other side of the river and was gone for eight hours, and I



met her at lunch-time so he went - no, she had gone for nine hours - or a little more - I met her at her lunch-time. He nursed very briefly and then was fine all afternoon. Didn't nurse until she came home and didn't take the bottle. He just wanted Mom... For some reason, he doesn't take it [bottle] from me. Even Erica can give him a bottle and has in the past, even with just water or something like that in it, but he won't take it from me. *And how does that make you feel?* Oh, I worry for him but as long as he's in a good mood - I mean, if he was crying, I'd be upset about it, but he was in a great mood the whole day that she was gone to first aid. So we had a great day - we had a fun time, a really fun time, the two of us.

*So it wasn't a repeat of the time that she went to get her hair done and he screamed.* No, no thank goodness, it wasn't. No, it wasn't anything like that. We just had a fun day together playing and walking around. We went and did a little bit of visiting. Yeah, I had a really good time with him that day - showed him off a little bit (chuckles) to friends and whatnot.

*You didn't need to feed him in order to get close to him?* I don't think so. No, I don't think I did. I think I've bonded and fell in love with him - maybe even more because I didn't actually have a job to do - I was more the hired clown that kept him smiling and happy. And I live to see him smile. You know, everything I do, I hope to make him giggle or laugh or smile, and it's been that way from day one.

*That's something that I seem to keep hearing is that a lot of the fathers are saying to me - because I didn't have to focus on feeding, I could focus on enjoying the baby.* That's right. I wasn't business, I'm pleasure, you know. Mom is business a lot of the time, but Dad's pleasure - kind of thing. I like that role.

In the section on *The Breastfeeding World as Commonplace* I indicated that Ben talked about his emotional relationship with Peter growing despite not being able to feed him. By the third interview Ben was planning for his paternity leave and Erica's return to work. Peter was exclusively breastfed at this time and still erratic in his feeding patterns. Ben anticipated challenges to feeding resulting from the couple's decision to give no formula.

#### **Ben Interview # 3 December 1, 2000**

And of course, it is complicated by breastfeeding precisely because Erica will have to come back and forth between classes in order to breastfeed. So it's extremely important to either get some regularity on what he's demanding and when, or go the breast pump. Erica - for reasons she hasn't fully explained - is reluctant to do. I don't know why she's reluctant to do it. There must be some practical or emotional reason - she thinks I'll automatically understand, but breastfeeding is going to complicate this [Ben caring for Peter].

At the fourth interview Ben described how he dealt with Peter when he was hungry and Erica was not available to feed him.

**Ben Interview # 4 March 23, 2000**

Like early in the morning before Erica goes in for a 9:30 - he just won't take enough and if it happens that I can't feed him because we didn't pump any breast milk or whatever, he will get hungry and he will cry, but he seems to want to eat long before he starts crying. He's quite - he doesn't - as soon as he wants to eat scream his head off. So he goes - he can go quite a long time being hungry without having a major management problem. Although for instance today - he was like really upset, really upset - wanted to eat because he didn't feed when he had the opportunity to do so. *And what's that like for you when you know he didn't feed when he had the opportunity?* Oh yes, you mentally get prepared for having an upset crying baby before Erica gets back. But, it doesn't - him crying, etc. doesn't send me into a panic that I think I thought it would, or that it, in fact, initially did. I know what the cause is - he's not dying.

Ben also expressed pride in Peter's adaptability and remained resolute in his belief that a father did not have to feed to develop a relationship with his baby. He believed that the extended time he spent with Peter was a more significant factor than feeding in developing a father-baby relationship.

**Ben Interview # 4 March 23, 2001**

I was getting the pablum<sup>16</sup> ready and I ducked out to take a look at what was going on - [name of television episode] - they were moving toward the denouement of the episode - and I wasn't there more than a minute - I turned around and there he was. He had reached down and picked up the cup with the water himself, and using both handles, he was giving himself a drink. And it was like - "holy! I didn't expect that," you know. He's developing new powers - I mean - I think of him "well you are a powerful baby, getting more powerful every day." You really can see him developing new capacities to do things and whatnot. In a - and that, of course, is one of the things that happens, one like that when you're around him a lot.

*Yeah. So the paternity leave is really giving the opportunity to develop a unique relationship with him. Yeah, it's hard to over-emphasize that. Uh, I don't - I mean - it's not been my experience that breastfeeding got in the way of establishing a relationship with Peter. Uh, it has been an inconvenience that I can't feed him or that. Actually, it's probably no more work to take breast milk, heat it up, put it in the blasted cup, feed it to Peter, or make pablum out of it and feed it to him - than it would be if I was heating up the milk to put it in a bloody bottle and feed it to him. I mean there isn't any difference.*

At the one-year interview Ben reiterated his belief that the time spent with Peter because of the parental leave was of greater significance than feeding in developing a relationship with Peter.

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<sup>16</sup> Pablum is a rice or wheat based baby cereal which is reconstituted with milk or water.

**Group Interview Ben, Brock, Brad and their Babies December 4, 2001**

*So you would say that you don't have to be able feed him early on to get close to him?* No! I mean taking care of him and being involved with him. I mean I did take a parental leave and I was taking care of him while Erica was teaching. So he, we would watch [name of television series] and uh I would put him up over my shoulder and he'd fall asleep you know, and, you know that ("you want the cookie" talking to Peter) was, he wasn't about to engage me in roughhouse play at that stage. And you know I had all that time to kind of be involved with him and I certainly haven't felt alienated that Erica can do something special with him that I can't. That sense of involvement and responsibility for them ... But that sense of being involved in raising him has certainly been important yeah, parental leave was extremely important for that.

At the same time, Ben describes how being able to feed Peter gave him a measure of control he did not previously have. Brock and Brad also appear to share this sentiment.

**Group Interview Ben, Brock, Brad and their Babies December 4, 2001**

Brock: I have always been involved with her solids so since about six months. *Did it feel any different when you could start feeding?*

Ben: Well it felt good for me because in the sense that Erica was already teaching four courses and had to rush home between every course, uh, in order to feed him and there was NOTHING I could do so if he was hungry. He would be very screamy and there was nothing I could do and a lot of frustration. So yeah being able to feed him, uh, more has meant that I don't have to face that agonizing kind of helplessness on the other hand it has forced me to try to be inventive to find things he wants to eat at that moment.

Brad: Yeah, Peter's is the same thing, if Erica was out for the evening and he was getting a little fussy then it gave me something I could do, uh, before I would feel helpless, like 'mommy be home soon, mommy be home soon.'

Brock and Ben: (chuckling)

Ben: (Inaudible babies babbling) trying to keep him happy but now give him - now either a little bit of fruit or give him some cereal and he'll settle down until Mommy gets home.

Brad gave a bottle for the first one to two weeks following Erica and Peter's discharge from hospital. His reason for giving a bottle was to give Erica a break at night.

**Brad Interview # 2 December 4, 2000**

Probably once a night - Erica will express a little bit so she can sleep through a feeding, more or less. And it usually works out she'll do two feedings or something, and I'll do one feeding at night.

By eight weeks of age Peter was consistently sleeping through the night and Brad reiterated that initially his reason for giving the bottle had been to let Erica sleep. Erica was also involved with the church service so that if Peter needed to be fed when the couple was at church Brad would give him a bottle.

**Brad Interview # 3 January 29, 2001**

*Are you still feeding him a bottle?* No, now he's, uh, being able to sleep through the night - that sort of - Erica doesn't have to get up and I don't have to get up. So we don't have to worry about one person getting more sleep than the other. On the weekend, she had pumped a little bit just to relieve some of the pressure and he had slept, and so when we were at church he wanted to eat. So I fed him a bottle at church.

At his final interviews Brad expressed his conviction that spending time with and getting to know a baby is more important than feeding.

**Brad Interview # 4 June 1, 2001**

I guess just basically spend time what you can I mean, with, you can't - well you can get the hands on helping bring stuff to the mother when she's feeding but just hands on bathing whatever just so the baby gets to know you.

**Group Interview Ben, Brock and Brad and their Babies December 4, 2001**

I mean, uh, at first it was a little difficult if Erica had to go out and I couldn't feed him, "what do I do?" I mean I just found other ways to amuse him or to comfort him and I guess that would be my advice is to find something that your child likes and that you like to do together. I mean we'd watch football sometimes or he'd fall asleep watching football, I mean I would sometimes too (chuckles). Just find something that you two can do together and find something to bond together whether it's bathing him or just - something.

An examination of Brock's comments about feeding over the course of the year of interviews shows a consistent attitude that feeding is not necessary for the father to bond to the baby. In the prenatal period Brock accepted the fact that he would not be feeding the baby.

**Brock Interview # 1 October 14, 2000**

*With Erica breastfeeding, you're not going to be able to feed the baby. How do you feel about that?* Oh, I think I'm okay with that. I'm okay with that. I still expect to hold the baby. And, uh you know, I still expect to be involved in the baby's physical care somehow. That doesn't bother me.

When bottles were used, they had a specific purpose. As can be seen from interviews two and three, bottles were viewed as a contingency rather than to provide bonding opportunities for Brock.

**Brock Interview # 2 November 8, 2000**

I think when she pumped off some milk and she had some milk in bottles - and the first time we fed the baby with the bottle, I was pretty concerned that, that was not going to be a good move. That the baby would either get too used to this bottle or Erica would get too used to it or you know, whatever. But that was, I mean we've used - you have that milk - those bottles in the fridge, and I think if you don't use it for those emergencies - then why are you doing it? Just throw it away.

*And it's maybe what's buying some energy to get through the period until Karen gets nursing well too.* Well it did. It did. The hardest night with her was the Friday night after we brought her home. That first week - so she was home - she was a week old and we fed her with the bottle that night. I mean she had nursed but whether she didn't get enough or she - I don't know, and that seemed to get us - I guess we did that at 4:00 in the morning. We should have probably done it a little earlier than that.

**Brock Interview # 3 December 21, 2000**

Erica still pumps once in a while, so we still always have a bottle or two in the fridge, so we - I've fed her several times. If we go out - and we're going like to a Christmas party - we'll take a couple of bottles in her bag and we'll heat them up while we're there, if she gets hungry before we get back. So, I won't say that I'm not involved with it, uh but it doesn't bother me. I'm very happy that she's so healthy.

In the fourth and the group interviews Brock's pride that Karen has been given no formula is evident. Brock's fourth interview was the second to last six-month interview, so I specifically checked with him my emergent understanding that men were feeling feeding was unnecessary to developing a relationship with their babies.

**Brock Interview # 4 June 2, 2001**

*Another thing that some of the fathers were telling me is that uh, uh they didn't feel that it was difficult to establish a relationship with the baby - that they could still establish a relationship even though the baby was being breastfed. Did you find that same thing?*

Oh absolutely! I've got no uh, no question about, uh, about that. It's interesting even this morning I went and picked Karen up at eight o'clock. She was awake, just lying there with her head up on the [crib?] so I picked her up and I changed her diaper and then I brought her to bed with us. And so she played with her mother for a minute and then she, then she played with me. But she kept looking at her mother and looking at her mother and finally uh Erica started to

get up and she started to get a little fussy, she wanted her mother. Mom's food and she was, she wanted her cereal (chuckles) so mum is food still but that's okay! I mean I can, I can understand that, that would but I've, you know she still, she still has a very good relationship with me. I get [affection?] but mum's food (chuckles)

**Group Interview Ben, Brock and Brad and their Children December 4, 2001**

Brock: We never bought formula

Brad: We had all these coupons for get a bottle of free formula so we went out and got it and it's still sitting on the shelf so we had a friend who just had a baby so we went here you may as well have it

Brock: And even for Karen's cereal we always used breast milk

Brad: so did Erica

Brock: it was uh, and there was no dietary change or, or fuss about and, uh, really the person who got us on to it (referring to the breast pump) was my sister-in-law.

