

**CAPTURED AND ENRAPTURED**

**THE PHENOMENON OF FIRST-TIME**

**PARENTING IN THE FIRST YEAR**

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**CERTIFICATE**

**I certify that this thesis has not already been submitted for any degree and is not being submitted as part of candidature for any other degree.**

**I also certify that the thesis has been written by me and that any help that I have received in preparing this thesis, and all sources used, have been acknowledged in this thesis.**

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## Abstract

The experience of ten first-time parent couples over the first year has been investigated in a phenomenological study, which sought to describe the phenomenon of first-time parenting. The phenomenological description of first-time parenting reveals structures of meaning in the experience of first-time parenting and what it is to be first-time parents. It is concluded that first-time parenting can be described as an experience in which parents are **captured and enraptured**. This description is the end-point of a series of analytical steps in which the parents' accounts of their experiences were analysed, interpreted and reflected upon.

The study has found that first-time parenting can be described according to five themes. The five themes refer to the parents' experiences in **Making a place for a child; Acting responsibly in the care of a child; Interacting with others as parents of a child; Acknowledging the development of a child; and Maintaining personal wellbeing and integrity**. An extended description of the phenomenon was found in the parents' perceptions of their experience. These are described as **Living with new perceptions: Experiencing feelings as parents** and **Living with new perceptions: Thinking and knowing as parents**. A further layer of meaning in the parents' experience reveals them as parents who have their being in a number of essences of the phenomenon. These are **Being generate; Being for another; Being as parents in the world; Being held to a child; Being other than parents** and **Being open**. The final description of the parents' experience of first-time parenting as **Captured and enraptured** is drawn from the findings from each of these layers of meaning.

This study and its findings, therefore, presents a written account of the experience of ten parent couples with their first child over the first year, in which the description of first-time parenting as phenomenon, is made available. The meanings within the parents' experience are offered and the final conclusion, that people who parent can be caught up in an experience and way of being which holds and entrances them in ways not previously described, is explicated in the final description of the phenomenon as an experience in which parents are **Captured and enraptured**.

# Chapter 1

## Introduction

### 1.1. Background to the study

The purpose of investigation is to uncover new knowledge and offer it as a contribution to an existing body of knowledge. The quest for new knowledge is, therefore, directed to that which is yet unknown but which begs to be known because of its implications for human affairs, progress and wellbeing. The investigation in this study is concerned with a fundamental aspect of human existence, the parenting of a first child, and was devised because a detailed, satisfactory and complete description of the human experience of first-time parenting was not available.

Human experience has been explored from a number of investigative approaches, which include quantitative and qualitative research methodologies, and various disciplinary traditions in which the sciences, physical and human, have studied the field from their vantage points set in philosophical and disciplinary positions. The premise is made in this study that parenting is essentially a human experience. An approach, which satisfies the epistemological and ontological requirements for in-depth and insightful investigation of human experience, has been selected. A phenomenological approach, which draws on transcendental and hermeneutic traditions, has been used in this study of the human experience of first-time parenting. The results offer new knowledge and understanding of an important and life-influencing human experience. Further, this work is the product of a hope that such knowledge and understanding will usefully contribute to the practice of those who interact with and care for first-time parents.

Such rational justification notwithstanding, a study is not imagined and brought to reality in the absence of human or environmental instigating factors. Two such factors were instrumental in bringing this study to realisation; the first of these, a personal enthusiasm, the second, a professional aspiration. As instigating factors they created the motivations to initiate and bring this study to fruition.

#### 1.1.1. A personal reflection

I have no doubt that this study has its beginnings in a life-long personal curiosity about human experience. The desire to investigate first-time parenting, therefore, arose out of my intense and curious interest in parenting as human experience with all its complexities and nuances. In addition, the need for a trustworthy description of the experience and an authentic explication

of its meaning became evident as I observed parents in health care settings, attempted to understand their experience and identify their needs. Van Manen (1990) supposes that research in the human sciences is not pursued merely for the sake of research and presumes that a researcher comes to the task with a prior interest. The phenomenon of parenting, as it is experienced for the first time, became a point of fascination and the subject of a quest for understanding which, in turn, provided the impetus for the study.

The experience of having a child, becoming and being a parent, seeing a child grow and develop seemed in my earlier days, to hold a certain mystery and enormous human and social implications. It seemed as if those who became parents had become different, that they had crossed into another space and state. Later, having made my own crossing, the sense of mystery was partially dispelled. The unknown become known but was inevitably replaced with further speculations and questions. For one, it was clear that not all parents experienced their parenting in the same way, that the meaning of being parents was shaped by context and individual perspective. And yet, the thought that there would be common ground, some central reality or essential truth was hard to relinquish.

Van Manen's (1990) prior interest refers to the circumstances of the researcher. As a nurse, with a compelling interest in children and their families, the concerns of parents were a persistent theme. And, the earlier wondering was never abandoned. There have been many worrisome experiences in clinical situations where parents seemed to be in another space and yet present, where their experiences of parenting set them apart and yet where they were expected to act in accordance with the prevailing traditions of a health care setting. They were often misunderstood and left to manage as best they might. There have been, in contrast, encounters between parents and nurses in which deep regard and rapport were shared, and where the presence and experience of parents were understood to be indispensable in the care of a child. It was clear that, when parents were understood and accepted, healing and health care were facilitated. Such clinical experiences and the work of education in nursing provided the motivation for greater knowledge and deeper insight into the parenting experience.

### **1.1.2. Nurses and parents**

Nurses and the parents of young children come together in a variety of circumstances and settings. Midwives and parents meet in the context of preparing for, delivering and caring for a child. In the community, early childhood nurses are available to parents for guidance, affirmation and health surveillance in a child's early years. Children and their parents interact with neonatal and paediatric nurses when a child is hospitalised in circumstances which can

range from life threatening illnesses to periodic reviews. Child health nurses may be encountered in centres, schools and community services. Parents, in accordance with a child's particular health needs, may have contact with specialist nurses such as consultants in lactation, mental health, clinical nursing and disability.

In contemporary practice, notwithstanding the setting, nurses have embraced the ideology that caring for a child involves them in a unique association with that child's parents. Nurses, for example, who care for sick children anticipate the presence of parents and take them into account in their involvement with their child. Parents have attained a taken-for-granted status in children's wards and hospitals. The role of the early childhood nurses is widely accepted to be that of a facilitator to parents. These nurses, in their practice, direct a large proportion of their attention to the needs of parents. Although the ideology of midwifery holds a central belief that the care of mothers is essential for the good care of a child, midwives, too, are convinced that their interactions with mothers and fathers are critical in their practice.

Such examples, in which the official recognition of parental needs is openly and firmly in place, are commonplace in child health settings. In recent times, nurses have attempted to extend their involvement with parents with strategies which are founded on a commitment to a working relationship with parents. Paediatric nurses, for example, have promoted the formalisation of the conditions for practice with parents using partnership agreements such as the Partners-in-Care and Parents-in-Partnership systems of care. These strategies require nurses and parents to agree to each other's part in the care of a child and, in many instances, to document their agreement. Such partnership strategies are based on the ideology of family centred care which holds that families are to be included and involved in their child's health care and that the presence of parents with their child and their other parental rights must be respected. Nurses and parents recognise each other as co-carers of the child.

Such institutional conditions in which parents are accepted and included have not always been in place. Until 1950s parents were expected to remain in the background. Children were received into care settings as separate entities removed, albeit temporarily, from their families. Since the 1950s the winds of change have been felt in all agencies involved in the health care of children and their families. Children were found to suffer when displaced from their families (Robertson, 1970), pressure was placed on policy makers by parents for reform (Association for the Welfare of Children in Hospital, 1974) and new knowledge about the therapeutic affects of family presence was uncovered (Cleary, et al., 1986). Many nurses whose practice centred on young children contributed to reforms out of which the needs of children and parents in health care were to be given prime consideration. In the 1990s nurses, who care for children,



practise in accordance with policies which are the direct result of the reforms. Child, parents and family are viewed as an interconnected unit. The child is no longer seen or treated as a single, isolated receiver of care.

Having achieved such satisfactory outcomes it would appear that parents in health care services would be accorded understanding and have an accepted role in the care of their child. Despite the reforms in the care of children and their families difficulties continue, especially in the relationships between parents and health care personnel. There have been conflicts and disharmony between carers and parents (Brown & Ritchie, 1989). Parental dissatisfaction has been recorded (Arango, 1990; Kasper & Nyamathi, 1988; Smith, 1987) and the partnership strategies have been questioned (Farrell, 1992; Maxton, 1998). More recently, parental aggression in health care settings has been identified as a pressing issue in nursing practice (Green & Adams, 1997).

The relationship between nurses and parents has had a variable history and remains variable. Nurses, in their everyday practice are minded, for the most part, to work with parents in ways which respect and welcome them and have the wellbeing of children at heart. Nevertheless, while policy, strategies and initiatives have been formulated and implemented in meeting the needs of parents, it cannot be claimed that nurses are always comfortable in their interactions and professional dealings with parents.

My observations tell me that the orientations, responses and demands of parents are not always easily comprehended by nurses. That is not to say that nurses do not make noteworthy attempts to understand parents. Many such attempts are successful, with nurses able to empathically relate with parents. At other times, however, nurses are not clear about the processes in parents which cause them to act as they do or experience their child's care as they do. Herein lies a further hope. If the experience of parenting were to be fully described and made available, understanding would be facilitated and the practice of those who have close, involved and influential contact with parents, usefully informed. The realisation of such hope is another of Van Manen's (1990) prior interests and adds a further reason for the study's undertaking. The hope for this study is that greater knowledge, deeper understanding and an awakening to possibilities will allow nurses, to engage with parents as knowing and empathic professionals.

I make one further observation in the matter of nurses and parents. In the execution of their professional practice nurses draw on knowledge and experience. It has already been proposed that an increase in knowledge and understanding contributes to an empathic orientation in nurses for parents. Such knowledge and understanding is acquired through cognitive channels

and the motivation to learn. The attainment of experience, on the other hand, is a personal process of involvement, dependent on time, contextual and environmental factors. Although nurses can anticipate that their experience **with** parents will provide increased understanding, the experience **of** parenting would seem to offer a further route to understanding. Clearly, such experience is not always available to nurses. Not all nurses undertake parenting or have close involvement with those who do. I do not mean to imply that an understanding of parents and parenting can only be experienced through becoming a parent. The experience **of** parents can surely be appreciated through the revealed meaning of the human experience of parenting. This study, through its interest in first-time parenting as human experience, offers a description of the phenomenon of first-time parenting and what it is to be first-time parents. The reader is presented with an opportunity to encounter the experience of parents. Knowledge acquisition alone does not allow for this route to understanding.

## **1.2. The study**

The study provides in-depth and finely described findings out of which, it is claimed, an understanding of first-time parenting can be gained. It investigates the parenting experience as a human phenomenon and explores the experience fully and deeply. The field of study is parenting as a first-time experience, that is, with a first child, over the first year. This frame of reference was chosen for two reasons. A first-time experience can be thought of as a new experience, in which explicit earlier experience is not available and in which participants' reports would be unaffected by earlier experiences and learning. In addition, the first year of parenting is one in which many things happen. A child is received, grows and develops quickly, parents encounter new experiences, make the transition into a new role and take on new functions. The first-time parenting experience over the first year is a rich field for investigation and held the promise of findings which would meet the study's goals.

### **1.2.1. The purpose of the study**

The study is concerned with the experience of ten parent couples with their first child over the first year. The purpose of the study is to provide a description of the phenomenon of first-time parenting as it is experienced over the first year. The description is gained from an analysis, directed by phenomenological concepts, of the parents' accounts of their experience.

### 1.2.2. Organisation

The essential information about the study, the field of study, methodology and method are presented in the early chapters of the thesis. The findings of the study are organised in the sequence of analysis and discovery. The parents' accounts were analysed in a series of steps, with the intention of uncovering several layers of meaning of the phenomenon. The results of these steps of analysis are presented in the sequence in which they were carried out.

Chapters 2,3 and 4 contain the literature review, methodology and method, which show the field of study, the underpinning theory and the design and procedures of the study. Chapter 5 introduces the participating parents and shows how each couple lived a unique experience which, in turn, contributed to the full set of data and, ultimately, the description of the phenomenon. Chapters 6,7,8,9 and 10 contain the themes, drawn from the parents' conscious experience, which make up a thematic description of the phenomenon. Chapters 11 and 12 describe the parents' perceptions, developed from their accounts of their feelings and thinking and knowing. These chapters present further meaning in the full description of the phenomenon. Chapter 13 presents a phenomenological interpretation, in the hermeneutic tradition, of the experience of being parents, as lived by the participating parents. In Chapter 14 the full description of the phenomenon, first-time parenting, is presented and finalised in the description of it as an experience in which parents are **Captured and enraptured**. Implications of the findings for nursing are discussed.

This introductory chapter has presented the background issues and concerns which have served as sources of motivation for the study. An outline of the organisation of the thesis summarises the content of the thesis. The background to the study and the summarised content of the thesis are starting points in the explication of the study to follow.

## **Chapter 2**

### **Review of the literature**

#### **2.1. Introduction**

The first year of first-time parenting offers a rich and rewarding field for those who seek to understand the parenting experience. In addition, the quality of interactions with the new family is, in part, dependent on knowledge and an understanding of the experience which parents and child undergo in their first year together. The literature provides one facility whereby such knowledge and understanding may be gained.

This review has, of course, a more immediate purpose. As a necessary and informative component of this thesis, it determines present knowledge of first-time parenting, the phenomenon under question. In reaching conclusions about the state of knowledge, the gaps in the knowledge base have become evident. The research is justified by the findings in this review which, in turn, provide support for the study's direction.

The place of the literature review in qualitative research is controversial. The traditional convention holds that a review of the literature is not undertaken in the initial stages of a qualitative study. Exposure to the knowledge base in the area of research is thought to influence the orientation of the researcher. The researcher may, in turn, influence participants in the data collection phase and so distort both data and subsequent findings. Streubert and Carpenter (1995), in putting the case for the traditional approach, give an example in which a researcher reviews literature prior to data collection and carries this knowledge into the research process, seeking either to confirm or counter the literature findings. The alternate view is that the literature review can supply valuable information and direction for a qualitative study. Moustakas (1994) considers the literature review a method of preparation for a phenomenological study and suggests both professional and research literature be included in a review which will give information about prior research, methodologies and existing knowledge. Many phenomenological studies have included the review of the literature on the topic of study at the beginning of the research process. Examples include Darbyshire (1994), Draper, (1996), Green-Hernandez (1991), Reeder (1991).

The review of the literature, as presented in this chapter, reviews the body of knowledge as it pertains to first-time parenting, the topic of interest. The review was undertaken and placed at the beginning of the thesis in keeping with Moustakas' s (1994) position that a review can establish the current state of knowledge in the field of study. This researcher was not

convinced that exposure to the literature in itself would influence the participants. I had already accumulated a store of knowledge and experience of parenting, and was continually adding to my knowledge through teaching and learning activities and a consistent personal interest. In addition, the study's design required minimal researcher participation in the interviews.

The search for references and findings in first-time parenting has shown that literature offerings do not always differentiate between first-time parenting and parenting, or do not necessarily have an interest in parenting as a first-time enterprise, but rather in parenting or specific aspects of parenting. Although not devoted to first-time parenting, many works offer useful contributions to the knowledge base and have, for this reason, been included. The review, therefore, includes literature which concerns itself with first-time parenting and with parenting as it may be relevant to the interest of first-time parenting. In addition, the literature search and collection was approached through the nursing and health literature. The topic, of course, holds an interest for other disciplines and literature from such sources as been included when it clearly contributed to the knowledge base. The nursing and health orientation has, however, been retained in this review.

Analysis of the literature on parenting has revealed two main areas of investigation and interest. Much of the literature is concerned with the events and activities of parenting in the first year. Researchers and observers have set out to identify and clarify what it is that happens, what it is that parents and infants encounter in the first year and what influences are brought to bear on new parents. A further mass of work is interested in the processes of parenting. The changes brought about by parenthood, the effects of parenting on relationships and parenting as a unique human experience have been examined. This literature review, therefore, is organised according to these two main areas.

## **2.2. Events and activities in the first year**

Many of the literature sources for first-time parenting are concerned with the events and activities in the first year. The care of a first child and the many ways this care is carried out dominates these events and activities. Nursing and health services have a place in this section in that they have been examined for their part in the lives of parents over the first year. The care of a first child as it relates to feeding and nutrition, immunisation and illness and nursing and health services have shown up as the main areas in the events and activities in the first year and are used as organisers for this section of the review.

### **2.2.1. Caring for a first child**

A range of first-time events and new activities are encountered as parents take up the care of their child. Parents have concluded that they need preparation for their task (Southern Community Health Services Research Unit (SCHSRU), 1988) and that they are not adequately prepared for the changes which come with parenthood (Richards, 1985; SCHSRU, 1989). The antenatal desire to learn infant care, however, is small when compared with other concerns (Bliss-Holtz, 1988). Most concerns of new parents are centred on their child. Feeding and nutrition, immunisation and illness have been identified as main issues (Australian Bureau of Statistics (ABS), 1995; McKim, 1987; Winikoff, Laukaran, Myers & Stone, 1986). Caring for a new child requires substantial adjustment for mothers (Rogan, Schmied, Barclay, Everitt & Wyllie, 1997) and fathers (Henderson & Brouse, 1991). Patterns of child care can provoke conflict between mothers and fathers with parents reporting more conflict over child care tasks than they had expected and an increase in conflict in the first few weeks after the birth (SCHSRU, 1990).

It would seem, however, that new parents learn and adjust quickly and by the end of the first year feel more confident in their care than they did in the first weeks (SCHSRU, 1990). Care would seem to be influenced by the ways parents think about their parenting which, in turn, is a product of parents' views of the parental role, their cognitive frameworks and information processing (Carter-Jessop, 1994).

#### **2.2.1.1. Feeding and nutrition**

The events and parental activities related to feeding and nutrition have been widely reported and cover a range of issues related to feeding a child.

Infant feeding patterns across western countries in the past two decades show an increased rate of breast feeding with 85-98% of Australian mothers breast feeding on discharge from hospital (Hitchcock & Coy, 1988; Lowe, 1994; Palmer, 1985). The incidence of breast feeding declines over the following months to 55-70% at three months. By six months between 45-62% of mothers are breast feeding and by 12 months estimates of the percentage of mothers who continue to breast feed range between 12% and 36% (Hitchcock & Coy, 1988; Houston, 1984; Lowe, 1994; Palmer, 1985). The greatest decline in breast feeding occurs in the first six to 12 weeks (Morgan & Stordy, 1995; Jones, West & Newcombe, 1986; West, 1980). While a decline in breast feeding since the mid 1980s in North America has been noted (Lawrence, 1991) an Australian study reports that breast feeding rates, following decline in the 1970s, are

on the increase and that maternal education has been associated with breast feeding rates across all trends since before the 1960s (Siskind, Del Mar & Schofield, 1993). Humanised milk formulae are the most popular with about three quarters of the infants who are bottle fed receiving these milks (Lilburne, Oates, Thompson & Tong, 1988). Solid foods are introduced between three and six months (Hitchcock & Coy, 1988; Morgan & Stordy, 1995; SCHSRU, 1990) with bottle fed infants more likely to receive solids earlier than breast fed infants (Hitchcock & Coy, 1988). The introduction of solid foods has been found to be introduced earlier rather than later (Morgan & Stordy, 1995; Valaitis, Ciliska, Sheeshka & Sword, 1996; Walker, 1995) and is largely related to perceptions of infant hunger (Walker, 1995).

The decisions parents make about feeding and the influences which impinge on them offers further information about feeding patterns. For example, Janke (1993) shows that there are a large number of variables associated with breastfeeding, some of which are modifiable, others non-modifiable or inconclusive.

The choice of feeding method can be made in adolescence (Purtell, 1994), before or early in pregnancy (Cooke, 1991; Dix, 1991; Ekwo, Dusdieker & Booth, 1983; Oxby, 1994; Rowley & Dixon, 1997) with 80% of mothers maintaining this decision (Lyon, Chilver, White & Woollett, 1981, Oxby, 1994). The prenatal intention is a dominant predictor of breast feeding (Baldock & Cass, 1983; Hawthorne, 1994; Kessler, Gillen, Diener-West & Paige, 1995; Oxby, 1994; Wambach, 1997). Influences on this early decision include the mother's own history of being breast fed (Entwisle, Doering & Reilly, 1982; Jones, 1987; Wright, Walker & Webster, 1983) and her beliefs about the qualities and effects of breast feeding such as convenience, naturalness, protection against infection, establishment of bonding, better nutrition, emotional satisfaction (Dix, 1991; Ekwo, et al., 1983; Jones, 1987; Rowley & Dixon, 1997) and the overall benefit to the baby (Baranowski, Rassin, Richardson, Brown & Bee, 1986).

The influence exerted by partners, family and friends on mothers' choice of feeding method has been studied with some interesting conclusions. Fathers' influence is demonstrated not only through expressed opinion but by supportive activities (Dusdieker, Booth, Ekwo & Seals, 1984; Jones, 1987; Rousseau, Lescop, Fontaine, Lambert & Roy, 1982; Switzky, Vietze & Switzky, 1979; Wright, et al., 1983). The influence of the family and the cultural group is strong (Dix, 1991; Dusdieker, et al., 1984; Hawthorne, 1994; Kessler, et al., 1995; Rowley & Dixon, 1997) though friends who have breast fed are influential (Dusdieker, et al., 1984; Jones, 1987;) and can be as influential as family members on the breast feeding behaviour of mothers (Ekwo, et al., 1983).

Mothers who are more likely to breast feed are educated and older (Dusdieker, et al., 1984; Feinstein, Berkelhamer, Gruszka, Wong & Carey, 1986; Jones, 1987; Lawrence, 1991; Lowe, 1994; Rousseau, et al., 1982; Wright, et al., 1983; Yeandle, 1984), married and therefore in a two parent family (Dusdieker, et al., 1984; Wright, et al., 1983), employed (Wright, et al., 1983), belong to a higher social class (Hitchcock & Coy, 1988; Jones, 1987; Wright, et al., 1983) and have contact with professional and support groups (Dusdieker et al., 1984). Breast feeding mothers are usually non-smokers (Feinstein, et al., 1986; Wright, et al., 1983) who have planned their pregnancy (Feinstein, et al., 1986), prepared for the birth and motherhood (Wright, et al., 1983) and have longer gestations and infants of greater weight (Ellerbe, Atterbury & West, 1993).

The early initiation of breast feeding, feeding on demand and the restriction of complementary feedings are factors in successful breast feeding (Feinstein, 1986; Hawthorne, 1994; Kearney, Cronenwett & Barrett, 1990; Lawrence, 1991). It has been shown that mothers' attitudes and knowledge about breast feeding are directly related to the rejection of complementary feedings (Mackey & Fried, 1981). Mothers gain knowledge and formulate beliefs about breast milk from observation of their milk and bodily experiences and the responses of their infants (Bottorff & Morse, 1990).

Mothers who decide at the outset to bottle feed give as the most common reasons for their choice convenience of the method (Baranowski, et al., 1986; Jones, 1987) and embarrassment about breast feeding (Hawthorne, 1994; Jones, 1987). The choice of formula is influenced by the formula in use in the hospital (Lilburne, et al., 1988; Reiff & Essock-Vitale, 1985) a formula's length of time on the market (Martyn, 1997) and the recommendation of midwives and early childhood nurses (Lilburne, et al., 1988; Martyn, 1997).

It has been proposed that the decisions about infant feeding are not made at a single point in time. Rather, infant feeding is a process whereby a series of decisions are taken in the context of environmental and individual constraints. Social roles are implicated in feeding choice (Cooke, 1991). Environmental constraints include social and institutional structures such as family, community and the economic system. Individual constraints are personal and internal and include time, health, beliefs and values (Pelto, 1981). Libbus (1992) found divergent attitudes towards breast feeding in diverse social and cultural groups. Of all the variables which have been identified as influencing infant feeding two have been isolated as predictors of the choice of feeding method. These are the mother's age and her age on leaving school (Wright et al., 1983).



Despite the evidence for the benefits of breast feeding and efforts to increase breast feeding the rates for its continuation beyond the postpartum period are not encouraging. Investigation has revealed that there are influences on the duration of breast feeding. The continuance of breast feeding is related to many of the influences seen in the decision to breast feed in the first place, and includes intention (Coreil & Murphy, 1988; Jones, et al., 1986; Lawson & Tulloch, 1995; Rowley & Dixon, 1997) and motivation (Rousseau, et al., 1982; Rentschler, 1991) mother's age and education (Bloom, Goldbloom, Robinson & Stevens, 1982; Buxton, et al, 1991; Rousseau, et al., 1982; Wright & Walker, 1983), social class (Bloom, et al., 1982; Hitchcock & Coy, 1988; Jones, et al., 1986; Wright & Walker, 1983), father's preference and support (Bloom, et al., 1982; Jones, et al., 1986; Rousseau, et al., 1982), ethnicity (Buxton, et al, 1991; Martyn, 1997), marital status (Wright & Walker, 1983), social support and the attitude of others (Bloom, et al., 1982; Morse & Harrison, 1987; Rousseau, et al., 1982) and early contact with the infant (Bloom, et al., 1982; Buxton, et al, 1991; Lawson & Tulloch, 1995; Wright & Walker, 1983). Similarly, mothers who maintain breast feeding do not smoke (Wright & Walker, 1983). Societal modernisation and urbanisation have been implicated in early termination of breast feeding (Lindenberg, Artola & Estrada, 1990).

Early termination of breast feeding is strongly associated with the belief that the milk supply is insufficient (Bloom, et al., 1982; Buxton, et al., 1991; Hill, 1991; Houston, 1984; Lowe, 1994; Morgan & Stordy, 1995; Rentschler, 1991; Rogers, Morris & Taper, 1987; Verronen, 1982; Winikoff, et al., 1986). This belief is based on the responses of the infant, particularly crying and restless behaviours (Bloom, et al., 1982; Rowley & Dixon, 1994). Other reasons for the discontinuation of breast feeding include feeding a first child (Hawthorne, 1997), an unsatisfactory first breast feeding (Kearney, et al., 1990), greater accuracy and convenience with bottle feeding, embarrassment and a lack of enjoyment with breast feeding (Wright & Walker, 1983). The strength of the influence of others in infant feeding is particularly evident at the point of weaning. The attitude of others can determine the duration of breast feeding (Morse & Harrison, 1987).

The relationship between social class and the initiation and continuance of breast feeding has led to the development of a number of strategies which aim to increase breast feeding rates in those groups which traditionally have low rates. Results have varied. Additional information, advice and support was successful in increasing breast feeding in a group of working class mothers (Jenner, 1988) while the influence of health care providers has been found to be minimal in the decision to breast feed (Dix, 1991). A recent qualitative study into attitudes towards breast feeding within community groups has shown that breast feeding is generally accepted. It was held that fathers should be included in preparation classes which, in turn,

should address breast milk insufficiency; and that teenagers should be targeted for breastfeeding education programs at school (Scott, Binns & Arnold, 1997).

There is little doubt that feeding the new infant is a demanding activity wherein most parents expend time, thought, energy and resources. Not surprisingly, a number of needs, concerns and problems arise as new parents undertake this parenting function. Studies undertaken into the problems of feeding have shown that mothers experience most problems with breast feeding in the early weeks, especially between two and four weeks (Houston, 1984; Mogan, 1986a) when problems related to the amount and quality of milk are frequent. Mothers believe problems with milk quantity and quality are, in turn, related to fatigue and lack of sleep (Mogan, 1986a). Tiredness and emotional problems have been found to be very common, though the excessive crying of the infant has been identified as the most common problem (Houston, 1984). It is likely that a cycle of tiredness, reduced milk production, a crying infant, lack of sleep and increased tiredness becomes established in the early weeks. The need for support and encouragement with breast feeding is high in first-time mothers. The greatest amount of support is found in fathers, maternal parents and friends (Alder, 1984). Such support has already been shown to be significant in the decision to breast feed and the maintenance of that decision.

Mothers have concerns about their management of feeding. Their activities have been studied in order to explain the behaviours of mothers and infants during feeding and to identify outcomes. Mothers' feeding activities have been classified into behaviours related to regulation of feedings, technical aspects such as type of milk and conditions of feeding and personal issues (Pridham, Knight & Stephenson, 1989). The behaviours of mothers and infants during feeding have been found to differ in terms of control and outcome. Breast feeding allows the infant more control of the feeding while the mother has more control during bottle feeding. Less milk was consumed by bottle fed infants when the mother was more responsive in her behaviour during the feeding (Crow, Fawcett & Wright, 1980). Mothers are more likely to seek help for feeding issues about their own or their infants' personal behaviour (Pridham, 1987). Feeding problems have been implicated in parent-infant relationship difficulties (Humphrey, 1991). It has been suggested that the number, nature and interrelatedness of the problems related to breast feeding form a complex picture (Houston, 1984). An appreciation of this complexity would seem to be an essential step in the quest for understanding.

The exploration of infant feeding as an unique human experience with many dimensions and complexities lends itself to the use of qualitative research methods. Several such studies were

found and are mentioned, firstly, because of their valuable content and, secondly, to highlight the need for further studies of this type.

A qualitative study of women's reasons for their choice of infant feeding revealed that awareness of the benefits of breast feeding; values, beliefs and expectations about parenting; environmental influences; and infant behaviour were influential in the decisions to breast feed (Rowley & Dixon, 1997). Three types of feeding experience were identified when mothers told of their experience in infant feeding in a qualitative study. The types are described as idealists, pragmatists and bottle feeders. Each type differs in ideas of mothering and feeding. The feeding experience of these mothers was affected by social roles, beliefs and practices (Cooke, 1991). The meaning of persistence with breastfeeding has been examined in a qualitative study using a phenomenological approach. Persistence, in this context, is related to deciding to breast feed, continuing to breast feed when it is not easy to do so, the giving of milk as a gift, being committed and deciding about stopping breast feeding (Bottorff, 1990). Keith (1997), in a grounded theory study, described first-time mothers' decision-making process for infant feeding as dynamic, complex and nonlinear with a continuous feedback nature. Six conceptual categories were identified as essential to the decision-making process: benefits to infant; mother's decision; procedural issues; body circumstances related to infant feeding; relationship factors; need for expertise.

Feeding and nutrition are strongly represented in the parenting literature, consequently much in this field is now known. Researchers have been largely interested in how infants are fed and the factors which influence parents in their infant feeding decision and activities. In contrast, only a few researchers have explored the experience of feeding an infant with qualitative methods.

#### **2.2.1.2. Immunisation**

First-time parents are confronted early with the possibility of childhood diseases which can be prevented through immunisation. The recommended childhood immunisation schedule in Australia commences when the infant is two months of age and continues at prescribed points throughout infancy which means immunisation is a concern for parents in the first year of their infant's life. The recommended schedule for infants (National Health and Medical Research Council, 1994) lists intramuscular injections of antigens for diphtheria, tetanus and pertussis at two, four, six and eighteen months and Sabin vaccine, an oral vaccine for poliomyelitis, to be given at two, four and six months. An immunisation for measles and mumps is offered by subcutaneous injection at twelve months of age. The Hib vaccine for *Haemophilus influenzae*

type b is given at two and four months and, depending on schedule, six, twelve and eighteen months.

It is estimated that 90-95% of Australian children are immunised against diphtheria, tetanus, pertussis and poliomyelitis, but that in some groups the immunisation levels may be as low as 65% (Pearn & Vimpani, 1989). About 70% of children are fully immunised at one year (ABS, 1995). Low immunisation rates are the result of non-compliance or apathy. Non-compliance may be related to geographical factors, cultural attitudes, suspicion of health services, and fear of complications (Pearn & Vimpani, 1989). In the 1990s immunisation rates of 89% (Bell, et al, 1993) and 84% (Roden, 1992) were found. Incomplete immunisation was related to negative beliefs, education and ethnicity (Bell, et al, 1993), knowledge deficits and deficient services (Roden, 1992). Lack of information or making the effort have been shown as main reasons for non-immunisation (ABS, 1995). Unemployment and ethnicity were significant factors in incomplete immunisation in children presenting to an inner-city casualty department (Jones, et al, 1992). In a survey to establish reasons why parents immunised their children, nearly half the parents believed immunisation was part of being good parents and 40% did so because they were afraid of the diseases (Betts, Burchill, Chew, Curtis & McHardie, 1995). Health authorities recommend that the full immunisation schedule be taken up across the population though it has been observed that many young parents do not appreciate the seriousness of the infectious diseases for which immunisation is offered (Burgess, 1987). Overseas studies confirm the incidence of and concern about non-compliance across communities. Under (partial) immunisation of 11% was found in a British study undertaken by casualty department nurses (Brown & Evans, 1989).

The risks and contraindications of immunisation, in particular, the pertussis vaccine have been documented (Burgess, 1987) but the incidence of side effects (1 in 110,000 doses) is minimal. Reactions to the full vaccine component in infancy occur with a frequency of less than 1 in 4000 cases (Pearn & Vimpani, 1989). A British study found only 2.5% of children met the contraindications to pertussis immunisation (Hewitt, 1989).

A community strategy to improve compliance rates found that written prompts to parents produced large increases in the number of immunised children (Peterson, 1987). Immunisation education with oral and video presentations has been found to be equally effective in conveying key information (Bjornson, Scheifele & Gold, 1997). Immunisation programmes have been studied in order to establish predictors of an effective programme, immunisation rates and parental attitudes. The amount of time spent in administration, which included a

reminder system to parents, was the key variable in predicting the success of a public immunisation programme (Bazeley, 1989).

### **2.2.1.3. Illness**

Of all the problems identified by new parents in the first year illness in the child has been shown to be the major concern (Davis, Bruckner & Macmullen, 1988; Leifer, 1980; McKim, 1987). Concern is highest in the neonatal period but remains high in the first three months (Pridham, Hansen, Bradley & Heighway, 1982). Infants do, in fact, have a noticeable number of illnesses in the first year. In a study over the first 10 months of life infants had an average of 4.3 acute illnesses (Carmichael & Williams, 1983a), 50% of which were respiratory tract illnesses (Carmichael & Williams, 1983b).

Another measure of morbidity is the hospital admission rate. The highest rates of hospital admissions in childhood occur in infancy, with the rate for male infants 26% higher than for female infants. Infection is the main reason for hospital admission (40%) with perinatal problems next in frequency at 28%. Mortality rates in childhood are highest in the first year of life with perinatal causes, congenital malformations and the Sudden Infant Death Syndrome, in order, accounting for the majority of deaths (Stanley & Williams, 1989).

It is clear that infancy is a precarious time. In the light of the evidence for the young infant's vulnerability to infection and life threatening events, parental concerns are both justified and understandable.

### **2.2.2. Nursing and health services**

The literature findings about the contact between new parents, nursing and health services are mixed. Parents have indicated a need for information and support and the efforts of nurses have been effective and well received (SCHSRU, 1988). On the other hand, the interests of the new family may not be well served when the activities of nurses can be shown to be less than effective in contributing to the health and wellbeing of parents and infants (Halldorsdottir & Karlsdottir, 1996).