Opportunities for bottle-feeding in the early weeks and months of breastfeeding were limited for Adam, Ben, Brad and Brock, and all the babies breastfed for more than a year. One might speculate that this group should be the group that most likely would fit the pattern of postponing that Gamble and Morse (1993) described. However, a review of all of their interviews reveals that while these fathers recognised a difference in their relationship with the baby as compared to Erica's relationship they nonetheless did not attribute this to feeding nor did they feel they had to catch up. They all believed they developed a special relationship to the baby because of time spent with baby, not feeding the baby. It might be worth further considering how the circumstances surrounding which the woman engages in long-term breastfeeding influences the father's perception of the link between feeding and bonding.

It is noteworthy that when comments about feeding for all fathers in the study are reviewed, a thread that runs through the conversations is a belief that while feeding is one way to develop a relationship with a baby, time spent with baby is perhaps equally significant. The positive tone of the men's language contrasts with the negative tone that I have suggested is a potential drawback to Gamble and Morse's (1993) model. My interpretation of the overall message about feeding from

reviewing the father's language in sequential interviews is that *feeding is nice but not necessary*.

### Revisiting Public Spaces and Private Places

Earlier in the chapter I discussed the experience of breastfeeding in public. Now I show how over time fathers describe the experience of breastfeeding in public when the taken-for-granted attitude is breastfeeding should be hidden. What becomes evident is that the man's definition of public space becomes more fluid as breastfeeding becomes more a daily part of the father's life. The temporal aspect of breastfeeding also plays a role in the fluidity of the phenomenon of breastfeeding in public. Initially, as was earlier shown with Abe, Adam and Brock, in the early weeks while the mother-baby dyad is learning, the father is protective or supportive of the mother's need for privacy. Later, as the mother-baby dyad become more confident with breastfeeding, the father too moves toward the position presented earlier in the chapter as espoused in the Breastfeeding Canada campaign – "Breastfeeding Friendly Anytime Anywhere". For example, as was shown earlier, initially Brock supported Erica's need to go to another room because of Karen's active approach to breastfeeding. By four months when Brock and Erica travelled to visit her family, Brock indicated ease with public breastfeeding in the context of the demands imposed by travel.

#### **Brock Interview # 4 June 2, 2001**

Erica breastfed her as soon as we, uh, got situated on the plane before take off I think and she fell asleep and, uh, when we woke up for breakfast, Karen started to move around and Erica fed her again and we changed her diaper and she was happy and that was that. No fussing.

At the final interview when Karen was 13 months old Brock indicates that Erica and other people's level of comfort was a consideration in where she breastfed.

#### **Group Interview Ben, Brock, Brad and their babies December 4, 2001**

*Would you say that the discomfort of breastfeeding in public is mostly fear of what other people are going to be thinking versus, you know, feeling uncomfortable yourself?*

Brock: In my wife's case, I think it's her personal comfort. She just feels more at ease when she is in a private spot so for instance if she uh, several months ago if she went to the Regent mall, she would often use the family room if she had to breastfeed. Or even, and, uh, you know if we were at an event or something with Karen she would always go find a quiet spot although some people might come in or go out and that didn't really bother her so much. But I think she was just a little bit more comfortable you know during a feeding and it's exactly right it's, uh, there can be a little bit of you know movement and commotion they don't always drink the same way every time.

The pattern of initially protecting and/or supporting the woman's need for privacy, followed by an increased comfort with breastfeeding in front of others, accompanied by consideration of circumstances where breastfeeding occurred was representative of the experience of other men in the study. Lefebvre (1991/1974) suggests that human beings do not relate to the space of society in the same way that they relate to other objects outside of themselves.

They know that they *have* a space and that they *are* in this space... they act and situate themselves in space as active participants. They are accordingly situated in a series of enveloping levels each of which implies the other, and the sequence of which accounts for social practice (p. 294, emphasis in original).

My interpretation of men's experience with the public aspect of breastfeeding is that fathers follow the lead of their partners. Using Lefebvre's conception of space, I suggest that fathers actively situate themselves in space as they become more comfortable with breastfeeding. With increased comfort they can concentrate on the ease with which the baby's needs can be met through breastfeeding rather than on a potentially negative public reaction to breastfeeding. Current social practice in Canada is expressed differently in different areas. The rhetoric of freedom of choice articulated by Health Canada is not yet the norm, so fathers actively participate in the social construction of space, taking into consideration such things as social practices of family and friends, the locale and the baby's current needs.

### Don't Discount Me

Another unifying message of the fathers' stories of their experience of being the father of a breastfed baby is one which I labelled *don't discount me*. Although some



of the fathers expressed the feelings attached to this sentiment very early in the interview process, it wasn't until all of the interviews were completed and I began looking back on the process that I understood the significance of their comments. When Aaron first contacted me in May 2000 to enquire about the study he spoke about fathers being in a "black hole" as far as the experience of childbearing is concerned. Similarly, Bart at his first interview in September 2000 spoke of his sense of disembodiment and that the only way he knew what was going on with the baby was to ask Erica questions. He anticipated a similar experience with breastfeeding. At the one-year interviews, several of the fathers joked about their invisibility to members of the health care team. During the time that I was writing this thesis I attended the Edinburgh performance of Bob Fosse's Broadway hit musical *Chicago*. In the show one of the characters, Amos sings about his experience of being an invisible husband. The words to chorus of the song evoke powerful images of the lived experience of being ignored.

I'm Mr. Cellophane  
'cause you look right through me,  
walk right by me  
and never know I'm there.

Not all fathers experienced the feeling of being ignored although some like Adam and Carter said that they were proactive in making sure that it didn't happen. Being ignored does not mean simply never having his presence acknowledged. It can also mean being given suggestions for how he can help the mother and baby with the focus on the father's role as helper rather than father. Bart expressed his experience of the former type of advice.

**Bart Interview # 3 November 13, 2000**

I think back to what I did read things at the class, they'd say - "Oh the dads can help out by doing this." But they only say it, as you know, taking a load off of mom because mom's so busy. It's a way, but not emphasizing the importance of it. There's been a couple of things that I remember seeing - that talked about this bond between dad and baby, but I think most of it is - and "Dad can help out by."

*So instead of saying - so "And dad can help out" - we can say to mom - "You could help Dad by letting him do these things?"* Yeah, that's right! Then the emphasis would be quite different. Yeah, that's true. You know, making dad know that's his job and his opportunity to get to know the baby.

*And his opportunity really more so than his job - because if he's always a helper? That's right, then it seems that it's not anything about him, it's all about helping somebody else. And it's not really. It's helping yourself to get to know him.*

Bart was unable to participate in the group interview but did answer e-mail questions that I sent to him when Peter was 15 months old. I include his comments along with the question that elicited them to demonstrate the impact on a father of societal taken-for-granted knowledge about fathers.

**Bart E-mail Exchange January 21, 2002**

*Do you think it would be helpful for fathers to have an opportunity to talk to someone about their experience without having the mother present?*

It was helpful for me. Validating really. I'm not sure if having the mother present or not was the key, but at least having the opportunity to talk about ME, my experiences and my feelings was therapeutic to an extent. As mentioned in my earlier interviews, I do believe that throughout the entire pregnancy and following it, the father is treated or viewed as inconsequential 3rd party. Dads really are not encouraged or expected to have feelings, opinions or ideas on any part of the process because "You're not the one carrying this baby around for nine months." In fact, fathers are often the brunt of jokes at this time even during educational sessions for new and expecting parents. At times even made feeling guilty for some feelings. Breastfeeding education is the same way. Talking it out and realizing that your feelings are ok and very common is important.

Similarly, Alex's comments at the one-year interview show how fathers of breastfed babies feel about being ignored. Alex stated that he had decided to participate in the study because it was a "chance to break the mould, the stereotype and basically, the truth is out there somewhere. Let's show it" (Group Interview Abe, Alex and Adam April 3, 2001). He also noted that the early teamwork approach he and Erica adopted in hospital helped him to feel a part of the experience.

**Group Interview Abe, Alex and Adam April 3, 2001**

So it really was sort of a team thing right from the beginning and then after that when we got home - it was pretty well - just uh we were comfortable enough with each other to do the job. It would have been - it would have been very - I guess - very difficult because it would have seemed like, you know, she was trying to make her, her baby. I think, you know, diaper change was good, but I think the area that was really special was I took over the baths as well - and just because that way [you] actually get to spend, you know, 15-20 minutes with the baby and just tickle her and get her - get more reaction than when you're changing a diaper. So that was - even now still I do the baths most of the time and that's sort of our special time.

At another point in the interview the fathers spoke about the consistency with which health professionals ignored them. The fathers indicated that even when they were present for a child's illness or a regular check-up, health professionals seem to believe that fathers are not as involved with their children as mothers are. Alex responded to my clarification about this issue in the following way.

**Group Interview Abe, Alex and Adam April 3, 2001**

*What you're saying is that the stereotypes that abound out there in public just carry over into the professional arena as well? "Dad's just along for the game" and not necessarily knowing a whole lot about the baby?*

Alex: Yeah, she's even - the nurse is even specific when she says - you know, she says, "Okay, has she had a fever, Erica?" And I'll answer, and she'll say - "Okay, how long has she been sick, Erica?" And I'll answer (Laughter all). You just feel, I mean it's very blatant. She probably has no idea she's doing it.

I construe from the language of the men in the study that fathers who wish their babies to be breastfed want acknowledgment that concern with and the impact of the breastfeeding experience is not limited to the mother-baby dyad. Blatant or unintentional isolation of the father or condescending stereotyping on the part of health professionals is unwelcome. Meyerhoff (1994), in writing about father involvement in infant care, urges us to remember, "we don't need to generate motivation; we merely must stop deflating it" (p. 19).

### **Nurturing The Mother So She Can Nourish The Baby**

In concluding the interpretation of the experience of fathers of breastfed babies, I now return to the sententious phrase introduced in chapter six and used as the title of this chapter - *It takes three to breastfeed: uncovering the role of the father*. This phrase, as was indicated in chapter six, was developed from the following sentence - *when a couple who are living together have a baby who is being breastfed, the father wants to feel that his input to the success of feeding is more than a token*. Recalling that the purpose of developing a sententious phrase is to capture the fundamental meaning of the whole, I have presented the interpretation by moving back and forth between the individual men and the whole group of men. I also have looked at how the fathers' horizons change with differing aspects of the experience.

These included *The Unknown World of Breastfeeding – An Indistinct Horizon*, *Entering the World of Breastfeeding – An Emerging Horizon*, *The Breastfeeding World as Commonplace – A Familiar Horizon* and *Looking Back on the World of Breastfeeding – A Reflective Horizon*.

For each of the worlds I have explored how, despite the father's disembodied reality of breastfeeding that *it's her body and our baby*, he achieves meaning in relation to his valuing of breastfeeding – *breast is best and formula is acceptable*, *breast is best and it's her decision* and *breast is best and it's our baby*. As has been shown throughout the chapter, depending on their current horizon the fathers' language indicates varying levels of intensity to these values. Fathers are able to adapt to the context so that they can focus not only on the value *breast is best*, but also on the second part as appropriate to the circumstances. For example, although a father may believe that *breastfeeding is best*, the pairing with *formula is acceptable* means that the switch to formula feeding is not considered problematic. Another way of stating this is that *breast is best* and the baby received benefits from breastfeeding for a while but the switch to *formula is acceptable* because it does not mean the baby suffers. As was shown, this belief system allowed Barry to play a role in encouraging Erica to take care of herself rather than continue to suffer the agony from the pain of thrush.

Another example of how fathers focus on the second part of their value system can be seen in the *breast is best and it's her decision* stance. As was discussed earlier, the father may want his baby breastfed but may defer to the woman in initiating the decision and in determining the duration of breastfeeding. This means that the father positions himself to support a mother when she requires encouragement to continue breastfeeding and also to support her if she decides she has breastfed long enough. He views his role as making it possible for the woman to make the decision to continue or to stop breastfeeding because it is what she wants rather than doing so because of extraneous circumstances. Thus Abe supported Erica's decision to stop breastfeeding before return to work, Alex supported his partner's decision to breastfeed after return to work and Carl supported his partner's decision to stop

breastfeeding because she wanted more freedom. As another example, Carter had some difficulty moving from his belief system of *breast is best and it's our baby* to *breast is best and it's her body*. He wanted his baby to have the very best, which he defined as breastmilk, and therefore he did everything possible to keep breastfeeding going. However with the passage of time he was able to accept that Erica knew the limits of her body better than he did, and he was able to find meaning in accommodating to the *it's her body* belief system.

Finally, some men like Adam always maintained an intense belief in *breast is best and it's our baby* while others like Ben, Brad and Brock moved to that position as the benefits of breastfeeding became more evident to them over the year or more that their partners breastfed. The meaning fathers take from adhering to this belief system is a sense of accomplishment that they have contributed to their baby getting the very best. Another way of stating this belief is *breast is best, our baby deserves the best, our baby received the best* and I played a part in *our baby getting the best*.

All men in this study wanted their partners to at least attempt to breastfeed, and regardless of how long a mother breastfeeds, there is a period of initiation, continuance and weaning. Although these phases may not correspond identically to the *worlds* I have proposed for the interpretation, there is a sense that prior to actually being the partner of a woman who breastfeeds, the first time father is entering new territory. The *world is unknown* because the lack of widespread breastfeeding in North American society means that there is a lack of opportunity for fathers to gain the tacit knowledge that is readily available through family and friends when breastfeeding is widespread. Another reason that the *world is unknown* to men prior to their experience of having a partner breastfeed is the widespread acceptance that breastfeeding is solely a woman's issue. Consequently, there is little information directed specifically to men and the experience of being the father of a breastfed baby. Many of the men attempted to learn about breastfeeding in the prenatal period. Others left the learning to their partners.

Journeying into an *unknown world* requires adjustments after arrival even if one has some knowledge. As an example, prior to leaving Canada in 1998 to engage in PhD studies I was aware that in Scotland cars are driven on the left side of the road. Nonetheless, it took time for me to adjust to looking in a different direction for turning traffic and even yet I am still sometimes surprised when I see someone asleep in the passenger side of the car, which is the driver's side in Canada. So too it is with the men in this study. As they *enter the world of breastfeeding* they have many adjustments to make. At the same time that they are experiencing the unfamiliarity and unpredictability of early breastfeeding, they are experiencing being a father for the first time. The ease with which the mother-baby dyad establishes breastfeeding is dependent on societal breastfeeding protection and support efforts. When these are not as firmly in place as breastfeeding promotion efforts, the father re-evaluates the *breast is best* mantra in terms of one of three value systems: *formula is acceptable*, *it's her body* and finally *it's our baby*. As has been shown throughout the chapter, the belief of *breast is best* remains unaltered. However, changes in the second part of the value system are emphasised differentially dependent on the lived experience of the mother father and baby. As the fathers journey into the *world of breastfeeding* they make adjustments to accommodate to the lived experience of breastfeeding. To go back to my analogy of driving on the left side of the road, while I am now a comfortable pedestrian watching for oncoming traffic, I am not yet comfortable with driving. Since it is not essential that I drive in Scotland, I have adjusted to walking, taking a bus or being driven by others, so driving has not become commonplace.

A similar pattern of adjustment can be seen in terms of fathers of breastfed babies. If breastfeeding is not successfully established, the father never experiences the *breastfeeding world as commonplace*. Since a "safe" alternative to breastfeeding is readily available, the switch to formula feeding is rendered *acceptable*. So a father's view can be understood as "formula is acceptable and since her body and our baby are suffering then let's switch." Breastfeeding does not have to be a negative experience for mother-baby dyad in order for the man to accept the switch to formula. When breastfeeding synchrony between mother and baby is achieved the

father does experience the *breastfeeding world as commonplace*. However, it is woman who bears the physical challenges of breastfeeding and this fact accompanied by the ready availability of an alternative to breastfeeding influences the father's experience. If the woman switches to formula feeding the father understands the choice, as *it's her body* because of his awareness that breastfeeding imposes physical demands that he cannot directly experience. The knowledge that the baby has had some benefits of breastfeeding means that the father can take the view that a switch to formula is partially offset by the early benefits of breastmilk the baby received. A father's view can then be understood as "she's the expert in what her body can take and since our baby has had some benefits from breastmilk the switch to *formula is acceptable*."

When the lived experience of breastfeeding is either positive from the beginning or initial breastfeeding difficulties have subsequently been overcome, the belief in the acceptability of formula is less paramount. The belief of the supremacy of breastmilk over formula and lived experience of a happy mother and a thriving baby means that the father be proud that formula has played little, if any, role in the health and happiness of the mother-baby dyad. This means a father's view can be understood as "our baby is doing well because my partner is breastfeeding and formula is really second best."

In interpreting the essence of the father needing to feel he has more than a token role in the way his baby is fed, it is helpful to understand what a father does to facilitate breastfeeding success. I have interpreted the father's desire to play more than a token role in breastfeeding success as the father *nurturing the mother so she can nourish the baby*. This nurturing can take the form of doing things to assist the mother to sustain the breastfeeding, or conversely, to assist her to stop breastfeeding when it is not going well. In this study a range of experiences can be shown as contributing to the essence of being more than a token. Barry felt satisfied that he played a significant role in helping Erica decide to breastfeed and subsequently in choosing to stop breastfeeding. Carter, however, felt he had been denied the opportunity to have a say in the switch to formula. At the same time, Carter took

satisfaction from the knowledge that his baby received any breastmilk because he had been persistent in convincing Erica of the benefits. All of the other fathers took pride in the role they played in their baby receiving breastmilk although many of them tended to downplay some of the indirect things they did to make breastfeeding possible.

To substantiate my interpretation of the father's desire to play more than a token role in breastfeeding success as the father *nurturing the mother so she can nourish the baby*, first I examine the dictionary meaning of the words nurture and nourish. Both words come from Old French *noris(s)-, nuris(s)-*, a lengthened stem of *norir, nurir, nourir*, (later *nourrir*), via Latin *nūtrīre* to feed, foster, cherish. Among the many meanings of the word "nurture" are included: "to supply (a thing or person) with whatever is necessary to promote its growth or formation, or to maintain it in proper condition, to provide with food or sustenance; to maintain, support of persons and to promote or foster (a feeling, habit, condition, state of things, etc.) in or among persons." In the initial part of this chapter I introduced Marcel's (1951/1943) notion that being a father involves the sustained carrying out of responsibility. I also discussed Raphael's (1973) use of the term patresence as signalling the process of becoming-a-father, and her assertion that mothers who receive nurturing or mothering from another person do well at breastfeeding. Raphael did not exclude the father as a source of nurturing the mother although she suggested that it might be difficult for a father to do so given the social, cultural and economic constraints that exist in modern day North American society. I suggest that in understanding the experience of fathers of breastfed babies, it is helpful to examine Marcel's view on the essence of responsibility to fathering with Raphael's view on the essence of nurturing the mother to the success of breastfeeding. Taking on the responsibility for nurturing the mother so she can nourish their baby brings the essence of both fathering and breastfeeding together. By providing the mother with physical, emotional and logistic support the father promotes an environment that makes it possible for the woman to nourish the couple's baby by breastfeeding. In creating this environment the father moves from being a witness to breastfeeding to being an active partner. As partner, he feels his input is essential to the success.



Furthermore, acknowledging the significance of his input is essential to the meaning of his experience of being the father of a breastfed baby. All the fathers in this study nurtured their partners in ways that were meaningful in the context of their relationship.

All the fathers in this study did many things to directly and indirectly assist with the breastfeeding. In moving to the final layer of the interpretation I combine all of the metaphors I have developed to illuminate how I understand nurturing in the context of being the father of a breastfed baby. I could have chosen any of the men or any combination of men, as I have done throughout the thesis and this chapter, to illustrate the concept of nurturing. However, I have chosen to use aspects of the story of one man. I believe that examining the essence in this way provides for a comprehensive and less fragmented final layer of my interpretation. In this final section I return to the use of *italics* to portray the father's voice.

#### Alex - The Unknown World of Breastfeeding – An Indistinct Horizon Anticipating a (Nurturing) Role

Alex told me in the first interview that he just assumed his and Erica's baby would be breastfed. At the same time he was aware that breastfeeding did not go smoothly for all couples. He anticipated that he might have a feeling of helplessness if Erica experienced problems with breastfeeding. *A lot of it has to do with our personalities in that, you know, the same as if she discusses problems at work - you know- I'm the typical guy I'm always making, trying to come up with a solution because - men, men traditionally have been in the past anyway, the ones to look after the family problems and that type of thing... So I've thought about the fact that there may be some sense of - helplessness, or something like that, but at the same time thinking if there's a lot open communication between the two of us - that, that'll just help reaffirm the fact it may or may not be something that naturally happens.* He also has considered how he might actively play a role in preventing problems. Nurturing in this instance is supported by the flexibility Alex has with his job. *I'm, uh, I'm actually planning on taking quite a bit of work off in the next, in the first month or so - and, uh- basically just to help out because, you know, I think it's part of the*

role anyway. That, uh - plus I've got a fair little bit of time uh - coming to me so, uh, I think it'll be establishing that pattern of the first month I think will certainly help things and whereas if she has to breastfeed then, you know, I kind of expect going, you know, getting the baby so she can relax more just to try to help her keep more rested. So I think as long as we're both sort of keeping the same schedule that way that, that will help - counteract any problems that might arise.

### Alex – Entering the World of Breastfeeding – An Emerging Horizon - Being a (Nurturing) Bystander - Creating a Niche (Nurturing Role)

Alex never accepted the role of bystander in the negative sense of being separate from. He took an active role in assisting with breastfeeding from the very beginning. *Even in the hospital you know, I was, the first time we were putting her on it was a joint process the two of us were working to get the baby latched on that type of thing and so - and we were trying different things. You know, I'd hold say her bottom or something to keep, help keep her in place and, you know, sort of had to work out the whole process of what we were each going to do and that type of thing. And so it was - it was very nice being basically part of a team to get the whole thing started... It's good to know that you're actually helping out that it's not just a little token... So it's not something that just Erica and the baby are doing over in the corner, it's something, something I've really been involved with except for the actual, you know, latch. Alex nurtured Erica and the partner relationship aspect of breastfeeding through this initial and continuing level of active involvement. His positive experience also contributed to and perhaps was a result of the nurturing. As a result, his lived experience encompassed a new view of Erica. She's suddenly more capable and she has these other capabilities and I don't know if it's just finding out, you know, finding out that a woman has these special talents that interest you and that type of thing or whatever. But it just sort of makes you step back and re-evaluate her. So it's been interesting in that way just to sort of see how just my own view of her as a woman has developed and changed over the last couple of weeks. So it's been interesting to find a new, new part ... and to realize there's this whole area you never really thought of before and that she's fulfilling it so well and all of that.*

Alex –The Commonplace World of Breastfeeding – A Familiar Horizon Learning the (Nurturing) Rhythms

Alex specifically used the word *commonplace* in describing breastfeeding when Karen was just over seven weeks old. Because it had become *commonplace* to the couple, Alex noted that he had to consciously think of things to do to protect Erica's privacy. Breastfeeding is *much more - commonplace, you know it's not really a big deal at all now it's just very - you know- very much a part of our day to day activities as going to the bathroom or getting a meal it's just a, you know, I guess we are getting a meal. It's very, very laid-back, very relaxed. Once in awhile something will happen where it sort of makes you realize it's not quite as - common as you're getting used to. For example if, if the paper boy comes to the door then, uh, before you go to answer the door you generally make sure there's a receiving blanket or something near by so that if he has to come in Erica can just throw a blanket over herself.*

Alex also continued to nurture the breastfeeding partnership and in doing so experienced positive effects of this nurturing. *We've ended up spending a lot of time together that we never really did before, a lot of that especially if the baby is feeding. When she [Erica] sits in the chair and, uh, I'll just often sit down on the couch beside her and we'll either, just watch some TV or chat, or just chat and talk about each other's days and how it's been going and so on. I think it brings us together a lot more with me helping because basically every few hours we're kind of together again and starting this and then usually sit and chat for 15-20 minutes at a time. And I think that's something that we've commented on a couple of times, just that we've spent a lot more quality time together than we would before this happened so it's been uh very good for us as well. When Alex was asked if he was surprised at this outcome he replied, *Oh yes, yes. I would have thought that it would be, uh, not spending as much time together because we'd be looking after her [Karen]. Or else, doing stuff trying to get caught up around the house or. It's just been very, very pleasant, very nice to be able to spend the time together and I think it's very important because, uh, I can see how a lot of couples may get pulled a little bit further apart.**