Attendance at antenatal classes has become commonplace. While the classes aim to prepare parents for labour, birth and parenthood, their methods have been in recent times subjected to critical examination. Parents have registered dissatisfaction with the methods employed in antenatal classes and teaching approaches have been criticised for promoting dependency

rather than nurturing decision-making (Nolan, 1997). Participants in childbirth and parenting classes have not had their expectations for birth preparation met or taken part in the learning process to their satisfaction (O'Meara, 1993). Hallgren, Kihlgren, Norberg & Forsbir (1995) found that a lack of consistent information was implicated in a birth experience worse than expected and concluded that childbirth education must consider individual perceptions of childbirth and education. Men have been reported as enduring rather than enjoying and benefiting from antenatal classes (Barclay, Donovan & Genovese, 1996). Lester & Moorsom (1997) argue that midwives must extend their practice to include fathers as part of their commitment to holistic care. Fathers who participated in a non-traditional prenatal class which encouraged father-focussed discussion sought more support and information (Diemer, 1997). Postpartum services are effective when information is relevant and support available at the times of greatest need (Field & Renfrew, 1991).

Most mothers use infant health services during the first year (Morgan, Reynolds, Morris, Allsop & Rona, 1989; SCHSRU, 1990) though the levels of satisfaction have been found to vary (Houston, 1984; Sefi & Grice, 1994; SCHSRU, 1990; West, 1980). Even so, the child health nurse is frequently consulted for infant care advice, particularly related to feeding (Lilburne, et al., 1988; SCHSRU, 1988). Seeking advice from child health nurses becomes less frequent over the year (SCHSRU, 1990). Child health nurses are likely to be well informed, drawing on experience in providing advice about crying and feeding (Wikander, 1995) and able to accurately predict breast feeding success according to mother characteristics (Dracup & Sanderson, 1994). They provide reassurance regarding a child's progress and support (Morgan, et al, 1989; Sefi & Grice, 1994; Sharpe & Loewenthal, 1992) and facilitate problem solving (Pridham, Chang & Chiu, 1994a). Nursing interventions based on stress and coping theory have been found to increase first-time mothers' levels of marital satisfaction over time (Collins, Tiedje & Stommel, 1992). Satisfactory visits to child health care centres have been defined by the quality of information and the approach of the nurse. A kind, positive, skilful and friendly nurse makes the clinic visit satisfactory (Vehvilainen-Julkunen, 1993). Mothers have registered high levels of interest in group sessions organised by child health nurses (Cowpe, 1994). Mothers' groups have been successfully initiated by child health nurses (Stuber, 1994) with groups frequently continuing to meet independently (Buckley & Kemsley, 1995). Child health nurses have, however, been criticised for giving advice which is inconsistent and conflicting to mothers (Garforth & Garcia, 1989) while encouragement and help with techniques has, at times, been lacking (Albers, 1981).

The role of nurses in helping new parents has been debated and a number of approaches proposed. Assisting parents to understand their child's developmental needs and provide related

care is a nursing function which can support new parents, especially those who have life situational needs (Byrne, 1997). Abegglen and Schwartz (1995) argue that the effectiveness of nurses in helping mothers understand infant behaviour is maximised when models of care are set in place. Broom (1997) holds that when nurses limit their interventions to teaching infant cues and child-care skills an erroneous message is given to parents which, in turn, implies that partner relationships are not important in parenting. It is argued that nursing's role in helping new parents should be expanded and that nurses who direct care to parents and their relationship will promote children's wellbeing. Strickland (1997) has taken a broad view of nursing's role and argues that, because of social and environmental changes, nursing needs to reframe parenting. Nursing programs and interventions and organisational policies need to be directed to support parenting in positive, relevant and innovative ways. Nurses are held to have an unique role in parental learning and in fostering positive parent-child interactions (Higley & Miller, 1996).

The role of nursing and health services, deemed important and helpful by new parents, is clearly changing. There is a trend for information and direction giving strategies to be considered less useful than facilitative and parent strengthening approaches in services provided for new parents.

### **2.3. Parenting**

First-time parenting is a topic of interest for a range of disciplines and, consequently, the literature is extensive. Reflecting the emphasis in the literature, this section explores the roles, work and transition and the effects of first-time parenting on relationships.

#### **2.3.1. Roles, work and transition**

The ideas that parenting demands new roles and different activities and that parenthood involves a life transition have been studied from a number of perspectives. For example, the acquisition of the parent role has been explored with particular reference to mothers. In taking on the new role of mother, women have been found to use their experiences for self-definition, especially those of caring for the infant (Deutsch, Brooks-Gunn, Fleming, Ruble & Stangor, 1988) and gain their perceptions of competence from the responses of the infant (Bullock & Pridham, 1988). Maternal role competence has been further explained as a developmental process though inexperienced and experienced mothers have shown no differences in competence over the first eight months (Mercer & Ferketich, 1995). The maternal role is thought to contain both behavioural and affective dimensions (Koniak-Griffin, 1993) and is

largely influenced by interactive and cumulative variables. Attainment of the maternal role seems to peak at four months and eight months (Mercer & Ferketich, 1995) but variation of role behaviours over the first year is thought to be related to a child's developmental behaviours (Mercer, 1985). Teaching interventions have not been found to facilitate the transition to the maternal role (Brouse, 1988).

The ways mothers act within their new role has also been studied. Self-efficacy in mothers early in the transition to parenthood is related to confidence and less stress in the first year (Reece, 1992). How mothers make decisions has been examined. While the most frequently identified goal of mothers is the resolution of problems, especially feeding and crying, the mechanism used in making decisions is complex and varies with the goal and the activity (Pridham, 1987; Pridham 1989). Mothers' preparation for birth and their problem solving and self appraisal have been implicated in the transition to parenthood (Pridham & Chang, 1992; Pridham, Lytton, Change & Rutledge, 1991). A perception of control by mothers over their infant's health is related to the infant's health and mothers' use of preventative health services (Tinsley & Holtgrave, 1989). Pridham (1997) proposes that help seeking by mothers of young infants can be understood through mothers' perceptions, goals, sources of help and expectations.

The response of the infant to the efforts of parents has been frequently considered in the search for understanding about the parent-child relationship and the development of the parental role. For example, and contrary to earlier thinking, the early body contact between mothers and infants has not been shown to have lasting effects on the mother-infant bond (Lamb, 1982). The attachment the infant makes to the mother is related to interactions in the first year and becomes organised into patterns which have secure and anxious attachment qualities (Ainsworth, 1984).

Acting in the role of mother is, however, closely related to mother-infant factors. Maternal self-appraisal has been found to be influenced by infant temperament (Pridham, Chang & Chiu, 1994b) and infant temperament has been found to be more strongly associated with attachment than maternal responsiveness (Coffman, Levitt & Guacci-Franco, 1995). The development of maternal attachment is a gradual process and related to psychological wellbeing. Confidence is central in the adaptation to the role (Williams, et al., 1987). First-time mothers have been found to be no different than experienced mothers in maternal-infant attachment in the first eight months (Mercer & Ferketich, 1994) though first-time mothers needed more experience than experienced mothers with infant crying before an understanding of crying behaviour was reached and effective soothing could be given (Drummond, McBride & Wiebe, 1993). While



the link between maternal attachment and parental competence has been established (Mercer & Ferketich, 1990a) the responses of the child to mother characteristics have been studied. For example, mothers' levels of anxiety have influenced infant satiety and behaviour, which, in turn, have the capacity to influence security in the infant. Mothers with mild anxiety are more likely to engender secure responses in their infant while mothers with low anxiety are more likely to have infants with feelings of insecurity (Blank, 1986). Mothers have been found to have a steep increase in their satisfaction for role performance and knowledge of their child, peaking at 4.5 months (Grace, 1993). Infant characteristics, however, are infrequent predictors of parental caregiving (Jones & Heermann, 1992).

The processes in becoming a mother have been recognised as containing physical and emotional aspects. Mothers have rated five days postpartum as the peak of depressed and unhappy feelings or changed mood but most, however, have claimed to enjoy the first few months (Alder, 1984). While health problems in the first months have been reported more frequently in mothers than fathers, health status at one year was similar for both. Breast problems and tiredness were the main health problems for mothers. Mothers have also reported an increased cigarette and alcohol consumption (SCHSRU, 1989). Women can feel isolated, alone and depleted and their sense of being a mother may take months to be fully established (Barclay, Everitt, Rogan, Schmied & Wyllie, 1997). Functional status in mothers in which infant care responsibilities and usual activities are carried out has been found to be not fully achieved until after six months (Tulman, Fawcett, Groblewski & Silverman, 1990). In this period, while sexual interest and activity is reduced, mothers have reported satisfactory sex lives after childbirth (Alder, 1984). In order to maintain an emotional equilibrium intimate and community support is considered essential. Mothers perceive themselves in greater need for support than fathers (Cronenwett, 1986) and are satisfied with life and parenting when such support is given (Crnic, Greenberg, Robinson & Ragozin, 1984).

The view that childbearing and child rearing is stressful has been confirmed. During labour and birth stress is related to discrepancies between expectations and reality (Thomas, 1988). Stress levels in parents have been linked with personality (Younger, 1991), beliefs, event appraisal and characteristics (Terry, 1991).

For some mothers feelings of sadness and depression follow the birth of a child. In recent times such sadness and depression has been termed Post Natal Stress and Depression (PNSD) and is classified into three types; the baby blues, experienced by up to 80% of women after childbirth; post-natal depression, with an incidence of 10-40%; and post natal psychosis, a rare condition requiring urgent treatment. The causes of PNSD are believed to be multi-factorial and

complex. Risk factors include stressful events, lack of a confiding relationship and social supports (NSW Women's Consultative Committee, 1994). For example, mothers' depressive symptoms have been found to be increased when fathers' involvement in child care is low (Lennon, Wasserman & Allen, 1991). Although the conditions and causes of PNSD have attracted interest, in depth studies are few. One study suggests post natal depression occurs at a rate of one in seven and that depression is related to a range of health, interpersonal and social factors (Brown, Lumley, Small & Astbury, 1994). Post natal depression has direct effects on family functioning with function found to be less than optimal at eight months when stress and depression are present (Mercer & Ferketich, 1990b). Barclay and Lloyd, (1996), however, warn against the current emphasis on depression in the postpartum period. They argue that the depressive illness model denies the appropriateness of mothers' responses to losses and the changed quality of life after the birth of a first child.

Mothers have found they have more time to themselves at one year than in the early months after birth, while fathers felt they had less leisure time (SCHSRU, 1990). Leisure time, with its positive effect on mental health, is felt by many mothers to be important. The stress of mothering can be alleviated by time away from the infant. It has been proposed that mothers use leisure to resist the subordination which occurs through their dependent and undervalued role (Wearing, 1990b).

The adoption of the parental role by fathers is a multifactorial process. Fathers have been shown to react to infants in more complex ways than simply by engrossment. Their early contact with the baby may be uneasy and distant and they may suffer some symptoms of depression. While first-time fathers have been found to be noticeably involved in caretaking, such activities diminish over time (Rustia & Abbott, 1993). Over the first year, however, fathers become more emotionally involved and are more likely to take on a playmate role with their infant (Lewis, 1986b). Their parenting attitudes have been found to become more positive over the first year as they interact with their child (Tiller, 1995). The early father-infant relationship has been studied from a number of perspectives including attachment and timing of the relationship. When experienced and non-experienced fathers were studied for attachment to their infants no significant differences were observed (Ferketich & Mercer, 1995). The importance of fathers in the first year would seem to lie in the father-mother-child triad and in attachment, affiliation and social interaction (Gunsberg, 1982). It has been further proposed that fathers provide a secure environment for the mother and their child through supportive and protective functions. Diamond (1995) refers to this fathering position as husbandry and posits that the husbandry function promotes the development of the mother-child dyad. The transition to parenthood, however, holds risks for fathers. Depression in 29%

of first-time fathers and lowered self-esteem in 47% have been found (Osofsky & Culp, 1989). Fathers who are partners of women with postnatal depression experience significant distress and move through a process of realisation and understanding in their efforts to gain control of their lives (Weymouth, 1996).

The attainment of fatherhood has been viewed as a developmental process (Cowan, 1988). Becoming a father and developing a relationship with a child are steps in adult development in which a man makes the transition to parenthood. Fathers have described a three stage process of adjustment to parenthood in the first weeks. They held preconceptions about parenthood which were replaced by uncomfortable realities which, in turn, prompted a conscious decision for involvement (Henderson & Brouse, 1991). It has been further proposed that the development of a contemporary image of fatherhood is bound up in culture and gender roles. In a review of current research on fatherhood Tiedje and Darling-Fisher (1996) conclude that fatherhood is a complex social role and that processes, outcomes and macro issues have to be considered in investigations into fatherhood. Fatherhood can be viewed as a social construct. It is suggested that contemporary fathers have additional difficulties in a changing world in which relationships and roles in masculine culture undergo social change (White, 1994). There has been a further suggestion that the culture of fatherhood has changed more rapidly than the conduct of fatherhood (La Rossa, 1988). Rustia and Abbott (1990) found paternal performance was less than anticipated by fathers and mothers and only fathers' ideas about role performance could predict actual performance. The attitudes to paternal involvement is considered to be more important than involvement itself and holds the father's greatest influence for child development (Lamb, 1995).

The differences between mothers and fathers have been a point of interest for researchers. For example, differences between mothers and fathers for empathy and attitudes to infants have been found with mothers more likely to be empathic, have positive attitudes and be sensitive to infant cues (Graham, 1993). The sensitivity to infant cues has been linked to marital quality, especially for mothers (Broom, 1994). While parents are more able to solve problems related to infant care than non-parents, fathers are not as efficient as mothers (Holden, 1988). Differences in responses to events between mothers and fathers have been found. For example, men had a more romantic reaction to birth while women were shocked by the birth experience (Barkley, 1994).

Closely linked to the adoption of parenthood as a role is the matter of who does the work. Even though the traditional distribution of labour in western societies has undergone some redistribution following the movement of women into the workforce the pattern of women

maintaining the bulk of household work and child care has been retained (Jones & Heerman, 1992; Office of the Status of Women, 1991; SCHSRU, 1989; Thompson & Walker, 1989). While mothers carry out most of the care many agree that child care tasks are shared by both partners (SCHSRU, 1990). Fathers face a dilemma. While many express the wish to participate more in parenting they feel constrained by social expectations (Lewis, 1986a) and, over time, their participation in household work and child care decreases (Oakley, 1980). Fathers take on a supervisory function rather than one of caring for the child's physical needs (Yeandle, 1984) and can become peripheral to the activities of child care (Richards, 1985). A further division of labour in which women take responsibility for inside household tasks and men the outside work continues and becomes well established twelve months after the birth of the first infant. These divisions are not without conflict. Parents have reported increased conflict over the sharing of household tasks in the first year, conflict which was largely unanticipated. Nevertheless, an acceptance of the pattern of household task sharing is common with most couples reporting that they are, on the whole, satisfied with their present arrangements (SCHSRU, 1990).

Household income usually falls in the first year of parenting with parents, more particularly fathers, naming financial concerns as their most frequent worry (SCHSRU, 1990). Parenthood, for women, involves time away from paid employment, lower paid or intermittent work (Baldock & Cass, 1983). Mothers have reported that the lack of income is the main thing they miss about being away from work. At 12 months up to one third of mothers are engaged in part-time work (SCHSRU, 1990). Patterns of paid work have been studied in couples who are making the transition to parenting. Depression in spouses is less when both spouses are in agreement with the wife's employment while women who prefer employment and do not have a job are more likely to be depressed (Ross, Mirowsky & Huber, 1983). The careers of women and men diverge dramatically after the birth of the first child. Mothers undertake a period of extended leave or may resign. While men may take some leave their work status generally remains the same. Men have reported their desire for more paternity leave (Barkley, 1994). First-time mothers viewed the return to work as a process of role re-definition which was experienced in three stages: taking on multiple roles, experiencing role strain and reducing role strain. These findings imply that first-time mothers grapple with role re-definition throughout the childbearing period (Hall, 1987). The return to work can be a source of conflict for first-time mothers. Hock, Grezda & McBride (1984) found at three months a preference for remaining at home with young infants even though most mothers planned to return to work before 12 months. Mother-infant separation anxiety has been shown to be related to mothers' preference for working. Employed mothers who preferred to work have shown an earlier decline in anxiety than those employed mothers who preferred to be at home. Anxiety in both

groups, however, had decreased significantly at one year (De Meis, Hock & McBride, 1986). Roberts and McGovern (1993) conclude that mothers who return to work vary in coping with leaving their child in care and that the reasons why some working mothers have poorer mental health than others remains unclear. A comparison of employed mothers with non-employed mothers showed they were more alike than different at six months following delivery. Employed mothers were functioning as well as unemployed mothers, though most employed mothers were in part-time employment (Tulman & Fawcett, 1990). Fathers, too, experience role re-definition when their spouses return to work following the birth of a first child. They negotiate with their spouses and accept new expectations for child care, housework and work responsibilities (Hall, 1991).

Although the transition to parenthood has been examined from a number of different disciplinary perspectives, there is an agreement that the processes involved are multiple, varied and complex. There is agreement, too, that parenting occurs in particular contexts and these must be taken into account in reaching conclusions about the nature of parenting. For example, LaRossa and LaRossa (1981), argue for a sociological explanation of the transition to parenthood, and claim that understanding is to be found in patterns of interactions within sociohistorical boundaries. Koniak-Griffin (1995) takes a developmental view of parenting and argues for longitudinal studies in order to determine the developmental patterns in role attainment.

### **2.3.2. Relationships**

Changes in the marital relationship following the birth of a first child have been the focus of a number of studies. Mothers and fathers report that their relationship changes, they have less time together, less sex and that they are more tired (SCHSRU, 1989). Affectional expression is lower at three months than before the birth (Terry, McHugh & Noller, 1991). Shared interests and outings decrease, outings without the infant are rare (SCHSRU, 1990). Women have been found to be less satisfied with their marriages after the birth of the first child (Waldron & Routh, 1981) and report a decline in marital quality especially in the early months of parenting (Belsky, Lang & Rovine, 1985; Belsky, Spanier & Rovine, 1983). Tomlinson (1987) found a decline in marital satisfaction at three months which was marked by dissatisfaction with marital inequity for both spouses, with mothers' dissatisfaction related to traditional attitudes and fathers' participation in child care. Violated expectations, isolated from other stresses, have been held as the explanation for the change in marital satisfaction (Belsky, Ward & Rovine, 1986) and that, within the transition to parenthood, wives who experience a role shift to the more traditional division of labour evaluate their marriages less favourably (Belsky, Lang &

Huston, 1986). Less positive feelings about husbands in the postpartum period have been reported with many of the mothers' feelings related to violated expectations about the division of household labour (Ruble, Fleming, Hackel & Stangor, 1988; Terry, et al., 1991). Violated parenting expectations for spousal relationships, physical wellbeing, maternal competence and satisfaction have been found to make maternal adjustment more difficult (Kalmuss, Davidson & Cushman, 1992).

Studies have looked for other reasons for the decline in marriage satisfaction in partners becoming parents for the first time. It has been reported that new fathers and mothers become more different than one another and that this difference in combination with the effects of change contributes to lowered satisfaction (Cowan, et al., 1985). While the transition to parenthood has been associated with a decline in love and satisfaction there are similar decreases in non-parent couples in the first years of marriage (McHale & Huston, 1985; White & Booth, 1985). There have been findings which support that having a child is a deterrent to separation and divorce (White & Booth, 1985). First-time parents have also reported both increased stress and increased support in the marital relationship (Cronenwett, 1986). For some couples, while marital satisfaction for wives had decreased, the husbands' marital adjustment remained unchanged (Waldron & Routh, 1981). Marital quality and its effects on parenting has been studied with findings that suggest marital satisfaction is directly related to effective parenting (Belsky, 1984; Broom, 1994).

The birth of the first child affects relationships and social networks. The relationship with maternal and paternal parents is often strengthened, though the relationship with maternal parents would seem to strengthen more than with paternal parents (Cronenwett, 1986). There is more contact between mothers and maternal mothers (SCHSRU, 1989, 1990). Parents are more likely to use family members as babysitters (SCHSRU, 1990). Friendship networks change and move towards other parents. Mothers are more likely to establish neighbourhood friendships with other child rearing women. Previous work-related and single friendships tend to diminish (SCHSRU, 1990).

### **2.3.3. Influences on parenting**

The literature which is concerned with the effects of certain influences on parenting is interesting in that studies which set out to identify influences and their outcomes examine first-time parenting from a perspective which is distinctly different from those which seek to describe the events and activities of parenting. The number of influences on first-time

parenting is extensive. The following findings provide examples of how the interest in the influences on parenting can provide knowledge and understanding of parenting itself.

Those studies which have investigated influences on mothers have sought to offer explanations for maternal behaviours and infant responses. The personal history of the mother is claimed as a factor in the quality of mothering. First-time mothers with a family history of disruption have been found to interact significantly less with their infants than mothers who have not undergone this experience (Hall, Pawlby & Wolkind, 1979). Greater maternal responsiveness towards the infant has been demonstrated by mothers 19 years or older than mothers who were 18 years or younger (Jones, Green & Krauss, 1980) while increased maternal age has been shown to be significantly related to greater satisfaction with parenting, more time committed to the parenting role and more optimal behaviours (Ragozin, Basham, Crnic, Greenberg & Robinson, 1982) and greater sensitivity to infants (Broom, 1994).

The influence of social support on mothers has been studied with findings that confirm its beneficial effects. First-time mothers have better mental health and less postnatal depression when they have a number of people with whom they can speak freely (Wearing, Rudland, Keonig & Noble-Spruell, 1990). A model for predicting the ease of transition into the motherhood role has been developed. Social network supports (relational, ideological, physical and informational) and social network agents (husband, friends, relatives, work associates, neighbours and institutions) when present are influential in a satisfactory transition to the role of mother (Power & Parke, 1984).

Patterns of influence have emerged when motherhood and the family system have been studied. The concept of mother-love as a normative model influenced by family structure, personality system and the socialisation process has been proposed (Schutze, 1987). Mothers of first infants are changing some of the repressive aspects of motherhood and are constructing a transformed discourse. While the discourse includes many traditional values it emphasises the rights of women to time and space for their own enjoyment and development (Wearing, 1990a).

In order to understand the patterns of influence within the family it has been recommended that the relationships between parents, parents and child and the family be investigated with a broad, across-discipline approach using a transactional framework (Belsky, 1981). A process model of competent parental functioning which presumes that parental functioning is multiply determined, has been proposed following analysis of the influences which determine individual differences in parental functioning. Personal psychological resources are more effective in

buffering the parent-child relationship from stress than contextual sources of support which, in turn, are more effective than the characteristics of the child (Belsky, 1984).

Teaching parents is frequently promoted as the mechanism by which parents are informed and more importantly, are enabled to adapt their behaviour in order to care for their child in the best possible way. This assumption is not always substantiated. Teaching mothers about infant behaviour has been shown to increase knowledge but does not increase confidence in the interpretation by mothers of infant behaviour (Golas & Parks, 1986). When information giving strategies were modified to include person centred discussion, parental behaviour outcomes were more satisfying and useful. Diemer (1997) found fathers participating in prenatal classes which used such a strategy, sought more support and information, used reasoning more often and increased their housework activity. Teaching strategies which reinforce information have been found to be more effective in infant feeding education (Gibson, 1995). The notion that learning in pregnancy is impaired has been investigated through examining the attitudes of others. Midwives (30%) were found to have negative attitudes to women's ability to learn during pregnancy and while not in the majority, their attitudes were translated into self-fulfilling outcomes (Jackson, Schmierer & Schneider, 1996).

While it is not feasible to explore the many influences on first-time parenting it is evident that, as they live and function within environments and communities, parents are subject to and responsive to the elements which make up those environments and communities.

#### **2.3.4. Parenting: A unique human experience**

The experience of first-time parenting as freely told by parents allows for an accumulation of information which has deeper and more detailed qualities than those studies which are concerned with events, activities, and influences and the measurement of factors within them. When parents tell what the first experience of parenting has been like and what, for them, is important it can be expected that they will describe a range and depth of experience which holds a quality of description not available through more traditional investigative methods.

The experience of first pregnancy, birth and the early months of motherhood have been explored in qualitative studies which have sought to discover patterns or systems in the experience. Women's experience of caring and uncaring with nurse-midwives during labour and birth have been described, in a phenomenological study, as empowerment or discouragement (Halldorsdottir & Karlsdottir, 1996). First pregnancy and motherhood were revealed as periods of rapid psychological change with dramatic lifestyle changes which, in



turn, produce emotional disequilibrium (Leifer, 1980). Chesler's (1979) reflective dialogue on the transformative experience of pregnancy and motherhood and Bergum's (1986) phenomenological description of the experience of being woman and becoming mother have contributed deeply insightful accounts of these experiences.

Becoming a mother has been further described in a grounded theory study in which six categories; realising, unready, drained, aloneness, loss and working it out were identified. In becoming mothers, women undergo processes of change which contain self reconstruction and significant losses before gains were apparent (Barclay, et al., 1997; Rogan, et al., 1997).

As earlier noted, when mothers' experiences of infant feeding are subjected to qualitative investigation the types of feeding experience and the difference between ideas about mothering and feeding emerge (Cooke, 1991). Similarly, an examination of the underlying meaning of the reality of mothers' persistence in breast feeding offers a deeper understanding of breastfeeding as an everyday experience (Bottorff, 1990). Keith (1997) has given a description of mothers' decision-making processes for infant feeding which is both rich in detail and explanatory. Women's ideas, environments and perceptions of their infants were identified in a qualitative study into the reasons for women's choice of feeding method (Rowley & Dixon, 1997). The experience of mothers who choose to use formula feedings has shown how personal and public influences are at play in the feeding decision (Martyn, 1997).

Mothers' experiences in returning to work have been described as a process of role re-definition in Hall's (1987) qualitative study. The experience of new parents in balancing work and family has been described in a qualitative study which set out to explore the changes for first-time parents. Men and women were found to react differently to the birth, have different experiences of paid work and involvement in the family. It was noted in this study that fathers have been infrequently included in studies of childbirth and family participation (Barkley, 1994).

The South Australian Health Commission studies (SCHSRU, 1988; 1989; 1990) reported on the experiences of pregnancy, birth and the first year of parenting for 58 couples, using both quantitative and qualitative methods. Findings related to gender roles and parenting; the impact of parenting on health, lifestyle and marital relationships; and implications for health and welfare services and policies in supporting parents.

Parental behaviour has been accounted for as a development which arises out of certain processes within the family. While social processes have been considered in the development

of parental behaviour, they were found to be broad and lacking in specificity in Backett's (1982) qualitative study of parenting. Parents used negotiating processes in order to develop and establish those behaviours deemed appropriate for parenting.

In this overview of qualitative studies of the first-time experience of parenting it is manifestly clear that most of the studies are directed to the experiences of mothers. Investigations into the experience of first-time parenting, in which both mothers and fathers participated and which used qualitative research methods in order to reach an in-depth, human-centred description of the experience have not been uncovered.

#### **2.4. Conclusion**

Parenting, and in particular, first-time parenting, is shown to be a complex and demanding experience for those who engage in it. Parents are required to re-define themselves in terms of identity, role and function, to develop from self-caring individuals to caring for another as a priority, to move from a dyad to a triad relationship and to undergo social re-organisation. The physical, cognitive and emotional components of the transition to parenthood are substantial. For those who interact with first-time parents there is complexity which involves issues of health and illness, growth and development, dynamics and relationships and specialist practice.

The literature reflects the substantial knowledge about parenting and its growth in the past decade or so. Such knowledge infers a similar knowledge of the effect of parenting on children and their health. There remains, however, areas where knowledge is incomplete and practice cannot claim a reputable base. First-time parenting, as an experience in which parents become deeply engaged and personally account for that experience, is not well represented in the literature. The small collection of qualitative research is a notable finding in this review of the literature. With the exception of the Southern Community Health Services there appear no Australian studies which have taken a qualitative approach in the study of parents and their parenting experiences. Nor are there studies which have explored and interpreted the experience of first-time parents, producing phenomenological descriptions of that experience. Such descriptions, which would provide understanding and insight into the parenting experience, are needed. They can open the way for nurses, midwives and other health professionals, to work with parents in ways that are based on meaningful knowledge and are recognisably empathic to the parenting experience. In addition, if the quality of preventing is integral to the health and well-being of children, the need to fully appreciate the parenting process becomes evident.

## **Chapter 3.**

# **Method: Phenomenology as a way to knowing and understanding**

### **3.1 Introduction**

Research which uses phenomenology as a research method will be firmly based on the theoretical postulates of the philosophies of phenomenology. The method for this study is drawn from a number of philosophical approaches within the field of phenomenology in the belief that the theoretical positions in these several approaches would uphold the study's epistemological purpose and give good direction to the study design. In devising the method for the study reference was made to the ideas of Husserl (1970a), Heidegger (1978), Gadamer (1975) and Van Manen (1990). Concepts, drawn from each of these theoretical positions, have determined the design of the study and guided the formulation of the description for the phenomenon under investigation.

This chapter explores phenomenology as a philosophical approach to knowing and understanding and as research methodology. An historical and positional overview of the development of phenomenology as philosophy introduces the chapter and shows the theoretical foundation from which the decisions for the study method were drawn. The overview is somewhat selective in that the ideas, which are most relevant to the study, are given emphasis. Phenomenology as an approach to knowing and understanding is examined and the appropriateness of phenomenological methods for nursing research is discussed.

The theoretical overview, an examination of phenomenology as a system through which knowledge and understanding is made available, and a discussion on the relevance of phenomenology to nursing enquiry is included in order that the conceptual foundations of the study can be explained and supported. Cohen (1987) in her comprehensive discussion on the phenomenologic movement, is convinced an understanding of the movement and the ideas of its contributors is necessary for any who attempt research with phenomenology as method. Ray (1994) takes the point one step further and warns that researchers who work in the phenomenologic tradition run the risk of producing flawed work if they do not have sufficient knowledge of the methodology in which they proposit their research to be founded. Good studies will show evidence of the knowledge of the philosophical field. The pitfalls in phenomenological research have been thoroughly explicated by Crotty (1996) who shows how misconceptions can distort original theory and create a method of research not consistent with the theoretical foundation on which it claims to be based.

### **3.2 Phenomenology: A philosophical movement**

Phenomenology is an approach to knowing and understanding human experience based on philosophical assumptions about the meanings humans form out of their interactions with the world. Phenomenology is variously described as a philosophy, a movement, an approach and a research method. It is, however, the philosophical assumptions of phenomenology which are central to all phenomenological thinking and expressions. While phenomenology has its origins in philosophy and remains a philosophical force, a number of human sciences including sociology, psychology, religion, anthropology, education and physics have applied phenomenological ideas to enquiry within their fields. Nursing has in recent times employed phenomenology as a philosophy, an approach and a method for research (Munhall, 1994; Ray, 1985).

Spiegelberg (1982), the historian of phenomenology, uses the word movement to signify the dynamic nature of phenomenological thought and theory while it has been suggested that in using the term phenomenology one is carried into a "sphere of ambiguity" (Kockelmans, 1967, p.24). There is no doubt that phenomenology as a philosophy has a history of evolutionary development. It is, therefore, not possible to categorically state what phenomenology might be without making reference to a particular source or position. Phenomenology as a philosophical movement continues to evolve and be clarified. There are multiple interpretations and modifications of phenomenology as a philosophy (Omery, 1983; Thompson, 1990).

Consequently, phenomenology has been described as a dynamic movement (Spiegelberg, 1982) which has been, and continues to be, open to a diversity of philosophical thought. Stewart & Mickunas (1974) observe that the use of the term 'movement' by Spiegelberg (1982) is particularly appropriate when the diversity in points of view of phenomenological thinkers is considered, and Cohen (1987) points out that it is this continued movement of thought, across philosophers and within each philosopher, which makes the description of phenomenology a difficult exercise. Even so, Spiegelberg's (1982) organisation of the development of phenomenology into three historical phases; the preparatory phase, the German phase and the French phase provides a useful approach to a discussion on the development of phenomenological thought. Each phase represents a defined context and a distinctive set of ideas.

### **3.2.1. The early philosophers**

While the term phenomenology appeared as early as the mid 1700s in philosophical writings, it is in Hegel's quest, in the early nineteenth century, to define absolute knowledge that a scientific base for phenomenology began to emerge. For Hegel, the phenomenon of consciousness as it develops into knowledge becomes the point of scientific philosophical enquiry. Phenomenal knowing becomes the object of investigation. Hegel's objective, phenomenal knowing, can be seen as a beginning point for the development of phenomenological thought and theory and that, in approaching questions about human consciousness and knowledge from a scientific base, Hegel has left a mark on the directions of phenomenological enquiry (Kockelmans, 1967). Phenomenological philosophers and scholars have been preoccupied with the place and value of scientific certainty in their work ever since.

The preparatory phase is mainly represented by Brentano and Stumpf who put forward their ideas in the second half of the nineteenth century. Brentano, too, was concerned to establish a scientific base for human science and developed a number of ideas which contributed to the development of phenomenology. He held that philosophy should provide answers for human life and that description was the base for scientific investigation (Cohen, 1987; Spiegelberg, 1975; Spiegelberg, 1982).

Brentano's most enduring contribution to phenomenological thought, however, was his development of the notion of intentionality. Brentano's intentionality was an answer to the problem of distinguishing between physical and psychic phenomena (Crotty, 1996). He argued for intentionality as the fundamental structure of consciousness (Cohen, 1987) and his notion that all consciousness is a consciousness of something was highly influential on later philosophical thought (Kockelmans, 1967). Stumpf, a student of Brentano, pursued experimental phenomenology in which the relationship between elements of experience were analysed within an experimental model. Stumpf, too, was committed to scientific rigour in the field of phenomenology (Cohen, 1987).

The early development of phenomenology as a philosophical system is characterised by a search for new approaches in the philosophical tradition and in the scientific study of the meanings of phenomena. The early philosophers held to a determination that their ideas would satisfy rigorous intellectual examination and scientific scrutiny. During the preparatory phase, phenomenology was directed to providing answers to human questions and to satisfying scientific standards. In each of these beginnings the foundations for the major developments in phenomenological thought can be seen.

### 3.2.2. The German philosophers

The German philosophers developed phenomenological thought and theory between the late nineteenth century and the second world war.

Husserl, who studied with Brentano and Stumpf, was also committed to the notion that philosophy should be rigorous science and believed that his phenomenology was the means for this end (Kockelmans, 1967). Husserl was influenced by Brentano to relinquish mathematics, his initial field of study for philosophy and to maintain a determination for scientific rigour. It was, however, Brentano's insistence that intentionality was the key to understanding psychic phenomena that gave direction to Husserl's philosophy of conscious realisation (Cohen, 1987; Crotty, 1996; Moustakas, 1994).

Phenomenology, for Husserl (1970), describes how the world is constructed and experienced through consciousness. The purpose of phenomenology, therefore, is the "systematic analysis of consciousness and its objects" (Magee, 1987, p.254). Husserl constructed his philosophy of phenomenology through a number of ideas which he developed over time. Phenomenology was to be a philosophy free of preconceptions and theoretical conclusions. Such preconceptions can obstruct the realisation of the meaning of experience. Husserl's oft-quoted, "back to the things themselves", is a call to refer to the present and personal account of conscious knowing (Kockelmans, 1967, p.29). His two fundamental concepts, meaning and intentionality (Mohanty, 1977) are demonstrated in these ideas.

Husserl developed a number of ideas about how meaning may be uncovered. Through intuition "a direct grasping" (Van Manen, 1990) of consciously realised phenomena was possible. This logical knowing is, therefore, derived from the entire range of original experience and the accumulation of representations. Husserl explains "that every originally giving intuition is a legitimate source of knowledge" (Kockelmans, 1967, pp.29-30) and that the object of intuition is to be accepted as it "gives itself out to be" (Husserl, 1931, p.92). Such intuition implies that the perception of phenomena becomes the point of knowing. Moustakas (1994) explains that intuition is the beginning point in the uncovering of knowledge of human experience and that Husserl's intuition is an intuitive-reflective process in which that which is seen is transformed into knowledge. Such knowledge, in Husserl's terms, is the knowledge of essences.

Through a methodical stripping away of prejudice and preconceptions things could be perceived in their original and uncontaminated form. This process is described by Husserl as reduction and is distinguished by two stages (Kockelmans, 1967; Cohen, 1987). The purpose of

reduction is to identify pure and unadulterated phenomena (Cohen, 1987) which can reveal their deeper and more profound meanings. Reduction, in the first of Husserl's stages, involves a reduction from facts to general essences. This eidetic reduction takes knowledge beyond the level of facts into the realm of ideas. Husserl's essences are developed through a conscious process of thoughtful investigation. The immutable and unique eidōs is then revealed as an universal essence (Kockelmans, 1967; Van Manen, 1990). The second stage of reduction, referred as the phenomenological reduction, contains several key elements of Husserl's phenomenology. As part of the reductive process, the bracketing of the natural world is undertaken. Bracketing refers to a suspension of particular phenomena (Van Manen, 1990). Reduction is further accomplished through acknowledgment of the cultural world and its influence on an individual's reality. This world, of pure experience, is described by Husserl as the lifeworld.

In Husserl's lifeworld, life is original, natural and naive. This lifeworld is pre-theoretical and holds the attitude to life from which theoretical ideas emerge (Van Manen, 1990). For Husserl, the lifeworld is the context for all experience and includes everything available in the world. He argued that human experience is never separated from the lifeworld (Husserl, 1995). Husserl's lived-world is the concrete context for all human experience (Stewart & Mickanus, 1974) and a perceived world which becomes objective reality (Gurwitsch, 1982).

Husserl (1980) later extended the reduction process to include ideas about transcendental reduction. The lifeworld and its investigation were regarded as a precursor to transcendental reduction (Carr, 1977). The result sought by Husserl through transcendental reduction, is a "direct reflective acquaintance" with the object of an intentional act (McIntyre & Smith, 1982). Consciousness, in being independent of other supposed realities and the priority of the reductive process, becomes the transcendent reality (Cohen, 1987; Hall, 1982).

Husserl contemplated the problem of intersubjectivity and held that meaning is able to be shared and communicated intersubjectively. This ability to transmit meaning from person to person allows objective meaning to be revealed (Mohanty, 1977). Knowledge of objective appearances is reliant on its existence for everyone. Subjective knowing, when shared, confirms the existence of objective knowledge (Elliston, 1977). Gadamer (1977) holds that Husserl relied on transcendental subjectivity to explain intersubjectivity. It is only through the intentionality of transcendental empathy that the "like ego", the experience of others, can be understood. Husserl goes so far as to claim that the other becomes a modification of the self (Schulz, 1967).

The notion that experience and knowledge are so embedded in the natural world that they are taken for granted, is central to Husserl's description of everyday experience as being lived with a natural attitude and situated in the life-world (Cohen, 1987). The natural attitude was proposed by Husserl to be the original and unaffected state, not yet touched by reflection or theoretical explanation (Husserl, 1964; Van Manen, 1990). Husserl contrasted his notion of the natural attitude with the scientific attitude. The scientific attitude offers a rational and tested explanation for phenomena which cannot take into account the pre-consciousness of the natural attitude (Stewart & Mickanus, 1974).

The concept, intentionality, while not originally conceived by Husserl, is fundamental to his philosophy. All consciousness is conscious of something and is intentional, that is, directed to that which it is not. Such intentionality is not simply the recognition of a relationship between consciousness and an external object. Intentionality, in Husserl's philosophy, is the characteristic of consciousness whereby thinking gives meaning to an object and then goes on to maintain the identity of that which it has created (Dreyfus, 1982; Husserl, 1964; Kockelmans, 1967). Husserl's goal of pure understanding can only be achieved when consciousness is treated as a process not an object (Barritt, Beekman, Bleeker & Mulderij, 1985). Consciousness exists in the relationship with things and is always a consciousness of something. The intentionality of consciousness means we have a direct contact with the world. At another level, it can be said that the theory of intentionality is the foundation of phenomenology (Gurwitsch, 1982).

Husserl, considered by many to be the founder of phenomenology, devised a philosophy which he believed would explain human consciousness from an empirical standpoint and, therefore, become the base for all knowledge. His basic concepts, meaning and intentionality, give points of clarity to his project and are foundational concepts for his transcendental phenomenology. Throughout the development of his phenomenology Husserl remained insistent that phenomenology as philosophy was rigorous science and that through reduction of human experience to primary presuppositions the standards for rigorous science are met (Kockelmans, 1967).

Heidegger, assistant to Husserl for a time, held that the subject-object relationship did not necessarily operate as Husserl proposed. The relationship between subject and object could not be explained by conscious awareness (Dreyfus, 1987). Husserl's claim, that through consciousness all things in human existence can be described was challenged by Heidegger who argued that dimensions of existence such as anxiety and death could not be accounted for as a correlate of consciousness. For Heidegger, the relationship is found in Being-in-the-world,



in being inseparable from the world of existence. Human reality is existence in the world. Heidegger called human reality Dasein or "Being there" (Heidegger, 1978). Heidegger refuted Husserl's idea of intentionality as a mental state and declared intentionality to be characteristic of all human activity and a manifestation of Dasein (Dreyfus, 1991).

In developing his idea of Dasein, Heidegger became absorbed in the idea of Being (Sein) which refers to Being as such (Stewart & Mckanus, 1974). The concept of Being became the central purpose of his work and thought. Heidegger puts the question, **what is being, what is beingness in its Being**, and replies that the meaning of Being requires a conceptualisation of its own (Heidegger, 1978) Steiner (1978) elaborates that there is no being without Being and emphasises that, for Heidegger, it is the questioning of Being which is the essential issue. Dasein is possible because a being can question Being. Heidegger expounds that while the final understanding of Being is elusive, it is the awakening of understanding of the question's meaning which is the essential step (Krell, 1978). For Heidegger, Dasein, human existence as it exists in the world, is not an entity in a world of entities but, rather, an openness in which entities can be seen in the light of their Being. Dasein, therefore, is not made up of conscious structures, but allows for an open world in which consciousness can function (Heidegger, 1978). Even the term, world, for Heidegger, refers to a personal world, the whole in which we are always immersed, surrounded by it, but unnoticed (Palmer, 1969).

Heidegger, in his exploration of the mystery of Being, and Dasein as the access to Being, referred back to earlier ideas of the hermeneutic circle. He held that the movement between Dasein and Being was a circular one. As we move towards an understanding of Being, so then is existence in the world (Dasein) enhanced and seeks further enlightenment (Crotty, 1996). Dreyfus (1991) explains how engagement in the hermeneutic circle takes place. As interpretation unfolds, there must be a moving back and forth between an overall understanding and an understanding of related parts.

In his text, *Being and Time*, Heidegger (1978) seeks to deepen understanding of what it means for something to be. In studying human activity Heidegger drew on the hermeneutic method in order to interpret human being. Hermeneutic phenomenology stands in contrast with Husserl's transcendental phenomenology. The conscious subject is minimised in Heidegger's analysis of human being (Dreyfus, 1991). While Husserl's phenomenology can be said to be descriptive, Heidegger's phenomenology is directed to interpretation which will reveal the hidden meaning of phenomena. Spiegelberg (1975) speculates that if hermeneutic phenomenology can interpret the meaning of human existence phenomenology also has the potential to change an outlook on life and, even further, change actual living.

The term, hermeneutics, means 'to interpret', though the definition is extended by Van Manen (1990, p. 179) to "the theory and practice of interpretation". While Heidegger used the term to describe his method (Heidegger, 1978) the hermeneutic approach and tradition has continued to be developed (Palmer, 1985; Van Manen, 1990). Heidegger's hermeneutics, in being committed to the interpretation of the being of Dasein, however, set a direction for phenomenology in which hermeneutic phenomenology has become an ontology of understanding and interpretation (Palmer, 1969).

Gadamer, a student of Heidegger, developed the view that hermeneutics is the ontology and phenomenology of understanding (Gadamer, 1977). Gadamer built on Heidegger's hermeneutic phenomenology and his subsequent work lies within a Heideggerian tradition. Palmer (1969) summarises this development,

He has taken Heidegger's theory of understanding, ontology, and critique of modern humanist subjectism and technology and evolved without radical contradiction of Heidegger a hermeneutics that is language-centred, ontological, dialectical and speculative (Palmer, 1969, p.216).

The development of the theme of truth, for example, affirms Heidegger's definition of truth as being an "unconcealment". Heidegger conceived the "unconcealment" as a prize, hard won from the hiddenness of things and revealed in a sudden experience of recognition. Gadamer's development of truth emphasises the "unconcealment" as a thoughtful, measured process, gained in conversation with another (Dostal, 1994). Understanding, for Gadamer, comes from the genuine experience found in an encounter with something that shows itself as truth (Bernasconi, 1993).

Gadamer developed his ontology into dialectical hermeneutics (Palmer, 1969) and proposed that understanding is found in text and language (Ray, 1994). As interpreter and text relate, a fusion of horizons of understanding takes place. This fusion of horizons is the authentic achievement of language (Gadamer, 1975) The horizon, for Gadamer, is

... a range of vision that includes everything that can be seen from a particular vantage point (Gadamer, 1975, p. 269).

Gadamer's use of the concept of horizon allows him to explain how thought might be limited or expanded by the extent of an individual's horizon. The notion that horizons of meaning, borne

of cultural and historical influences, can shed light on human experience and offer a route to truth is central to Gadamer's thinking (Gadamer, 1975 trans.).

The German philosophers were major contributors in the development of phenomenology. Husserl's insistence for a philosophical method to be as rigorous as science, the pervading influence of Heideggerian thought and the clarity offered by Gadamer have marked phenomenology as a major philosophical force and bestowed on it enduring ideas which continue to be explored, advanced and applied to enquiry.

### **3.2.3. The French philosophers**

The French philosophers are represented by Marcel, Sartre, Merleau-Ponty and Ricoeur (Cohen, 1987; Crotty, 1996). Marcel used phenomenological ideas in his analysis of Being. He concluded that Being remains a mystery and can only be alluded to in artistic representations (Crotty, 1996) or glimpsed in select, intensely lived experiences (Stewart & Mickunas, 1974). Phenomenology was a way, for Sartre, to explore his ideas of existentialism. He arrived at a political and humanistic interpretation of human existence and gave vent to his ideas in literary works (Stewart & Mickunas, 1974). Writing became his method of being (Van Manen, 1990) though Sartre was committed to the notion that consciousness is always an outwardly directed force which preceded the essence in being human (Stewart & Mickunas, 1974; Cohen, 1987). Merleau-Ponty, Sartre's contemporary, was interested in perception and the importance of individual experience (Cohen, 1987). He proposed that, in being in the world, people are "condemned to meaning" and that all experience is bound in history (Merleau-Ponty, 1962, p. xix). Phenomenology, for Merleau-Ponty was a means for exploring experience with all its complexities and contradictions in which consciousness can accept something unknown and be part of it (Crotty, 1996). Ricoeur held a commitment to phenomenology with a hermeneutic presupposition (Ray, 1994). He promoted a larger explanation for the place of hermeneutics in ontology and epistemology in which, he proposed, all parts of conscious life is, in part, a revealing of the self (Stewart & Mickunas, 1974) and that the link between ontology and epistemology is to be found in the ways consciousness is never separate from action (Ray, 1994; Stewart & Mickunas, 1974).

Although the contributions of the French philosophers to the phenomenological movement have not attracted the same recognition as that afforded the German philosophers, their work has influenced further phenomenological thought and the application of phenomenologically directed ideas to therapeutic approaches to human problems. Their phenomenology is primarily

existential, though Marcel and Sartre rejected the idea that phenomenology was their field (Cohen, 1987).

Phenomenology, as a philosophical movement, offers a fascinating and ever-developing viewpoint of the ways humans exist in the world and seek to make sense of that existence. It is suggested that the transcendental, hermeneutic and existential approaches within phenomenology can be seen as branches of the one tree. Although each emphasises a different aspect of the study of experience there is agreement that it is experience which holds the answers for understanding human life (Barritt, et al., 1985). In reaching for concepts which can explain human experience and direct enquiry, it is important, however, that philosophical positions are not misunderstood, claimed as frameworks or applied in ways that their originators would not support. Crotty (1996) offers a timely caution. He reminds phenomenological researchers that in claiming to do research in the phenomenological tradition and taking on the terminology of phenomenology, there is a responsibility to be informed in the tradition, cognisant of meaning and accurate in the application of theoretical concepts.

### **3.3. Phenomenology: A research methodology**

Phenomenological research is the study of the lifeworld or the study of lived experience. Such research is committed to the understanding of everyday experience and, in contrast to other scientific investigation, seeks to gain descriptions of the way the world is experienced, the nature of conscious knowing and the structures of lived experience (Van Manen, 1990).

#### **3.3.1. Van Manen's human science**

Van Manen (1990) argues for phenomenology as a human science. Phenomenology does not aim to demonstrate relationships such as found in statistical relationships or frequencies or establish meaning through the study of cultures, groups, human types, mental processes, history, or personal life history. Phenomenology aims to explain the meanings of everyday living, the lifeworld. It claims to be scientific because it is systematic, explicit, self-critical and inter-subjective. Phenomenological human science research is systematic in its use of questioning, reflection, focussing and intuiting as definable modes of enquiry. In articulating the structures of meaning phenomenological human science research is explicit and, in continually evaluating its directions and methods, demonstrates self-criticism. Intersubjectivity is evident through the validation of phenomena by another or others.

Van Manen (1990) proposes that a full understanding of phenomenology can only be achieved through doing it, that is, carrying out certain activities of enquiry which will reveal the nature of human experience. Such activities are drawn from the central tenets of philosophical phenomenology. Van Manen (1990) offers an approach for research which is drawn from phenomenological, hermeneutic and semiotic (a practical approach to writing and linguistics) sources. He has compiled a series of defining statements for hermeneutic phenomenological human science which serve as foundations for research. Phenomenological research is the study of lived experience, the lifeworld, which aims for an understanding of the meaning of everyday experience. It is, too, an explication of phenomena as reached through conscious experience. The study of essences is the concern of phenomenological research in which the very nature of a phenomenon is sought. Phenomenological research seeks description of experiential meanings, while at the same time is human science, concerned with meaning in human experience. The practice of thoughtfulness is central to phenomenological research and appears as an attentive wondering about human living. Phenomenological research is a quest for an understanding of what it is to be human. The sensitive and revealing use of language characterises phenomenological research, in that meaning is offered in words which, in turn, become meaning.

Van Manen (1990) distinguishes between immediate description of experience as lived and a more considered description in which experience is rather more obviously interpreted. The distinction between descriptive phenomenology and hermeneutic phenomenology is difficult to maintain in Van Manen's view. He argues that interpretation is present in each tradition and offers Gadamer's notion of interpretation as a pointing to (in the sense of revealing what the thing points to) and a pointing out of the meaning of something.

More recently Van Manen (1997) has put forward a case for phenomenological research to maintain the interpretive and expressive focus in which "how" the text speaks is given attention. He contrasts this approach with the thematic approach in which the "what" of text is the goal. While both forms have an important place in phenomenological enquiry Van Manen argues, however, that for text to live and meaning to have power, the research approach and its writing will have artful and expressive qualities.

Van Manen's (1990) eclectic approach to phenomenological research offers a considered framework for phenomenological investigation. The incorporation and application of the main ideas and traditions of philosophical phenomenology into a practical and supportable method has created a pathway for phenomenological investigation.

### **3.3.2. Nursing research and phenomenology**

Consideration of phenomenology as a method in nursing research has traditionally begun with discussion about the merits of quantitative and qualitative research. The debate about quantitative and qualitative research methods has occupied the thinking of nurse researchers, especially as they have sought clarity about the attributes and applications of both paradigms. It has been proposed that because western thought has been dominated by science and the positivist tradition that nurse researchers were initially predisposed to the quantitative method (Leininger, 1985). The debate, too, has led to a critique of quantitative research methods and number of conclusions which support the qualitative approach for nursing enquiry. At the philosophical level the differences have been declared profound, leading to the conclusion that there is irreconcilable conflict between the qualitative and quantitative paradigms (Oiler Boyd, 1993). Omery (1983) explains that quantitative methods achieve a simplistic reduction and abstraction of the human condition which is neither comprehensive or in keeping with the values and beliefs of nursing in regard to humans and their experiences. It is further argued that quantitative research, while offering answers to certain questions in nursing, holds contradictions for a nursing philosophy of human holism (Ray, 1985) and is capable of distorting the reality of nursing (Taylor, 1993).

The claims for a philosophical congruence between qualitative research methods and nursing's emphasis on the importance of the person have been pervasive. The method and outcomes of qualitative research are held to be in keeping with the nature and essential concerns of nursing (Leininger, 1985) and that qualitative research methods can redress the shortfalls of the quantitative approach (Taylor, 1993). Leininger's (1985) advice, that nurse researchers need to be clear about their reasons for the choice of qualitative or quantitative research methods and look to the purpose of their research and the central claims of each approach, offers a well argued and logical conclusion to the debate. Darbyshire (1997), in supporting this view reminds nurse researchers that qualitative methods now have an established place in nursing research and that there is a need for nurse researchers to honour the traditions of both qualitative and quantitative methods.

The place of established qualitative methods in nursing research has, more lately, been subjected to questions of application and appropriateness. Most such questions have concluded with ideas about the incorporation of nursing ideology into research methodology. Sandelowski (1997) is concerned that qualitative research has been misused and misunderstood. In tracing inappropriate utilisations of qualitative research she concludes that good qualitative research must be relative to those who seek and use new knowledge. A non-categorical description has

been offered as an alternative to established qualitative methods, based on the view that such methods are not appropriate for nursing's unique perspective and epistemological position (Thorne, Kirkham, MacDonald & Emes, 1997). Gardner (1996), while supporting the appropriateness of qualitative methodologies in nursing research, shows how the characteristics of nursing practice can provide a unique perspective and dimension for qualitative nursing research. Although qualitative research is credited with having a role in advancing nursing science Bunkers, Petardi, Pilkington and Walls (1996) advise nurse researchers to be vigilant in their application of qualitative methods, not to fall prey to prevailing myths and to maintain nursing theory in their use of qualitative research.

Similarly, the phenomenological method, one form of qualitative research, has been closely examined. Omery (1983) places the phenomenological approach firmly within the qualitative paradigm and details the characteristics which distinguishes phenomenological research from other qualitative approaches; phenomenological research sets aside preconceptions, is not bound by a theoretical process and has the goal of providing accurate description of phenomena. The appropriateness of phenomenology for nursing research has been similarly examined. It has been argued that phenomenology is in keeping with nursing's philosophy and orientation to people (Beck, 1994; Cohen, 1987; Parse, 1992; Taylor, 1991; Watson, 1985) and that it is a method of research which will reveal the essential concerns of nursing. For Taylor (1993) phenomenology has a further specific function in that it can inform nursing about the phenomena of its concern.

Phenomenological research is further differentiated by its distinctive approach to the study of human everyday experience in that meaning is constructed, within context, as an intersubjective phenomenon (Anderson, 1989). Phenomenology and hermeneutics have been credited with the ability to show how nursing practice can be articulated from within (Bishop & Scudder, 1990). Ray (1990), claims nursing as human science and makes the connection between human caring, the new view of nursing, and the discovery and interpretation of the meaning of being human. Phenomenology is the means by which such meanings can be revealed. Phenomenology and nursing share a number of essential concerns. Taylor (1993) notes that phenomenology and nursing share an interest in the subjective experiences of people, and beliefs and values about the nature of humanness and human meaning. Shared, too, is the quest for understanding of human experience and the ways people reveal their everyday being. A further view holds that phenomenology's importance in research lies in its commitment to the subjective perceptions of participants. Such perceptions are the most valuable and most worth studying (Hallett, 1995).

Phenomenology, with its evolving ideas is thought to have influenced nursing thinking and the approach to research (Thompson, 1990). It has, in addition, been credited with attributes which are rigorous (Jasper, 1994), future directed in that it provides a foundation from which new levels of knowledge can be generated, sets guidelines for further research and provides the preparation and insight for critical inquiry (Wilkes, 1991).

Nurse researchers have closely examined the differences between transcendental and hermeneutic phenomenology and their application in nursing research (Cohen & Omery, 1994). One view holds that each approach has a different perspective on human experience and must therefore be clearly differentiated in nursing research (Walters, 1994). Koch (1995) supports an informed differentiation between the transcendental and hermeneutic approaches and notes that nurse researchers can be confused in their understanding and applications of phenomenological traditions if the different philosophical positions are not clearly appraised.

Another view holds that differentiation is not to be over emphasised and that the ultimate goal of the research process holds the greater importance. Anderson (1989) concludes that phenomena may be viewed in different ways but that the interpretive scheme should be made explicit in research. She is convinced that the reconciliation of different approaches is less important than the actual doing of phenomenology and valuing each approach. It can be argued that the knowledge and understanding which will be found in thoughtful examinations of the human lifeworld is of greater value than findings which are the products of theoretical definitions (Lynch-Sauer, 1985).

Ray (1994) argues that both the transcendental and the hermeneutic analytic have the task of revealing human experience as it is of the world and in the world. In processes in which phenomena are made explicit and reflection reveals truth, the phenomenon and reflection in combination can illuminate experience and meaning. It has been further argued that it is the view of the person which should be established before research methodology is debated (Leonard, 1989).

The priority of philosophical principles over method has featured in recent discussions about the place of phenomenology in nursing research. While arguing for the freedom to modify method Taylor (1995) maintains that research methods must remain faithful to methodological assumptions about the nature of human Being and knowing. Cohen and Omery (1994) have concluded that the appreciation of the underlying philosophy rather than the method itself is the prime concern in phenomenological research. In an examination of the place of hermeneutic phenomenology in nursing research Annells (1996) shows how, because there are



no definitive procedural steps, approaches vary and concludes that researchers need to be cognisant of the philosophical foundations from which their approach is drawn. Phillips (1993) has it that present research methods which seek to reveal the patterns of lived experience limit the fullness of lived experience. An extension of method is advocated in which researchers would adopt a panoscopic vision, enabling all manifestations of experience to be revealed rather than isolated and selected dimensions.

A discussion into the merits and place of phenomenology in nursing research is not complete without reference to the issues raised by Crotty (1996) and Paley (1997) in their critiques of phenomenological research in nursing. Crotty (1996) examines the field of phenomenological nursing research and compares its trends, claims and approaches with the philosophical origins of phenomenology. He concludes that much of North American nursing research, which claims to be phenomenological, is misguided or misrepresents phenomenology. While traditional phenomenology is concerned with the description of phenomena as it is experienced in human life, North American phenomenology has taken a more subjective humanist approach and prefers to describe the detail of individual human experience. Crotty (1996) refers to this development as the new phenomenology, but remains uncompromising in his caution to nurse researchers to maintain clarity and accuracy in their use of phenomenology. Paley (1997) has a similar concern and criticises nursing research which, in his view, has misrepresented the philosophical ideas of Husserl. He argues that the application of Husserl's philosophy to research methodology is not supportable and has concluded that nurse researchers should not attempt to claim their phenomenological research as grounded in Husserl's philosophy. The critiques of Crotty (1996) and Paley (1997) are indications of a new phase of nursing enquiry in which questions about the origins, assumptions and applications of phenomenology in relation to nursing research have to be asked and in which researchers will continue to question despite the complexity, intellectual challenge and uncertainty of the field.

### **3.4. Conclusion**

This chapter has provided overviews of the development of phenomenology as philosophy, and as the foundation for research methodology which claims to be phenomenological. The relationship between nursing research and phenomenology has been examined and the prevailing views of the relationship briefly examined. Three main points can be raised from this examination of phenomenology as philosophy and research method. Firstly, the phenomenologists, whatever their philosophical position, have been consistent in their commitment to methodological rigour. The ideas which they espouse are to be held up to critical examination and scientific principles. The idea that human subjective experience can be

investigated and revealed through scientific method has been a determination from the early phases of the phenomenological movement. Phenomenologists continue to claim that phenomenology strives to be a rigorous science (Cohen, 1987) which is systematic, explicit, self-critical and inter-subjective (Van Manen, 1990). The second point relates to the scrutiny of phenomenology as research method carried out by nurse researchers. The discussion about the place of phenomenology in nursing research has resulted in a consistent and convincing argument that the tenets of phenomenology and the objectives of nursing and nursing research are highly compatible with one another and that phenomenology offers nurse researchers an appropriate method for investigating human experience, describing phenomena and revealing what it is to be human. Thirdly, nurse researchers, too, have engaged in the pursuit for rigour and for their work to meet the criteria for a scientific method. Although it has been argued (Crotty, 1996; Paley, 1997) that nurse researchers, in their eagerness to describe human experience and inform nursing practice, have made philosophical misinterpretations, the determination to debate issues related to the nature and quality of phenomenological methodology in nursing research is irrefutable.

The chapter, too, has sought to provide a sufficient background for the study's methodological decisions and to demonstrate a grasp of the theoretical foundations from which these decisions were taken. Out of these determinations a present and clear message has emerged. Although phenomenological thinking and theory continue to evolve, scholarly inquiry into phenomenology as philosophy and method is to be maintained and researchers must carry out their work in ways that are consistent with the tradition they would claim for their work.

## **Chapter 4**

# **Method: Investigating the phenomenon of first-time parenting**

### **4.1. Introduction**

This chapter serves to outline the organisational steps and procedures of the study. The research question and aims, the reasons for and the application of the method and the outline of the design are given in the first instance in order to show the pathway taken in the investigation of the phenomenon of first-time parenting as it was experienced over the first year. The analysis is presented in the sequence it was undertaken. The section on data analysis reports on the several approaches to analysis and its developmental nature. A brief explanation of the findings are given at the end of the chapter, completing the outline of the study and its processes.

#### **4.1.1. Research question and aims of the study**

The study aimed, in the first instance, to investigate the experience of ten couples with their first child over the first year. In the early planning for the study, the relationship between first-time parenting and the health of a child was included as a major interest. As the philosophies and concepts of phenomenology were clarified and the advantages in using a phenomenological approach to the research method were established, the aim of the study was revisited. The phenomenon of first-time parenting was taken as the object of study. The aim of the study was to investigate first-time parenting as a phenomenon of human experience and to provide a full description and interpretation of the phenomenon.

The theoretical framework is drawn from the tenets of phenomenology and phenomenological concepts were selected to inform and direct the study design. With these decisions, the question for the study became, **what is the nature of the phenomenon, first-time parenting, as it is experienced in the first year?** The question sees all other interests subsumed to itself and, in being aspects of the phenomenon, revealed in the answer to the question. The particular interest in the health of a child, along with all aspects of the phenomenon, could be satisfied under such conditions.

Several aims of the study were formulated, referring to the process and outcomes of the study. The aims served as firm guidelines in planning and carrying out the study. The aims were:

To gather first-hand accounts from parents as they experienced parenting for the first time, over the twelve months following the birth of their child.

To describe and reveal the meaning of the experience of first-time parents in the first year of their child's life.

To offer findings which would contribute to an understanding of the first-time parenting experience, offer direction for health care strategies in the first year of life and guide nursing practice in its activities with first-time parents.

#### **4.1.2. Method and design**

When a researcher is interested in human experience and confronts the range of research methods, several issues arise. As often recommended, the researcher considers which method will allow the research question to be answered in the most satisfactory way. In applying this as a standard for selection the need to choose between quantitative and qualitative methods will be encountered. The nature of the research question and the field of study favoured the qualitative approach. Oiler Boyd (1993) has provided a definition of qualitative research which includes the various features of the approach.

A definition of qualitative research may be stated, then, as involving broadly stated questions about human experiences and realities, studied through sustained contact with persons in their natural environments, and producing rich, descriptive data that helps us to understand those persons' experiences. The emphasis is on achieving understandings that will, in turn, open up new options for action and new perspectives that can change people's worlds. (Oiler Boyd, 1993, p.60-70).

The particular qualitative methodology selected was phenomenology. Phenomenology as research method allows the researcher to question the way the world is experienced (Van Manen, 1990) and was deemed the appropriate choice for this work.

In selecting phenomenology as research method, the range of options within phenomenology were considered. Phenomenological tradition, thought and evolution offered a large scope for research design. This study draws on elements of transcendental (descriptive) and hermeneutic (interpretive) phenomenology as found in the work of Husserl, Heidegger and Gadamer. Each of these sources offered a particular position which informed the study design and, in combination, provided a theoretical direction from which the full description of the phenomenon would come to fruition. Van Manen's (1990) synthesis of phenomenology and hermeneutics into a hermeneutic phenomenological human science provided reassurance for the selection of the several approaches to the study method.

The study is a qualitative study which draws on phenomenology for its research method. The experience of ten parent couples with their first child over the first year was gathered in a series of interviews. The ensuing data were analysed for themes, perspectives and ways of being first-time parents.

## **4.2. Phenomenology as method for the study**

Phenomenology was chosen as the guiding philosophy for the study. The selected sources from the phenomenological tradition, which provided the theoretical method for the study, gave opportunity for the study to explore the phenomenon from several positions.

### **4.2.1. Offerings from transcendental phenomenology**

The parents' experience, gathered during interviews and transformed into text, was subjected to a thematic analysis in order to uncover a description of the phenomenon. The text of the parents' accounts was examined for an understanding of the phenomenon, gained through a number of analytical steps. A description of the phenomenon was, therefore, drawn from the parents' conscious experience.

Husserl's transcendental, or descriptive phenomenology claims to find truth in the laid bare description of phenomena (Kockelmans, 1967). As experience is examined, without preconceptions, the essential essence of a phenomenon is revealed. The notion of bracketing, Husserl's technique by which the cultural world and the reality of individuals are set aside in the quest for meaning, gave some direction to the way the parents' experiences would be gathered. In approaching the parents' experiences, the preconceptions of the researcher were temporarily put to one side. I determined that my own ideas and experience would be distractions in this process and that they were to be kept, as far as possible, out of the interactions and interviews with the parents. Husserl's original conception of bracketing does not refer to the setting aside of one individual's preconceptions in an effort to determine the meaning of the experience of others, rather it refers to the breaking down of the natural attitude in which phenomena are interpreted in a reductive process in which learned presuppositions are put aside (Kockelmans, 1967). The principle by which phenomena are examined without the influence of learned preconceptions offered, however, a rational approach to the examination of the experience of the parents. The notion of keeping the parents' experience as free as possible from other sources of experience, seemed relevant and expedient. I would argue that the principle in Husserl's bracketing, albeit that bracketing for Husserl was essentially a step in his reduction, can be usefully applied in phenomenological research because of the need to

gather and interpret the experience of informants as they have lived it and give account of it. The ways in which bracketing has been applied to the research process in nursing research has been critiqued by Crotty (1996) and Paley (1997) who note that bracketing has been claimed in procedures where the researcher seeks to have participants bracket for themselves during data collection or where the researcher uses bracketing techniques as part of the analysis of the experience of others. It is recommended that researchers acknowledge their use of bracketing for what it is and maintain an awareness that such procedures are unrelated to Husserl's intentions. In this study the underlying principle in bracketing was applied to data collection with the aim of gathering the experience of the parents as it was known to them and they could give account of it. It could be said that the participating parents were requested to bracket my presence and experience from their accounts.

Husserl's quest for a careful and rigorous approach to uncovering reality as it presents itself to consciousness is a further guiding principle for the study. The thematic analysis sought to uncover the meaning of the parents' experience and show such meaning in essential themes. The parents' accounts were subjected to a conscious process of interpretation in which their words were subjected to the analytical question, **what are the parents telling me about the nature of the experience of first-time parenting?** The thematic statements and resultant themes are the outcomes of this process.

It is, however, in the thematic analysis with its conscious attempt to reveal the nature of the phenomenon, that the guiding principles of transcendental phenomenology can best be seen. Husserl's insistence that human consciousness is always consciousness of something and that the reduction of experience can yield essential meaning, have offered guidance in the design and implementation of the study.

#### **4.2.2. Offerings from hermeneutic phenomenology**

Hermeneutic phenomenology is unconvinced about conscious structures and claims meaning will be found in the beingness of human experience. As a research method, hermeneutic phenomenology is directed to the description of phenomena as they are revealed through experience in context. An understanding of what it is to be in an everyday world, found in the revealing of the meaning in being, allows a description of a phenomenon to be made. Hermeneutic phenomenology as an interpretive research approach, asks of a researcher an involvement in the research process, taking the view that the world of others becomes available through one's own experience (Walters, 1994). Van Manen (1990) expands on this notion of involved activity in research. He reminds that phenomenological research upholds the value of

personal insight and refers to hermeneutic phenomenology as a philosophy of the individual pursued against a background of understanding of the being of an other, others and the whole. Involvement with the experience of others, in the search for the meaning of that experience, was unreserved in the analysis of the parents' accounts. In dialoguing with the data, asking the interpretive question, **what is it to be**, pausing to reflect on the participants and the interview experience, and writing as if writing was part of the experience, the researcher has been immersed, involved and present.

Gadamer's view of the place of text and language in understanding emphasised that "understanding is a mode of being, and not a way of knowing" (Thompson, 1990,p.247). The use of language and text as the modes of investigation in the study was the means by which being could be uncovered. The parents' Beingness, in a study of this nature, is held in their language which, in turn, was transformed into text, and offered to the research enterprise as a source of meaning.

Gadamer's fusion of horizons requires investigation to take part in an interplay between the text of those studied and the investigator's interpretive scheme (Thompson, 1990). As the experience of the parents is interpreted, the researcher's own perspective sets up a dialectic. The interplay between these two expressions can result in a fusion of horizons. Although the study has not consciously adopted this Gadamerian concept in its approach to interpretation, elements of the process can be seen in which the range of vision is widened when the horizons of participants and researcher meet. In the quest to describe the Beingness of the parents, reflection on the parents' experience, held in the form of text, brought together their understanding of what it is to be parents and the researcher's understanding of them, their experience of parenting and their Being as parents in the shared experience of the interviews. It is this fusion that has supported the description of what it is to be parents in the first-time experience.