### Alex –Looking Back on Breastfeeding – A Reflective (Nurturing) Horizon

At both his six-month interview and in the one-year interview Alex described how important father involvement was to the success of breastfeeding. His advice for other men would be *Just - get involved. There's no, there is no excuse to say that there's nothing for me to do - or that I can't be involved. Because I think it's certainly still a very important time in the life of a family itself and that, uh, to try to pass it off as just not being something that the father should be involved in - or that type of thing that is just ridiculous...* If a woman is having trouble breastfeeding and is feeling discouraged, how does a man know whether his role is to encourage her to keep going or whether it is to say it's okay to stop? *I think a lot of it is just interacting with her and focusing on what her opinion is and just - you know, exploring the possibilities with her, rather than trying to give her advice (chuckles). Be there to listen - but don't always have an answer... And, you know ask her what she thinks she would like to do. Whether or not she wants to continue trying for a while or whether she wants - basically it's recognizing that a father has some input into it just because it is - there are other benefits besides just a bond between the mother and the child. But really the decision does probably come down to rest with her, so just being supportive of it, being willing to explore other possibilities but just - trying to be supportive and let her make the decision. Erica has coped very well with everything from the beginning, but at the same point - there's time when you get you know sort of start to feel like you're - starting to be around a mother bear with her little cub - you just back off and let her have some time on her own to recuperate from everything going on around her.* Nurturing in this instance meant being sensitive to Erica's needs.

### **Drawing to a Close**

In this chapter I have shown how one essence of the experience of being the father of a breastfed baby is the feeling that he is more than a token in the success of breastfeeding. The father is more than a witness to breastfeeding; he is a nurturer of the mother so that she can nourish the baby through breastfeeding. The way in which he nurtures is dependent on the *world of breastfeeding* that the couple

presently inhabit and on the context of the couple's relationship. As a postscript to this account I include an updated status of all couples.

- Abe, Erica and Peter – Peter breastfed for 5-5 ½ months. Abe and Erica are expecting a second baby in December 2002.
- Andrew, Erica and Peter – lost to study May 2000
- Alex, Erica and Karen – Karen breastfed for 8 ½ months. Alex and Erica had twin girls in December 2001.
- Adam, Erica and Peter – Peter breastfed 13 months. Adam and Erica had a baby boy in December 2001.
- Aaron, Erica and Peter – Peter breastfed for eight weeks.
- Ben, Erica and Peter – Peter still breastfeeding at 15 months last contact
- Bart, Erica and Peter – Peter breastfed for three months. Bart and Erica are expecting a second baby in May 2003
- Brock, Erica and Karen – Karen breastfed for 19 months.
- Brad, Erica and Peter – Peter still breastfeeding at 13 months last contact
- Barry, Erica and Karen – Karen breastfed for 2-3 weeks
- Carter, Erica and Karen – Karen breastfed for 3-4 weeks
- Carl, Erica and Karen – Karen breastfed for 5-5 ½ months.

## Chapter 8

### Incorporating Understanding Gained From the Fusion of Horizons

*The real voyage of discovery lies not in seeking new lands but seeing with new eyes  
Marcel Proust (1871-1922)*

#### Reviewing the Journey

This study arose out of my clinical practice when I felt challenged to question my taken-for-granted knowledge of fathers of breastfed babies. The thesis is written in a form intended to reveal the complexity and fluidity of the fathers' experience and of the research process. Throughout the thesis I have invited the reader to engage in my research journey of uncovering the lived experience of fathers. In chapter two, through introducing Patrick's story, I requested readers to join the journey by examining their taken-for-granted knowledge of fathers of breastfed babies. In chapter three I showed that little is known about fathers' experience despite widespread acknowledgement that fathers influence both initiation and duration of breastfeeding. I also indicated that many of the publications dealing with the topic of fathers and breastfeeding suggest that fathers may feel left out when mothers choose to breastfeed.

Chapter four consisted of a discussion of the theoretical elements using the language the reader and I would need a common understanding of throughout the journey. The approach to the study, described in chapter five, alerted the reader to the arrangements for the journey. Here I described my preparations for taking on and using a hermeneutic phenomenological way of thinking and introduced the reader to the 12 men whose lived experience I was attempting to bring to light. To demonstrate how I engaged with the lived experience of the fathers, I described how the men and I communicated. When I had the lived experience descriptions, I described, in chapter six, how I developed the interpretation. I also introduced the reader to aspects of the language I would be using in presenting the interpretation. In chapter seven I provided an alternative interpretation to a commonly held view that fathers feel left out when mothers choose to breastfeed. My interpretation

emphasises the positive meaning that fathers draw from their experience and suggests that fathers feel they are an important part of the breastfeeding experience.

### **The Significance of the Journey**

The current study is significant because it is one of a handful dealing directly with fathers of breastfed babies and the first to review the experience of these fathers from the prenatal period until approximately one year following birth. It is also significant because the findings support an interpretation that challenges taken-for-granted knowledge of a link between the development of father-baby relationships and feeding. Removing the emphasis on a perception that fathers need to feed babies to develop relationships is an important step in removing perceived barriers for women in initiating and continuing breastfeeding. In view of the health, economic and environmental benefits of breastfeeding, any measure that can increase breastfeeding initiation and duration rates also has the potential to benefit families and society. Replacing the taken-for-granted view that breastfeeding does not concern men also has the potential to change how nurses view and work with expectant or new parents.

A challenge in working with expectant or new parents is balancing the public health message that *breast is best* with an understanding of the human factors that are paramount when dealing with individuals. At a broad community level, nurses have a duty to act as breastfeeding advocates and campaign for practices that protect and support breastfeeding. The advent of a bottle-feeding culture has meant that breastfeeding advocacy is tainted with accusations of promoting guilt. A frequent reason given for teaching expectant mothers about formula feeding is that it may be necessary *just in case* they can't breastfeed. According to Crafter (1997) this is often because mothers and professionals in industrialized societies mistrust the ability of breasts to produce sufficient milk for the baby. I maintain that nurses can fulfil their responsibility to be a breastfeeding advocate at a community level and at a human level can fulfil their responsibility to maintaining their primacy of "being" in interaction with the "beings" of mothers, fathers and babies. This thesis provides

a contribution to the knowledge base necessary to meet this challenge. In this chapter I integrate the interpretation with a discussion of its meaning for nursing practice, education and research. I also discuss how the interpretation could be moved forward and the challenges and rewards of conducting hermeneutical phenomenological research.

## **Linking Philosophy, Science and Practice Knowledge**

I now turn to the question, “What makes this study a nursing study versus a study done by a nurse?” First I address the issue of why this question is even raised. Fawcett (2000a, 2000b) provokes nurses to consider what constitutes nursing research. She categorically states “I do not regard the research done by nurses that generates or tests theories within the context of intellectual traditions from other disciplines as *nursing* research” (2000a, p. 3 emphasis in original). She further argues that research can only be granted the status of nursing research if it is done to generate and test empirical nursing theories that are derived from conceptual models of nursing. She challenges “researchers to defend their studies as nursing research by grounding those studies within the context of conceptual models of nursing and nursing theories” (2000b, p. 525). Fawcett’s limited view of what constitutes nursing research constrains the discipline rather than advancing its knowledge base. What is lacking in Fawcett’s vision is any articulation of the linkage between philosophy, science and practice knowledge. Elsewhere in the thesis, I have hinted at my understanding of nurses as “beings” and nursing as “ways of being”. I now make more explicit how this understanding is a conduit between the *world* of nursing practice and the *world* of nursing science.

### **How is Research Using Hermeneutical Phenomenology Nursing Research?**

For the practice of nursing to occur, a human being<sup>1</sup> must want help with a health-related issue, and the nurse must respond by helping that human being with the health-related need. Phenomenologists believe that human beings, the world and

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<sup>1</sup> I acknowledge the human being may be an individual, a family, a community or a population but I argue that for practice there must always be someone to whom the nurse responds. I use nurse in a generic sense meaning an individual, a group of nurses or the profession.



their experiences of the world are inseparable. Hermeneutists believe that interpretation operates in a fabric of relationships or horizons – with self, with others, with the present and the past.<sup>2</sup> Furthermore, interpretation is mediated by language. Our texts or communication occur within a specific linguistic tradition or historically effected consciousness, and each of us interprets from within that tradition.

Nurses care for the whole person, and we are constantly interpreting and being interpreted in the care we provide. Holistic care involves the personal-professional relationship between the person receiving care and nurse. In other words nurses have lived experiences of caring for others. One way to view nursing is that “the primary relationship of the nurse is a personal-professional way of *being* with his/her patient/client” (Bishop & Scudder, 1999, p. 19, emphasis added). If these statements about phenomenology, hermeneutics and nursing are accepted, hermeneutical phenomenology as a research method is a helpful way to understand nursing practice. The opposite would also be true; nursing practice is a helpful way to understand hermeneutical phenomenology.

### What is Nursing Knowledge? How does it Relate to Nursing Science?

Does the search for nursing knowledge begin with nursing theory or with practice? I argue that the route to knowledge development in nursing must not be restricted to one view. Some nursing knowledge, as Fawcett asserts, is developed from nursing theories or conceptual frameworks. Some nursing knowledge is developed from issues identified in practice and examined in light of nursing theories or conceptual frameworks. However, if we limit our definition of nursing research to existing nursing conceptual frameworks or theories, we prevent other conceptualisations of nursing or nursing research from being developed.

Nearly 25 years ago Carper (1978) provided a defence of the position that no one pattern of knowing provides a complete approach to the problems and questions of the nursing discipline. She analysed the “conceptual and syntactical structure of

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<sup>2</sup> These statements are basic summations of the phenomenological and hermeneutical views which were more fully presented chapter four

nursing knowledge” (p. 14) and identified four fundamental patterns including “empirics: the science of nursing, aesthetics: the art of nursing; the component of a personal knowledge in nursing; and ethics, the component of moral knowledge in nursing” (p. 14). In her view, “each of the fundamental patterns of knowing represents a *necessary but not complete approach* to the problems and questions in the discipline” (1978, p. 22, emphasis added). My study is nursing because it arose from nursing practice and contributes to an understanding of the experience of fathers of breastfed babies, who are members of a family with a health related need. If nurses understand the experience of persons with health related needs, they are better able to respond to those needs. Therefore, my study contributes to understanding nursing practice. It is nursing research because it is a systematic approach to studying a phenomenon relevant to nursing, and it is philosophically congruent with the discipline of nursing. It is nursing research because it uses two of nursing’s fundamental patterns of knowing – the aesthetic process and the personal component. Carper emphasises that the aesthetic process of knowing involves a distinction between recognition and perception. When we recognise something we place a label on it according to some previously formed classification scheme.

Perception, however, goes beyond recognition in that it includes an active gathering together of details and scattered particulars, into an experienced whole for the purpose of seeing *what is there*. It is perception rather than mere recognition that results in a unity of ends and means which gives the action taken an aesthetic quality (p. 16, my emphasis).

My study uses the aesthetic process in developing knowledge that will be helpful to nurses caring for breastfeeding families. In returning to the lived experience of fathers of breastfed babies, I have used the details and particulars of fathers’ lived experience, clinical practice, academic and other literatures to create a whole so that nurses can see *what is there* in caring for fathers of breastfed babies.