#### **4.2.3. Offerings from Van Manen's human science**

Van Manen's (1990) hermeneutic phenomenological human science approach has provided reassurance for the study's theoretical conceptualisation. While the descriptive and interpretive positions are clearly represented in the method and design of the study, Van Manen's comprehensive approach eases a number of the difficult issues which arise in the application of philosophical tenets to the practical matters of research method, design and procedures. Van Manen (1990) makes it clear that it is the larger enterprise, the realisation of phenomenological description, which is important. This is not to say that he diminishes recognised theoretical

positions. Rather, he creates a pathway to the ultimate goal, showing how the revealing of phenomena, however expressed, enables the final outcomes to be achieved. His defining statements show how descriptive and interpretive approaches are able to co-exist in research work without distracting from one another, in the interests of good phenomenological investigation.

### **4.3. Design**

In the study, a phenomenological investigation of first-time parenting as experienced over the first year, ten parent couples participated in five interviews over the year. Their accounts were analysed in keeping with descriptive and interpretive phenomenological frameworks. This section discusses the procedures of the study.

#### **4.3.1. Participants**

The participants were ten parent couples who, at the point of recruitment, were shortly to become first-time parents. The design required that the pregnancy would have been healthy and normal, that the baby, at birth, was well with no evident health problems and that all participating parents would speak English fluently. All participants met these criteria.

While demographic information about participants is of small concern, because the orientation of qualitative and phenomenological investigation is the experience of participants rather than any measurable variables, a brief description of the parents is included in the interests of setting them and their experiences in context.

Each of the ten parent couples lived in the metropolitan area. The mean for age was 28.7 years; for the mothers, 28 years, and for the fathers, 29.4 years. The age range was 24 to 35 years. Three parents were from New Zealand, one from the United Kingdom and one from middle Europe. Three parents had parents with southern European and Mediterranean backgrounds. Seven pregnancies were planned, three were not planned.

Each participating parent was given a pseudonym in the writing of the study, as was their child, other named people and locations. The parent couples are introduced in Chapter 5. They and their settings are described in order to show how each couple's experience contributed to the findings and the context in which their parenting was experienced.



### **4.3.2. Recruitment**

The decision to involve ten couples was based on two criteria for phenomenological research. Participants are recruited because of their experience with the phenomenon and are, therefore, valid informants. The number of participants is not critical because a phenomenological study does not seek to generalise (Streubert & Carpenter, 1995). Human experience is the source of data from which phenomenological description is derived. Ten couples were selected because it was judged that their accounts of their experience over the first year of first-time parenting would provide a generous source of in-depth data for the purposes of the study.

Initially, the recruitment of participants was planned to take place in a major metropolitan maternity hospital. Approval for the study was granted by the associated health area ethics review committee. The Director of Nursing was receptive to the study and contact was made with staff who agreed to liaison with the researcher. Before recruitment commenced the opportunity to recruit two parent couples presented itself and it became clear that a networking strategy would be a more efficient and realistic system of recruitment. Recruitment by networking meant there was a known link between the researcher and the participants. This link helped in familiarisation and rapport-building, held to have an important function in the interview process (Minichiello, Aroni, Timewell & Alexander, 1990). The health area ethics review committee approved the change in the recruiting procedure.

The networking strategy was used to recruit all the participants to the study. Potential participants were identified in the first instance by either a personal contact, a general enquiry to others or within a group, or by an offer by a third person knowing of likely participants.

Four parent couples were recruited through a direct request on personal contact. The initial contact for the other six parent couples was made under different circumstances. Four couples were recruited through a general enquiry in circumstances where the researcher had reason to be speaking about the study and the need for participants. Two further parent couples were recruited following suggestions by persons who knew of the study and the need for participants.

In the conversations where agreement to participate in the study was confirmed the expected date of the baby's birth was noted. An arrangement, whereby contact would be made in the second week after the estimated delivery date, was made.

Recruitment to the study involved two further issues. The first was the criteria for participation which was met by the participants. The second concerned the response to the idea of participation from potential participants. There is commitment in participation. The couples who agreed, and took part in the study acknowledged this at the outset.

#### **4.3.3. Consent**

Participants were asked to sign a consent form to signify their agreement to take part in the study and to the conditions under which they participated. Participants in signing the consent form signified their understanding that participation was entirely voluntary, they could withdraw at any time, confidentiality was assured and their names would not be used. The consent form also stated that the interviews were to be audiotaped and participants would be given copies of the consent form and an information sheet. Participants were given a copy of the consent form and an information sheet which gave details of the purpose and design of the study. (Appendix A)

#### **4.3.4. Interviews**

Five interviews were conducted with each of the ten couples. All interviews were completed, resulting in a total of fifty interviews. The first interview took place shortly after their child's birth at a time when the couple felt ready to take part. The second interview was scheduled at six weeks after the birth, the third at four months and the fourth at eight months. The final interview took place close to the first birthday of their child.

In determining the number and sequence of the interviews several practical concerns were given consideration. Five interviews for each couple was deemed an acceptable request and a schedule which would not place too many demands on them. At the same time, the schedule provided a regular continuity over the year. The schedule was decided, too, on the grounds of spacing the interviews across the year and with reference to the developmental events in the child and the likelihood of the parents having new experiences to report. The interview at six weeks was selected because at this time feeding has usually been established and a child has begun to smile and respond to its carers. The interview at four months coincides with further development for feeding and responsiveness. At eight months a child is sitting and starting to become mobile. The interviews after birth and at the first birthday set the parameters for the year.

Interviews were arranged by telephone and were always held on days and times most suitable to the parents. Most interviews were carried out in the early evening during the week when the father had returned home from work. Only when fathers were available at other times, such as morning or afternoon, or at weekends, were interviews held at other times. Interview arrangements had to be flexible and accommodate the unexpected and changing circumstances of parents. Arrangements were changed a number of times by parents because of illness, visitors, holidays and other commitments. Nine couples completed the schedule of five interviews and the last interview for one couple was carried out with the mother only.

The first interview, which was carried out soon after the child's birth always took place when the couple had spent a week or more with their new child. In four instances the couple and the researcher had not met before the first interview, in five instances the father and the researcher had not met before the first interview and in only one instance were both parents and the researcher known to each other before the first interview. Some preliminary getting to know each other was therefore necessary at the first interview.

The interviews were unstructured and aimed to achieve in-depth accounts. Unstructured interviews do not use schedules or ordered questions, but rather are interactions between those participating in the interview. Although unstructured interviews have a conversation style they are always controlled in that they are directed to the research interest. In-depth interviewing seeks to gather spoken accounts of people's reality (Minichiello, et al, 1990). The task of the interview in qualitative research has been described as "grasping the complexity of another's reality" (Oiler Boyd, 1993, p.90) with the success of the interview gauged by how successfully the desired information has been obtained. The interview in phenomenological research is designed to collect accounts of human experience which hold the substance from which descriptions of phenomena can be made. Unstructured, in-depth interviewing was, therefore, the most appropriate method for obtaining verbal accounts from those whose experience could provide the material needed in this study. The unstructured, in-depth interviews in the study gathered detailed, in-depth and reflective accounts of the parents' experience and provided a rich field from which description and meaning were drawn.

At the first interview time was taken to explain to the participants that it was their accounts, thoughts, ideas and experiences which were of prime importance. It was also explained that the least said by the researcher the better, as my participation could influence their thinking and the direction of their discussion. There was one exception to this approach, in that, because the study had an interest in parenting as it related to the health of a child, points about child health might be raised towards the end of the interview if they had not been spoken about. In only a

small number of interviews were such questions put and they referred to immunisation and nutrition. A reflective listening approach was used, so that minimal input from the interviewer could be maintained. Each interview was audiotaped and notes were made following every interview. These brief notes recorded the circumstances in which the interview was carried out, whether the child was present, any activities of the parents which were thought to add to an understanding of their accounts and the researcher's own perceptions and reflections.

While the parent couples looked for a starting comment or question to commence the interview and, from time to time, referred to the interviewer, the interviews were largely participant directed and included large amounts of dialogue between participants. They interacted throughout the interviews, checking with each other for detail, accuracy and agreement. Ideas were developed through discussion and negotiation often came into play. Points of recall, opinions and decisions were considered and mediated. The interviews, therefore, contained shared understandings of the parents' experience, and contributed well to the study's intention of gathering and describing the experience of parent couples rather than the separate experience of mothers and fathers. While there were, however, occasions when the parents spoke as individuals, contributing a personal experience, the interviews were predominantly a shared occasion in which a shared experience was offered. The interviews, most often, started with the interviewer putting the question, **what has been happening?** There were two further questions which were used consistently throughout the interviews. These were, a question about what it was like to be parents, and the question about health matters if these had not been spoken about during the interview. Other questions and statements encouraged the parents to expand on points already made or were reflective.

The interviews were, on the whole, about an hour in length, although there was some variation. First interviews were longer than later interviews. The events surrounding the birth and the early experience with a new child were described in sequence and accounted for considerable detail. The parents usually looked to each other to recall and verify happenings and would then speak of their experience. The spoken content of the interviews held several distinct forms; story telling, dialogue between parents, and the offering of ideas and opinions.

#### **4.4. Analysis**

Analytical thinking began during the interviews, in listening and re-listening to the interview tapes, and in the early ideas about the meanings in the parents' accounts. Formal analysis was carried out with a line-by-line thematic analysis, the construction of themes and the reflective

interpretation of the parents' experiences from the interview data. The following section provides details of these analytical processes.

#### **4.4.1. From spoken word to text**

Each of the fifty interviews was transcribed into text by the researcher. Accurate transcribing requires careful listening, checking and re-checking of the spoken word in order that reproduction of the data in printed form is a faithful record, without error. I chose to transcribe the interview tapes thinking I was well equipped to make accurate transcripts because of my presence at the interviews. As it was, several interviews were not clear in places and I was able to distinguish the words in these tapes because of my familiarity with them as spoken originally.

In addition, I chose to transcribe so that I might listen and re-listen to the parents' accounts. In the process of transcribing I heard the words of the parents many times. Their voices and words became extraordinarily familiar. The transcriptions noted pauses, laughter or tears. These were good reminders of the sense the parents gave to their words and indicators of the parents' immediate dispositions. I became steeped in the parents' accounts, and am convinced that analysis was given a perceptual depth through this experience.

There were two further advantages arising from the decision to transcribe the interviews myself. First, there was a high degree of confidence in the printed text as an accurate record of the interviews. I noticed, too, even though I had been present at the interview, that the replays revealed how much is not heard in everyday talk and how much is revealed about people and their experience when their words have been preserved and can be revisited. Second, in allowing the parents' voices to become part of my experience, I was able to dialogue with those voices in a personal and meaningful way. As I sought to establish meanings in the parents' accounts, I would pose the question, **What are these parents telling me about the experience of first-time parenting in this particular story or section of text?** and have confidence in the thematic statement I would write in answer to the question.

On completion of transcribing the printed texts were read and re-read. I worked with each set of five interviews for each couple, in order to maintain a sense of continuity and my own absorption in each couple's experience. In the processes of reading and re-reading the distinctive nature of each couple's experience was able to be discerned.

#### **4.4.2. Text as the source of meaning**

The view was taken, in keeping with Gadamer's position on text as the source of meaning and that understanding (of being) is available in language and text, that the text of the interviews contained the parents' experience of the phenomenon, as they knew it and lived it. Their accounts told of their experiences over the year, and their given experiences held meaning about what it is to consciously know about their parenting and what it was to be as parents. At the outset of analysis I took a conceptual step and a decision to seek to find meaning in each experience the parents offered. At first examination there were a number of accounts, the contents of which appeared to hold no relationship to parenting or being parents. These were, however, included in the analysis procedures. The decision was based on a conceptual notion that the parents' experience, as they presented it in the interviews, was their experience over the year and held meaning for them. Such meaning was found in all accounts and the decision to include all text in the analysis was vindicated in two main ways. First, at the first level of analysis thematic statements written from these accounts formed themselves easily into the final themes. Second, the theme, **Maintaining personal wellbeing and integrity**, was constructed, emerging from the thematic statements written from accounts which seemed, at first examination, unrelated to the phenomenon. The text held essential messages about the parents' experience of themselves as people who were parents and other than parents.

It must be added that text as the source of meaning in qualitative research can appear in a number of forms and is not confined to printed words. Minichiello, et al. (1990) point out that humans usually give account of themselves in speech and writing but behaviour, even when not producing such texts, has characteristics of text. For Van Manen (1990), text is many representations, and includes visual, tactile, auditory and kinetic texts. In this study text is represented in the parents' heard and transcribed words and my notes. Although further representations or texts of first-time parenting are readily available, the extensiveness of the parents' text was held to be sufficient for the description of the phenomenon.

#### **4.4.3. Messages in the data**

The task in identifying and interpreting the messages in the parents' accounts was undertaken through thematic analysis and reflective analysis procedures. The parents' accounts were taken to hold messages about their experience and their being in first-time parenting. The analysis was designed to identify, understand and construct those messages into a comprehensive whole which would contain the full description of the phenomenon. The processes in this undertaking are described in the following section.

In writing about the findings the words **parenting** and **parents** are used in many instances as a shortened form of **first-time parenting** and **first-time parents**. The full phrases can be cumbersome and, for the most part, the shortened forms have been used. Care has been taken to make sure meaning has not been distorted and the full phrases appear from time to time in that interest. The word **child** was chosen, rather than baby, because of its broad meaning which seemed to fit the many conditions in which it would appear.

#### 4.4.3.1. Constructing thematic statements

The text of each interview was carefully examined line by line. The essential message in each sentence or phrase was extracted, interpreted and written as a thematic statement. Each thematic statement aimed to be an accurate interpretation of the meaning in the parents' words. An analytical question, **what are these words telling me about the nature of the experience of first-time parenting?** was put to the text and the answer framed in the form of a thematic statement. For example, when Paula said, "*I really just can't leave him any more cause I don't know what he's getting into ...*," the thematic statement, **Parents are required to protect a child from foreseeable harm**, was written. Paula's few words held a message of responsibility, which was transformed, through interpretation, into a thematic statement.

Thematic statements were written in keeping with the assumption that whatever the parents offered in the interviews was relative to their parenting experience. Every section of text, therefore, was examined and subjected to the analytical question, regardless of any seeming irrelevancy to the phenomenon under question on first examination. This condition meant the thematic statements were numerous and contained a broad area of content. (See Appendix B for full component of thematic statements)

It has been recommended that qualitative research be held accountable for methodological rigour (Rodgers & Cowles, 1993; Sandelowski, 1986). In qualitative studies the traditional evaluation criteria of validity and reliability have been, in practice, replaced by other criteria such as credibility, trustworthiness and dependability (de Laine, 1997). Lincoln and Guba (1985) explain that an audit trail, in which a record is kept of study procedures, can give confidence for credibility, transferability, dependability and confirmability. Whether an audit is carried out or not, the audit trail sets up the processes through which such confidence is earned. Two main criterion for audit trails, dependability and confirmability have been put forward, with the recommendation that audits for these be carried out together (Guba & Lincoln, 1989). For each of these, documentation of changes and decisions, the sources of data, and analysis

procedures is kept and made available. The processes which confirm dependability and confirmability can, therefore, be tracked.

The study procedures have been carried out with the above in mind. The only formal change in the study procedures was the change in recruitment, documented through approval by the study's ethics review committee. Data management and analysis have been carefully recorded. The thematic analysis was carried out in a minutely detailed and recorded method. Each section of text, from which a thematic statement was constructed was numbered and made traceable. The grouping of thematic statements into themes has been recorded for both each interview and for the whole study (Appendix B). The development in analysis procedures in which a further layer of meaning became available through the parents' perceptions has been discussed in the procedures and findings. Notes on each interview are available as are lists of concepts made during reflection for the interpretive analysis. Observer agreement was sought from an experienced researcher and colleague for the step-wise process of analysis. The documentation was inspected and agreement reached.

#### **4.4.3.2. Constructing theme**

Following reflection on the content of the thematic statements and comparisons across sets, theme patterns began to emerge. For example, it was manifestly clear that a substantial number of thematic statements referred to the parents' experience in caring for their child. When these thematic statements were considered the support for a theme related to responsibility was strong. A theme, tentatively labelled, **Caring for a child**, was identified and the supporting thematic statements were collected together under it as a heading. Caring for a child was later extended to **Acting responsibly in the care of a child** as the full theme title. Other theme ideas were seen and given names.

The early theme ideas were remarkably consistent and required only adjustments to the final wording of the theme names. One group of thematic statements appeared which was unique to one couple. These statements, from one couple's experience of a further pregnancy and the expectation of a second child, supported a theme, **Creating a family**, which was only present in the experience of parenting for this one couple. This theme has not been included in the full description of the phenomenon of first-time parenting.

Five themes were identified from the thematic statements. The five themes were consistent across the ten couples' accounts and were able to be further sustained when the proposal that they were essential to the full description of the phenomenon was applied. By testing the



proposal against the support of each parent couple and by putting an opposite case, i.e., that the description of first-time parenting was incomplete if one (or another) theme was not present, the full description of the phenomenon was able to be sustained.

The substantial collection of thematic statements within each theme held groups of main ideas. These clusters of like meaning were examined and formed into discrete groupings and labelled as dimensions of the theme. They served as organisers for the theme chapters and their content supported the theme's description. For example, among the thematic statements for the theme, **Acting responsibly in the care of a child**, was a large cluster of statements about with the provision of care. This cluster was organised into a dimension of the theme and labelled, **Providing for a child**. Each theme was made up of dimensions, of varying numbers, which held the theme findings in a rational organisation of content.

#### **4.4.3.3. Constructing perspectives**

At this point in the analysis, having constructed the five themes which provided a description of the phenomenon, an interesting possibility presented itself. The parents' accounts, in being subjected to a careful examination, were found to contain many messages of their emotional and cognitive experiences. An exceptionally large number of thematic statements were constructed from these messages. These statements appeared to offer another level of understanding and suggested to the researcher that the description of the phenomenon, through the perspective of these two perceptual experiences, would be given further strength. It would have been easy to disregard these many messages as they each, in fact, held content already noted in the five themes. The orientation of the messages, however, strongly suggested that first-time parenting could be described through the parents' emotional and cognitive perceptions and that the description of first-time parenting could be extended by a further layer of meaning.

On reaching this level of understanding two further clusters of meaning were constructed. These were not included as essential themes, but were taken to be perspectives of the parents' experience and given a chapter each in the thesis. It is argued that the perceptual perspectives add a further layer of meaning in the description of the phenomenon, not available in the earlier theme construction. These two chapters each contain a number of dimensions, which appeared as clusters of like meaning and serve as chapter organisers in the same way as those in the five theme chapters.

#### 4.4.3.4. Constructing interpretive meaning

In the final step of analysis the previous findings were subjected to further reflection and analysis. A hermeneutic description was sought, in the quest for a further layer of meaning. Such an analysis began with the question, **What is it to be parents in the first-time parenting experience?** In order to reach an answer, the analysis took advantage of the description of the phenomenon already revealed and applied a series of questions to the results of the thematic analysis. For example, the question for the theme, **Making a place for a child**, became **what is it to be parents who make a place for a child?** The answer was sought in the parents' experience in preparing for, giving birth, receiving a child and their first days with a child. Following further reflection with comparison of experiences and checking for agreement across parent couples, an answer, written as a description of being, emerged. Each description of being was deemed to be an essence of the phenomenon. The description of being for the above example was **being generate**. Each theme and perceptual perspective was subjected to this process. Further, a number of expressions of each essence became manifest during the reflective process. It seemed that everyday expressions of being were to be found within each essence. These expressions of being became the substance of an essence and have been used to complete the written description of that essence.

#### 4.5. Findings

The findings of the study are contained in the three layers of meaning which, together, provide a full and comprehensive description of the phenomenon, first-time parenting. A final description, which encapsulates the meaning as revealed in the analysis of the parents' experience in first-time parenting over the first year is found in the parents' being in being **Captured and enraptured**. The findings are arranged in the thesis in the sequence of analysis and according to the several layers of meaning.

In summary, the description of the phenomenon of first-time parenting is made up of the following findings:

There are five themes which make up the description of the phenomenon:

**Making a place for a child**

**Acting responsibly in the care of a child**

**Interacting with others as parents of a child**

**Acknowledging the development of a child**

**Maintaining personal wellbeing and integrity**

The phenomenon is further revealed when viewed through the perspective of the parents' perceptions of their experience as first-time parents and described as:

**Living with new perceptions: Experiencing feelings as parents**

**Living with new perceptions: Thinking and knowing as parents**

In a hermeneutic description the phenomenon is further described according to the parents' experience in **being parents**. **Being parents** is revealed through the essences of the phenomenon:

**Being generate**

**Being for another**

**Being as parents in the world**

**Being held to a child**

**Being other than parents**

**Being open**

The final description of the phenomenon of first-time parenting is given as **Captured and enraptured**, a description which encapsulates the meaning of the parents' experience of first-time parenting in the first year and which is found in each layer of meaning of the phenomenon.

## Chapter 5

### The parents

#### 5.1 Introduction

The parents who agreed to participate in the study were generous in their time as they talked about their experiences as first-time parents over the first year. They, however, gave much more than time and factual accounts of the events of their first year as parents. They proffered many of their innermost thoughts and deepest feelings and gave detailed accounts of their experiences. The interviews were rich with human experience as they spoke of their emotions, discoveries and new ways of being. I was taken aback by their candid approach and their willingness to speak of their most exhilarating, devastating and everyday experiences to a transient acquaintance who would not, in any way, continue to be a presence in their lives. I sensed that this astonishing openness was related to living an experience of great intensity, that freely speaking of themselves in this way became yet one more unusual undertaking in an extraordinary time. The given accounts of each parent couple's experiences became the fabric from which a description of the phenomenon, first-time parenting, has been constructed. While the phenomenological description has been drawn from the combined experience of the ten couples, each couple lived their experience as captured and enraptured people and were able to offer that experience for examination. Each parent couple, therefore, exemplify the findings in this study.

This chapter introduces the ten parent couples and shows that, while each couple's experience is unique, it is reminiscent of the experience of others. Although each couple's accounts were discrete, they held a commonality of experience which has provided the substance and the assurance for the findings in the study. Each parent couple illuminated the meaning of the phenomenon of first-time parenting through their experience and gave account of their experiences in such ways that the description of the phenomenon was possible. First-time parenting as a state of being **Captured and enraptured**, is revealed in each couple and as the final description of the phenomenon.

The layers of meaning found in the five themes, two perspectives and the hermeneutic descriptions, emerged from each of the parent couples' accounts. Each couple were caught up in **making a place for a child** in their first experiences of parenting. They were **acting responsibly in the care of a child** throughout the year, as they cared for their child as if there was no alternative. Throughout the year the parents had many contacts with others and in their **interacting with others as parents of a child**, they found much to be had in sharing their

everyday world with others and were confirmed in their new role of parents. The parents experienced a pervading and intense relationship with their child which was bound up in the changes in a child. In **acknowledging the development of a child**, the parents became absorbed in their child and were taken over by a hopeful commitment to good parenting. Each parent couple indicated that, although they were captivated by their child and the experience of parenting they, as individuals, knew themselves to be as someone other than a parent. Their **maintaining personal wellbeing and integrity** revealed them to be people who wanted to keep a part of themselves aside from their parenting. The parents' accounts held many experiences in which the greater meaning was contained in their emotions and cognition. These perspectives of their perceptions, as **feeling and thinking experiences of parenting**, offer a further viewpoint from which to examine the experience of first-time parenting.

The parents' experiences were expressions of their ways of being in the world as parents and have been further described as such. In **being generate, being for another, being as parents in the world, being held to a child, being other than parents**, and **being open** the parents have revealed how first-time parents live in the world and became as parents. The final description of the phenomenon as a state of being **Captured and enraptured** is revealed in each parent couple as if it were their way of being.

In addition to introducing the ten parent couples and showing how each couple's experience is part of the description of the phenomenon, this chapter includes those experiences of each parent couple, unique to them, which offer further substance to the findings. Each parent couple is presented, in turn, in the order they were interviewed. Details about the parents and the interviews are drawn from my field notes.

## 5.2 Peta and Sean

Peta and Sean, both 24, did not intend to have a child for several more years. From New Zealand, Peta and Sean had been living and working in Australia for three years when Peta became pregnant. They decided to maintain the pregnancy and their daughter, Sophie, was born in the early winter of the following year. Peta and Sean were delighted to have a child, and saw her birth as the beginning of their family and a new phase in their lives.

We met for the interviews in Peta's and Sean's flat where they made me feel welcome. Sophie was present for each interview, sometimes collected from her room when she woke. Peta and Sean were convinced they were a family. Sophie was their focus, their eyes were constantly drawn to her. They were fascinated by their daughter and their lives had been taken over by

her. I wrote, **the living room contains baby clothes, equipment such as folded washing, toys, rugs. Sophie and her things are very much part of the room.** As with their living room, Sophie had become part of her parents' existence. Peta and Sean were easy with each other, acting in an everyday manner, talking openly and directly, touching each other and making frequent eye contact.

The year, however, was difficult for Peta and Sean. Peta was often torn between her intense attachment to Sophie, her desire to be a good mother and her need for a break from her child and childcare. She felt resentful, at times, about Sean's less constrained life and that she was required to carry the major load in their childcare responsibilities. When Sean was at home, Peta arranged it so he took over from her as much as possible. Peta's unhappy feelings seemed to peak in the middle of the year. She said of this time, *"I must have had postnatal depression or whatever, I must have had that a couple of times."* At this time, too, Sean was out of work, they were relying on unemployment benefits and Peta's intermittent work as an entertainer, and missing their families in New Zealand.

Because their families were far away Peta and Sean felt cut off from them and longed for their company and support. They were surprised at the interest in Sophie shown by their parents and enjoyed the few visits made between their families and themselves. The desire to return to New Zealand grew stronger over the year.

Peta accepted offers of work early in the year and continued to take engagements over the year. She found that work gave her release from the demands of child and home and provided a satisfying dimension in her life.

Sean left home when Sophie was ten months. I carried out the final interview with Peta. I noted, **Peta looked thin and seemed very tense. As we talked it became very clear that she is very, very angry but she is not as down and sad as she was last time we talked.** Peta felt angry, devastated and betrayed and hoped that Sean would suffer for his actions. For herself, she felt grieved at the loss of a relationship which she had imagined was enduring and felt anxious and helpless in becoming a single parent. Nevertheless, she expressed a number of forward-looking ideas for herself and Sophie. In the first interview, Sophie's happiness was the major thought for the future, and this idea was maintained across the year. In the final interview Peta held that Sophie deserved a good life.

The separation between Peta and Sean created changed circumstances for their parenting. Peta continued as the full-time carer and Sean became an intermittent carer. Sean, even though no

longer present in the household, was held to his relationship with Sophie by a sense of responsibility and his deep attachment and commitment to her.

### 5.3. Gina and Murray

Gina was 27 and Murray 24 years old. They had known each other for three months when Gina found she was pregnant. At first, they were not sure they were ready to have a child but decided to maintain the pregnancy. Their daughter, Gabrielle, was born in the winter of the following year. By the time Gabrielle was born, Gina and Murray had set up a home and considered themselves in an established relationship. They were well prepared for the birth and were delighted to have a daughter. When Gabrielle was three months, Gina became pregnant again. This pregnancy was welcomed and their son, Marc, was born just one year after Gabrielle's birth.

The interviews with Gina and Murray were friendly and dynamic. We met in their flat, in which they had created a homely ambience. Gabrielle was present for four of the interviews. She was the focus in the room, with her parents anticipating her needs and constant in their interactions with her. In my notes I wrote, **Murray took charge of her, handling her, playing with her. Gina was constantly aware of her and tracked her visually whenever she was in the room. Gabrielle is the centre of their awareness.** Gina and Murray were open and relaxed with me and more so with each other. They were at ease in the world, though not always in harmony with it. They had the confidence to object and protest, they made their views and needs known, and took action when they were not satisfied. In the interviews they were unaffected, spontaneous and very honest. They were unrestrained in expressing their views and would often have challenging things to say. As they talked, Gina and Murray looked to each other for affirmation and, at times, displayed affection. There was a sense of partnership in their words and actions which seemed to become firmer over the year.

There were, however, difficulties and struggles over the year. For Gina there was ambivalence about parenthood. The hard work in caring for a child caused her to sometimes wish for her former life. She said,

*... there are times in the middle of the night on the fourth or fifth time when I'm getting up that I think, I wish I'd never done this, but, I really do wish that.*

Although she was deeply committed to Gabrielle, Gina struggled with the constraints of parenting. The inequities in child care were, at times, a source of resentment. Although Gina accepted that she was the primary care giver, she often found the days at home with Gabrielle

confining and frustrating. Her new pregnancy seemed to bring resignation. She said about parenting at the end of the year,

*... you do it without thinking too much about it because if you thought too much about it you'd just be overwhelmed I reckon ...*

The lack of family support was keenly felt by Gina and Murray. They both tried to find ways for Gina to have short breaks from Gabrielle. Murray's greatest contribution, in Gina's eyes, was his taking over of their daughter's care and giving her a break from her parental responsibilities.

Murray worked long hours, sometimes extra hours. He felt frustrated about his lack of time with Gabrielle and enjoyed his time at home. Murray's delight in being at home with Gina and Gabrielle contrasted with Gina's need for time away from home and her wish for some stimulating activities with them all when Murray was not at work. These conflicting needs were never fully resolved. A restrained budget was a further constraint on their activities.

Despite the difficulties Gina and Murray had in their changed world they had two ways of managing their lives that helped them considerably. They were enthusiastic about their parenthood and everyday life with their child. There was intense joy in their interactions with Gabrielle and a lot of hope for the family they were making. They used humour frequently, in ways which lessened the intensity of their difficulties. As they talked in the interviews they laughed at themselves and the situations they described. Their enthusiasm and humour seemed to counteract the difficult experiences of parenting.

The other noteworthy event in Gina's and Murray's year was the second pregnancy. The anticipation of another child became part of their first year experience and gave strength to their view of themselves as creating a family. Their first-time parenting experience, therefore, included the recognition of and preparations for a second child. They drew comparisons between a first and second pregnancy and described a second pregnancy as a much more everyday matter than their first.

In reflecting on themselves and their experiences over the year Gina and Murray were pleased about their solid relationship and the number of things they had accomplished. They saw themselves as doing things in a hurry and, yet, were proud of their achievements. They remained enthusiastic about their present and the times to follow.



#### 5.4. Penny and Steve

Parenthood for Penny, 25 years, and Steve, 28 years was a surprise. Their child, James, was conceived after his parents met overseas on working holidays. Penny and Steve returned to Australia to set up house, find work and await the birth of their child at the end of the year. They formed a plan for the two years to follow which involved part-time study for each of them and the sharing of child care. Penny commenced study in the new year. Her course had a full-time practice component in the second year. In that year Steve would give up his job, stay home with James and undertake study. They were happy about the pregnancy and birth of their baby and even though parenthood had interfered with their travel plans, they looked forward to the future with great optimism.

The interviews with Penny and Steve were relaxed and friendly. James was present for four of the five interviews. Penny handled her son with gentleness and confidence. Steve was very involved with James, apparent from the first interview. Their view of shared care was demonstrated in actions throughout the interviews. While Penny breastfed, held and comforted James, Steve attended to his nappy changes, played with him and pacified him. Penny and Steve frequently referred to each another during the interviews, and would often look to one another for affirmation of their views. At times they touched and on one occasion Penny put her arms around Steve as she spoke. I gained a clear sense of attachment in their relationship. They laughed a lot, and shared a humorous slant on many of their everyday experiences.

Although parenthood had caused their lives to take a different and unplanned direction, Penny and Steve were not dismayed and transmitted a happiness in their new life. Steve said, "... *having a baby's like travelling...*". They were cheerful and forward looking, and had plans to leave the city and build a family life in the country in two or three years time. Although they managed on limited financial resources it did not dampen their optimism or noticeably detract from their general air of happiness and contentment. They were caring about each other and delighted with James. Their attachment to their son had an empathic quality. Penny put it into words when she said, "... *you look at things through his eyes rather than your own*".

For Penny and Steve the hardest part of parenting was sleep disruption and the tiredness that followed. James was wakeful during the day and unsettled at night. His sleep patterns meant his parents endured unsettled nights and the demands of a wakeful child during the day. If James did not sleep he would cry, especially in the early months. Penny and Steve found his crying particularly stressful. Penny said,

*I hate the noise of crying, it really drives me, it really goes through me if he's crying.*

and Steve admitted,

*I probably don't have as much patience when he's crying, it probably aggravates me more.*

Penny and Steve counted themselves fortunate that Penny's family were close by and were intensely interested in them all. Her mother gave practical help and other forms of support. Penny explained, "...if I wanted any help she's zooming down and she'd come down quickly ...".

When I asked them at the end of the year about their year as parents, they equated sleep for both James and themselves as the factor which determined the quality of their lives. At twelve months James was sleeping well and Penny and Steve were enjoying life and looking forward to the future. Steve made a final comment, "*I notice it's getting better and better as time goes on*".

### **5.5. Gerri and Ken**

Gerri, 31 years, and Ken, 30 years, had hoped for a child for some time and were very pleased when Gerri's pregnancy was confirmed. Their son, Lucas, was born on his mother's birthday in early spring. Gerri and Ken had been partners for several years, having met at university where they were both mature students. They had achieved a number of goals and viewed parenthood as the next phase in their relationship. Gerri and Ken were very happy at their son's birth and looked forward to him becoming part of their lives.

The interviews with Gerri and Ken were friendly and very relaxed. The first four interviews were held in their flat and the final interview in their newly purchased home. Lucas was present for the second interview but was asleep for each of the others. Gerri had arranged for the interviews to take place with reference to his routine. Even so, Lucas was very much the focus of the interviews and had become central in his parents' lives. Gerri and Ken spoke freely and naturally. Gerri gave detailed descriptions of the events of their parenting. Ken offered considered accounts and thoughtful interpretations of their experiences.

There was evident regard and warmth between Gerri and Ken during the interviews. They spoke in a friendly and accepting way to each other, often looking to one another for opinion or confirmation. There was frequent eye contact between them and, at times, affectionate touch. While there was a strong sense of friendship and partnership between them, Gerri and Ken demonstrated a distinct respect for each other as individuals.

There were many changes for Gerri and Ken in parenthood. They were very conscious of the differences in their lives and, at times, found them hard to take. The responsibilities and demands of parenting caused them anxiety. Gerri recalled that her anxiety about parenthood was present even before Lucas was born,

*... in the weeks leading up to the delivery I was really worried about being a parent, I got quite anxious ... all the time I kept thinking, really, is this really what I want.*

Ken had anxiety about caring for Lucas, an anxiety which diminished over time but remained, to some degree, throughout the year. For Gerri and Ken parenting was a new, unfamiliar and uncertain experience. They, however, accepted the changes of parenthood and made many adjustments. Parenthood was an important and serious undertaking and was best understood through experience. Ken commented, "*... like most things in life, you've got to do it to understand it*". Gerri and Ken described a sense of personal growth and responsiveness in themselves, gained from their parenting, which Ken viewed as a process of "*being opened up*".

Buying a house was the other major undertaking of Gerri's and Ken's year. They became very focussed on the decision to buy a house and thought carefully through all the implications. I wrote at this time, **I have a sense that they are now 'building' together whereas before they were 'doing' together.** They were, even so, rather nervous about taking on home ownership but were relieved and pleased when they had made their purchase.