Carper also identified that the component of personal knowledge is essential for nurses in “understanding the meaning of health in terms of individual well-being”

(p. 16). This type of knowing is “standing in relation to another human being and confronting that human being as a person” (p. 17). This pattern of knowing challenges the nurse to develop authentic personal relationships necessitating “the acceptance of others in their freedom to create themselves and the recognition that each person is not a fixed entity, but constantly engaged in the process of becoming” (p. 17). Personal knowing promotes engagement over detachment, and wholeness and integrity in the personal encounter. In this thesis I have demonstrated how I used hermeneutical phenomenology to ensure that the fathers’ lived experience was considered. I first did this through the hermeneutical interview process<sup>3</sup> to enter and engage with the men in the context of their horizons. Second, I used the concept of intentionality<sup>4</sup> throughout the layering process taken in developing the interpretation to preserve the wholeness and integrity of the men’s lived experience.

### **Changing Horizons of Fathers of Breastfed Babies and the Nurse Researcher**

Intersubjectivity is “the verbal and nonverbal interplay between the organized subjective worlds of two people in which one person’s subjectivity intersects with another’s subjectivity” (Munhall, 2001, p. 144). This study is premised on and develops from the intersubjectivity of the participants and the researcher. Through the process of intersubjectivity, the men and I came to know aspects of each other’s being. I came to know the men as nurturing and the men came to know me as a breastfeeding advocate who accepted their lived experience of being fathers of breastfeeding babies.

Throughout chapter seven I showed how a father’s horizon changed as he *anticipated an unknown world of breastfeeding, entered into the world of breastfeeding, experienced the breastfeeding world as commonplace and looked back on the breastfeeding world*. The objective world of breastfeeding for the father comprised a phenomenon that I labelled *it’s her body and our baby*. The fathers

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<sup>3</sup> The hermeneutic interview process was described in chapter five.

<sup>4</sup> Intentionality was discussed in chapter four.

constructed meaning from this reality in relation to varying belief systems of *breast is best and formula is acceptable*, *breast is best and it's her decision* and *breast is best and it's our baby*. Movement within and between the three belief systems was mediated by lived experience in relation to lived body, lived time, lived relationships and lived space. An essence of the fathers' experience was a desire to be recognised as an important part of decisions surrounding breastfeeding. This essence revealed itself differently in different fathers. Some fathers wanted an active role in the decision to begin and end breastfeeding and others wanted their willingness to do whatever it took to help their partner follow through with her decision recognised as an important contribution to success of breastfeeding. A third way of expressing the essence was helping a partner to accept that switching from breast to bottle did not mean that she had failed. Regardless of the specific expression of the essence, fathers of breastfed babies are attuned to the mother and baby's experience and *nurture their partners so they can nourish their babies*.

Just as the fathers experienced changing horizons throughout the research process, so too did I. My journey into the world of hermeneutic phenomenological research paralleled the fathers' journey into the breastfeeding world in many ways. I too experienced an *unknown world*, *entered a world*, began to experience that *world as commonplace* and now am engaged in the process of *looking back*. Although I was aware that with this type of enquiry the direction of the study could not be known at the outset and that writing was an integral part of the process,<sup>5</sup> it was not until I began examining non-traditional literatures that I began to understand the significance of seeking out other sources of similar lived experiences. For example, in my school years, I intensely disliked poetry and have since studiously avoided it. Yet some of the passages of lived experience in Coleridge's poetry helped me to understand lived experience in ways I could never have anticipated.

At the beginning of the research process, even though I wanted to learn about men's experience, I struggled with the idea that I would not be meeting the women and babies. I found it difficult to accept that I would not be able to use my clinical

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<sup>5</sup> The issues of the nature of the unknown direction of the enquiry and the non-linear writing style was presented in chapter one.

expertise to assist mothers and babies to overcome physical challenges to breastfeeding. I worried about my ability to hear what fathers had to say if it conflicted with my belief about the importance of breastfeeding.<sup>6</sup> At the same time as I was doing my research, I wanted to nurse fathers, mothers and babies so that they would have a satisfying breastfeeding experience. I had a difficult time separating my short-term personal desire to help breastfeeding families with the challenges I know they face in a bottle-feeding culture from my long-term goal to learn about fathers' experience. My philosophy in nursing breastfeeding families is to work with them to create a positive experience so that when they stop breastfeeding it is because they want to stop rather than because they feel there is no alternative to stopping. I have always reasoned that if the breastfeeding experience is a positive one for the mother, baby and father then the duration of breastfeeding will be extended.

Prior to engaging in this research process, I thought that my direct intervention played a significant role in the high numbers of women attending my breastfeeding clinic who breastfed longer than the provincial average.<sup>7</sup> I realize that the numbers of the men in this study and the research design do not permit generalization, but I was surprised at the small percentage of families in this study who discontinued breastfeeding before two months. This phenomenon has caused me to wonder if my lived experience with the men had ripple effects with their lived experience with their partners and babies. I began to question if the opportunity for men to engage in discussion of their experience acted as an intervention to increase breastfeeding duration. In empirical research an occurrence such as this might be attributed to a Hawthorne effect.<sup>8</sup> In my research, it might be argued that the personal aspect of the interviews led to longer breastfeeding duration than would have been the case if the

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<sup>6</sup> Some of these "worries" were disclosed in my journal entries included in chapter five.

<sup>7</sup> A discussion of breastfeeding duration at my breastfeeding clinic in comparison with other provincial statistics was presented in chapter three.

<sup>8</sup> Parahoo (1997) notes that the Hawthorne effect is named for a study that took place at the Hawthorne plant of Western Electric in the United States. The researchers set out to study the effect of illumination on the workers at the plant. They experimented with lighting levels and consistently found increases in productivity regardless of the lighting level. They concluded that the increased productivity resulted from the workers' knowledge they were being observed rather than from the lighting levels.

men were not participating in a study.<sup>9</sup> It could also be argued that the study only attracted men whose partners demonstrated a significant commitment to breastfeeding and would have breastfed longer than typical women. The study was not designed to answer such questions. It was designed to learn about men's experience. However, I had similar outcomes for breastfeeding duration in my research as in my practice. This causes me to question whether the relationships I have developed with breastfeeding couples has been an equally significant factor as my expertise in dealing with typical breastfeeding challenges. I have always wondered why women who came to my clinic with severe breastfeeding difficulties kept coming back until they succeeded in breastfeeding. I have always attributed it to the determination the woman had to provide their baby with the best despite all the barriers they faced. Now that I have had this lived experience of hermeneutic phenomenological research, I recognise that intersubjectivity may have played a part in assisting the woman to gain the confidence that she was going to succeed. Supporting the fathers through their expressions of lived experience has illuminated and affirmed for me the connection between my personal nursing philosophy and my clinical practice in a way that I had not anticipated when I began.

#### Limitations to My New Horizon as a Hermeneutical Phenomenological Researcher

Not all aspects of my experience of doing this research were uniformly positive. Previously, I described how Barry asked me why the hospital nursing staff gave formula to Karen.<sup>10</sup> As a nurse, I experienced frustration that nursing staff apparently did not consider the implications of introducing rubber nipples and formula to the baby.<sup>11</sup> I was dismayed because iatrogenic breastfeeding problems were a major factor in Barry and Erica's decision to stop breastfeeding, and the breastfeeding experience had been a largely negative one. As a researcher, I wanted

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<sup>9</sup> If true, this would be an argument for instituting this type of "intervention" to increase breastfeeding duration.

<sup>10</sup> This was discussed in chapter seven in the sub-section "Breast is Best Formula is Acceptable" found in "The Commonplace World of Breastfeeding".

<sup>11</sup> In chapter seven I discussed the negative affects of introducing rubber nipples and also showed that Erica had several risk factors for thrush. This information should have been enough to ensure that if Karen would not latch initially, the nurses would have encouraged Erica to pump breastmilk and the give it to the baby via cup or finger feeding until an effective latch was achieved. This intervention would have prevented the damage to her nipples, which coupled with the existence of so many risk factors led to the development of thrush.

to learn the impact of the experience on Barry in a way that didn't appear as if I were being critical of the couple's decision or of the nurses in the hospital. At the same time, I wanted to remain authentic in my encounter with Barry. Each time I listen to the audiotape of the interview or re-read this part of the transcript, I experience similar feelings. Only when I reach the end of the tape or transcript and I hear or read what Barry had to say do I experience the satisfaction of knowing that I stayed authentic, yet I didn't prevent him from saying what he was experiencing.

**Barry Interview # 3 March 13, 2001 Karen 2 months old**

Yeah, but your personality is open. You don't, you don't preach. So it makes it easier to offer stuff on our side.

When I was planning the research two questions were frequently asked of me. The first was "How will the fact that you are a woman influence the research?" The second was "Won't you only be able to recruit men who are already interested in breastfeeding, what about men whose partners don't breastfeed?" The second question was easy to answer even before I entered the *unknown world* of hermeneutic phenomenological research. Hermeneutic phenomenological research requires that you become engaged with people who are interested in the phenomenon and who have the ability to articulate their lived experience. Learning about men whose partners do not breastfeed might be an interesting phenomenon to study, but it would have been difficult to recruit them to the study. The first question could only be answered satisfactorily once I began *looking back* on the world of hermeneutic phenomenological research. I now realize I have experienced an expansion of my horizon. Originally, when the question was posed, I felt defensive. However, I couldn't clearly articulate why I thought gender did not matter. Now that I have gained an increased understanding of the role of intersubjectivity in hermeneutic phenomenological research, I can answer my ability to engage with the men intersubjectively was more important than gender. I asked the men at the group interviews whether it might have been better to be interviewed by a man. I waited until the group interview to ask the question because I believed that I would be less likely to influence their answers since this was the last of the interviews. I also had observed in previous group interviews

(Storr, 1996) that participants were able to contradict each other readily when they did not agree with what was being said. By the end of the interview process I also knew each man so well that I was confident that they would not hesitate to disclose their feelings about this issue. Not one man believed that my gender made him less likely to discuss his experience. Although my gender and experience were deemed to be positive qualities in enhancing the men's comfort in talking with me, intersubjectivity was more important. Bart's response, obtained by e-mail<sup>12</sup> was typical of the other men's responses.

**Bart E-mail Exchange January 21, 2002**

*Would you have felt more free to speak if the interviewer had been a male?*  
Strangely enough, I think it was actually easier that the interviewer was female; perhaps because it is easier to talk about feelings with a female than a male. I suppose it has more to do with the approach and approachability of the interviewer than the gender, but my initial reaction is that it was better to have a female interviewer (underlining added).

Gadamer (1989/1960) demonstrated that human understanding occurs through the interpretation of tradition. He proposed that interpretation of tradition is not only an epistemologic category but also an ontologic one that is integral with being. Tradition or historically effected consciousness provides the foundation of practices, ideas, vocabulary and hunches that human beings bring with them to any experience. An interpretation is created through a fusion of horizons.<sup>13</sup> The men in this study and I each experienced fusing of horizons and through this fusion experienced changes to our ontological states. None of the men had identical experiences with the experience of being the father of a breastfed baby or as a participant engaging with me in the research process. So too, I did not have identical experiences in engaging in the research process with each individual man. The fathers experienced changes to their being as they became fathers of breastfed babies and I experienced changes to my being as I became a hermeneutic phenomenological researcher. The fathers developed an understanding of themselves, their partners and their babies. They will take that understanding with

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<sup>12</sup> Bart was unable to attend the group interview and we exchanged e-mail correspondence covering many of the topics discussed in the group interview.

<sup>13</sup> Gadamer's view of hermeneutics, tradition and fusion of horizons was discussed in chapter four.



them in their experience with any subsequent children. Similarly, I learned from the experience of being a hermeneutic phenomenological researcher and will take that understanding with me for any subsequent research. I turn to that discussion in the next section.

### Looking to Future Horizons

I found it difficult to accept that the examination of lived experience material is not bounded by rules (Munhall, 2001) and that the relevance of material to the phenomenon being studied was more important than “form”. For example, I was unable to take advantage of some serendipitous experiences that might have enriched my understanding of men’s lived experience. In November 2000 (10-11 months into the interviews) I went to a pub with a colleague. As we were walking to our table, I noticed a small group of men and overheard parts of a conversation about breastfeeding. It was clear that they were fathers and the “aha” feeling I experienced reminded me that I had undertaken the study to question my taken-for-granted knowledge. I did not talk to any of these men because I felt too awkward. Faced with a similar situation today, I would introduce myself, tell them why I had been eavesdropping and why I decided to stop to talk.<sup>14</sup> I would give them business cards with information about my study. Even if I were to fail in engaging the men in conversation, I would write more detail about the encounter in my journal rather than just the date that it happened.