Gerri and Ken placed value on their individual development. The constraints of parenthood on her career were keenly felt by Gerri. She was not content to be dependent on Ken, but had problems in obtaining permanent part-time work. Ken's career was moving ahead and he was studying for a higher degree. He told Gerri not to worry but she was concerned for her career future. I noted, **their worlds are individual and separate when it comes to work, study and, to some extent, friends.**

At the end of the year Gerri described herself as having been totally wrapped up in Lucas and his development over the year and Ken said he took his parenthood very seriously. They could not imagine life without Lucas.

## **5.6. Paula and Chris**

Paula was 29 years and Chris 33 years. They had decided to have a child after thinking that it was time for them to begin their family. Paula had some uncertainties about the best time to have a child but Chris was convinced they were ready to become parents. They were pleased when Paula's pregnancy was confirmed. While Chris was immediately delighted and positive

about the pregnancy, Paula's enthusiasm grew over the months to follow. When their son, Andrew, was born in early winter of the following year they were both overjoyed. Paula and Chris were grateful for their child and optimistic about his future and their family life.

Paula and Chris were friendly and informal during the interviews. Andrew was present each time and was the focus of attention. He was cared for by both his parents, who handled him with gentleness and consideration. There was a great deal of interaction between Andrew and his parents. They spoke to him frequently and demonstrated empathy in their actions. Paula and Chris participated in the interviews in thoughtful and considered ways, which seemed to be a reflection of their approach to their parenting. While they were open and voiced their own thoughts and ideas, they often referred to one another for confirmation of a particular view or to hear the other's experience. They demonstrated a distinct respect for one another and an earnest, loving commitment to their son. Parenting for Paula and Chris was portrayed as a serious and important responsibility.

Paula's and Chris's year as parents was marked by their obvious and absolute joy in their son. They were delighted with Andrew, enjoyed him and their interactions with him and transmitted a sense of gratefulness that they had him in their lives. I wrote in my notes, **Paula and Chris seem to have a sense of being lucky and see Andrew as their best luck!** They spoke of him as if he was the most important and precious thing in their lives.

The place of others in their lives was given a considerable value by Paula and Chris. Their families played an important part in their everyday living and were appreciated for the care and support they offered. Family members, too, forged close ties with Andrew as he developed over the year. Paula told a story about Chris's brother in this regard,

*... he rang up one night and he said, I wasn't able to get there tonight, I had some work to do when I came home, and I said, oh, that's all right, and he said, oh, I just love that kid so much, I just love it, I feel so rejuvenated when I see him. He just, he's gone potty over him, so he's a very, very loved child.*

Their families were seen by Paula and Chris as the providers of good influences, for both themselves and for Andrew in the future. The extended families were welcomed and respected. Social contact with them was a frequent occurrence. There was, too, a sense of reciprocity in their dealings with their families. Paula and Chris made efforts to share themselves with their them and make sure they had plenty of contact with Andrew, who was the first child of the next generation. They realised Andrew brought pleasure to the families as well as themselves. Paula recounted,

*... I just said to Chris the other day, hasn't he brought so much pleasure, but not even just to us, but to the grandparents and everyone, because he's the first grandchild on both sides, to the aunts and uncles.*

Paula and Chris were highly sociable people and, consequently, they enjoyed and encouraged friendships. They found in the early weeks that the demands of childcare did not always easily permit the friendly contacts they so enjoyed. They were not deterred and found alternate ways to maintain, in part, their contacts. Their social activities increased as Andrew's care became more predictable. Friendships held valuable opportunities for the sharing of experiences.

Before becoming parents, Paula and Chris, had each developed interests, friends and careers which they found interesting and satisfying. Paula noticed how much her parenthood had realigned these satisfying experiences and, at times, felt this change keenly. She worked hard at concentrating on the positives in her present life, but there were times when she felt disappointed and resentful at the inequalities between herself and Chris. She perceived the changes and losses in her life to be far greater than his. This issue was a consideration, too, as Paula struggled with the decision about returning to work. She chose to relinquish her employment and to remain at home, a decision which caused her both anguish and relief.

Overall, parenthood for Paula and Chris was an experience of deep joy and fulfilment. They placed importance on recognising each other's needs and part in the parenting experience. Chris was immensely proud of Paula and her mothering and Paula appreciated Chris's involvement with Andrew. Paula and Chris projected their happiness and contentment. My notes of the final interview include my impression of their state. I wrote, **This house and family are happy.**

### **5.7. Megan and Lindsay**

Megan at 29 years and Lindsay at 35 years were an established couple who decided they were ready to have a child. They were pleased when Megan's pregnancy was confirmed and set about to secure and prepare a new home for the three of them. Their son, Tom, was born in mid-summer. Megan and Lindsay had come to Australia as adults and were well settled in their new country. Their first child and their new home marked the next phase in their lives in which they saw themselves as an established unit, directed towards a clear and positive future.

Megan and Lindsay were very accepting of the request that they talk about their experiences and the interviews flowed easily and comfortably. With the exception of the first interview Tom was present for each interview. He was handled by both his parents and passed back and

forth between them. After the third interview I wrote, **I pick up feelings of settledness, and great pleasure in having Tom. Both Megan and Lindsay look at him frequently. Lindsay had a soft smiling expression as he looked at him. I had not noticed this expression before.** Megan fed him, sat him on her lap or beside her and interacted with him in a gentle way. Lindsay took him when he became restless and, to Tom's evident delight, engaged with him in vigorous play. Lindsay's rough and tumble play with Tom seemed to have, at times, qualities of masculine experience. As Tom became more mobile he spent time playing happily on the floor.

Megan and Lindsay spoke freely and thoughtfully about their parenting and their lives. While they looked at and referred to one another as they talked, they did not always agree with or seek confirmation from each other. They expressed their independent views quite comfortably and held respect for each other and each other's views. Megan and Lindsay conveyed that they had a settled partnership about which they were relaxed and content.

For Megan and Lindsay parenthood was timely. They believed they were ready, settled and their lives sufficiently organised for a child to join them. These beliefs were reflected in their ideas about the place of their child in their lives. They saw themselves as prepared for parenting and an established couple and that Tom would find his place with them, fitting in and becoming part of their world. Together they would engage in activities and interests which Megan and Lindsay enjoyed and wanted to share with their child. They thought it was important that children did not take over a family, but rather, became co-operative and contented members. Their hopes for the future with Tom were founded on these ideas.

Parenthood brought large changes into Megan's and Lindsay's lives. They were accommodating of these changes but were eager to re-establish their outdoor activities and were keen that each of them had some time to pursue their individual interests. For Lindsay this meant time for his study and for Megan it meant periods of time to herself.

Although most of their families were overseas Megan and Lindsay accepted this situation and balanced the lack of close family contact with the other advantages of their life in Australia. They had some close friends who were interested in and supportive of their parenting. When Tom was eight months old Megan took him to visit her family and enjoyed the care and attention they both received. She felt some sadness that her parents were missing out on contact with their grandchild. Lindsay, however, preferred to be distanced from his family, believing their ideas and his about children were vastly different.

The year, for Megan and Lindsay, held demanding experiences. Megan found the isolation at home with a young child difficult. She was eager to return to work and when she did so later in the year was appreciative of the adult interactions and stimulation of the workplace. Lindsay worked hard at his studies and his work. They were both often tired but reasoned life would improve as Tom grew and Lindsay completed his course.

As an established couple, Megan and Lindsay, planned and anticipated their first child with enthusiasm and a sense of rightness. Their year was a mixture of happiness and fulfilment, hard work and perseverance. Overall, they were delighted with their son and extremely optimistic about their future together.

### **5.8. Bella and Matt**

While Bella, 25 years, and Matt, 29 years, planned to have children they were not expecting to have their first child as soon as they did. They had worked hard to establish their careers and home. Nevertheless, when Bella's pregnancy was confirmed they were pleased and began to prepare for their coming child. Mark was born in late summer and was welcomed with joy by his parents and the extended family. Bella and Matt saw their first child as making the beginning of a new family and look forward to a future with successful family, home and work achievements.

Bella and Matt were welcoming and very hospitable. Initially, Matt was not sure he wanted to participate in the full schedule of interviews but offered to do so at the completion of the first. Mark was present for all interviews except the first. He was carefully and thoughtfully managed by Bella, who fed and held him and provided interesting diversions. Matt interacted with him in playful ways and, later in the year, kept him safe as he moved about. Mark was the focus of attention during the interviews. His parents were clearly absorbed in him and their parenting.

The interviews contained a range of feelings, ideas and experiences. There were times when Bella and Matt seemed under pressure from the various influences in their lives. They held different opinions from one another in some matters and, on a few occasions, disagreed strongly with each other. They spoke openly and honestly and did not restrain themselves in giving their views and accounts of their experiences. While Matt moved in and out of the room from time to time, he participated freely and was very reflective as he spoke. Bella engaged in thoughtful discussion, often questioning the ideas of others and the best way to parent well.

The year held many new experiences and events for Bella and Matt. While Mark's birth and the purchase of a new home were the major events, there were a number of family and cultural events which required their involvement. They felt as if they were under constant pressure to participate and wished for more peaceful times.

Bella and Matt worked hard. They had a strong, driving motivation to do well and to provide for their new family. Bella returned to part-time work when Mark was six weeks and gradually increased her work days over the year. At the end of the year she worked full-time. She was torn by her return to work, appreciating the opportunity to continue her career and to earn but grieved at leaving Mark and missing his developmental achievements. Matt worked long hours, was proud of their accomplishments and enthusiastic about further success in the future.

Their extended families played a great part in Bella's and Matt's lives. The families had migrated to Australia from southern Europe, treasured their cultural background and expected Bella and Matt to subscribe to cultural and family customs. For the most part, these requirements were acceptable to Bella and Matt. They found, however, that at times their families' expectations were difficult to meet and encroached on their personal freedom. Differences of opinion about childcare were common and led to irritation and frustration. On the other hand, family members gave a lot of practical support and were highly valued. The bonds with the extended families were strong.

While Bella and Matt were united in their deep love for Mark and their commitment to his care, their ambitions for the future and family relationships they were not always in accord with each other. They disagreed about many issues and were not able to reach agreement about the sharing of household and childcare tasks. Bella felt caught in a traditional female role and was resentful about the inequities in that role. Matt believed he was doing all he could in his role as provider and father. He was perplexed by Bella's unhappiness. Bella and Matt struggled with these concerns and had not resolved them at the end of the year.

### **5.9. Jane and Patrick**

As members of families that valued children Jane, 34 years, and Patrick, 33 years, decided it was timely, after several years together, to have a child. When Jane became pregnant they were particularly pleased because they had been trying to have a child for some time. Their son, Zeb, was born at the end of the summer after a healthy pregnancy and a labour which progressed well. Jane and Patrick were delighted with their son and looked forward to a new and rewarding phase in their lives.



Jane and Patrick were very willing to participate in interviews which flowed easily, in a relaxed atmosphere. Zeb was present for each of the interviews. Both Jane and Patrick held and handled Zeb. Jane fed him and they both held, comforted and played with him. Patrick, on several occasions, carried out immediate care. In the care of their son Jane and Patrick clearly demonstrated a shared commitment.

Jane and Patrick were open and generous in talking about their experiences as parents. They spoke quietly but with intent and clear meaning. Although they gave their thoughts and opinions independently they frequently sought each other's view and seemed to be very much in tune with one another. On those occasions when they spoke of difficulties and frustrations they often added a positive, rational idea as a concluding point. There was an established and comfortable companionship between Jane and Patrick which seemed to help with their acceptance of the demands of parenthood. They were forward looking in their thinking and optimistic about easier times in the future.

The changes which parenthood brought to their lives were more prevailing and extensive than Jane and Patrick had imagined. They contrasted their previous lifestyle with their present one and could see that they were now tied to considering Zeb and his welfare in their plans and activities and that there was less spontaneity in their lives. They acknowledged, however, that they were less self-focussed and had become better people through the parenting experience. They noted, too, that their concern for others had widened.

Although the adjustment to parenthood held difficulties for both Jane and Patrick, there were particular difficulties for Jane. She wondered, at times, if she would ever adjust to parenthood. Breast feeding was a struggle. Jane was convinced that human milk for Zeb was necessary because of a high incidence of allergy in her family, but found the process of breast feeding disconcerting and intrusive. Being at home with a young child left her feeling isolated and bored and she looked forward to returning to work. Zeb was a wakeful, active child and required a lot of interaction with his carers. Jane found his need for her time and attention to be draining and frustrating. She reached the conclusion that she had the right to some time for herself, especially after her doctor advised her to have time off every week. With Patrick's understanding and help she was able to achieve breaks. When Jane returned to part-time work and was able to balance her time between work, Zeb and home she was much happier and, at the end of the year, content with her life. She spoke, at this time, of her times with Zeb,

*... I really enjoy those few days that we have on our own, we have Monday and Friday together and I really enjoy it, it's lovely.*

For both Jane and Patrick their families figured largely in their experiences over the year. They felt supported and understood by members of the extended family and valued the sharing of parenting experiences with their siblings. Patrick's mother and Jane's sister gave practical help and support and their close involvement with Zeb was greatly appreciated.

When Zeb was nine months he required minor surgery to treat an abscess on his thigh. The abscess formed at the site of an immunisation injection. His parents were anxious but reassured when given a full explanation of Zeb's condition and the procedure. He recovered well.

Jane's and Patrick's year was both happy and difficult. Despite the stresses they experienced in coming to terms with parenting and the many changes in their lives they believed they were extraordinarily fortunate and that life would continue to improve as Zeb's needs became less demanding.

#### **5.10. Deborah and Colin**

Although Deborah, 31 years, and Colin, 35 years, had agreed they would have children they delayed having their first child until they felt they were financially and emotionally ready. While they were pleased when Deborah became pregnant, they adopted a calm and reasoned approach to the pregnancy and approaching birth. Their son, Wesley, was born in early autumn after a good labour. His parents were delighted and welcomed their child into their lives. They considered themselves and Wesley a family and set about to create a well organised and loving home life for the three of them.

The interviews with Deborah and Colin were friendly and relaxed. They were very accepting of the idea of talking about their experience. Wesley was present for each of the interviews and was the centre of attention. While his parents were particularly attentive to him and his needs they balanced their attention between their son and their participation in the interviews. In so doing they implied that while Wesley was central in their lives, they wished to relate with others and be able to accommodate both interests. Deborah and Colin were caring and sensitive in their interactions with Wesley. Deborah was confident and considerate as she held, fed and helped him. Colin was gentle, affectionate and gave him comfort.

Deborah and Colin spoke freely and in depth and, for the most part, without prompting. Their open and thoughtful conversations were generously directed to my request for them to speak of their experiences rather than the three of us engaging in dialogue. They were interested in each other's accounts and while they spoke independently and honestly, were affirming and

supportive of each other. They transmitted a fond, close and companionable relationship and a positive view of the future as a family.

Parenting for Deborah and Colin held a number of main issues. They were deeply attached to Wesley and counted themselves fortunate in having such a thriving, healthy and happy child. His presence was a joy in their lives and they were delighted about his good development. They worked hard to build a good future for him and for all of them as a family. For Deborah, however, there were times of sadness and emotional distress. She was despondent in the early weeks and wondered if she was experiencing some depression. Although she became much brighter over the months she wondered, too, if her ability to dissociate from painful or intense feelings had flowed over into her relationship with her child. She realised, in addition, that her expectations of herself were unrealistic and she withdrew from some commitments and activities until she had achieved a comfortable and enjoyable balance.

The lack of a close extended family was the source of regret for Deborah and Colin. Their families were distant and not easily accessible. Deborah, in particular, missed her family and thought their absence contributed to her feelings of sadness in the early months. Close friendships helped to fill this gap to some extent.

At the end of the year Deborah and Colin were sure that they had made a good choice in embarking on parenting at this point in their lives. They were immensely happy with their son and foreshadowed a happy and satisfying family life with at least one more child.

### **5.11. Jenny and Kris**

Jenny, 28 years, and Kris, 27 years, had established their careers, made a home and decided the time had come for them to have their first child. They were pleased when Jenny's pregnancy was confirmed and looked forward to the birth of their child and becoming parents. Four weeks before the estimated date of their child's birth, it became necessary for labour to be induced. Their son, Mitchell, was born a month early in late autumn. He was small, but a well baby. While Jenny and Kris were shaken by the early and unanticipated arrival of their son they were relieved and pleased at his safe arrival.

In the interviews Jenny and Kris were extraordinarily open about their experiences. Although many of their experiences were difficult, upsetting and deeply personal they were certain they wished to maintain their participation and spoke freely and revealingly in each interview. Mitchell was present for three of the interviews and asleep in his room for the others. When he

was present, he was the focus of Jenny's and Kris's attention. They handled him carefully and passed him freely from one to another.

Jenny and Kris were very comfortable with each other and seemed accustomed to speaking openly and as individuals. While each of them gave their own accounts, they were noticeably aware of one another and considerate of each other's ideas and experiences. They invited each other to speak or comment and frequently spoke of the other's experiences. Their interactions suggested a firm friendship and mutual reliance which appeared to provide support and reassurance during their difficult times.

The year was a difficult and troubled one for Jenny and Kris, though their happiness in having Mitchell remained constant. Their son's unexpected early birth disturbed them greatly and feeding problems caused further anxiety, especially for Jenny. She was committed to breast feeding her son and expended enormous energy and effort in trying to establish her lactation and Mitchell's successful feeding. Kris was anxious, too, and developed some physical symptoms of his anxiety. Mitchell did not thrive as expected and was commenced on bottle feeding at four months. He was diagnosed with mild cerebral palsy at seven months, but maintained good developmental progress.

Jenny developed sleeping problems in the early weeks which she related to the problems she was having with Mitchell's feeding. She was intensely upset and became overwhelmed with sleeplessness and anxiety. A diagnosis of postnatal depression was made and Jenny was treated, initially, in hospital. The diagnosis of postnatal depression was hard for her to accept, but she was eager to recover. I wrote in my interview notes at this time, **Jenny talked freely, in great detail and at length. The distress and struggle were clearly apparent in her words, in her appearance and facial expressions, voice, tone and actions. She is trying so hard to make sense of what is happening and to be the person, partner, mother she wants to be. Kris spoke calmly and thoughtfully but with much more strength and certainty that I heard before. I was struck by his kindness, protectiveness, commitment, understanding.**

Over the next few months Jenny's depression improved, recurred and slowly dissipated. Kris was deeply concerned for Jenny and tried hard to be supportive and optimistic. At the end of the year Jenny was much improved and believed herself to be recovered.

Jenny's and Kris's families were consistently supportive over the year. The extended families' involvement was given credit for contributing to Jenny's recovery and helping Jenny and Kris get through the year.

At the end of the year Jenny and Kris were hopeful that their troubles were behind them. Mitchell was showing some jerkiness in his movements but otherwise was developing well and had a friendly, determined personality. While the future was uncertain in regard to further children, Jenny and Kris were grateful that they had Mitchell and that they had survived the year. They felt closer to each other.

## **5.12. Conclusion**

The experience of each parent couple, as offered in their accounts, reveals they lived as if they were captured and enraptured people. For Peta and Sean, Gina and Murray, Penny and Steve, Gerri and Ken, Paula and Chris, Megan and Lindsay, Bella and Matt, Jane and Patrick, Deborah and Colin, and Jenny and Kris parenting was a difficult, delightful, emotionally ridden and rewarding undertaking. Although they had no regrets about having their child, each couple encountered hard times and moments of despair. The first-time parenting experience is revealed by each of the couples as an experience of extreme contrasts. The description of the phenomenon of first-time parenting as **Captured and enraptured** is confirmed in each parent couples' experience with further credence for the description found in its inclusion across the full complement of parents.

## Chapter 6

### Making a place for a child

*... there was a pull for us to get organised ... (Colin)*

*... everything was painted and it was all ready ... (Patrick)*

#### 6.1. Introduction

It had been supposed that at the first interview the parents would talk about their experience of parenting from the birth of their child. As they began, the first two couples to be interviewed talked spontaneously of their experiences of pregnancy, labour and birth as well as the first days with their child. For these two couples these experiences were the beginnings of their parenting. They made it very clear that parenting did not begin when a child is born. For them, parenting began with the experience of contemplating a child. Drawing on this new understanding, the remaining couples, in the first interviews, were invited to begin with their earliest experiences. These first interviews told of the beginnings of parenting. The parents in this study have shown that parenting begins with thinking about and recognising the potentiality of a child and the implications for themselves in becoming parents.

As each of the parent couples spoke about their experiences of pregnancy, labour, birth and the first days with their child the theme, **Making a place for a child**, emerged as a description of these early experiences of first-time parenting. **Making a place for a child** was constructed from the thematic messages which were developed from the parents' accounts. Their experiences provide an understanding of what it is to become parents and were shown to be important and influential in the parents' larger experience of parenting. The theme, in turn, provides a partial description of first-time parenting in the first year and contributes to the full description of that phenomenon.

Four areas of experience were identified as dimensions of the theme, **Making a place for a child**. These dimensions are:

preparing for a child

giving birth

receiving a child

first days with a child

Within this chapter each of these dimensions and the messages from the parents which gave rise to them are discussed. Following reflection on and interpretation of these experiences the understanding of parents as **being generate** has emerged as the hermeneutic description of

their lived experience as parents who are making a place for a child in their lives. **Being generate**, as essence, offers a further point of understanding in the quest for the meaning of what it is to be first-time parents.

## 6.2. Preparing for a child

When the parents faced the likelihood of their own child they began a period of preparation. There was knowledge to be sought, understanding to be gained and equipment to be gathered. They needed to act responsibly, in ways which would ensure a safe experience for a mother and a child. Perceptions were formed about giving birth and of a child. Pregnancy became a time in which the parents could become ready, deal with fears and generate hope. In preparing for their child the parents began their experience of **making a place for a child**, creating in themselves and in their world the necessary conditions for receiving a child.

### 6.2.1. Getting ready

The awareness of their desire for a child was the parents' earliest conscious experience of preparing for a child. For several of the parent couples the decision to have a child was made after pregnancy was established. Others, in being clear about their intention to have a child, began to prepare before pregnancy commenced. Chris observed in this context, “... *you think about it for a bit beforehand, don't you, I mean, you probably think about it for a long, long time*”

Pregnancy was a time of preparation and anticipation. The parents sought health care and education and monitored the progress of their developing child. Each of the mothers received antenatal care and maintained the recommended schedule of consultations with midwives and doctors. Antenatal classes were considered necessary in the preparation for labour and birth. The parents had several responses to the classes. On one hand the provision of information was appreciated. Colin, for example, observed,

*... [the classes] gave me a better understanding of what I was going to be involved in, seeing I was going to be at the birth, so I needed to get at least some knowledge so that I'd feel more confident in the situation, and achieved that result.*

On the other hand, the classes were thought to be deficient because they concentrated on labour and birth and set up unrealistic expectations of these. The parents commented that the emphasis on a trouble-free labour was not a good preparation for the labour and birth they actually experienced. Patrick commented,

*I think when you go to the antenatal classes, and I don't criticise them, because I thought they were good, and they let you know what's going to happen, but they do have a lot of focus on more active birth and things like that ...*

Several of the parents found that the management of pain as described in the classes was very different from their actual experience. The parents thought, too, that the classes needed to address the issues in caring for a new child and not just labour and birth. Kris, for one, took this view as he described the content of the classes,

*... how to reduce the pain in labour, how to, to do this, how to do that, how to, and that's just only a couple of hours, and you're talking about the rest of the year ... your body heals the physical pain, but not the psychological stress, all the other things.*

It would seem, too, that the parents were unable to imagine the experiences which will follow the birth of a child. Megan's comment was typical, "*... most mothers don't think about problems you have after, after the baby, you just don't think about it.*"

To be prepared for a child through knowledge and understanding was highly valued by the parents. They believed they needed to be well informed about pregnancy, labour, birth and what they should do to maximise their chances of a good pregnancy and birth. Progress reports were also valued and, for the most part, served to reassure. Colin gave an example,

*... that's the other good thing, too, when Deborah was pregnant they told us that the weight was about right, you know, the size and the rest of it, so that was important to know ...*

Even so, the parents gave many examples of the shock and surprise they experienced during labour and birth and the problems they encountered in the early weeks. They concluded that they would have been better prepared if they had been provided with more realistic and accurate information from health services.

As labour and birth approached the parents became very focussed. They seemed to develop an emotional readiness which was directed to the expected onset of labour. The mothers, in particular, became very centred, declaring themselves ready and with an intense desire for pregnancy to end as the estimated date of delivery drew closer. The strength of this emotional readiness was demonstrated when labour did not commence when expected and feelings of frustration and inadequacy followed. Deborah referred to herself as a "*... bit of a failure*" in this circumstance. She explained,

*... you've got a whole nine months of pregnancy, and you, sort of, attach yourself to that date and you think when it comes and goes, after that, you think oh it's never going to happen ...*



If, however, labour started earlier than expected, there were feelings of unpreparedness and disappointment. Jenny described how she felt about her premature labour,

*... I just couldn't believe it all, so early, we just weren't prepared ... I just didn't have time to get all excited about it and really pack the bags, I just really started mourning over that ....*

It was as if certain emotions were tied up in the start of labour. When labour did not begin as expected, disappointment and distress were experienced.

In getting ready for their child the parents made material preparations. They acquired furniture and equipment and arranged their home so as to provide space for their child. Lindsay, recalled these activities, "... we were, set up a place, buy a new home, that was during the pregnancy ...". These preparations seemed to have two effects. They served to confirm the reality of a coming child and provide anticipatory pleasure. In addition, because they were distracting and required energy, the parents' preparations tempered their anxieties. Colin explained,

*... we directed our nervous energies to the process of getting things together, I mean, quite a few bits and pieces that had to be collected at the right price, round the place, tidying up and rationalised, painted and put aside, so there was a certain amount of time occupied in doing that.*

The urge to organise their environment and gather the necessary equipment for a child was strong, particularly in the later weeks of pregnancy. The strength of the need to have 'everything ready' was demonstrated in an interesting way by Bella and Matt. Their families' cultural traditions prohibited the acquisition of equipment for a child before its birth. Bella and Matt, however, wanted to be completely ready. They compromised by making their purchases early, but only collecting them after Mark's birth. Their desire to have everything in place was thereby satisfied.

Throughout pregnancy, the parents, through the accumulation of knowledge and centering of their feelings, were getting ready. These intellectual and emotional processes were the means by which they endeavoured to prepare themselves for the experiences of labour, birth and the first encounters with a new child. Getting ready for a child meant, too, that the parents gathered the material necessities for a child and had them ready for use.

### **6.2.2. Being responsible**

Pregnancy brought with it the realisation that the wellbeing of an unborn child had to be considered. The parents became conscious of the effects of their actions on their child's development and made efforts to realise a perfect and healthy child. The mothers felt a

personal responsibility in this regard. Jane, for one, made a determined effort to maintain the recommended nutritional intake. She explained,

*... I never drink milk, I'm terrible, I'm just, it was a real effort for me while I was pregnant to drink a little, to take a little bit of milk and I just supplemented it with calcium tablets ...*

The commitment to caring for a child before birth saw the mothers following advice about a healthy pregnancy. They become very conscious of what they should do and not do. Paula, in describing her approach in that time, recounted,

*... I watched what I did for the whole of my pregnancy and made sure I looked after him, and made sure that what was in there was, well, you know, well looked after and I ate all the right things and exercised and tried to do the right things for him and so I felt quite proud of myself, too, that I managed it that well ...*

As pregnancy progressed the sense of responsibility grew. The parents even re-evaluated everyday activities. Bella, for example, told how she and Matt gave up going out in the later stages of pregnancy, "... *Matt didn't want to take me out, you know, in case something happened ...*" Parents found, too, that they agreed to things they expected they would reject. For example, Gina reluctantly agreed to give up her admission to the birth centre when it was confirmed that she would have a breech delivery. Several couples agreed to an induction, even when they did not wish labour to commence in this way. Gerri, one of the mothers who faced this decision, explained,

*.. and the doctor wanted to induce me on the Monday, I was very disappointed about that because I didn't really want to be induced, but my blood pressure had been up ... and in the end I agreed ...*

A number of the parents, too, agreed to pain relief and interventions during labour although they had wanted an intervention-free labour and birth. The parents were acting on their hopes for a safe labour and their sense of responsibility for their child in agreeing to procedures which were not their first preference.

### **6.2.3. Gathering perceptions**

As the parents talked about their experiences before their child was born, two main perceptions of pregnancy, labour and birth were evident. These perceptions, of wonder and risk, were part of the experience of preparing for a child.

Pregnancy and an approaching birth produced a profound sense of wonder in the parents. The confirmation of pregnancy was a noteworthy experience, with the first knowledge of a child-to-be an experience of excited wonderment. Megan noted, "... *finding out was special, it was, I*

*remember finding out and being excited ...".* Another cause for wonder was the tangible evidence of a growing child, as demonstrated by foetal movements and ultrasound images. Deborah told of her ultrasound experience, *"... when you see it on the screen it's really quite special ..."*. These experiences created milestone memories for the parents and brought home to them the extraordinary realities of pregnancy and a coming child. While a sense of wonder was not restricted to these early experiences, these first moments of wonder were imprinted in the parents' consciousness and seemed to have deep and significant meaning.

On the other hand, the parents were aware that pregnancy and birth carried risks and were determined not to build up expectations which might not be fulfilled. They adopted a pragmatic approach to pregnancy and avoided making too much of it. There was a degree of anxiety behind this intellectual and emotional distancing. In the first weeks the parents were conscious of the precariousness of early pregnancy and did not want to set themselves up for disappointment if the pregnancy did not progress well. Deborah and Colin, for example, acknowledged such an inner caution in the early weeks.

*Colin: ... I had no desire to get too excited too early.*

*Deborah: And I think I was the same ... I felt with the pregnancy, subconsciously I didn't get as excited as, as what I could have, shield myself from, maybe, disappointment ...*

Later the parents' apprehension was directed to the approaching birth. Again, they were determined not to become overly involved, as if this approach might provide some protection from an anxiety which had the capacity to overwhelm them. Megan described this response,

*... the pregnancy went quite without us really talking about it, but I think I was trying to put it to the back of my mind, thinking, I've got to go through labour but I'll not think about it ...*

The determination not to set up expectations of the birth extended to the many possibilities which might eventuate during labour and birth. Although the parents were informed, through their attendance at pre-natal classes, about the normal events of labour and birth, they were also in possession of information from peers and others which pre-warned them that labour and birth did not always proceed as anticipated. From this realisation Jane, for example, could declare, *"I hadn't really built up any expectations ..."*, as she considered what she could expect during labour and birth. The notion that expectations could lead to disappointment was evident, too, in the parents' approach to labour and birth. Penny gave a typical explanation for this approach,

*I just thought if you had a really definite plan for the whole labour and delivery and then if it didn't go to pattern, then you'd be really disappointed, I didn't want to end up really disappointed ...*

Sometimes the decision not to create expectations was directed to particular events, such as length of labour or pain. The parents adopted a 'wait and see' approach and determined to be flexible enough to cope with whatever eventuated. Penny and Steve, on reflection, were pleased they had done this in regard to pain relief.

*Steve: I think it was sort of nice that we didn't have any expectations of not using drugs, so we weren't disappointed about it at all.*

*Penny: Just, sort of, thought that we'd go and do whatever happened ...*

There was a sense of wonder and a recognition of risk in the parents about pregnancy, labour and birth. These perceptions and the ways they managed their anxieties about the risks in childbearing are further aspects of the preparations parents make for a child.

#### **6.2.4. Anticipating a child**

The preparation for a child involved the parents in anticipatory thinking about their child. Much of this anticipation was framed in their imagination. An imagined child held two central concerns. The first of these was the anxiety about the development of a child. While ultrasound images and results gave reassurance in most instances, an uncertain result fed into the anxiety about a child's development. Jane gave an example,

*... the one thing I was concerned about, I'd had two ultrasounds through the pregnancy, one at eighteen weeks and one at forty weeks, and in neither of those could I see his feet, so I was really concerned that he had feet ...*

The idea of a child with developmental problems was deeply disturbing. Several of the parents decided they would terminate pregnancy if tests had revealed abnormal development.

The second concern was a child's gender. Although the parents said they did not place great importance on the gender of a first child they did have hopes and ideas about which gender their child might be. Deborah's observation was typical,

*I didn't mind, it was, I didn't mind as long as it was healthy, and I was seventy five per cent sure that Wesley was a boy, anyway.*

Others, through their comments and questions, contributed to the anticipation of the gender of a child. Matt gave an example, "... everyone said what are you going to have, I said, it doesn't matter but I think it's a boy for some reason ..." Hoping and speculating about their child's gender was another way in which the parents prepared themselves for a child. There were, however, differences among the parents in the desire to know the gender of their child before birth. Some wanted a child's gender to remain unknown until birth, thinking foreknowledge

would diminish the exhilaration in finding out at birth. Matt's account was typical of those who held this preference,

*... the ultrasound, but the doctor couldn't determine, so it was, I was rather pleased about that, because it would, sort of, spoil, spoil that, that moment ...*

Others held the view that knowing a child's gender helped them imagine and prepare for their child. For these parents, foreknowledge held greater importance than surprise at the moment of birth. Gina's account illustrates the strength of this desire for knowing,

*... I had an ultrasound about twenty something weeks. I wanted to know, I really didn't want to be surprised, I wanted to know and I was so sure it was a boy, too, and she turned out to be a girl, I'm glad I had a girl ..*

In anticipating their child-to-come, the parents were mentally and emotionally preparing themselves. They formed hopeful images which helped them deal with their concerns about their child's development and the chances of a son or a daughter.

## **Summary**

While pregnancy was, inevitably, a time of waiting the parents actively and consciously used this time to prepare for their child. As they anticipated labour, birth and their child the parents became focussed on the conditions they needed to create in order to safely and happily bring their child to themselves. They brought energy and hope to this purpose. Their preparations for labour, birth and a child meant the parents had begun to make the adaptations required of parents. They engaged in a process of adapting themselves and their world to a new order, and in so doing were effectively creating a place for their child.

### **6.3. Giving birth to a child**

Birth is the process by which children come to their parents and to the place made ready for them. The parents in this study, particularly the mothers, were physically, emotionally and intellectually immersed in the birthing processes. Labour and birth were further experiences in **making a place for a child**. The parents drew heavily on their resources, and the help of others, so that they might bring their child safely through the rigours of the birth journey to a welcoming and sustaining place.

#### **6.3.1. Experiencing labour**

Although labour was anticipated with some apprehension, as the time for labour and birth drew closer the parents were generally unruffled. They reasoned that they could not take full control

of the coming events and that they needed to be composed and adaptable. Paula, in describing herself the night before her induction, illustrated such composure. She recalled,

*I was amazed at how calm I was knowing I was going to be induced that next day, I thought I'd probably never sleep the night before, I just went to bed.*

Even when apprehensive, the parents could see that much of their feeling was related to an uncertainty about the experience to come. Once the first signs of labour were manifest, however, their emotional energy seemed to be directed to the immediate experience. Deborah described her loss of anxiety in this situation,

*I was scared beforehand, just, I suppose the fear of the unknown, but actually once everything got going I wasn't, I didn't feel scared at all.*

Even so, each of the mothers experienced intense bodily sensations and emotional turmoil. They were shocked by the intensity of the contractions and the associated pain. Penny made a typical observation, "...it just gave me a shock how painful it was and also where the pain was ...".

The parents believed that their sense of shock could have been lessened if they had been prepared more realistically for the level of pain they would encounter. They, however, acknowledged that it was unlikely that they could have been completely prepared for the pain experience. Jenny offered her experience,

*... the contractions were just so painful, like, I don't think anyone can prepare you for that, just the, the way it rips right through your body and just so intensely and, and it was really frightening for me, I just didn't think I'd be able to handle it when they got so bad towards the end ...*

The parents' regrets in not being better prepared for the pain of labour implied an emotional cost to their unpreparedness. In not realising how painful labour could be, their consternation and distress was increased. Similarly, they found the approach to pain relief was not as they had imagined. Several of the parents were perturbed to find pharmacological pain relief was not, as they had been led to expect, freely offered. Colin, for example, was dismayed when the information given at prenatal classes about pain relief was not verified in practice. He explained,

*... the midwife made it clear that, well, it's a painful thing and you've just got to hang in there and ... which is, when from my point of view, was totally against what they'd taught us in the course, the course said, go in there and you'll get an epidural as soon as you put your hand up ...*

Unfulfilled expectations of pain relief caused alarm and frustration. Colin's observation in this regard, "*... suddenly a new set of rules were introduced once you were cornered ...*" suggests that disillusionment and helplessness, too, are experienced in this situation.

When pharmacological pain relief was offered, however, each of the mothers accepted the offer, even if they had hoped to manage without analgesia. Several of the fathers were instrumental in the decision, taking the view that relief was essential. Steve, for example, took a firm position,

*... when Penny was asking me whether she should take it, pethidine, and I said, obviously, take the lot, I know I would ...*

Patrick, too, was clear that pain relief was the only choice. He recounted, "*... what would you like said the midwife, I said, an epidural ...*".

The need for analgesia was related to the continuous nature of the pain as well as its intensity. Peta gave a typical description of the experience of on-going pain, "*... I remember I was saying I don't know how long I can handle this pain any more ...*" It seemed as if the pain of labour might be endured, but not if it continued beyond a certain point. Deborah explained,

*... and I thought, how much can I bear, and I, you try and concentrate on the moment, what's happening, and not thinking, oh, how long's this going to go on for, but by two o'clock I'd had enough, hadn't I, hon, and I was saying I wanted to go home, and I didn't want to have the baby.*

The length of labour was often unexpected and added to the experience of distress. Penny observed, "*...it was a bit of a shock actually, how long it all took and everything*", and Gina stated, "*... that was enough, forty hours, it was a nightmare ...*". Although most labours were longer than anticipated, several were deemed acceptable. Jenny, for example, was grateful for the length of her labour, "*... about a five hour labour, so I was just really happy with that ...*".

Labour seemed to progress slowly. Several of the mothers noting how their perception of time had altered. Gerri described this experience,

*... everything seemed to be in slow motion, that's what it felt like to me and every step of the way seemed to be taking a lot longer than it should have ...*

A drawn-out labour was disheartening. Peta, for example, became despondent at her slow progress. She explained,

*... the most depressing part is that, two steps forward and one step back with the head, it's like, you know, push, push, you can see it, and you don't want to push and you stop, and it goes shwoo up, it was so depressing seeing that ...*

Gina, too, despaired when labour was long, unproductive and painful. She told of her experience,

*... about thirty six hours and I was three centimetres dilated and that's when I, sort of, did my block a bit, I burst into tears, it's like, all this time and I was only three centimetres and I told them to get serious, I said to the doctor, are you for real, and so they bumped up the drip for me and it was just like a rolling sea, it was just relentless, the contractions, it just went on and on and on ...*

The experience of labour held several more difficulties for the parents. The physical demands of labour were great and, once again, the unexpectedness of the experience added to the parents' dismay. Jenny explained,

*... I was really shocked at how hard I had to push, just, I thought it was gravity, and you just, the worst bit is the actual contractions and once you get to the second stage, well, it's over, but I actually found that the hardest, I didn't know how to do it ...*

The intense effort of labour led to extreme fatigue. Each of the mothers recalled their tiredness, especially when labour was long and nearly all their emotional and physical energy had been expended. Gerri described this experience,

*... I was getting tired and I really wanted this baby to be out, I was, was anxious, I, I just thought, I was only supposed to be in here for a couple of hours, I, I didn't want to be there any longer and I was just so exhausted ...*

Many of the mothers experienced this feeling of depletion and that they could not continue with labour. They expressed ideas about stopping the labour or postponing it. Gina's version was typical,

*... after thirty eight hours, I just wanted it to stop then, I remember saying to somebody, take this drip out of my arm, get me off this machine, I don't want to do this any more, ... and I was just too tired, I just didn't care any more, I just wanted it to stop.*

Although labour was described, for the most part, as difficult and distressing, in reflecting on their experiences most parents took a broader and more positive view. Jane, for example, could say in retrospect, “... as labour's go, it probably wasn't too bad, but it seemed fairly terrible at the time ...”

Bella, too, gave both aspects of the experience. She explained,

*... while I was in labour I was so dead and spaced out, then I had this baby and I, and I felt like I was a new person ...*

Even so, the parents formed overall conclusions about their experience. Some were negative, such as Bella's,



*... I was induced so I, I was spaced out, I didn't have any control, I was very disappointed about it, everything I didn't want happened ...*

Megan's account, on the other hand, represents a more positive view, directed to the experiential aspects of labour. She explained,

*... the labour was, the actual second stage of labour was quite special, the feeling, the feelings of bearing down, the first stage was, I've forgotten about that already, but the second stage was special in that you have the baby as well, but in the feeling that Lindsay was there ...*

Other assessments took the view that the events of labour and birth were inevitable and needed to be accepted as such. Matt took this view,

*... a lot of people say it's gory and horrible and things like that, but I don't know, I mean it's really part of you, so, it's good, it's an experience, I wasn't as shocked as I thought I'd be ...*

Labour held a range of intense experiences. Although early apprehensions were able to be contained, the parents were frequently overwhelmed by the experiences of pain, anxiety and exhaustion. The intensity and duration of pain and its management was a major difficulty, made more difficult because of its unexpectedness. Labour was, on the whole, a great shock to the parents. They did not expect the severity and amount of pain, nor were they prepared for the way pain was managed or the demands and length of labour. These unexpected events were upsetting and left some disturbing memories.

### **6.3.2. The presence of a partner**

Each of the fathers were present during labour and birth. The presence of partners was, in the parents' view, primarily for emotional support for the mothers. Deborah confirmed this view, "*... I just needed him there to hold my hand ...*" and Penny expanded on it,

*... I can't imagine, I would have been quite scared I think, just trotting off to the hospital by myself and being left ...*

The fathers, however, took quite an active part. In addition to giving verbal comfort and encouragement they provided practical help. Gina gave an example in her account of Murray's involvement during labour,

*... I'd jump off the bed and lean across the bed and Murray would be on the other side and he'd be holding my hand and breathing with me ...*

The fathers' practical help was often protective in nature. Fathers took on a range of responsible, caring activities such as monitoring the progress of labour, calling for staff and advocating for their partners. Colin gave his view of a partner's function during labour,

*... and then when someone you love is there, and that process, you really can't take a chance to leave it to other people, that's the way I feel about it ... I think if anyone wouldn't get involved at that stage, well, I'd say you're not doing the right thing, it's an obligation.*

The mothers recognised and appreciated the solicitous activities of their partners. For Deborah, Colin's presence and protection were indispensable,

*... when I had the urge to push, that's when I really needed Colin there as, because you are not within your full faculties when you start the nitrous, I needed someone there to be my guardian ...*

During labour the fathers used tactile contact, such as holding, massaging, stroking and bracing their partners. Touching and holding seemed to be an expression of the emotional connection between parents and a further form of physical support for the mothers. Jenny, for example, recalled holding onto Kris, "*... I nearly squeezed Kris's hand off ...*".

The experience of labour elicited a number of feelings in the fathers. They felt, at various times, anxious, uncertain, inadequate and distressed. They worried about their part in the proceedings and felt helpless when they could not help their partner. Patrick described his feelings,

*... you really feel useless, you see a contraction coming and Jane's face screws up in pain, so you say, breathe, but you feel like such an idiot ...*

Several fathers spoke of their personal distress in witnessing a partner in pain. They were deeply affected by their partner's pain and wished that it could have been relieved. Steve described his feelings of helplessness and compassion in this context,

*... it's not very nice, to see somebody you love in pain and not being able to do anything about it, really, you feel like you want to, you know, share the burden, it would seem, it would seem a more fairer way ...*

A partner's non-verbal reactions could indicate the progress of labour and the events at birth. Several mothers found their partners transmitted information and reassurance to them in this way. Gerri gave an example,

*... as the baby was delivered I was looking at Ken's face and just looking, cause I, I couldn't see anything from there, they asked me if I wanted to but I didn't want to, I just wanted to get it over and done with, and so I just looked at Ken's face to kind of to see what was happening and I could tell when the baby was born, when the head was out and that because the expression Ken's face changed so I could tell ...*

Each couple was glad that they had experienced labour and birth together. They believed they were closer to each other and their child as a consequence. Fathers were of the opinion that their presence gave them an understanding of their partner's experience they would not have had unless they were present. The presence of fathers during labour was not only emotionally supportive but served to provide the mothers with practical help, physical care and protection.

### 6.3.3. Working with others

Labour and birth were not experienced without the help of others. Midwives were present for each labour and birth and, in the main, gave skilled and supportive care. The parents appreciated those midwives who respected them, took a collaborative approach and who exercised professional judgement. Penny and Steve spoke, with gratitude, of such a midwife. Penny described her approach,

*... we had a very efficient midwife when, at that particular time in the labour she got things, she said, the pethidine's not working, I really think you should start thinking about an epidural, gave us all the information, left us for a while, just to decide what we wanted to do...*

The parents, while acknowledging the help of midwives, were critical of some aspects of their care. The lack of presence and easy access to midwives was a point of criticism. Most parents found they were unattended for considerable periods of time and needed to call for help. Colin spoke in detail about this experience,

*... there wasn't much support around, the midwives were knee deep in babies at that stage with their uniforms on, working in a few other rooms, so then I'd press the button and they'd rush in and then they'd rush away again, and then they'd rush in again after I'd pressed the buzzer ...*

While the midwives' response to calls were appreciated, the parents became anxious at being expected to manage on their own. Colin made a point about the emotional effect of isolation during labour,

*... they came and got organised so we felt a bit more relaxed at that stage than from being a chaotic situation where we had almost no support and Deborah getting very upset about whether to push or not to push ...*

The other main criticism of midwives was about their reticence in giving explanations and information giving. When midwives did not give explanations about the progress of labour or their actions, parents were dissatisfied and concerned. Penny and Steve described an experience of this kind and their reactions,

Penny: ... *it was all right when the midwives were doing things as long as, it was nice if they explained it but these two people weren't really explaining at all.*

Steve: ... *I wasn't very impressed with them, yeah, I suppose at that time and everything you don't need that sort of thing.*

Similarly, the parents' encounters with doctors held mixed experiences. Doctors who were good communicators and gave skilled care were held in high regard, while those who did not communicate well or were deemed to have given inadequate care were criticised.

Family members and close friends were present during labour and birth in several instances. Their presence was planned and they provided support and practical help. Jenny described how her relatives worked with her during labour,

*... my family were just marvellous throughout the birth, I had them all so busy, because we were using hot packs and my sister, and one sister was doing the breathing and the other one getting me hot packs, and mum coming back and forth and I'd lean on mum on one side and someone else on the other, just having that contact with someone really helped ...*

In general, the presence of health professionals and significant others during labour and birth achieved its aim of providing help and support for the parents, the mothers in particular. The parents' efforts in achieving a safe labour and successful birth were aided by those who directed themselves to the best interests of mother, father and child.

#### **6.3.4. Giving birth**

As labour drew to its culmination the parents experienced relief and a surge in anticipation. The mothers expressed earnest hopes that their discomfort would soon be alleviated and estimated that they had reached the end of their resources. The realisation that labour was nearly over brought great relief. Penny recalled, "*... the main thing I was thinking was, thank goodness, cause the next push, he'll be out, it's nearly over ...*"

The final events of labour seemed to be accelerated and in contrast with the earlier stages of labour. Gerri explained,

*... and then, it only took two pushes and there it was, out, it only took, it seemed less than five minutes to get the baby out after all that work ...*

The contrast between the prolonged hours of labour and the moment of birth led to a perception of birth as a rushed event. The parents were surprised by the rapidity of birth and needed to quickly come to terms with the presence of their child. Colin observed in this regard, "*... it*

*was all over before we knew it, practically just a constant progress and then one baby, one final push."*

The feelings of relief that labour was over lingered for some time. It was as if the intense experience of labour lingered in the parents' immediate consciousness and prolonged their feelings of relief. Deborah gave an example of this response,

*... after Wesley was born and we were sitting there and we hear this blood curdling cry from another room and you think, thank god, it's all over now ...*

In addition to these feelings of relief, the parents were almost overcome with feelings of amazement and unreality which, in the first instance, were related to their most recent experience. Jenny explained, "*... I was just so glad it was over, I just couldn't believe that I'd done it, I was really proud of myself ...*". Deborah made a similar observation,

*... I was literally gobsmacked when the whole thing was ended, oh, it was amazing what I just went through and I think I was very much shell-shocked ...*

The feelings of amazement and unreality were, in the second instance, responses to the birth. The fathers, in particular, expressed wonderment at their child's birth. Patrick admitted, "*... when he was born, like everyone says, amazing how it was ...*". Chris reflected,

*... it was, probably it was more than you ever thought it would be, I suppose you don't ever know much about them, like, that feeling at the end when he was actually born, how moving it is ...*

Several of the parents, at first, were unable to take in the reality of their experience. They were not completely clear about the processes they had undergone and had distorted perceptions of time and events. This confusion, for the mothers, was likely to be related to the administration of analgesia. Deborah, for instance, could not remember the final stage of labour after she was given pain relief. She noted, "*I can't remember the rest, after that*". The fathers also had uncertain memories and perceptions. It seemed, too, as if the intense emotionality of the experience added to these unclear perceptions. Steve gave an example from his experience,

*... I was feeling very much gobsmacked once that James had actually come out, to the point that, it was like, to me it was like seeing a movie or something, or a dream.*

Nevertheless, there were intense feelings of joy and exhilaration as a child was born. Steve said, "*I was really elated, and I was laughing ...*" and Megan recalled, "*I was crying, that was tears of joy ...*". For each parent, notwithstanding their different individual and shared experiences, the birth of their child was an exciting and joyous experience. Chris, summarised his experience by saying, "*... it was a satisfying emotional day ...*".

The birth of their child and the culmination of labour were marked by relief and surprise together with feelings of unreality and intense joy. Birth was an intense experience which called on the parents to make extraordinary efforts in the interests of the safe delivery of their child.

## Summary

Labour and birth placed heavy demands on the parents. They were deeply affected by their experiences and talked about them freely, usually in great detail. There was an intimation of the need to talk in these accounts. It was as if labour and birth were experiences of such magnitude that telling and explaining helped the parents come to terms with them and their effects.

Giving birth was a parental act in which the parents committed body, mind and emotion to the safe and successful delivery of their child. Birth, the inevitable and desired completion of the parents' waiting and preparation, can be seen as another expression of **making a place for a child**. The parents set themselves to create the necessary conditions for a child as it made the transition from its enclosed inner place to an outer world with its parents, and to sufficiently equip themselves and the environment to receive their newborn child.

Despite the demands of labour and birth and the efforts the parent couples made to meet those demands, they each maintained that their child was more than enough to compensate for their efforts. They further declared that their experiences in labour and birth did not deter them from contemplating another labour and birth. Gina, in summing up her experience, put forward these conclusions,

*... I'd do it again, even if they said to me it's going to be eighty hours I'd still do it, something makes you forget you know, I mean I can't recall the pain I went through, I know I did, but I can recall my reactions to it, I can remember feeling like, just not being able to handle this, the relentless contraction business ...*

## 6.4. Receiving a child

Immediately following the birth of a child, parents are faced with the realisation that labour and birth have been completed and that their child is now visibly present. They can now see, touch and hear their child. In receiving their newborn child the parents experienced responses in themselves which were further examples of the adaptations parents must make in order to accommodate a new child. The process of getting to know a child was yet another way in which the parents were caught up in **making a place for a child**. As their new child became

part of their everyday reality the parents made the adjustments which ensured their child had its place as a loved and valued individual.

#### 6.4.1. Responding to a newborn child

In the moments immediately after the birth of their child, the parents, particularly the mothers, seemed to need time to orient themselves and to take in the reality of their child's presence. Even the question of their child's gender did not always arise immediately. Penny recalled,

*I just remember he was born, he was just dumped onto my stomach, it took me a little while before I even thought to ask what it was, I just think I was just so tired ...*

Megan, too, told of her need to collect herself,

*... when he was born and, I didn't open my eyes straight way cause I was just concentrating and, and that, and the doctor said, open your eyes, Megan, it's over, and I, she gave him to me and I looked straight away to see whether it was a girl or a boy*

Several parents had anxieties about their child's development and wanted, firstly, to assure themselves that their child had developed normally. Jane, for instance, carried such an anxiety and described her first reactions,

*... and I said to Patrick, I don't, just check that it's got feet for me, and that was the first thing, I didn't say, what sex is it, I said, has it got feet and it wasn't until the obstetrician had actually placed the baby on my chest that I said, oh, it's a boy, and the obstetrician said, yes, a boy with feet ...*

Jenny and Kris, too, were anxious about their child because his growth was under question and labour and birth were early. Jenny described her relief following her first look at Mitchell,

*... the other thing I was relieved about was that the baby wasn't as skinny and small as I'd thought he'd be ...*

Although the immense effort of labour and birth caused great fatigue in the mothers, they and the fathers were caught up in their child, its gender, development and state of health. Fatigue and anxiety, as experienced immediately after a child was born, were generally transient. They were, however, significant at the time and the parents needed time to deal with them before they could fully take in other realities.

Their child's gender was of intense interest to the parents. Those who did not have foreknowledge of their child's gender were keen to discover whether they had a son or a daughter. Matt observed in this regard, "... it was great when he came out, the first thing, the first thing you look at is, you know, the gender ..." For others, such as Gina and Murray who

had prior knowledge that their child was a girl, other physical aspects of their newborn were first to catch their attention. Gina recalled,

*... I remember the first thing I looked at, I didn't even look at her face, the first thing I looked at was her finger nails, I remember thinking what beautiful finger nails she's got.*

The parents seemed taken aback in these first moments with their child. Often, it was surprise at their child's gender or the first look at their child. On reflection, each couple were surprised at their immediate reactions. Deborah and Colin gave an example,

Colin: *... I thought I would have gone over him with a fine toothed comb, but ...*  
Deborah: *I thought I would do that, too, but I didn't, I didn't, it was funny.*  
Colin: *It was a surprise.*

As they held and touched their child for the first time, the parents were conscious of the newness of the experience. They spoke of a sense of strangeness and unfamiliarity. This experience was linked with uncertainty in handling a newborn child. Gerri explained,

*... when the baby was put on my chest, I remember thinking that I didn't know what to do, like I didn't feel any immediate anything towards the baby at all, it just felt quite foreign and I didn't touch it at all until she [the midwife] put the towel around it and then it, it moved to one side, so I put my arm around it so it wouldn't fall and, but I just didn't know what to do at all ...*

Paula, too, spoke of this initial uncertainty,

*... and then they bring him in and, oh I, and at first I didn't know what to do with him, really and then it's amazing how quickly you feel a bond with them ...*

Paula's experience of a rapid shift from uncertainty to connection was also experienced by other parents. The uncertain responses to a newborn child were, on the whole, short-lived.

Several mothers, however, identified an initial lack of feeling for their newborn child and described themselves as still coping with their own physical and emotional processes in this early period. Jenny, who had this experience, explained,

*... to be honest with you, I didn't really care about what the baby looked like, or have this whole bonding thing, I was just so glad it was over ... I was really just consumed with myself and, and just, I can't believe that's over ...*

Even so, initial feelings of unreality and uncertainty faded, though at differing rates for individual parents. As they became more familiar with their child the parents developed ease and confidence. For some, like Steve, the transition was quickly achieved. He explained, "*... and then it suddenly clicked to me, oh, I can actually touch this, and it's real ...*". The resolving



of unreality and uncertainty seemed to be a significant task for the parents, requiring time and contact with their child.

In responding to their newborn child the parents were largely influenced by the newness of their experience. As with labour and birth, they experienced new sensations and a new situation. They were surprised at their initial reactions and felt awkward and uncertain in their first attempts to handle their child. Their own needs, particularly those of the mothers, needed attention, too, at this time. A visible child presented the parents with a further requirement, that of coming to terms with a new reality.

#### **6.4.2. Becoming acquainted**

In the hours and days following birth their child became the focus of the parents' attention. Each child was observed closely, even those who required special care in a separate unit. The parents were fascinated by the physical features of their child. It was as if a child's features offered some understanding of the child within. It was common for likenesses to parents and family members to be identified. Peta, for example, spoke in this regard,

*... everybody says, oh, she looks like Sean and she does, but she's got the best looking lips, big lips like his, yes, she's got really full lips, but her ears are mine and her little toes are mine ...*

A child's appearance seemed, too, to engender parental absorption and the beginnings of attachment. Gina's description of Gabrielle reveals this process,

*... she was beautiful and she never ever had that wrinkly look about her, you know how babies come out all wrinkly looking, like little old men, she never had that, she was pink and plump and she just goo goo goood and didn't cry and she was quite cute.*

For most parents, the delight in getting to know a child quickly developed into the stronger feelings of love and attachment. Mothers, in particular, spoke of these feelings within the first days. Peta had this experience,

*... I really loved her ... I was giving her big kisses and cuddles and she couldn't do anything wrong and her crying didn't worry me and all that ...*

There were, however, variations in this process, in which becoming acquainted with a child took a little longer or was temporarily blocked by other events. The mothers who were exhausted or who could not have their child close by were slower to experience this familiarisation process. Penny's experience was a good case in point. She did not internalise that she had a child, a perception which only dissipated when he could be by her side. In

contrast, Steve had handled James immediately after birth and remained with him for some time. Penny explained,

*... it didn't really dawn on me that he was my child, because I think Steve clicked straight away but I was taking a bit long ...*

Even so, the experience of becoming acquainted with a newborn child inevitably evoked deep and strong emotions in the parents. These emotions seemed to override other experiences which were less pleasant or comfortable.

There was further delight for the parents when others, especially family members, came to see their child in the first days. It was as if they, too, needed to make the acquaintance of a newborn child. The notion of identity for a new child seemed to begin at this point, when gender, physical features and disposition were examined and discussed. Bella gave an account of this process,

*... they all came on the weekend, which was really nice, I mean, even in hospital everyone ... because it was a boy, you know, it's such a big drama having a boy, carrying on the family name, everyone was very excited ...*

Further, getting to know a newborn child became a means by which perceptions of unreality were overcome. As the parents handled, fed and soothed their child they were assured of the reality of their parenthood. The realisation, too, that they would take their child home with them seemed to complete this assurance. Penny and Steve commented on the experience of this final realisation,

Penny: *... pretty amazed, the fact that we could take him home, yeah, and really happy*  
Steve: *Better than a puppy.*  
Penny: *Yeah.*

## Summary

In receiving their newborn child, the parents encountered unfamiliar and unforeseen experiences which led to feelings of uncertainty and unreality. They were, however, drawn to their child and their involvement served to reassure them, reinforce the reality of their child and begin the processes of emotional attachment. In so doing, the parents were continuing to accept change, make adaptations and direct their energy into creating a safe and caring environment for their child. In these experiences the ways in which the parents secured their child into their own existence are revealed and become further expressions of their **making a place for a child.**

## 6.5 First days with a child

In the period between the birth of a child and leaving the hospital for home, the parents were confronted with a number of experiences which were, yet again, unexpected and challenging and sometimes difficult. There were emotional highs and lows and many new things to learn.

### 6.5.1. Separation

For several of the parent couples the relief and excitement at the birth of their child was tempered by concerns for the child in the first few days. In each instance a child was separated from its parents when removed from the mother's side and cared for in a special care nursery. Several of the children were taken directly to the nursery following birth, while others were separated when treatment for jaundice was necessary. These separation experiences evoked intense emotions, especially in the mothers. They felt considerable distress and were very surprised at the intensity of their feelings. Paula and Gina, for example, spoke about their feelings of distressed resistance when they were required to return a child to the nursery. Paula said, “... *I could hardly believe it, oh, I just kept holding him, I didn't want to take him back down ...*” and Gina explained,

*... and then I had to put her back and I, I couldn't put her back, they had to take her off me cause I wouldn't let her go ...*

Notwithstanding that separation was brought about by the need to provide a child with special care and the parents were nervous and anxious about their child, separation in itself was a point of stress. Parents readily appreciated their child's need for skilled care but were unhappy in the time they were apart from their child. Jenny explained, “... *for two days he was in there, and I was sad because I'd just got him back and then he was taken away ...*”

The care of a newborn in a special care nursery created other emotional difficulties for the parents. They were acutely anxious about the outcome for their child and despite explanations and reassurances were restless and upset. Another source of distress was the tests and treatments carried out on a child in a special care nursery. Jane and Patrick told of this experience,

*Jane: ... watching them having to do some of the procedures was hard, like, they had to do, prick his heel a number of times for blood grouping, testings and putting a tube in for feeding, and that sort of thing, it was just,*

*Patrick: Cannula in his arm.*

*Jane: Yes, he had a cannula in for his antibiotics and that was really difficult, watching those sorts of things ...*

Each child made good progress but it was only when mother and child were reunited that the parents relaxed a little and began to experience pleasure in their new child.

### 6.5.2. First feedings

The mothers, in undertaking breast feeding, were faced with learning about a child's feeding needs and behaviours and their own bodily functions and sensations. While most of the children were placed on their mother's breast very soon after birth, it was in the following hours and days that the concentrated efforts in establishing breast feeding were made. As first-time parents, the mothers were faced with yet another unfamiliar and exacting experience. Gerri described sensations of strangeness and ineptitude in her account of a first attempt at breastfeeding. She recalled,

*... I was in a deep sleep when he woke up and I remember that he, I just heard this crying and I didn't really know where it was coming from, and I woke up and I realised he was beside me and I rang the buzzer and I said, look he's crying, I don't know what to do and she, the midwife came in and she said, put him, put him on the breast and see if he is hungry and she put him on my breast, it didn't hurt at all but I just, she was trying to show me how to put my hands and I just couldn't, everything felt so alien and I was trying to manoeuvre my hands in the way that she was telling me and they just couldn't, I felt like I had big gloves on that were impossible to get my fingers around the baby...*

Paula articulated a similar experience,

*... you feel so awkward to begin with, on, with the breast feeding, you just feel so awkward, cause he didn't know what he was doing and nor did I.*

Each mother experienced apprehensions, discomforts and concerns in the first attempts to feed a child. Although they were informed about breastfeeding unexpected problems were encountered. Jane's difficulty serves as an example,

*... I know you can have problems with breast feeding as I know people who have had problems, but then they were different sorts of problems, I didn't know that babies wouldn't latch on and that was very, because once he latched on he fed extremely well, and it was just so frustrating for me trying to get him to latch on ...*

A further difficulty arose when differing advice and suggestions were offered by staff. Advice or suggestions often conflicted and caused the mothers confusion and anxiety. It seemed that these first-time mothers were reliant on clear directions. They could not draw on experience in making decisions about the best way to feed a child. Jenny and Kris raised these points,

*Jenny: ... I was having trouble feeding him and I was getting pressured, differing opinions from nursing staff, some saying, look, don't worry about feeding, it'll all fix itself up, and others saying because he's so little you really need to get him feeding and, and relax about it, but it was a totally non-relaxing experience because he'd keep falling asleep, being young and jaundiced.*

Kris: *Yeah, there were conflicting opinions.*

Despite their problems the mothers persisted, acting on a resolve to provide the best possible nutrition for their child. Peta, in commenting on her determination to keep on with breast feeding despite considerable discomfort and other problems, observed, *"I suppose it's the age-old attitude, perseverance"*.

### 6.5.3. Losses

Over the first days with their child the parents encountered a number of experiences which held elements of loss. In these experiences, the parents realised they had sustained loss in some form even though they counted themselves, overall, as being immensely fortunate. Several mothers lamented the end of their pregnancy, regretting the loss of the pregnant state and the interest and solicitousness it generated. Deborah explained,

*...people are always asking you how you are, and I suppose, it's nice that people did fuss over you a little bit, maybe because you know once the baby's born, you're put on the back burner and your friends come up and go, oh, hi, how, how's, they look at the baby first before they recognise you as a person ...*

Deborah, in addition, gave expression to a feeling of regret that pregnancy was over and may not have been experienced it to its full. She explained further,

*... one of my friends, she said, as soon as she has a baby she feels sad that she's not pregnant, not that she's not happy about having the baby or anything like that, and I feel exactly the same, well, it's all over now, it's something that you can't go back to, I suppose, but, and I suppose you're a bit reflective, maybe you should have enjoyed your pregnancy more, maybe that's what I was, a bit reflective about, but I did, I did feel a bit of an anticlimax ...*

The sense of loss at the end of pregnancy was, in addition, related to the perception of a child as separate rather than as part of the mother. For Peta this was a major experience. She rationalised Sophie's birth in order to help come to terms with the loss of pregnancy,

*... I find it hard that she's not inside me, it's quite, I was unsure, I was pleased to be in labour, I really, really wanted her out and I really, really [had] come to terms with the fact that I couldn't hold her back and have her inside, ... that I couldn't, that she's going to grow up, unless she was out she couldn't grow up ...*

The perception of change and loss at the completion of pregnancy, in several instances, was associated with reflection on the pregnant state as instrumental for the good development of a child. Paula, for one, articulated these thoughts,

*... to me it's still amazing, I sometimes think of myself pregnant and he was in, I just find it very hard to think that he was in there and he came out, all, everything intact ...*

A further experience of loss was revealed by those parents who were not able to show their new child to family and friends in the first few days. The excitement and pleasure in presenting a new child to family and friends was denied these parents. It was as if this particular delight was bound to the earliest days and would not hold the same meaning at a later time. Jane spoke in this way,

*... it was hard to begin with and you don't get that joy, I suppose, that comes with being new parents, and having to take visitors to the special care nursery you couldn't show him off ...*

Similarly, those parents whose families were not in close proximity and who could not come to visit in these first days, revealed sorrow in being unable to share their joy.

There were further experiences of loss and sadness when the parents' expectations of labour, birth and receiving a child were not met. In these experiences the parents noted their disappointment but, generally, were able to balance them against the larger outcome of the safe delivery of a child. There were, however, some instances where the sense of loss and disappointment carried over into the parenting experience. Jenny's and Kris's experience with an unexpected early birth was a case in point. Jenny described the reasons for some of her feelings of loss,

*... just how sad I was that I didn't have, like, things I wanted to go to a beautician and get my eyelashes tinted and my hair cut and all that so I could go into hospital and I just didn't have time to get excited about it and really pack my bags, I just really started mourning over that ...*

Experiences of loss and disappointment seemed to accentuate the post-birth physical and emotional effects sustained by the mothers. Jenny, for example, made this connection,

*... by about day three I, the blues hit me and the milk started coming in and I'm feeling painful and the few days before that I was on the phone to work, trying to organise people to take over for me, there was just no time to really think about this experience, so by about the third day the shock had hit me.*

For the most part, the parents were able to accept, with resignation, experiences of loss and disappointment and let them be overshadowed by relief in the accomplishment of labour and birth and happiness in the presence of a newborn child. Their attention and energy were diverted away from sadness and regret by their more compelling desire to provide the best possible environment for their child.

#### 6.5.4. Hospital as place

Each of the couples went to hospital for the birth of their child. The hospital was viewed as necessary for a successful labour and birth because of the safety it offered. The parents, in addition, considered the hospital to be a place of retreat where a mother could be restored and a child given the best possible care. In their review of the hospital experience the parents made two main points. First, they continued to support their presuppositions about the need and value of the hospital and were deeply grateful for the help and care they received. A rule-free and home-like approach was especially appreciated. Bella commented in this regard,

*... I was so impressed, I didn't realise it would be like that, like, after you've had [your baby], you can go and flop ...*

The evaluation of the hospital as a special and set-apart place holds the suggestion that labour and birth should have its own dedicated place. Matt, for example, was able to articulate this idea,

*... the place has got a really nice feeling, so many people have given birth there, so many people have been born there, they're, it's just, it's just in the brickwork, I mean, it's there as soon as you walk in, you can feel it, you feel safe for some reason ... it's got such an atmosphere to it that it, you just walk in, just drive into this place and you think, you know, this is baby territory, this is, this is where things happen and it's got a good feel about it, there's nothing else that happens there ...*

The second point made by the parents was that the hospital was a place to leave once its purpose had been accomplished. Each of the mothers was eager to leave the hospital, a feeling which grew as they regained vigour. Gina explained,

*...I didn't want to be there any more, I wanted to be at home, I wanted to be in my own home surrounded by my things and I was anxious to get on with my life with the baby...*

Deborah, too, described the same strong feeling about going home. She and Colin recalled her urgent desire to leave the hospital and become organised at home.

*Deborah: ... I was in hospital for five days, and all you see is the four walls and I don't know why, I just wanted to get out ...*

*Colin: ... you seemed to have to get things that were very important or other ...*

Although the parents saw the hospital and its services as having an important place in the safe delivery of a child, its importance was transitory. As a place in which to be, the hospital was secure and unique in its purpose. When the parents' needs for care during labour, birth and the post-birth period had been met they were ready and eager to return to their home. Home was the place where the parents could be at ease, where a child would take its place and where the responsibilities of parenting would be manifest. Paula described these perceptions,

*I was really excited, it was lovely for me to be coming home, being with Chris and just being in my own home again, but it was also funny, because if you go into hospital and you come home, what you've been in hospital for is really finished now, and you're home again and you come home and think, done that, but it's all just starting.*

## **Summary**

The parents, in the early days after the birth of their child, were preoccupied with their adjustment to the momentous events they had undergone and were still experiencing, and with the wellbeing and progress of a newborn child. They experienced the first intense emotions of attachment, which frequently emerged when mother and child were separated. First feedings were major physical and emotional experiences and demanded patience and perseverance. There were experiences of loss and disappointment for each of the couples. Such experiences added to the parents' emotional loads. The experience of hospital was reassuring and gave the parents a sense of place for safe childbirth. These experiences, and the parents' efforts to manage them well, can be seen as further acts in **making a place for a child**. Each new child assumed such a high value that its place in the lives of its parents became their prime preoccupation. Difficulties were tackled and inconveniences endured as the parents directed their energies to creating, within their world, a welcoming and nurturing place for a child.