A second thing I would do differently is to pay earlier attention to anything I read in terms of lived experience. Taking earlier note of experiential descriptions might have given me an opportunity to ask the fathers about different perspectives of lived experience. I intend to broaden my reading material for any subsequent research using a hermeneutic phenomenological method.

A particular strength of my research was the longitudinal design. Returning to the phenomenon with the same individuals enriched my understanding of the

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<sup>14</sup> Fredericton is a very small community and it would be entirely acceptable within the norms of the community for such a conversation to be initiated. I could not imagine doing the same thing here in Edinburgh, which is a much larger city.

phenomenon being studied. However, I would be more direct about asking meaning questions such as, “what do you mean by that?” “When you say ... what does that mean?” I also would now have the confidence to recognise when I knew my way around the phenomenon<sup>15</sup> and not worry so much about the number of interviews. I found dealing with material from 45 interview transcripts a massive undertaking, and I do not believe a similar volume would be necessary for future interpretations of lived experience. I am satisfied with the research approach I took and with the depth and complexity of my interpretation. I could always take it to another layer, as the hermeneutic circle is an ever-expanding one. The next layer I could take the interpretation to is a more abstract discussion of the phenomenon of fathers needing to feel a part of the decisions surrounding feeding. Wanting to be a part of something important is not unique to fathers of breastfed babies. An examination of that phenomenon might shed light on other areas of parenting.

Another way I could approach interpretation of the material is to look in more detail at how fathers nurture their breastfeeding partners. In addition to looking at concrete things such as getting meals and doing housework, I could look at the phenomenon of protecting involved in nurturing. All of the fathers engaged in protective activities, sometimes in very different ways. For example, in the early days Bart and Ben protected their partners from knowing how worried they were that breastfeeding wasn't going to work. Carter protected Erica from knowing how angry he was that she stopped breastfeeding until he had an opportunity to deal with those feelings and could understand her reasoning. Protecting is also not unique to fathers of breastfeeding babies and developing a lived experience description of it would be another way to extend the interpretation.

## **Evaluating the Research**

Earlier, in discussing issues of rigour, I indicated that the criteria for evaluating the study should be related to the paradigm guiding the study. Information to enable the reader to judge my trustworthiness and authenticity during the initiation and

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<sup>15</sup> The issue of knowing one's way around the phenomenon was discussed in chapter five.

continuing phases of the study was also provided.<sup>16</sup> Now that the study is complete, I revisit Annells' (1999) criteria for evaluating a phenomenological research project in nursing.<sup>17</sup>

I subjected various aspects of the interpretation to outside scrutiny. I sent Patrick's story<sup>18</sup> to men who had the experience of being fathers of breastfed babies, nurses who had experience working with breastfeeding families and an expectant mother. They all were aware the story was one layer of the interpretation and a chapter in the thesis. I asked if the story evoked feelings of "this is real" or "I can imagine something very similar." While the comments I received were not universally positive, they nonetheless supported my contention that the interpretation is understandable and appreciable. I have included excerpts from three e-mails I received about Patrick's story.

#### **Father of One Previously Breastfed Baby<sup>19</sup>**

I very much enjoyed reading Patrick's story. I could relate to most of it and thought the rest was entirely plausible. I think it is potentially a very powerful way to present your account, although of course the subsequent chapters are important to this.

#### **Expectant Mother of One Previously Breastfed Baby**

It [Patrick's story] is a very interesting read and there are a lot of things I (as a woman) can identify with. Here are some early thoughts:... Sex and breastfeeding: wow - they talked about this?! It is very intimate and I am not surprised that there was some stir in the group. How exiting! ... it is a story on its own at the moment for me... You are right in arguing that fathers' voices have not been heard (or ignored?) in this area. For me, discovering that fathers had similar thoughts and feelings in at least some areas like I had is surely an interesting discovery overall.

#### **Nurse Who Has Worked with Breastfeeding Families**

I have enjoyed reading your draft chapter and I do feel it does give an impression of what some of the feelings re breastfeeding may be for fathers. While I know that diary writing etc. is what many parents do, indeed some have made money from publishing their entries!! I sometimes feel the tone of the work is a little twee (I hope you understand this expression!).

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<sup>16</sup> Issues of rigour were discussed in chapter four

<sup>17</sup> These criteria were introduced in chapter four.

<sup>18</sup> Patrick's story was introduced in chapter two. His story and each man's individual story were also sent to all of the fathers in the study via e-mail. I did not receive any feedback from the men to the stories and I elected not to pursue them further because I felt they have all already been very generous with their time.

<sup>19</sup> This father is not the partner of the expectant mother.

I also gave chapter seven to a nursing postgraduate student whose area of expertise has nothing to do with breastfeeding families. Her comment after reading the chapter was that I had made her think entirely differently about men than she had previously. She observed that the experience of men came alive for her through the lived experience interpretation.

Annells says that inclusion of the trail of methodological decisions made in a phenomenological research project is imperative so that the research can be evaluated. My decision trail recorded in chapter five renders it possible for readers to understand methodological decisions I made during the course of the study. The research product should also be capable of informing nursing practice and benefitting those receiving care. I suggest that helping nurses to question the taken-for-granted nature of their assumptions about fathers of breastfed babies, making nurses aware of men's lived experience and demonstrating the power of connecting in relationships has the potential to advance understanding. Empathic understanding may lead to a person orientation in nursing practice and a concern for the human element of health care rather than a role orientation. These are predispositional qualities for caring (Montgomery, 1993). Valuing a person orientation over a role orientation may mean that nurses are motivated to connect with people and thus benefit those receiving care. If nurses develop an increased understanding through understanding lived experience, the neglect of fathers of breastfed babies may diminish or cease to exist.

### **Reflecting on Our Horizons**

Hermeneutical phenomenological research is implicitly emancipatory. The emphasis on understanding lived experience and entering another's horizon of understanding can act as "spurs to the imagination" (Koch, 1998, p. 1183) creating an impetus to change at a personal and a community level. Ben described the power of understanding in changing his feelings and behaviour as "recognitions, imaginative recognitions of what it is now that I am a part of" (Interview # 2,

October 19, 2000). I assert that if clinicians, managers, policy makers and educators experience “imaginative recognitions of what it is that they are a part of” they too will be motivated to action. While the interpretation I have presented has revealed many aspects of men’s lives in their experience of being the father of a breastfed baby, I am aware that other essential aspects may remain hidden. Such is the complex nature of the hermeneutic experience.

It is difficult to separate my lived experience from any recommendations because my expertise in breastfeeding is a part of how I understand the meaning of fathers’ lived experience. The same is true for clinicians, managers, policy makers and educators. However, it is not necessary that they directly interact with fathers of breastfed babies to understand men’s experience. Since I cannot possibly know the variety of contexts within which people have their lived experiences, I have decided to suggest questions to stimulate thinking rather than to prescribe remedies. Using questions instead of making recommendations is consistent with the approach I have taken throughout the thesis of partnering with the reader rather than assuming role of the expert. The use of questions is also consistent with the phenomenological approach of emphasis on questioning the taken-for-granted and the hermeneutic approach of considering the significance of horizons to understanding. In developing the questions I have been guided by the goal of the Innocenti Declaration<sup>20</sup> to promote, protect and support breastfeeding and Johns’ (1997) model of reflective practice that contains questions, based on Carper’s patterns of knowing, to provide structure for reflection. Finally I have been guided by my lived experience of developing the interpretation.

#### *Questions for Clinicians, Managers, Educators and Policy Makers*

1. How do I respond to hearing that fathers of breastfed babies nurture their partners so that they can nourish their babies? Why do I respond the way I do? What are the consequences of my response for fathers, mothers, babies and myself?
2. What knowledge informs me about what fathers of breastfed babies need and or want?

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<sup>20</sup> The Innocenti Declaration was discussed in chapters one and three.

### *Questions Specifically for Clinicians and Childbirth Educators*

1. What am I trying to achieve when I work with breastfeeding families? Is a possible consequence of my care that the father may feel patronised, excluded or as if he is an afterthought? How would I know this?
2. What would the consequences be for fathers, mothers, babies and me of integrating the father into care of the breastfeeding mother and baby?

### *Questions Specifically for Managers*

1. What taken-for-granted messages about fathers of breastfed babies are conveyed in our patient care areas, patient education materials and staffing patterns?
2. What are the external factors that facilitate or discourage staff involvement with fathers of breastfed babies?

### *Questions Specifically for Educators*

1. How can I incorporate various literatures to creatively challenge students to examine their taken-for-granted knowledge about breastfeeding and about fathers of breastfed babies?
2. How do I model intersubjectivity for my students? Do my interactions with fathers of breastfed babies demonstrate the intersubjective nature of the encounter in ways that make it possible for students to understand the importance of being authentic?
3. What am I trying to achieve if I encourage students to consider the experience of fathers of breastfed babies? What are the consequences for students, fathers, mothers, babies and me of student involvement?
4. How do I incorporate understanding of fathers' experience into teaching about the socio-political dimensions of breastfeeding?

### *Questions Specifically for Policy Makers*

1. What are the short-term and long-term benefits to society of flexible work hours for fathers of breastfed babies when breastfeeding is being established?
2. Does the interpretation of the lived experience of fathers have any implications for policies on promoting, protecting and supporting breastfeeding?

## Closing This Hermeneutic Circle

Experience is something that you have, not something that you can have on behalf of another. However, it is possible to understand another's lived experience through being open to and willing to enter another's horizon. Horizons can be expanded through personal interactions, through engaging with vicarious descriptions of lived experience and through thoughtful reflection. I opened the hermeneutic circle for this thesis with a quote from Benjamin Disraeli, so too I have chosen to complete it with another.

*Knowledge must be gained by ourselves.  
Mankind (sic) may supply us with the facts;  
but the results, even if they agree with previous ones,  
must be the work of our mind.  
Benjamin Disraeli, Earl of Beaconsfield (1804-1881)*

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**Appendix A**  
Schedule of Interviews

## Schedule of Interviews

Name # Interviews /Potential # Interviews	Prenatal Interview	Baby's DOB	Interview # 2	Interview # 3	Interview # 4	Group Interview
	Partner's EDD	Birth Weight				
Abe 5/5	January 28, 2000 (5 weeks prior to EDD) <i>Transcript 6 pages</i>	March 8, 2000 (6 weeks after Prenatal Interview)	March 23, 2000 (Baby 15 days old) <i>Transcript 17 pages</i>	May 5, 2000 (Baby 8 weeks 3 days) <i>Transcript 22 pages</i>	September 29, 2000 (Baby 6 months 2 weeks) <i>Transcript 10 pages</i> Stopped BF @ 5 1/2 months	April 3, 2001 (Baby 1 year + 3 weeks)
	Feb 28-March 3, 2000	Peter 8-3 Vaginal Birth - Forceps				
Andrew 1/??	February 14, 2000 (5 weeks prior to EDD) <i>Transcript 10 pages</i>		<i>Gail in Edinburgh for Meeting</i>	<i>Scheduled for May</i> <i>Cancelled due to</i> <i>father's work</i> <i>commitments</i>	<i>Letter written</i> <i>September 9, 2000 -</i> <i>No Response</i>	<i>Gail did not contact</i>
Alex 5/5	March 29, 2000	Peter Vaginal Birth				
	March 9, 2000 (5 weeks prior to EDD) <i>Transcript 10 pages</i>	April 14, 2000 (5 weeks after Prenatal Interview)	May 9, 2000 (Baby 1 month) <i>Transcript 22 pages</i>	June 7, 2000 (Baby 7 weeks 5 days) <i>Transcript 17 pages</i>	November 9, 2000 (Baby 6 months 3 weeks) <i>Transcript 11 pages</i> Stopped BF @ 7-8 months	April 3, 2001 (Baby 11 months + 3 weeks)
Aaron 4/4	April 12, 2000	Karen 7-7 Vaginal Birth -Lift out Forceps				
	May 8, 2000 (6 weeks prior to EDD) <i>Transcript 12 pages</i>	June 7, 2000 (1 month after Prenatal Interview)	July 7, 2000 (Baby 1 month) <i>Transcript 21 pages</i>	Set for August 8, 2000 (Forgot then on vacation) Done September 1, 2000 (Baby 12 weeks 4 days) Stopped BF @ 12 weeks <i>Transcript 12 pages</i>	Baby had stopped breastfeeding did not show for appointment	April 3, 2001 Had to cancel b/c Erica had to work overtime Asked to be included later December 11, 2001 (Baby 18 months + 4 days)
	June 21, 2000	Peter 9-10 Caesarean Delivery				

Name # Interview /Potential # Interviews	Prenatal Interview	Baby's DOB	Interview # 2	Interview # 3	Interview # 4	Group Interview
	Partner's EDD	Birth Weight				
Adam 5/5	May 29, 2000 (10 days prior to EDD) <i>Transcript 25 pages</i>	June 7, 2000 (9 days after Prenatal Interview)	June 22, 2000 (Baby 2 weeks 1 day) <i>Transcript 21 pages</i>	August 2, 2000 (Baby 8 weeks) <i>Transcript 22 pages</i>	December 6, 2000 (Baby 6 months + 1 day) <i>Transcript 24 pages Still BF @ 10 months</i>	April 3, 2001 (Done then at Adam's request b/c out of country) (Baby 9 months + 27 days)
	June 8, 2000	Peter 7-15 Vaginal Birth				
	September 1, 2000 (17 days prior to EDD) <i>Transcript 16 pages</i>	September 23, 2000 (22 days after Prenatal Interview)	October 19, 2000 (Baby 3 weeks 5 days) <i>Transcript 16 pages</i>	December 1, 2000 (Baby 9 weeks 5 days) <i>Transcript 21 pages</i>	March 23, 2001 (Baby 6 months) <i>Transcript 24 pages Still BF @ 14 months</i>	December 4, 2001 (Baby 14 months + 11 days) PETER AT INTERVIEW
Ben 5/5	September 18, 2000	Peter 8-10 Vaginal Birth				
	September 9, 2000 (9 days prior to EDD) <i>Transcript 15 pages</i>	September 25, 2000 (2 weeks after Prenatal Interview)	October 10, 2000 (Baby 15 days) <i>Transcript 12 pages</i>	November 13, 2000 (Baby 7 weeks) <i>Transcript 18 pages</i>	March 29, 2001 (6 months + 4 days) <i>Transcript 15 pages Stopped BF @ 3 months</i>	December 11, 2001 Forgot, he e-mailed and asked if could still do. January 14, 2002 e-mail interview
	September 18, 2000	Peter 9-0 Vaginal Birth				
Bart 5/5	October 14, 2000 (3 days prior to EDD) <i>Transcript 10 pages</i>	October 20, 2000 (6 days after Prenatal Interview)	November 8, 2000 (3 weeks 5 days) <i>Transcript 19 pages</i>	December 21, 2000 (Baby 9 weeks 1 day) <i>Transcript 12 pages</i>	June 2, 2001 (Baby 7 months + 1 week) <i>Transcript 21 pages Still BF @ 14 months</i>	December 4, 2001 (Baby 14 months + 2 weeks) KAREN AT INTERVIEW
	October 1, 2000	Karen 8-6 Vaginal Birth				
	October 27, 2000 (12 days prior to EDD) <i>Transcript 6 pages</i>	November 21, 2000 (3 weeks 4 days after Prenatal Interview)	December 4, 2000 (Baby 13 days old) <i>Transcript 15 pages</i>	January 29, 2001 (Baby 9 weeks 5 days) <i>Transcript 10 pages</i>	June 1, 2001 (Baby 6 months + 2 weeks) <i>Transcript 16 pages Still BF @ 13 months</i>	December 4, 2001 (Baby 13 months + 13 days) PETER AT INTERVIEW
Brad 5/5	November 8, 2000	Peter 8-15 Vaginal Birth				
	December 11, 2000 (4 weeks prior to EDD) <i>Transcript 13 pages</i>	January 10, 2001 (1 month after Prenatal Interview)	January 30, 2001 (Baby 20 days old) <i>Transcript 26 pages</i>	March 13, 2001 (Baby 9 weeks 1 day) <i>Transcript 29 pages Stopped BF @ 5 weeks</i>	NOT DONE BECAUSE BABY HAD STOPPED BREASTFEEDING AT INTERVIEW # 3	December 11, 2001 (Baby 11 months + 1 day)
	January 7, 2001	Karen 6-15 Caesarean Delivery				
Barty 4/4						

Name # Interview /Potential # Interviews	Prenatal Interview	Baby's DOB	Interview # 2	Interview # 3	Interview # 4	Group Interview
	Partner's EDD	Birth Weight				
Carter 4/4	December 11, 2000 (4 weeks prior to EDD) <i>Transcript 21 pages</i>	January 9, 2001 (4 weeks 3 days after Prenatal Interview)	January 23, 2001 (Baby 2 weeks old) <i>Transcript 18 pages</i>	February 27, 2001 (Baby 7 weeks old) <i>Transcript 26 pages</i> Stopped BF @ 6 weeks	NOT DONE BECAUSE BABY HAD STOPPED BREASTFEEDING AT INTERVIEW # 3	December 11, 2001 (Baby 11 months + 2 days)
	January 6, 2001	Karen 7-15 Vaginal Birth				
	February 28, 2001 (6 days prior to EDD) <i>Transcript 18 pages</i>	March 14, 2001 (2 weeks after Prenatal Interview)	April 6, 2001 (Baby 3 weeks 2 days) <i>Transcript 11 pages</i>	May 18, 2001 (Baby 9 weeks 2 days) <i>Transcript 16 pages</i>	October 1, 2001 (Baby 6 months 16 days) <i>Transcript 15 pages</i> Stopped BF at 5 months	December 11, 2001 (Baby 8 months + 27 days)
Carl 5/5	March 6, 2001	Karen 7-2 C Birth				
Total Individual Interviews = 42	Interval Range Prior to EDD	Interval Range from Prenatal Interview	Age Range for Interview # 2	Age Range for Interview # 3	Age Range for Interview # 4	Age Range for 1 year Interview
Total Group Interviews = 3	6 days to 6 weeks	6 days to 6 weeks	2 weeks to 1 month	7 weeks to 13 weeks	6-7 months	9 months to 18 months
TOTAL INTERVIEWS 45		<u>Gender of Babies</u>				
<i>Group 1 Transcript 28 pages</i>		7 boys 5 girls				
<i>Group 2 Transcript 20 pages</i>		<u>Modes of Delivery</u>				
<i>Group 3 Transcript 38 pages</i>		10 Vaginal Birth 2 Caesarean Deliveries				
TOTAL TRANSCRIPT PAGES 787						

**Appendix B**  
Demographic Information

### Demographic Information

Pseudonym	Age	Education	Occupation	Partner's Age	Partner's Education	Partner's Occupation	Partner Returning to Work	Joint Family Income
<b>Years as Couple Before Pregnancy</b>								
Abe	29	BSc	Software Designer	31	BN	Nurse	Yes	> \$ 80,000 £ 33,000
4 years							6 months	
Andrew	33	MA MSc	Director of Communication	31	MA	Management Consultant	Yes	> \$ 80,000 £ 33,000
9 years							6 months	
Alex	31	BSc	Technical Analyst	29	MScSc	Project Manager IT Sector	Yes	> \$ 90,000 £ 37,000
4 ½ years							6 Months	
Aaron	26	BSc	Environmental Protection	26	BN	Nurse	Yes	> \$ 70,000 £ 29,000
2 years							6 months	
Adam	28	Grade 12 High School	Military Infantry	23	Grade 12 High School	Office Clerk	Yes	> \$ 50,000
3 years							6 months	
Ben	47	PhD	Professor	36	PhD	Assistant Professor	Yes	> \$ 90,000 £ 37,000
10 years							3 months	
Bart	33	MBA	Development Office	29	Community College	Customer Service Representative	Yes	> \$ 80,000 £ 33,000
3 ½ years							6 months	
Brock	37	BSc	Sales Manage	26	BA	Translator	No Plans Working at 1 year Interview	> \$ 70,000 £ 29,000
6 months								
Brad	25	BSc	Network Analyst	22	BA	Not Working Doing MA at 1 year interview	Return to University	> \$ 40,000 £ 16,500
3 years								
Barry	38	BBA	Online Tutor	33	LLB	Lawyer	Yes	> \$ 80,000 £ 33,000
3 years							6 months	
Carter	30	Community College	Hair Stylist	25	Community College	Hair Stylist	Probably Not	> \$ 50,000 £ 20,000
6 months								
Carl	34	Community College	Lab Technician	31	BA, BBA	Library Assistant	Yes	> \$ 60,000 £ 24,000
14 years							1 year	
	<u>Age Range</u>	<u>Education Range</u>		<u>Age Range</u>	<u>Education Range</u>			<u>Income Range</u>
	25-47	High School to PhD		23-36	High School to PhD			> \$40,000 -> \$90,000 £ 16,500 £ 37,000

**Appendix C**  
**Pamphlet Used to Advertise the Study**  
(Original in Colour and triple folded)



## WHAT IS THIS ABOUT?

I am interested in hearing what fathers have to say about breastfeeding?

## WHO AM I?

I am a nursing professor at UNB, a mother, and a PhD student at the University of Edinburgh in Scotland. This study is part of my PhD studies

## WHAT'S IN IT FOR FATHERS?

This kind of research may help you to learn more about yourself, your partner, and your baby during this time of change in your life.

This is an opportunity to talk about you and how you feel at a time when all of the focus may seem to be on the mother and baby.

Everyone says that breastfeeding is best for mother and baby but what about father?

By sharing what the experience is like for you, you'd be helping me with my research.

## INTERESTED?

Please call me:  
Gail Blair Storr  
458-7643

or E-mail me:  
storr@unb.ca



# Wanted! Expectant Fathers

To participate in a study

Are you expecting your first baby?

Is your baby going to be breastfed?

Would you be interested in participating in research about fathers of breastfed babies?



## Safeguards

Calling me about the study doesn't mean you have to agree to participate.

Your agreement or refusal to participate will not change the care your partner and baby receive.

If you decide to participate and later change your mind, you are free to leave the study at any time

No one will know you are participating in the study unless you choose to tell them.

When and how often will you be interviewed?

1. Before the baby is born
2. When the baby is 2-3 weeks old
3. When the baby is 6-8 weeks old
4. When the baby is 6 months old
5. When the baby is 8-12 months old.

Here's how it works.

✓ We would find a time and place that is suitable for both of us for an interview.

✓ The interview would be tape-recorded so it can be typed.

✓ You will be given copies of the typed interviews.

✓ I will give you a notebook in case you want to write down ideas between interviews. You do not have to share your notebooks with me unless you choose

✓ When the study is over and I write up the results, you can have a copy of the summary if you would like one. No one will be able to read the study and figure out that you are a father being described

○ How long will the interviews take?  
Approximately 45-60 minutes

Still Interested?



Call me:  
Gail Blair Storr  
450-9478



or  
E-mail me  
storr@unb.ca

**Appendix D**  
Ethical Approval



Gail Blair Storr  
Ph.D Student, University of Edinburgh

Dear Gail

The Faculty of Nursing Ethics Review Committee met on December 20<sup>th</sup>, 1999 to review your application for ethical approval for your proposed study, "The Experience of Fathers of Breastfed Babies". Your application is well presented and we are able to offer you departmental ethical approval, subject to the following issues which should be addressed prior to the initiation of the study.

1) Part B, item 4: As the sample is being recruited outside of the University of New Brunswick, such as physician offices and VON prenatal clinic at DECH, the Committee suggests that a written letter of approval be obtained from the VON and any other organization which might be directly involved.