## **6.6. Summary and conclusion**

The parenting experience of first-time parents might seem to begin with the birth of a child. The parents in this study have shown that the experience of parenting begins much earlier, and that ideas about becoming parents occur before the opportunity to become parents arises. This chapter has traced the early experience of first-time parents from these earliest thoughts, through pregnancy, labour and birth to their first days as parents. These experiences, as revealed by the parents, were intensely involving and re-directed their physical, emotional and cognitive energies to a larger purpose, that of receiving a newborn child into their lives.

### **6.6.1. Ways of making a place for a child.**

The interpretation of the parents' accounts of this early period brings an understanding of those experiences as **making a place for a child**. The parents, in **making a place for a child**, were caught up in the necessary acts and processes which meant a child would be welcomed into and nurtured in an environment, sufficient for its many needs. **Making a place for a child** becomes, in turn, an essential theme in the description of first-time parenting in the first year.



In reaching a full and accurate description of the parents' experience in **making a place for a child**, four dimensions of the theme were contrived. These dimensions relate to the parents' experience, in sequence, from early pregnancy to going home from the hospital. In **preparing for a child**, the parents began to consider what they needed to do in order to create the necessary conditions for a successful pregnancy, a good birth and a satisfactory place for their child. They acted responsibly and with hope as they set about achieving these conditions. Their preparations meant they made adaptations in themselves and in their everyday life. They made efforts to prepare themselves emotionally through their thoughtful considerations of their child and the implications of their parenthood. In **giving birth to a child**, the hard work and emotional expenditure of labour were experienced by parents who persevered in their quest to bring their child safely to them. Birth was achieved in a peopled setting in which mothers, partners and others strove together in order to realise the hope for a healthy child and a well mother. A newborn child was, nevertheless, a stranger. The parents, in **receiving a child**, were confronted with the reality of their child and the need for parents and child to be at ease with each other. Over the **first days with a child**, the parents encountered further taxing experiences as they took on the early responsibilities of parenting and became emotionally caught up in their child. In nurturing a new child, the parents were required to be persevering and adaptable. These early experiences were compounded by the parents' own needs and the many adjustments they faced. Even so, they considered themselves to be extraordinarily fortunate and were optimistic as they left the hospital and faced the world as parents. The theme, **making a place for a child**, describes the experience of first-time parents as they set out to create in themselves and in their everyday world, a place in which a new child could thrive and be with them.

#### **6.6.2. Being generate**

The parents can be seen within these early experiences of first-time parenting, in which they were **making a place for a child**, as living as creative people. They were absorbed in the processes of producing and nurturing new life. **Making a place for a child** made extensive demands on the parents. They were faced with physical and emotional trials which required strength and determination. Their capacity for endurance was placed under test. The parents were also faced with formidable requirements for change and adaptability. They lived as though their immediate existence was in **being generate**. **Being generate** is a state of being in which the generative self is directed to the creation of another and to ensuring that a new life is nourished and nurtured.

## Chapter 7

### Acting responsibly in the care of a child

*... you're giving this child everything that you can think of to meet it's needs*  
(Gerri)

*... we're just working around the clock for his good* (Bella)

#### 7.1 Introduction

As each of the parent couples talked about their experience of parenting their care for their child pervaded their accounts. They spoke about caring for their child as though they could not do otherwise; that caring for a child is a taken-for-granted undertaking in which parents do whatever is necessary to ensure the survival and wellbeing of a child. Such acts have been interpreted as acts of responsibility to which parents are bound.

The theme, **Acting responsibly in the care of a child**, is the product of the parents' many actions in caring for their child. As the ten parent couples spoke of their experiences they gave numerous instances of their acts of care. Thematic statements have been generated from each of these acts of responsible care. Each thematic statement was framed as a parental requirement, for example, Parents are required to protect a child from foreseeable harm, and is an interpretation of the responsibility inherent in each act of care. The accumulated thematic statements give rise to the theme, **Acting responsibly in the care of a child**, and provide an understanding of what it is to care for a child.

There were four distinct dimensions in the parents' responsible care. These dimensions are:

- responding to a child
- providing for a child
- assuming responsibility in the care of a child
- managing the care of a child

These four dimensions of the theme, **Acting responsibly in the care of a child**, are used to organise this chapter. Each of the dimensions are drawn from the intent of the thematic statements. At first sight, a number of thematic statements could have been included in one or another dimension. For example, the thematic statement about protecting a child from foreseeable harm could arguably have been included in either of the dimensions, Providing for a child or Assuming responsibility in the care of a child. In determining which dimension was the most appropriate, the intent and context of the original account from which the thematic statement was drawn were considered. In the aforementioned example, as the parents spoke

about protecting their child, they were more concerned about their provision of protection than counting their protection as an assumed responsibility.

This chapter presents a phenomenological description of parenting as it is found in the responsible acts of the ten parent couples as they cared for a child. As theme, **Acting responsibly in the care of a child**, makes an essential contribution to the full description of first-time parenting.

Reflection and further interpretation reveal that the parents lived as if they existed for their child and their child's care. An understanding of the parents as **being for another** provides further meaning to the parents' experience in caring for their child in responsible ways and an essence in the full hermeneutic description of the phenomenon of first-time parenting.

## 7.2 Responding to a child

The parents responded to the presence and behaviour of their child and to their child's needs in a number of ways. They learned to recognise their child's cues, responded to their child's distress and preferences and adapted to their child's behaviour and needs. Such responses to a child are acts of responsibility. Responding to a child, however, was more than attending to a child in a series of dutiful acts. The parents expressed a compelling awareness of their child and were sensitive and responsive to their child's experience. They persevered in finding the best responses and acted in ways that implied an acceptance of the responsibility to be responsive parents.

### 7.2.1. Recognising cues

In many instances the recognition of their child's cues preceded the parents' acts of care. The parents found they needed to recognise the meaning of their child's behaviour in order to respond effectively. Such recognition was frequently gained through trial-and-error experiences with the parents persevering in their efforts to understand and interpret their child's behaviour. Gerri, for example, did not at first recognise certain of Lucas's behaviours as cues for sleep. She learned to understand his behaviour and could describe the cues which told her that he was in need of sleep,

*... he'll be playing on the floor and he'll start to get mad with a toy, he'll be playing quite happily and then he'll start to get really mad, like as if he's getting really angry, and he starts having, he drops things, and he'll start dropping the toy every time I pass it back to him, he'll drop it, that's time to go to bed now.*

The ability to recognise a child's cues was, in most instances, gained gradually through experience. Jane and Patrick talked about how their ability to recognise their child's cues developed.

*Jane: I'm getting used to him now, I now know when he is tired in the day and wants to go to bed, I know when he wants a feed now, I'm starting to differentiate between his cries if he cries, which is good, though it's taken a while to get to know him ... I can now tell Patrick, cause I'm with him more, I can now say to Patrick, he's tired, he wants to go to sleep, and he will. Patrick, you haven't quite picked that one.*

*Patrick: There's still a couple. I'm getting better at the I-want-to-go-to-sleep one, and I'm really good at the I'm-hungry one, cause it's pretty obvious, and the I've-got-a-sore-stomach one is fairly unmistakable as well.*

In a few instances, the parents were immediately confident in their interpretation of their child's behaviour. With little prior experience they were quite sure of the meaning of their child's behaviour. Gina told of such an instance in her story of an encounter with a telephone counsellor,

*I tried to explain to her, look, she's really in pain, my baby's in pain, agony and she's saying, no, she's just overtired, dear, and I said, no, no, she's not, because I know the cry she makes when she's overtired, I know it, and it's not that, it's a different one and I can see, that it's a pain that's spasmodic, it comes, it reaches a crescendo then it eases off, then, five minutes later it starts again, I mean I know I'm not a midwife but I can see when a child is in pain.*

The behaviour of their child and their ability to accurately interpret it weighed on the parents, particularly in the early weeks. They spoke of recognising their child's cues as if this was a responsibility. They tried hard to be sensitive and responsive to their child's behaviour and demonstrated empathy with their child's experience.

### **7.2.2. Responding to a child's needs and preferences**

The parents, as responsible carers, responded to their child's needs and preferences. They spoke most frequently about their child's need for comfort and their responses to their child's crying. Crying evoked a strong response in the parents in that they usually reacted quickly and purposefully. They found they were unable to disregard a crying child and responded with a range of strategies which aimed to console and comfort. They took into account the cause of their child's distress and drew on their personal resources in finding ways to soothe their child. Gina's description of her way of comforting Gabrielle serves as an example,

*... if you want her to calm down it's got to be like, talk in this really boring monotone quiet voice, okay honey, calm down, go to sleep now, yeah, boring, boring, boring, rhubarb, rhubarb, rhubarb, it works like a charm.*

In comforting their crying child, the parents were responding to their child in a responsible way. Lindsay's account of his response to Tom's distress reveals an acceptance of this responsibility,

*No, I can't please him when he's really tired and Megan's not here ... occasionally he wakes up again, and then I can't please him, there's just nothing you can do but walk up and down for half an hour in the corridor, just up and down, sometimes he almost settles and then he looks at me and, whaah, it's on again ... and when I can't please him any more, just stick him in his backpack and walk down to, to Beachside, and then he's on top of the world.*

The parents' responses to their child's preferences were further examples of parental responsibilities. They were sensitive to their child's likes and dislikes and carefully considered how they might act in accordance with their child's preferences. These thoughtful responses were demonstrated in the provision of solid foods. The parents gave detailed descriptions of the foods they offered and whether their child liked, tolerated or rejected them. Peta's account of Sophie's reactions to particular foods was typical of these descriptions,

*I tried her on a boiled egg yolk but it was too dry and she didn't like it, but she likes yoghurt, avocado, she likes avocados, she hates her cereals, like Farex, mixed cereals, she won't have those, I tried her on a Weetbix the other day and she wasn't, she had some, but she wasn't too sure about it.*

Having recognised their child's preference for certain foods and distaste for others, parents felt constrained to provide food which was more acceptable to their child. This constraint often caused a dilemma about the quality of their child's nutrition. The parents compromised by offering a child's preferred food in combination with food they believed was good or essential for their child. Megan told how she managed Tom's food this way,

*... he'll eat the, he likes the fruit and I mix the fruit up with cereal, cause he doesn't like the cereal, so he has fruit and cereal in the morning and the evening, and at lunchtime I give him some vegetables; pumpkin he likes, but the others he's not keen on.*

Similarly, Deborah explained how she was influenced by Wesley's preferences as she introduced him to solid foods,

*I just started him on some rice cereal to start with, had to mix it with breast milk, and that got a bit difficult, trying to express and so, I tried the water and rice cereal, he wouldn't have a bar of that, so I just started adding fruit to the rice cereal and he liked that so I just continued on with that.*

In their consideration of a child's reactions to food the parents gave thought to the taste and texture of food and often tasted it themselves. Their sensitive responses to their child's food preferences were linked to their recognition of the qualities of food. Gina's description of her responses to Gabrielle's food preferences illustrates these points,

*... she's not wild about her cereals, she has muesli in the morning and she's not keen on it, and I mix it with her soy milk and I have to put in loads of pears or something like that cause she, she just doesn't want to know about it and, mind you, I've tasted it and it's a bit like glue, I can understand why she doesn't like it.*

In responding sensitively to their child's likes and dislikes the parents were acting out of an acceptance of a child's preferences and in accord with their perceived responsibilities as parents. In the two situations described, a child's distress and preferences, the ways the parents acted responsibly have been further demonstrated.

### **7.2.3. Making adaptations**

The parents perceived themselves as needing to adapt to the behaviours and the needs of their child. Such adaptations included accommodating to a child's settling needs and sleep patterns, adjusting to a child's routines and revising ways of caring for a child. These acts of adaptation have been interpreted as responses to a child.

From time to time the parents were confronted with the need to modify their ideas about their child's care. Two main situations were discussed in this regard, and both concerned a child's settling behaviour. In the first situation, the parents experienced a dilemma about allowing their child to fall asleep while feeding. Although they held the view that a child should be placed in a cot for sleep and expressed concern about using a feeding to induce sleep, they frequently did so rather than face their child's protests and distress. The second situation concerned the implementation of controlled crying techniques which require parents to refrain from responding to their crying child for determined lengths of time. Those parents who tried the controlled crying technique in the early months found their child's distress could not be disregarded. They went to their child before the prescribed time had passed. Their need to respond to their child was greater than their resolve to moderate their child's crying. The parents adapted both their ideas and their actions in these situations.

The parents made adjustments to their everyday activities to fit in with a child's routine. The most common circumstance in which parents adapted to their child's routine was in relation to a child's sleep pattern. Each parent couple acknowledged their child's need for a sleeping routine and described how they worked around their child's sleep periods. For example, Paula and Chris believed Andrew needed routine and took this need into consideration in their activities. Paula spoke sensitively of Andrew's need for routine and how she and Chris adapted to it. She explained,

*... while he's little I think it's important for him to be in his routine and feel happy about things, so, we just basically fit around you, don't we, we do things around you (speaking to Andrew).*

Jane and Patrick provided a further example of the ways parents make adaptations in response to a child's needs. Zeb's feeding pattern and need for comfort led his parents to revise their ideas about feeding and the use of a dummy. Patrick described the changes in their thinking,

*... if he wants to go for a bottle, well, he can have a bottle, if he wants a dummy, actually, which is a real pain, I mean, we'd be keen if he'd have a dummy, up front we said we're not keen on him having a dummy, we'd be much happier if he doesn't and we still would so he's not dependent on it, but there are times.*

## **Summary**

As they became knowing and aware of their child and attuned to their child's needs, the parents responded to their child in sensitive and responsive ways. They acted as if they had accepted a responsibility to respond to their child and to persevere in finding the most appropriate responses. They made changes in their everyday lives in order that the best interests of their child were served. In responding to a child in these ways the parents were living as if their child was their newfound priority and they were committed to be responsive and attentive parents.

### **7.3 Providing for a child**

The second dimension of parental responsibility concerns the parents' actions in providing for their child. The parents provided those things which were necessary for a child's wellbeing and sound development. They provided the material resources necessary for their child's care and future. They also provided stimulation and experience, nourishment and a safe environment. The parents' provision for their child was active and tangible. As they provided for their child the parents gave of themselves and their resources, in responsive and self-giving ways. Providing for a child brought the parents to an experience with sacrificial qualities. In each act of provision the parents gave from and of themselves. Such acts of giving and forgoing reveal the parents as generous and willing providers, notwithstanding the costs to themselves.

#### **7.3.1. Providing resources**

Providing care for a child entailed the provision of material resources necessary for a child's care. The parents provided health and medical care, substitute care, equipment and facilities

and for their child's future. In addition, they recognised their need to work in order to provide for their child and their new family.

When a child needed the care of others the parents acted as though they were obligated to provide such care. They were committed to obtaining health and medical care for their child even though, on occasions, they were uncertain whether consultation was necessary or about making contact too often or out of hours. Paula, for example, found it difficult to make frequent visits to the doctor but was convinced that she should seek medical advice for Andrew. She admitted,

*... I have been going to the doctor about things, I just, I find it very hard, I think, oh, I can't go, she's going to think I'm stupid, but I feel like I should go because he's a baby.*

In addition, the parents were unequivocal about their responsibility to provide care for their child when they were not able to do so themselves. This responsibility became an issue for a number of couples when the mothers decided to return to work. In arranging child care the parents were discriminating and careful. For example, Jane and Patrick, made enquiries about a number of child care centres in their quest for a placement for Zeb and Megan placed Tom's name on a list in several centres in order to secure an acceptable place for him. The provision of child care featured strongly in the parents' everyday responsible activities in such circumstances. Taking their child to and from child care often involved them in additional travel, time and effort. For Bella and Matt taking Mark each working day to his grandparent caregivers, required the use of two vehicles and early and late trips. Matt took the view that, as a parent, he had to provide for his child in this way. He explained,

*I work a ten hour day and I have to add that on top, I don't mind but, I leave my truck at my parents' place, and we have the car here, so I jump in the car in the morning and take him there, and then jump in my truck and go to work, and then at night I drop the truck off there and put him in the car and bring the car home.*

Providing care for a child in their absence demanded much of the parents. Fees for child care amounted to a certain proportion of their earnings and transport routines had to be met.

Equipment and facilities, deemed necessary or important for their child, were provided. Furniture, baby care supplies, prams, car capsules and seats, bassinets, cots and high chairs were some of the larger purchases made. Parents could see that their financial priorities had changed and their sense of responsibility had deepened. Murray and Gina described their experience in this regard.



Murray: ... *the whole train of thought's changed from being, before that was the most, Friday and Saturday nights were the most important nights in the whole week and now it's like, Thursday, so that we arrange how we're going to save and pay bills and what we're going to buy, oh, getting all excited cause we bought a high chair last week.*

Gina: *Yeah, I think it's called growing up.*

Providing housing, a home and space for a child was a major concern. Each couple prepared a room for their child. Over the year, three couples purchased new housing and several re-built and renovated part of their home. The parents spoke of the importance of providing a home, not only for their child but for a family. For example, Bella and Matt set themselves a goal of providing an appropriate home for their child and their family. Matt explained the importance of this goal,

*... we're thinking of buying a house and selling this place, get a house where he, you know, we talk about getting a pool, it's not really, as an adult you're not going to use a pool that much but having kids, and instead of them wandering the streets and public pools they can have friends over and, I think we both think alike that way, building a nice, or having a nice comfortable home with everything kids need.*

In taking on the responsibility of providing a home, the parents accepted that they would work, plan, save and forgo their own material pleasures in order to acquire the resources required for a home.

Providing for a child's future was yet another instance in which the responsible provision for a child was undertaken by the parents. As they thought about their child in the years ahead the parents could see they had an essential part to play in their child's future and began to plan their contribution. Their responsibility for education and financial help in the future were the most commonly expressed ideas.

Although the education of their child was a future concern the parents talked about their options in providing the kind of education they wished for their child. They reflected on the importance of education and the parental responsibilities in a child's education. Securing a child's future was also linked to the provision of material help. Several parent couples had already taken steps to help their child in the future through savings and investment schemes.

The parents were interested in providing future experiences which would enrich their child's life. Lindsay, for example, planned to share his ideas with Tom and to introduce him to outdoor activities. He observed,

*... actually, in years to come, I'll probably just try to show, what you think of life, just camping, try to give him a few ideas of what he'd enjoy, he might take up.*

The responsibility in providing resources which would meet a child's needs was readily accepted by the parents. Their acceptance had taken-for-granted qualities. They acted as though meeting their child's needs was inevitable even though it would entail considerable effort. Providing resources was tied to income generation which, in turn, was a consequence of the parents' work and employment. Each couple spoke about work and employment as essential in their new role as providers for a family.

### **7.3.2. Providing stimulation and learning experiences**

The parents provided stimulation and learning experiences for their child in ways that implied they saw themselves responsible for their child's social and intellectual development. These experiences had stimulative and educative qualities. The parents recognised the importance of spending time with a child and engaging in one-to-one interactions. Gerri, for example, resolved to dedicate time to Lucas each day and provide stimulating experiences for him. She described her efforts and Lucas's responses,

*... I try to set aside some time, he needs that contact rather than just to be in the bouncinette or cot until his next feed, so I do that, I try and talk to him as much as possible when I do it, and one day there, I remember he was crying and I started singing and he stopped crying to listen to me, to listen to what was happening and he looked at me, he was really, a really surprised look on his face.*

In addition, the parents arranged for social and interactive experiences with others for their child. The mothers, through their involvement with playgroups, mothers' groups and friends were very active in exposing their child to the presence of other children and people. The parents were convinced their child had an essential need for interaction with others and that they had a responsibility to provide these experiences. Jenny and Kris, for example, were conscious of Mitchell's need to have contact with other children and resolved to find ways to provide such contact. Jenny explained,

*I think it would be good for him to mix more with other children, especially, like in thinking, if he's going to be an only child I would just hate to think that he was missing out because of that, so we'll have to make the effort to take him to places and I've got my niece and nephew who we see a lot, so that's happening.*

While interactive experiences were highly valued by the parents there were other stimulating experiences which they felt constrained to provide for their child. There were many accounts of taking a child out-of-doors in order to provide interesting and novel experiences. Paula, for example, spoke about the importance of taking Andrew out each day,

*... it's just lovely to get out and I think it's also very good for him, he loves it, he's at that stage where he just loves the leaves and everything, I think he gets a real kick out of it, but I find that to be very important.*

All the parents engaged in excursions with their child. The children were taken for walks in prams or back packs. They were taken on bicycle rides, camping and swimming. The swimming experience was, in many instances, provided through swimming lessons. Out-of-doors experience was perceived by the parents to be enjoyable and good for their child.

The parents had a strong interest in providing experiences which had the potential to stimulate their child intellectually. Most particularly, they referred to the provision of books and reading time. Jane, for example, told how she provided reading matter for Zeb,

*... he goes for his own books now, I have them on a little coffee table in the lounge room and he goes and he pulls those down.*

The use of language was held to have stimulating and educational benefits. Several couples were keen for their child to be fluent in two languages, recognising the advantages for their child. Matt and Bella, for example, spoke to Mark in two languages. They told of their activities,

*Matt: ... I don't think he's going to be a genius or anything, but at least he, at least we try to teach him things.*

*Bella: Yeah, we stimulate him, speak to him in English.*

Providing stimulation and learning experiences for a child can be seen as parental acts of responsibility. The parents willingly provided these experiences and, in so doing, further demonstrated a responsibility to meet their child's needs.

### **7.3.3. Providing nourishment**

As they spoke about providing for their child, the ten parent couples emphasised the provision of necessities. In this regard they had two priorities. These were the provision of appropriate nourishment and the provision of protection and safety. In these two priorities the parents provided care which was essential for their child's survival and wellbeing.

The provision of appropriate nourishment occupied much of the parents' time and attention and was a major experience in their year. Each child was provided with frequent breast feeds in the early months. The provision of milk by each mother was a thoughtful decision which reflected an appreciation of the benefits of human milk. While lactation and breast feeding were not always easily accomplished, the mothers were convinced they should give their child the best nourishment they could provide. The fathers were generally less concerned about the method by which their child was fed. They were, however, accepting of their child's need for human milk and supportive of their partner's efforts to establish and maintain breast feeding. Most

parent couples recognised the immunological advantages of human milk and spoke about the importance of not exposing their child to allergy-inducing substances in formula feeds.

The notion of parents being required to give and forgo was powerfully represented in the provision of sustenance by each mother. In the many acts of breast feeding each child was provided with essential nourishment and, in providing such nourishment, each mother gave up a number of social and personal freedoms. Breast feeding, in addition, was physically demanding. Paula and Peta commented on the physical effects of breast feeding.

Paula: ... *he's taking a lot of energy from me.*

Peta: ... *It's quite draining actually, breast feeding, it takes a lot out of you.*

The initial and continued provision of milk for their child was related to the responsible sensitivity of the mothers. While breast feeding was said to be undertaken primarily for its nutritional and immunological benefits, the mothers were aware that acts of breast feeding provided other benefits for a child. Paula described these aspects of breast feeding,

*... I just feel really good that I'm doing it for him, just really nice, it's really quite nice, I mean, I really quite like it, he settles down when you feed him, it's just lovely.*

The mothers were deeply aware of the need to provide nourishment, comfort and protection for their child. They acted as self-giving and responsible parents in their provision of breast milk and lived as if their existence was directed to the wellbeing of their child. The giving of breast milk is a dynamic example of the ways parents can exist for a purpose beyond the self.

As they endeavoured to establish and maintain lactation the mothers were often required to persevere. They encountered difficulties such as nipple soreness, leaking and engorged breasts and problems with a baby's inability to latch onto the breast and suck effectively. Megan's account is an example of such difficulties and how a mother perseveres with breast feeding,

*... I thought the feeding was more instinctive than it was, I didn't realise it was such a big thing for them, that they had to go through the thing of learning how to suck, cause he didn't suck till about day five, he didn't open his mouth till day four, and, they seemed to think that he just didn't know how to do it, I didn't realise it was going to be such a struggle ... it was a real fight every three hours, I'd think, oh, no, not again, and, but as soon as I realised what the problem was, then it was fine, so now he feeds well.*

The responsible perseverance with breast feeding was related to a commitment to provide the best for a child and to a belief in the importance of not giving up. Jenny, for example, had a deep commitment to breast feeding. She persisted with it, almost to the exclusion of anything else, in the early weeks. Most mothers found breast feeding challenging at first and they and

their partners agreed that successful breast feeding required determination and persistence. When Jane and Patrick reflected on the beginnings of breast feeding they could see Jane's determination was central to success. Jane was able to describe her drive,

*... it was that real stubbornness that I've talked about before, that I wasn't going to give in to this, there was something, it was something I had to do.*

In persevering with early problems of breast feeding and in maintaining breast feeding over time, the parents' commitment to responsible parenting was further demonstrated.

Breast feeding was maintained for differing lengths of time. The decision to give a child formula, however, was not taken easily by those who made the change to bottle feeding in the first few months. Their decisions were based on a child's slow weight gain or lack of contentment. These parents had reached the conclusion that bottle feeding was in the child's best interests and that adequate nourishment required an alternative to breast feeding. Decisions taken later in the year to change to bottle feeding were related to the mothers' return to work. In keeping with their original convictions about the benefits of breast feeding, these mothers maintained some breast feeds even though their child received other milk in their absence.

Other forms of nourishment were provided by the parents as their child developed. The parents provided a nutritious and varied diet. They spent time and effort in food preparation, introduced new tastes carefully and offered increasingly solid foods to their child. Their own meals were frequently interrupted and delayed by their child's feeding. The parents were tolerant of the messy, unappetising aspects of feeding a child. Jane and Patrick gave an example of how parents put their own preferences aside as they provided new foods for their child.

*Jane: We've been introducing him to new things, he's had fruit, he's had pear and apple, and he's had potato and pumpkin and banana and avocado.*

*Patrick: Mashing banana bears the mark of true parental life.*

*Jane: Yes, that's true, Patrick and I both loathe mashed bananas.*

*Patrick: Mashing all the other things is all right, but bananas are a real psychological down to me.*

The provision of appropriate nourishment for a child was an area of responsibility given a high priority by the parents. They generously supplied nourishment for their child and gave of themselves in the process.

### 7.3.4. Providing protection and safety

The parents were clearly aware of their child's dependency on them for survival and wellbeing and of their responsibility to keep their child safe. They gave thought, time, energy and of their resources in ensuring their child was protected from harm. The parents acted as protectors, acknowledging present dangers and future harm. There were two main concerns related to a child's protection and safety. These were immunisation and the physical environment.

Each child was immunised with the recommended series of vaccines, most of which were given by injection. The parents knew about the risks of immunisation. Taking a child to be immunised was an emotionally difficult experience for them. They believed they should provide this protective health measure for their child, but it involved them in a feared and distressing series of events. They approached the immunisation of their child with conviction, resignation, anxiety and dread. With each vaccination event the parents tolerated a threat to their security and emotional equilibrium. Their anxiety and distress was revealed in their anticipation of an immunisation injection and in their feelings at the time of the injection. For example, Peta said she "... *was really, really scared*" before Sophie's first vaccination and, in anticipating the next, stated, "*It's really nerve racking, oh, god, I hope, I hope nothing happens*". Gerri found the injection experience at a local clinic deeply upsetting. She admitted, "*I almost felt like crying myself*", as she described her distress at the screaming of her own child and the other children at the clinic. Inflicting pain on a child produced anguish in all the parents. In Jane's and Patrick's account of their experience of Zeb's first vaccination their trepidation and fear are evident.

*Patrick: I think we had the worst time with that, we went in on Saturday morning for the needles.*

*Jane: I made the appointment for Saturday morning, cause I said, Patrick had to come with me, I wasn't going on my own.*

*Patrick: So I had to hold him while the needles were there and the doctor, and she got out the syringe and the packet and I just looked at this needle and the point on it, it went for about, it just extended for about eighteen inches, and I thought, oh, it will go in one side and out the other.*

*Jane: I couldn't watch.*

In acting responsibly, the ten parent couples provided the protection that immunisation offers a child. For each couple the act of protecting a child through immunisation was other-directed and carried an emotional cost. The wellbeing of their child took precedence over all other concerns, even fear and emotional distress.

In order to protect a child from the dangers in the everyday world the parents directed themselves to the prevention of harm and injury which might arise from their child's interaction with the environment. While they took safety precautions as they transported their

child and were watchful as their child became increasingly mobile it was the provision of safe spaces in the home which mainly occupied their thoughts and actions. They could see, even early in the year, that they would need to safeguard their child in the potentially harmful environment of the house. The parents looked about their home, nominated the hazards and talked about their actions to prevent their child coming to harm. In providing their child with a safe environment they gave up, in many instances, their own comfort and aesthetic pleasure. Objects and treasures were removed or placed out-of-reach. The parents spoke of their efforts, at the end of the year, to teach their child about harmful objects in the home. In their efforts to keep their child safe they often had to persevere against a small child's determination to continue to touch and explore in risky situations. Jane explained how she managed this situation,

*... often what he wants to do, is quite dangerous, like playing with the stove, I mean, I, I've had to start smacking his hand and he just ignores it, so I don't know what to do other than removing, I have to remove him physically from places and distract him.*

## **Summary**

In providing for their child the parents acted responsibly. They accepted the responsibility for providing care and acting as providers for their child's many needs. Providing for their child carried demands and costs. The parents responded to the requirement to provide for their child in self-giving ways, placing their child's needs before their own and applying their energy and thoughtfulness to their child's wellbeing.

### **7.4. Assuming responsibility in the care of a child**

Assuming responsibility in the care of a child, the third dimension of responsible care, describes the acts and attitudes of the parents as they assumed responsibility for their child and their child's care. In addition, the parents assumed responsibilities in keeping with the role of parents. They cared for their child as if they were bound to act as responsible mature people.

#### **7.4.1. Assuming responsibility for a child**

In assuming responsibility for their child the parents acted as though they were required to accept their child and all that made up their child. One way the parents enacted this acceptance of their child was through their efforts to accept and understand their child's behaviour. They provided reasons and explanations for their child's behaviour, as if responsible parents are required to make sense of their child's experience. In many instances the parents described

themselves as knowing what it was that their child had experienced. Megan's interpretation of Tom's experience is an example of this parental knowingness,

*... I don't have to be particularly loving, I just grab him like that and he looks at me and he stops crying, I don't have to be a particularly loving mother, he just knows, that it's suddenly all safe again.*

The interpretation of their child's behaviour by the parents held elements of empathy. Parents became empathically involved in their child's experience in ways that suggested they had a responsibility to be sensitive and understanding. An example of responsible empathic understanding is found in Patrick's account of giving Zeb a teddy bear at bedtime,

*... they wake up at night and they don't know how to go back to sleep themselves, cause things are different, so now when he goes to bed he's got teddy and he wakes up, you often go in, in the morning, and you'll find that he's rolled over and he's still got teddy, he's rolled back and forth, so obviously he wakes up and the furry one's there, so he can, he feels confident to go back to sleep again.*

Another way the parents demonstrated their acceptance of the responsibility for their child was in their acceptance of their child's needs and functions. In being aware of a child's nutritional needs, for example, parents behaved as though they were responsible for meeting these needs as part of their larger responsibility for their child. Similarly, when the parents were aware of and interpreted changes in their child's physiological function they were acting as if they had a responsibility for accepting their changing child. Jane's account of her awareness of such changes illustrates this point,

*... he is a little erratic with his solids, he was doing well for a while, and then he went off food almost completely a couple of weeks ago when I thought he was getting his teeth, that was the other sign, I thought, oh, this is good, he's off his food, his nappies are yucky, this is good, this is good.*

When the parents accepted their child as a complete being, they were reflecting their acceptance of responsibility for their child. Assuming responsibility, in this sense, is the taking-on of a child and all that makes up a child.

#### **7.4.2. Assuming responsibility for the care of a child**

The parents were involved in numerous activities directed to the care of their child. These activities, necessary for a child's wellbeing, were indications that the parents had assumed the responsibility for their child's care. They demonstrated their assumption of this responsibility in four main ways. They monitored and managed their child's health care, ensured their child's growth through good nutrition, held themselves responsible for their child's social development and emotional wellbeing and committed themselves to giving the best care they were capable of giving.



In taking responsibility for their child's health care, parents watched over their child and took actions when they were convinced it was necessary or when they were concerned about their child's health. They were alert and observant as they monitored their child. Colin described this as an on-going watchfulness, "... you still have to keep a very close eye on him though, when we put him down, check him fairly regularly."

The parents spoke about their need to pick up signs which might denote illness and how they developed a knowingness about their child. They made use of health services, particularly when they were uneasy about their child's health. Jane's account illustrates the responsible approach of parents to monitoring and managing their child's health care,

*... I took him to the doctor, just to have a look at him, cause I was, there was just something not right about him, and he actually had an ear infection, so, he had antibiotics, and we held off his immunisation, that's something now, I can pick up when he's not quite right, when he's not quite himself.*

The parents were very aware that a child might have an untoward reaction to immunisation and were especially watchful for such signs. When a child was not well, the parents gave their child's care a high priority. They sought medical help and often re-organised their activities. Megan's response to her child's illness is a telling example,

*... about the second day I'd had him in child care, and they phoned me up, up about ten o'clock and said, do you know he's got a fever, and I said, no, I hadn't known, I mean, I thought he was hot, but the days have been so hot, and they get so hot, and then they, he had a fever, so I said, right then, I said, I'll come and get him at lunch time, and put the phone down, and I thought, oh, no, I can't wait till lunch time I'll go and get him now, and I left work, just brought him home.*

Assuming responsibility for their child's care was further demonstrated in the parents' commitment to their child's nourishment. The mothers believed they had a responsibility to provide breast milk and to persevere with breast feeding, even when there were initial difficulties. Perseverance featured, too, in the decision to maintain breast feeding when a mother was not personally at ease with the physical experience of breast feeding and, later, when the presence of a child's teeth caused some painful moments. There were further examples of the assumption of responsibility by parents in their alertness to a child's response to foods and, in particular, new foods. Jane and Patrick, for example, acknowledged several factors which they needed to take into account as they introduced new foods to Zeb. Jane explained,

*...we've got a history of allergies, food allergies, and I'd been very aware of, about introducing anything other than breast milk ... and I suppose he was about four and a half months before I started, and I've been very wary and very slow to introduce new things ... so far he's been quite good, but I'll still be, I'll be very careful introducing any, sort of, milk products, like cheese, because he has a definite sensitivity to lactose.*

The parents' commitment to their child's social development and emotional wellbeing was a further example of their assumption of responsibility. The importance of discipline and teaching a child social behaviours were broached as if they were expected parental responsibilities. How to discipline a child was, however, problematic. Colin's comment, "... *our question now is, how to discipline*" was characteristic of the parents' concerns. Parents made efforts to dissuade their child from unacceptable behaviours, saying "no" in firm, strong tones. Some parents used mild punishment such as a raised voice or a small smack. Matt spoke about his ideas in this regard,

*... if he touches the electricity he gets a slap on his nappy ... it's all right, he'll learn, at least he knows what it is, it's not like you hurt him, it's just discipline, just give him a little tap.*

Others, while committed to the idea of discipline, used direction or distraction in shaping their child's behaviour. Paula and Chris talked about Andrew who, at twelve months, understood what his parents were saying to him and how they used his ability to understand directions to teach him social behaviours. Paula's account reflects an assumed responsibility to teach a child how to behave in the world,

*... and I can say now, when he has his drink, sit down, and he sits down to have his drink, cause I'd like him, I'd like him if he's ever at anyone's house, he doesn't drink while he's walking around and things, that he sits in one spot and has something to eat or drink, so you try to, so that you can do the right thing by them.*

The parents demonstrated diversity in their approach to discipline and teaching their child acceptable social behaviours. Their acceptance of responsibility for their child's social development and emotional wellbeing is revealed in their actions and care.