2) Consent form:

a) It has been UNB's policy to have the letter of consent put on letterhead. Is it your intent to use University of Edinburgh letterhead ?

B) Consent form typo: "I will also receive copies of any publications which arise out of the study ..."

Congratulations and happy data collecting.

Margaret Dykeman, RN, Ph.D  
For the Faculty of Nursing Ethical Review Committee



**Region 3**  
HOSPITAL CORPORATION  
 CORPORATION HOSPITALIERE  
**Region 3**

Quality Improvement and Education Services  
 Region 3 Hospital Corporation  
 P.O. Box 9000, Priestman Street  
 Fredericton, NB E3B 5N5  
 Phone: (506) 452-5050; Fax: (506)452-5571  
 e-mail: r3quality&education@health.nb.ca

February 10, 2000

Gail Storr  
 UNB Faculty of Nursing  
 P.O. Box 4400  
 Fredericton, NB E3C 1M1

**RE: The Experience of Fathers of Breastfed Babies**

Dear Ms. Storr:

Your project was reviewed by the Research Ethics Committee at its meeting on February 8<sup>th</sup>, 2000. The Committee is pleased to grant ethical approval to the above mentioned study today, February 10, 2000. This approval is for one year from the date of this letter. If the project extends beyond February 10, 2001, you will need to submit a written request for an extension of the approval.

On behalf of the Committee, I would like to wish you success with this project.

Yours sincerely,

*Natalie Woods*

for, Peter M. Leighton, PhD, Chair  
 Research Ethics Committee

PML/nw

cc: Mr. John McGarry  
 Mr. Seymour Kaufman

Dr. Everett Chalmers Hospital  
*Hôpital Dr Everett Chalmers*  
 Fredericton

Extra Mural (South), Extra Mural (North)/  
*Programme extra-mural (sud), Programme  
 extra-mural (nord)*

Harvey Community Hospital  
*Hôpital communautaire de Harvey*  
 Harvey Station

Health Services Centres  
*Centres de services de santé:*  
 Boiestown, Chipman, Doaktown,  
 Fredericton Junction, Nackawic, Stanley

Hotel-Dieu of St. Joseph  
*L'Hôtel-Dieu Saint-Joseph*  
 Perth-Andover

MacLean Memorial Hospital  
*Hôpital MacLean Memorial*  
 McAdam

Northern Carleton Hospital  
*Hôpital Northern Carleton*  
 Bath

Oromocto Public Hospital  
*Hôpital public d'Oromocto*  
 Oromocto

Queens North Health Complex  
*Complexe de soins de santé Queens-Nord*  
 Minto

Stan Cassidy Centre for Rehabilitation  
*Centre de réadaptation Stan Cassidy*  
 Fredericton

The Carleton Memorial Hospital  
*Hôpital Carleton Memorial*  
 Woodstock

Tobique Valley Hospital  
*Hôpital Tobique Valley*  
 Plaster Rock

Region 3 promotes a smoke-free and scent-reduced environment/La Région 3 favorise un environnement sans fumée ni parfum.



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SUCCURSALE DE FREDERICTON

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Canadians  
since 1897.  
Depuis 1897,  
une présence  
auprès des  
Canadiens

January 14, 2000

Gail Blair Storr  
Faculty of Nursing  
University of New Brunswick  
P. O. Box 4400  
Fredericton, N.B. E3B 5A3

Dear Gail;

Thank you for your letter of January 7, 2000. We are pleased to have you attend our first prenatal class of each series to request volunteers for your nursing research. Future dates can be provided to you upon request.

Sincerely,

A handwritten signature in cursive script that reads 'Susan McClellan'.

Susan McClellan,  
Prenatal Program Manager

65 Rue Brunswick Street  
Fredericton, N.-B.  
E3B 1G5  
Tel: (506) 458-8365  
Fax: (506) 459-2899

Member of the United Way  
Membre de Centraide

**Appendix E**  
Consent Form

## Consent Form

Code: \_\_\_\_\_

### ***Project Title: The Experience of Fathers of Breastfed Babies***

***Researcher:*** Gail Blair Storr  
Professor  
UNB Faculty of Nursing  
  
PhD Student  
University of Edinburgh  
458-7643

***Supervisors:*** Dr. Rosemary Mander  
Dr. Steve Tilley  
Department of Nursing  
Studies  
University of Edinburgh  
Edinburgh, Scotland  
EH8 9LL

- ☞ I know that Gail Blair Storr is a professor of nursing at the University of New Brunswick and a PhD student at the University of Edinburgh. Gail is studying what it is like to be the father of a baby who is breastfeeding.
- ☞ I know that I am agreeing to meet Gail for interviews up to 5 times. I know that I will meet Gail once before my baby is born, when my baby is 2-3 weeks old, when my baby is 6-8 weeks old, when my baby is 6 months old and when my baby is 8-12 months old.
- ☞ I know that if my baby breastfeeds for less than 1 year, I will meet Gail 1-2 times after my baby has stopped breastfeeding.
- ☞ I know that if my baby breastfeeds for longer than 1 year, I will no longer have meetings with Gail.
- ☞ I know that all interviews except the one when my baby is 8-12 months are individual interviews and that the 8-12 month interview is a group interview with other fathers who have participated in the study.
- ☞ I know that my meetings with Gail will be tape-recorded and then transcribed. I know that I will receive a copy of the typed transcription of our interview. I know that the tapes and transcribed copies of the interviews will not be shared with anyone but Gail or her supervisors.
- ☞ I know that my real name will not be recorded on either the tape or the typewritten copy of the interview. This form that I am signing will be kept in a different place from the tape and copy of the interview.
- ☞ I know that the name that I have chosen for the study rather than my real name will be used in the final report. I know that my baby will be referred to as Peter if it is a boy and Karen if it is a girl.



- ☞ I know that I will receive a summary of the findings of the study at the end of the study. I will also receive copies of any publications which arise out of the study if I wish.
- ☞ I know that 2 years after completion of the study the tape-recordings of the interviews will be destroyed.
- ☞ I know that Gail will be asking me about what it means to me to have a baby who is breastfeeding.
- ☞ Gail has given me a notebook in which I may write down ideas or thoughts I have between our interviews. I can choose whether or not to share what I have written with Gail. I can put pictures in the notebook and anything else that shows what being a father of a breastfed baby means to me.
- ☞ I know that I may stop any interview at anytime. I know that I also may choose not to answer any question.
- ☞ I know that I may choose to stop participating in the study at any time without having to give a reason. I know that my decision to participate in this study will not change the care my partner or baby receive.
- ☞ I know that this study has received ethical approval from UNB and the Region 3 Hospital Corporation Research Ethics Committee. I am aware that being in this study has no known risks to my health. If for some reason I become upset, I know that I may stop the interview. I can decide whether a short break would help, whether I would like to continue the interview at another time, or whether I wish this to be my last interview.
- ☞ I know that I may contact the Mental Health Clinic at 453-2132 or the Chimo Helpline 450-4357 at any time, if I need to discuss concerns or discomforts that arise out of my being in this study. I know that both services are free and that Chimo gives help only via the telephone.
- ☞ I know that I will be asked before each meeting if I still want to be involved in the study.
- ☞ Any questions I have had have been answered to my satisfaction. I know if I have further questions that I can telephone or E-mail Gail, Telephone: 458-7643; E-mail: storr@unb.ca. I can also telephone or E-mail Gail's supervisors. I understand that any telephone calls will be at Gail's expense. Dr. Rosemary Mander: Telephone: 011-44-131-650-3896; E-Mail: RMander@ed.ac.uk, Dr. Steve Tilley: Telephone: 011-44-131-650-3881; E-mail STilley@ed.ac.uk.

I have read the information on Gail Blair Storr's PhD nursing study designed to learn about the experience of being the father of a breastfeeding baby. I have been given a copy of the information sheet and signature sheet. I voluntarily agree to participate in the study.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Researcher \_\_\_\_\_

**Appendix F**  
Sample Questions

## Sample Questions

**\*\* Note these questions are a guideline only will be altered depending on context**

### *Second Interview - Baby 2-3 weeks old*

- Describe what it was like the first time you saw [Baby's name] breastfeed.
- How is breastfeeding going now compared to in the hospital?
- What is life like for you with a baby who is breastfeeding?
- What is it like providing care for [Baby's name]?

### *Third Interview - Baby 6-8 weeks old*

- How are things going with breastfeeding?
- How do you feel about breastfeeding now?
- Think back to how you imagined breastfeeding would be. Is this what it is like?
- What is it like providing care for [Baby's name]?
- Describe your relationship with your partner since [Baby's name] was born.
- How are your friends and family reacting to your baby breastfeeding?

### *Fourth Interview - Baby 6 months old*

- How are things going with [Baby's name] now?
- How do you feel about breastfeeding now?
- How is breastfeeding different from the early days?
- How are your friends and family reacting to [Baby's name] breastfeeding?
- When [Baby's name] was ?? weeks old you described your relationship with [Partner's name] as... how does it compare to now?
- Some couples find that breastfeeding enhances their sexual enjoyment; others find it inhibits it. How has it been for you and [Partner's name]?

### *For Fathers of Babies who have had breastfeeding problems or have stopped breastfeeding*

- [Partner's name] has had difficulty with ..... How has that been for you?
- What kind of help did you have or would like to have had with [breastfeeding problem]?
- When we last spoke you had mentioned that you planned for [Baby's name] to be breastfed for ... How are you feeling about the decision to stop breastfeeding?
- Has the breastfeeding experience been anything like you imagined it would be?
- Now that you are able to feed [Baby's name], how would you describe your relationship with him/her?
- Describe your relationship with your partner since [Baby's name] stopped breastfeeding.

*Group Interview -Babies 8-12 months old*

- All of you have been interviewed at least 2-3 times over the past 8-12 months. How would you describe your experience of fathering a baby who is breastfed?
- How has your relationship with the baby changed over the past months?
- How has your relationship with your partner changed over the last months?
- How did you see your role in supporting your partner in breastfeeding or in stopping breastfeeding?

**Appendix G**  
Example of Material Omitted from the Transcripts

## Example of Material Omitted from Transcripts

(underlined part omitted)

### Example 1 Carl Interview # 3

Gail: What was it like for you when Erica, when Erica was having the trouble trying to get Karen settled, you know you were saying that up until she started expressing off a bit of milk and she was getting so much foremilk

Carl: mm hmm

Gail: that she was fussy. What was it like for you during that time?

Carl: Well, uh, a bit stressful I guess you know, more worried about - I knew the baby would be okay and that obviously I was concerned for her but more worried about Erica

Gail: mm hmm

Carl: that she didn't get rattled too much you know

Gail: yea

Carl: I tried to help her out, you know we, it seemed the only thing that would settle her down would be maybe giving her a bath, maybe I guess taking her mind off it or strapping her in he car seat after supper and taking her for a little drive down to get an ice cream or what ever

Gail: mm hmm

Carl: a little simple drive like that and I mean it seemed to help.

Gail: so that gave you a little bit of a feeling that you were doing

Carl: helping out

Gail: being able to do and help

Carl: that's right yea and she relied on me to come home at night and give her a break and that's why when I went away last week

Gail: mm hmm

Carl: she was a little bit apprehensive about that and kind of worried about it

Gail: yea

Carl: but she got through it was the main thing. She got through it okay and it wasn't easy I mean she housework and dishes and things like that. That I usually do

Example 2 Adam Interview # 1

Gail: So would you say it was a relief when she did decide to breastfeed?

Adam: Oh yea, (sighs) big time. I was very relieved. I would have been embarrassed if she wouldn't even have given it a try

Gail: mm hmm

Adam: I would have been embarrassed. Yeah, uh these mothers that say, uh, I, her best friend is the same way. That's the other thing her best has had a child recently and didn't, did not even try went right to the bottle

Gail: mm hmm

Adam: and uh, I would be embarrassed if she said that, wouldn't even give it a try - that's to me like somebody walking into the hospital, going into labour and demanding an epidural right off the bat

Gail: mm hmm

Adam: it's just uh, that wouldn't have impressed me at all



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