Each parent couple engaged in activities which placed their child in different environments and, in so doing, demonstrated their acceptance of a further area of responsibility in the care of their child. The parents acted as though they were introducing their child to the wider world. They engaged in two main activities which symbolised their child's entry into and participation in the social world. Several of the children were baptised. The baptisms were carried out in formal ceremonies and celebrated by families and friends. These occasions reflected the parents' beliefs and their view of social life. A child's baptism held particularly importance for the wider family and friends. Bella and Matt, for example, in accepting the responsibility for their child's admission into the faith of their families, were required to arrange the baptism and host a substantial celebratory gathering. The first birthday of each child was marked as a social occasion and celebrated, again, with families and friends. In Paula's and Chris's case, Andrew's birthday was celebrated with other one-year-olds in a combined party. Paula described the occasion,

*... and we just had a big joint first birthday party for them all, with all the dads as well, and we went down to Harbourside reserve, all of us and had a picnic and sang happy birthday to them all, it was really lovely.*

The parents, in recognising and celebrating the important social occasions in their child's first year were accepting the responsibility of introducing their child into a social world. They acted in a taken-for-granted way, as if there were aspects of the care of their child which were determined by the social world in which they lived.

As the parents talked about their actions and attitudes of responsibility in the care of their child, they indicated that they held themselves responsible to give their child the very best care. Doing the best for a child was an important goal and many of the parents' actions were directed to this end. They spoke about how they put their child first, in that they attended to their child or considered their child's needs before their own. Several parents mentioned, in the early interviews, their commitment to giving their child a good start. It was, however, in the decisions made in their child's best interests that the parents' assumed responsibility to do their best for their child are most clearly seen. The parents, in recounting their decisions about feeding, immunisation, crying and settling, health care, advice and equipment, included the reasons for their decisions. Their decisions were, in each instance, driven by their determination to give the best care possible.

Even so, the parents were not always sure what was the best care. They often made and re-made decisions. Controlled crying was frequently mentioned in this regard. Most parents acted in accordance with their understanding of their child's needs and not in accordance with the technique. In these instances the parents acted as though they were compelled to seek the very best solution and outcome for their child. It was difficult to know which was the best decision at times. Bella, for example, described her uncertainties in making the best decisions about Mark's care. She earnestly hoped that her judgement was good, “... *I pray every night that I'm doing the right thing.*”

#### **7.4.3. Assuming responsibility in the role of parents**

A number of the parents' actions and attitudes of responsibility can be seen as pertaining to the role of parents. The parents believed they should be well informed and become skilful in their child's care, committed to their child, support and help each other and manage their affairs in responsible ways.

The care of a first child placed new demands on the parents in that they needed to learn about child care and how to give that care. Bella, for example, was determined to be well informed especially when she was subjected to conflicting advice from a number of people. She explained,

*... everyone's, sort of, giving me all this advice and taking away my confidence, and I'm thinking, no, no way, here's my books, I'll go on my research, get lost.*

In speaking about how she and Matt hoped to rear Mark, Bella declared, "... we're trying to learn all these things about upbringing children". Learning about a child and its care was an ongoing responsibility which, at times, had implications for a child's safety. Paula, for example, explained how she informed herself about what was safe for Andrew,

*... so I just gave him Panadol and, and read up on what I was supposed to be doing, I always look in the books as to what I'm supposed to be doing, and I read the paper [for] Panadol.*

The responsibility to be informed and skilful was in keeping with the parental role. There were times when learning the skills of parental care required extra effort and thought. Colin gave an example as he discussed his immediate responsibility to act as a parent,

*... it's purely a current event, for looking after him and that the responsibility's at that point, and in some cases I've got to learn a lot more about looking after him than Deborah does, like last weekend I fed him and all the rest of it, but I didn't give him enough fluids or alternatively if we go out in the afternoon I should get him back for an afternoon sleep, I never do, we always get back far too late from somewhere.*

Although being informed and skilful was consistent with the role of parents so, too, was the commitment the parents made to their child. They frequently commented on the importance of being committed to their child or gave instances in which commitment motivated their actions. While there was a taken-for-grantedness in the parents' commitment to their child, it was held to be a large responsibility and viewed with a deal of seriousness. Chris described parenthood as, "... a pretty heavy commitment". Matt thought commitment involved a never-ending effort, "I don't think you can do enough for them really". As Gerri and Ken looked back over the year they could see how pervading their commitment to Lucas had been. Gerri described their experience,

*... the whole first year has been like a real time capsule in itself, there's so much all for the baby and everything you do.*

The depth of commitment and responsibility in the role of a parent was poignantly described by Peta as she talked about Sean after he left,

*... he knew what it was going to be like before we had her, he knew it would be sacrifices and stuff and it's not, it's not like that you can give her away or, once you've got them, it's not ten months, as far as I'm concerned you can't decide ten months later that you just don't like it and walk out.*

The parents viewed commitment to the parenting role as a responsibility which had both immediate and long-term qualities.

There were, too, other commitments which were associated with their role as parents. These included their support for each other and the responsibility for them to share the care of their child. Supporting each another was a particular responsibility for the fathers. Most fathers observed that while they were not able to do much for their child, particularly in the early weeks, they could and should support their partners. Kris's explanation of his experience is an example,

*... so at the moment I really feel more like a husband than a father is ... cause I can't, like I don't feel that, that absolute control over the baby, whereas I'm more supportive of Jenny.*

Another way the fathers provided support was in their establishment of a secure environment for a mother and their child. Their support and protection seemed to facilitate a sense of ease in the mothers.

Support by the fathers for their partners also featured in their understanding and encouragement during the establishment of breast feeding and their willing presence when their child was immunised. The parents, however, spoke most frequently about their commitment to sharing their child's care. Penny and Steve, for example, were clear about their responsibility in this regard. Penny said, "... *it's something that definitely you both share ... you definitely share*". Sharing the care of a child meant, in the main, sharing the tasks in child care. Putting a child to sleep, feeding and getting up to a child in the night were the main shared tasks. The parents also included nappy changes, bathing, soothing, taking out, playing with and keeping a child amused as shared tasks. While there were, at times, elements of negotiation in the sharing of tasks, the parents for the most part spoke of sharing tasks as a taken-for-granted arrangement between them. Patrick's observation is an example,

*I've been especially careful to pull my fair share as well, it's not something that I consciously think, oh, god, I have to get up at three o'clock and change his nappy because, because I have to, I mean, it's not a burden on me at all.*

A number of the parents noted that sharing a child's care was influenced by which of them was the most adept at a particular task. Jane and Paula, for example, told how the settling of a child was better accomplished by their partners.

Jane: ... but what we found is, if I was getting up to him in the night, he'd want milk, and he'd take a long time to settle, like I'd be taking fifteen to twenty minutes for him to settle back down again, whereas if Patrick went to him, it might only take two minutes to settle him, five or ten minutes.

Paula: ... even things like resettling him if he wakes in the night, Chris can do it and I can't, I can't do it, he won't resettle for me, I think mainly because he's still being breast fed and he thinks he wants something to eat, whether he smells it or something, I really don't know, but Chris can go in there and I can hear him saying, it's all right now, and pick him up and everything and boomp, back down again, whereas I could go in there and spend four hours trying to resettle and he just would not go back to sleep.

While there were circumstances which influenced the way parents shared the care of their child, their sharing of child care tasks maintained a major place in their day to day lives. In addition, they shared other tasks in the running of their home and lives. Shared household tasks were most likely to be cleaning, cooking and washing. Very often shared tasks were combinations of child care and household chores. It was as if in taking on the parental role parents shared the responsibilities of everyday living. Lindsay summarised this responsibility and its taken-for-grantedness in his description of the way he and Megan managed their child's care and other responsibilities. He explained,

*... cause you share it after a while, it's may be not so much for the other to have responsibility with him, but just responsibilities in the, generally in the household, somebody's looking after Tom, just gets him going, and somebody's probably doing the dinner or washing up.*

The parental role held one further responsibility for the parents. The management of their finances was considered to be an important responsibility and one which had assumed greater significance with parenting. Ken, for example, in contrasting the lifestyle he and Gerri maintained before Lucas was born and the one they presently had, could see they had become more serious about their financial management. The parents made efforts to be prudent in their spending and to plan their finances carefully in order to meet financial responsibilities. Sean, explained that although he and Peta did not have financial problems, they needed to manage their money differently, "*... the financial side is re-organising everything to get it together*".

The parents, in adopting the parenting role, carried out a number of parental responsibilities which they readily accepted. Their acceptance had a taken-for-granted quality in that the parents spoke about their actions and attitudes as if they had not consciously considered alternatives. They, however, perceived their parental responsibilities in the role of parents as serious and important.

## Summary

From the parents' accounts of their acceptance of a child, the care of that child and the role of parents, a dimension of parental endeavour, assuming responsibility in the care of a child, has been described. Throughout their experiences in taking on such responsibilities it was as if the parents knew that having a child meant having a responsibility for that child, its care and for their parental acts. Such taken-for-grantedness contributes to the description of how parents assume responsibility in the care of a child and live as responsible parents.

### 7.5. Managing the care of a child

Those actions which were directed to managing a child's care make up the fourth dimension of responsible parental care. In managing their child's care the parents planned and organised, managed routines, organised activities and took charge. They accepted the requirement to be organised as they cared for their child and to manage their everyday activities in the interests of their child's wellbeing.

#### 7.5.1. Organising care

The parents readily acknowledged that organising their child's care was fraught with contradictions. On one hand, they found it was impossible to organise a child's feeding, sleeping and contented behaviour according to a prescribed schedule. On the other hand, they claimed they had to organise the daily care of their child in order to cope with the demands of parenting and everyday living.

Organisation required forethought and planning and the parents' subscription to this idea is seen when a number of parents referred to the experience of going out with a child. Gerri explained, "... you've got to make sure you've got everything ready and everything packed" while Colin spoke about the need to plan ahead, "... you've got to have your plan before you go anywhere". On those occasions when the parents went out without their child they planned the outing well ahead of time and organised their child's care before leaving. Such organisation took time and effort. Megan gave an example,

*When we were going out Saturday night it just took so long to organise everything and then I have finally five minutes to hurriedly get dressed and then you're off.*

Attention to forward planning and organisation was required when both parents were at work and their child was taken to other carers during the day. The parents could see that without such organisation their child's care could be jeopardised.

### 7.5.2. Managing routines

Although efforts to impose a schedule of daily activities on a child were, for the most part, unsuccessful, the parents found that their child preferred some sort of routine. This preference was usually indicated by the child but establishing a routine required thoughtful management and flexibility on the part of the parents. Paula's account demonstrates these points,

*... if I can possibly give him the routine that he likes, then things are an awful lot easier for that, the rest of the afternoon, that night, even the next day, he gets thrown so easily if things aren't quite as he, as he likes.*

Routines revolved primarily around a child's sleeping pattern. In their accounts of helping a child establish and maintain a routine the parents referred to their efforts in establishing regular and predictable periods of sleep. They tried to put their child down to sleep at consistent times. They used cuddling, feeding and the controlled crying technique to induce sleep within a routine. It was important not to disrupt a child's sleep routine and the parents arranged their activities to fit in with their child's sleep periods. Gerri gave a typical description of such parental consideration,

*... and now, I'd never wake him up, if I want to go anywhere or I want to go and do some shopping I always wait until he wakes up himself.*

The parents believed that routine was good for a child and that when a child was in a routine their everyday lives were more manageable. The good effects of a routine were valued, especially when compared with the effects of a disrupted routine. Murray rued Gabrielle's loss of routine during their holiday, "... she got really out of her routine when we were in New Zealand, like completely ruined". Gabrielle needed more attention and was unsettled, especially at bedtime, until her routine was restored. Because routine assumed such an important place in the care of their child, the parents directed serious thought and energy to establishing and maintaining a daily routine. They were responsive to a child's need for routine and persevered in its establishment and maintenance. Managing a child's routine was a responsibility which the parents were required to maintain.



### 7.5.3. Organising activities

Managing their child's care involved the parents in organising both their child's and their own activities. In many instances a child's activities and those of the parents were one and the same. The parents, however, organised certain of their child's experiences as if they were discrete responsibilities. Such experiences included time with a child, outings and social occasions.

The parents, too, tried to organise their own activities in such a way that the wellbeing of their child was not disturbed. The most common instance can be seen in the way the parents organised their child's care and household work. There were difficulties in caring for a small child and completing household work but the parents tried to manage both responsibilities. A number of mothers talked about planning their household work and 'working around' their child. The fathers, too, undertook personal re-organisation in their child's interests. Colin, for example, in the early months finished work earlier in order to be home to share in Wesley's care. He explained,

*... there's a different pattern of events now that Wesley's here, previously it's be getting home and watching the news and now it's getting home and organising to bath Wesley.*

Several parents organised their work hours to fit in with the needs of their child. Managing the activities of both their child and themselves was a recognised responsibility which the parents accepted with forbearance.

### 7.5.4. Taking charge

The parents described how, at times, they adopted a Being-in-charge approach as they managed their child's care. They told of their need to maintain control, especially in regard to their child's behaviour and their response to it. Later in the year the parents spoke about tantrums and how they might best manage them. Jane recounted such an event,

*... he just threw a full-on tantrum, he flung himself, he started taking off, and I went to bring him back and he pulled himself away from, he pulled away from my hand, flung himself down on the ground and he started to cry and I stood there and looked at him for a few seconds and I thought, oh, then I picked him up, tossed him over my shoulder and, no, you're too little for this, I'm not getting into this one yet.*

Several parent couples found that a Being-in-charge approach had a positive effect on their child. In Gina's account of her assertion of control the calming effect of such an approach is apparent,

*... and I thought, wait a sec, I'm in charge here, I'm the mother and I went in and I picked her up and I put her over my shoulder and explained to her, I'm the mother and I'm in charge, I run your life, you don't run my life, okay, now what I say goes and if I say you go to bed, you go to bed. Seven seconds later she was asleep on my shoulder.*

The experience in taking charge, while not a major issue in their management of a child's care were acts of parental responsibility nonetheless.

## **Summary**

The parents acted in mature and responsible ways as they managed their child's care and, in so doing, further demonstrated an acceptance of responsibility. In their acts of organisation, maintenance of order and taking charge the parents acted as responsible parents in that they directed their energies to orderly and consistent care for their child and subsumed their own routines and activities to that purpose.

### **7.6. Summary and conclusion**

#### **7.6.1. Ways of acting responsibly in the care of a child**

The parents in the study have revealed that the care of a child is made up of many responsible acts to which they held themselves bound to carry out. The responsible acts of caring for a child held taken-for-granted qualities. It was as if the parents could not but care for their child in responsible ways and as if looking after a child was an essential and expected undertaking. There was no such reality as not caring for a child. To have a child was to care for a child.

The theme, **Acting responsibly in the care of a child**, as the description of the parents' experiences in caring for their child is made up of four dimensions of parental activity. The first of these dimensions, **responding to a child**, has revealed the parents as other-centred people who directed themselves to the needs of their child. They seemed to be engaged in a compelling shift in priorities in which their primary concern was to accurately interpret their child's needs and respond to them with good care. In so doing, they became finely tuned to their child's state of being and became expert at understanding what they needed to do to for their child in a range of circumstances. In **providing for a child**, the parents accepted, without question, the requirement to make provision for their child. They made prodigious efforts to provide all that was needed for a child's optimal growth and comfort. Such provision was not confined to the supply of material resources. The parents provided experience and security, believing they were responsible for their child's personal development and safety. Above all,

they acted as though they were convinced that their child's survival and wellbeing was in their hands. Providing for a child held elements of sacrifice whereby the parents put their needs and desires to one side and concentrated on meeting the needs of their child. A child's need to be provided for cut deeply into the parents' freedom, choices and self-gratification. The parents, in **assuming responsibility in the care of a child**, accepted their child, generally without condition, and the requirement that they care for their child. They saw themselves as having new and awesome responsibilities which they, however, acknowledged in a taken-for-granted way. In their acts of responsibility the parents were revealed as mature, accepting and giving people who acted in the parental role and who were committed to being good parents. **Managing the care of a child** describes the ways the parents took on the organisation of themselves and the care of their child. Each couple strove for an amount of order in circumstances which were often chaotic and unfamiliar. They held to a notion that good management would help them through and, at the same time, be in their child's best interests. The parents concluded that good care required forward planning, keeping to a routine, organising themselves in adaptable ways and maintaining order. **Acting responsibly in the care of a child**, as a theme in the description of the experience of first-time parents, reveals the ways parents live as if they are predetermined to care for their child and their essential purpose in the world is the child they share.

**Acting responsibly in the care of a child** has emerged as an essential component and theme in the experience of parenting for each of the ten parent couples. First-time parenting is, therefore, partially revealed in the responsible actions of parents as they care for their child. Further, as parents carry out such responsible acts, directed to the care of their child, they are parenting and being parents. It can, therefore, be said that a full description of parenting must include the responsible care of a child by parents and it can also be claimed that a phenomenological description of parenting is dependent on an understanding of what it is to act responsibly in the care of a child. Parenting, therefore, is only fully revealed and understood when the description and interpretation of acting responsibly in the care of a child is available.

#### **7.6.2. Being for another**

The parents, in caring for their child in responsible ways, were living as if they existed for their child. They were preoccupied with the many tasks and orientations necessary to ensure that a child would survive and thrive. Not only were they absorbed in caring for their child they were determined that their care would be of the highest standard. They worked hard, used their imagination and problem solving processes, endured privations and discomforts, acted

courageously and remained constant in attempting to succeed in their goal. In living in this new and extraordinary way the parents are revealed as **being for another**. The description of the parents' lived experience as **being for another** brings to the full description of the phenomenon of first-time parenting an essence in which the meaning of first-time parenting is further revealed. The phenomenon of first-time parenting, the experience in which parents live as though captured and enraptured, is manifested in **being for another**.

## Chapter 8

# Interacting with others as parents of a child

*I don't know what I would have done without Mum. (Jenny)*

*... you feel like you could go and talk to them about anything ... (Megan)*

*I found I wasn't the only one who felt the way I do. (Jane)*

### 8.1. Introduction

As the ten parent couples talked about their experiences as parents over the first year they frequently referred to their interactions with others. They told of their encounters with others and the events and experiences in which others featured. The theme, **Interacting with others as parents of a child**, has been constructed from the messages in these accounts. The essential message in each reference to others was written as a thematic statement. Each thematic statement, therefore, was an interpretation of the parents' experience in interacting with others. The full complement of such thematic statements constitute the substance of the theme.

It is clear that parenting over the first year is not carried out in isolation. The parents interacted with a variety of individuals who played a part in their function as parents. They experienced different ways of relating with those who already were part of their social world. Their interactions with their own parents, family members and friends took on new directions and qualities. The parents made many new contacts. These contacts included health professionals, other parents and members of the community who provided a range of services and experiences in which the parents interacted and exercised their new role.

There were three distinct groupings of people with whom the parents interacted. These groups have been used to organise the chapter. They are:

the extended family

health professionals

others in the community

The parents' interactions with the extended family were the most frequently described. **Extended family**, is used to describe all members of the parents' families, including their own parents. The term, **extended family**, distinguishes between the parents' families and the new family to which the parents referred in their descriptions of themselves and their child. The next two groups, **health professionals** and **others in the community**, had approximately the same amount of attention as each other in the parents' accounts. The **health professionals**

group includes nurses in community health services, doctors and midwives. **Others in the community** refers to the parents' friends, other parents and community members.

This chapter presents a phenomenological description, drawn from the parents' conscious experience of parenting in their interactions with others in their child's first year. The theme, **Interacting with others as parents of a child**, is one component of the larger experience of first-time parenting and as such contributes to the full description of first-time parenting.

In addition, reflection on the parents' experiences in **interacting with others as parents of a child** yields the hermeneutic description of parents as **being as parents in the world**. As essence, **being as parents in the world** offers understanding of what it is to be as parents who live and interact in the world around them.

## **8.2. Interacting with the extended family**

The interactions between the parents and the extended family held two main interests. Most interactions were concerned with the parents and members of the extended family, while others were directed to the extended family's involvement with a child. This section is organised according to these two interests.

### **8.2.1. The parents and the extended family**

In the parents' accounts of their interactions with their families over the year their appreciation of family support was the major message. In particular, the parents appreciated the practical help and understanding given by their families, more so in the early months. Such support was particularly appreciated when there were problems and difficulties. Jenny and Kris, for example, were deeply grateful for the help Jenny's family provided when feeding problems were causing great concern. Jenny described the way her family provided help and her feelings about their support,

*... Mum just took over, did all the washing and everything, cooked the meals, I just put my feet up, kept drinking cups of tea and trying to eat and rest and do all that and, Caroline, my sister, actually, she put the needs of my baby before hers, cause she's working and she'd come home and she'd express milk and really not have enough for her own baby, but she said, he'll be right, he'll survive and, just those little things, I can never really repay, so I've, I've been so amazed at how the family has pulled together in this.*

Other instances of practical help to which the parents referred involved help with their daily activities and with child care and child minding. Several parents mentioned the help they received in the early weeks when a parent's mother came to stay or provided daily support.

Gerri talked about how supportive she found this type of help and commented, *"I've been really lucky"*, when she considered the good start family support provided. Families were also involved in helping in this way when a parent was unwell. Child minding by families was greatly appreciated and provided the parents with short breaks from the constant care of their child. Paula, for example, talked about how she appreciated visiting her parents and the respite they provided,

*... she [Mum] and Dad they've just been such a, it's so nice sometimes just to go there, and Dad just says, oh, I'll take him for a walk, it's lovely to sit, know he's in good hands.*

Practical help extended to helping in a number of other ways. The extended families provided holiday visits, accommodation during renovations and illness, and assistance with renovations. Many parents spoke with a sense of confidence about the availability of the extended family's help and support. Megan's thinking about her visit to her family is an example,

*... we really notice it, not having family here that you can leave him with, and after a year I thought I really could do with a break, to be a bit spoilt, someone to look after me cause I've looked after him all year.*

In each of their accounts of extended family support the parents recorded their heartfelt appreciation and acknowledged the effect of such help in their everyday lives. Matt, for example, recognised his good fortune in belonging to a family which was committed to helping its younger members and observed, *"If you've got a family that helps it makes a difference"*.

The parents also spoke about the value they placed on the presence and the availability of the extended family. Accounts of sadness and regret, when the extended family was neither present or available, affirmed this value. Deborah and Colin, for example, expressed regret at the lack of family presence and involvement. Deborah believed her feelings of sadness in the early weeks were directly related to her limited contact with her family. She spoke of her experience in terms of loss,

*... we'd just had a baby and my parents live all this way away and I couldn't spend nice time and showing Wesley or them watching Wesley growing up.*

The importance of family presence and availability was further accentuated in the parents' expressions of sympathy for other parents who were far from their extended families. Paula reflected the idea that the lack of family proximity was a misfortune and commented, *"I just feel so sorry for them, who haven't got any family and stuff around"*.

Those parents whose extended families were not close by and able to give direct assistance were, nevertheless, struck by the unique interest and support proffered by their families, even

from a distance. Distant families seemed to have a singular ability to convey their involvement and interest even when unable to be present.

There was an overall agreement amongst the parents that the extended family brought many benefits to them and their child. In Murray's and Gina's reflections on a visit to Murray's family their appreciation for the existence and involvement of an extended family is seen,

*Murray: ... it's so much better having the family around, Gina really enjoyed the whole thing and support and that sort of thing, you've always got someone to talk to, even when we were by ourselves, there was always someone popping in, so, that's family.*

*Gina: It's so nice to have that network, because I don't have that here because my parents live really far away.*

The parents often referred to their relationships with different members of their families. Their own parents occupied a particular place in this regard. Relationships with parents had undergone a change since the birth of their child. This change was usually characterised by the parents' deeper understanding of their own parents. Many parents found they were able to share the experience of parenting with their parents and were closer because of this sharing. Steve articulated this idea as he described a visit to his parents,

*... they, sort of, relive their, their parenting days, and it reminds them of their children, now they're grown up, and draw comparisons, I think they have as much fun doing that as anything, it was really good ... it probably brings you closer though, cause you've got something that's more in common now, the fact that rearing a child and they've done it and so they know what you're going through.*

The parents' accounts of their interactions with their own parents suggest that the sharing of experience brings about a mutual regard and understanding.

The parents reflected on the influence of their parents on themselves and their parenting. Several parents reminisced on their experiences of being parented and, for the most part, were appreciative of the efforts their parents made on their behalf. They mentioned how their parents' parenting contributed to their own ideas about parenting and helped them make decisions. It was thought the experience of parents could be a valuable source of wisdom. Matt observed in this regard, "*... advice from experience is the best advice there is*".

While the parents were grateful for the support of their extended families, they acknowledged they had certain obligations to their families. They referred to their need to respect and understand their parents, particularly in regard to different ideas, child-rearing practices and cultural beliefs. Several spoke about their need to reciprocate in the relationship. Paula and Chris, for example, believed it was important for their families to have ongoing contact with Andrew and for them to balance time between their two families. Paula explained, "*We try and*



*see each family at least once a week*". The parents seemed to be responding to an idea that, as part of their parenting role, they had a responsibility to act as dutiful family members in relation to the contact between themselves, their families and their child.

The extended family, however, created some difficulties for the parents. There were differences of opinion, unwanted advice and feelings of frustration when members of the extended family intruded and interfered in the parents' lives and parenting. Lindsay, who believed the large distance between himself and family of origin was an advantage, admitted, *"... parents, they got different views of bringing up kids"*. Several couples complained about unwanted advice from their families. Bella described this experience, *"... they are constantly, you know, don't do this, don't do that"*. Matt devised a strategy for coping with their families. He declared,

*I don't bother with them, if you listen to them they try to talk to you, if you don't listen to them they're not going to bother so they give up.*

The parents' interactions with their extended families held a number of contrasts. There was much they valued and appreciated but a number found their interactions with their families were, at times, sources of stress.

In their interactions with the extended family the parents continued to act as family members but found their interactions held new dimensions. Their parenting activities and their child became the main points of interest. In addition, the parents interacted in their new role and, subsequently, their relationships with their families took on new qualities.

### **8.2.2. The extended family and a child**

Each parent couple referred to the involvement of their families with their child. They emphasised the importance of the extended family in the life of their child.

The way the extended family responded to a child was significant. Some parents spoke of the delighted responses of their families at the birth of their child while others highlighted the experience of presenting their child to members of the extended family. In both experiences the parents expressed happiness and pride. Peta's and Sean's foreshadowing of the first meeting with Sean's family with Sophie holds the suggestion that presenting a new child to the extended family carries a certain importance.

Peta: ... *we would just have had an argument about who was going to carry her in the door to meet them ...*

Sean: *Yeah, I want to.*

Peta: ... *'cause he would have wanted to because it was his father.*

The parents felt much pleasure in the positive emotional responses of their families to their child. Jenny and Kris, for example, spoke with quiet satisfaction about the way their families cherished Mitchell. Jenny said of Kris's father, "*... his face lights up when he sees him*" and added that the extended family, "*... think he's the ant's pants*". Deborah and Colin expressed pleasure and surprise at the strength of the delighted response of the extended family. Deborah explained, "*... they always say how much joy he's brought to the family*".

There was pleasure, too, in a child's response to the extended family. The parents described their child's delighted behaviour in being with extended family members in ways which revealed their own delight in these interactions. Bella, for example, described Mark's happy excitement on visits to Matt's family, "*.. he gets really excited when he sees them,*" intimating that their child's joy brought pleasure to his parents.

There were references, too, about future interactions between the family and a child. When Bella and Matt looked ahead to Mark's healthy development they could see that the involvement of the extended family would play a part. Bella explained, "*... we've got a grandfather who wants to take him fishing, we've got an uncle who wants to take him to the football, his dad wants to take him to soccer*". Paula and Chris were confident about the good influence of the extended family on Andrew's social development. Chris observed, "*... he should have enough good influences*".

The importance attached to satisfactory interactions between the extended family and a child was reinforced by the disappointment expressed by the parents when the interactions between the family and a child did not go well. Parents were dismayed when family members did not appreciate a child or a child's needs. There were some difficulties, too, when a child was unfamiliar with family members or did not react favourably to a family member. In each of these instances the parents wished for a different outcome.

The parents made reference to two further matters in their interactions with the extended family concerning their child. They appreciated the care given to a child and referred to the interactions which arose as family members cared for their child. Their appreciation extended to feelings of trust and confidence in certain family members. Jane and Patrick, for example, spoke about Jane's sister, Davina. Patrick told of the confidence he and Jane had her,

*... if Davina picked him up, then that was fine, you see other people, you know, family and friends pick him up and you're always looking out of the corner of your eye just to make sure he's all right, but with Davina, it's, it's automatic, oh, auntie Davina's got him, so he'll be fine.*

Although the extended family's care of a child was usually acceptable and appreciated, there could be differences in the ways the parents and the extended family carried out a child's care. The parents took either of two approaches in this situation. When they believed their way of care was best they expected the family to comply with their wishes. In so doing, the parents asserted themselves as the primary decision makers in their child's care. On other occasions the parents accepted that there could be other ways of caring for a child and were flexible about the way care was given. Bella and Matt had a constant experience in this regard and responded to it with frustration, determination and acceptance. For example, Bella wanted Mark to be cared for in accordance with her ideas when he was in the care of Matt's family. She and Matt, on the other hand, could see that the extended families were strongly influenced by their cultural values and often accepted their care of Mark in that light. Other parents were similarly flexible and understanding about the differing approaches by families to the care of a child.

## **Summary**

The interactions with the extended family were clearly significant to the parents and their accounts reveal that parenting can be aided and supported by the extended family in a unique way. In addition, the parents found there were developments in their relationship with their families, particularly with their parents, which were linked with a shared experience in being parents. Although the interactions with the extended family were sometimes stressful, the parents estimated that an involved family was of inestimable value in their endeavours to be good parents.

The involvement of the extended family with a child provided not only practical help with the care of a child, but seemed to affirm parents in their parental role. The ongoing relationship between the extended family and a child implied approval of the parents and the assurance of a child's place in the family.

The extended family would appear to be instrumental in the parents' successful transition into the role of parents. The interactions between the parents and their families provided opportunities for the parents to act in their new role within the security of the family.

### 8.3. Interacting with health professionals

Although the parents had contacts and interactions with health professionals over the year they did not figure largely in their given experience of parenting. Health professionals functioned as providers of treatment, information, support and reassurance. These functions were in keeping with the parents' expectations. They expected to consult with health professionals and be provided with their services. This is not to say that the parents did not value genuine interest and consideration when these were forthcoming. Such experiences, however, were viewed as good fortune and were not part of the parents' expectations. On the other hand, when the approaches and actions of health professionals were deemed to be less than satisfactory the parents were disappointed and critical. Parents had, in the main, clear expectations of health professionals and the manner in which health services should operate. These expectations were not always met.

In their interactions with health professionals the parents sought to have their needs met through the service provided by health professionals. They encountered a number of people hitherto unknown to them and a range of learning experiences. In addition, they progressively took on the role of parents through their interactions.

#### 8.3.1. Midwives

There were a number of references to midwives in the parents' accounts of the birth of their child and the time of hospitalisation. Each couple was attended by a midwife or midwives and most spoke approvingly of the care they received. Penny recalled, "... *the midwives were really, really lovely*" and, with Steve, expressed appreciation for those midwives who took into account their preferences. There were rather more references to interactions with midwives and lactation consultants in the days after the birth. The mothers told of midwives who were understanding about their emotional swings and helpful and encouraging with breast feeding. Gina, for example, had an encounter with a midwife who provided guidance and comfort. The midwife's understanding and skill led Gina to say, "*I met a really wonderful midwife there, she gave me a lot of strength*". The mothers were grateful for the support they received as they started breast feeding and intimated that this help was instrumental in their breast feeding success. There were, however, some uneasy experiences with midwives in the hospital. When midwives failed to give information about their actions the parents were concerned. Penny and Steve were upset by a midwife who, during Penny's labour, did not explain her intentions. Penny explained,

*... there was one midwife who happened to be there at the time who just grabbed me without explaining what she was doing, and I just wanted her to get out of the room.*

The parents felt anxious if they were left unattended during labour. Colin commented, "... *there wasn't much support around*", as he described his concern when he and Deborah received little attention during labour. Several parents recalled their disquiet when midwives gave little heed to what they were saying, especially in regard to pain, progress of labour or the need for further treatment.

Although the help of midwives and lactation consultants with breast feeding was generally valued, several mothers spoke about interactions which troubled them. When confronted with unfamiliar experiences the mothers required a sensitive approach and when this was not forthcoming they were upset and confused. Jane, in her account of her first attempts at breast feeding gave an example,

*I had the staff trying to help me get him on, and just that invasion of my body, I mean, it was bad enough having this new little person that was going to be fed by me anyway, but also having a third person and sometimes a fourth person trying to get him latched on, it was very difficult and it really, I, I just found that so hard to cope with for the first few days that I was in hospital.*

Several mothers had problems with inconsistent advice about breast feeding. Gina put it this way, "... *all the midwives have got all these ten thousand different theories amongst them about what's the way to do it*". While the mothers accepted that there could be a number of approaches to successful breastfeeding they had to find their own solutions. Deborah talked about her experience,

*I did find while I was in hospital that the information that you were given changed from shift to shift, I was fine with my mothering skills except the breast feeding, so I was starving for knowledge on breast feeding so, you, took it all in, and I should have rationalised it all and thought which one best suited me.*

For the most part, conflicting advice caused anxiety. The mothers were already uncertain about how to breast feed and conflicting advice compounded their uncertainty. Jenny and Kris, for example, found different opinions added to their difficulties. Jenny explained,

*... and I was having trouble feeding him and I was getting pressured, differing opinions from nursing staff, some saying, look, don't worry about feeding, it'll all fix itself up, and others saying because he's so little you really need to get him feeding and relax about it, but it was a totally non-relaxing experience.*

The parents approved of the midwives' role in helping them achieve a good birth and facilitating breast feeding. They expected the midwives to help them and work with them rather than merely provide treatment. When midwives provided understanding and support in

greater measure than anticipated the parents were deeply grateful. Although midwives had a small part in the parents' accounts of their experience of labour, birth, breast feeding and hospitalisation they were shown to be in a unique position to facilitate or inhibit the parents' management of these processes and enhance or diminish the quality of their experience.

### 8.3.2. Doctors

The parents' experiences with doctors, similarly, were very mixed. They encountered doctors in the hospitals at the time of their child's birth and when their child needed hospitalisation. There were ongoing contacts with general practitioners and, for several of the parent couples, with paediatric specialists. Medical services were viewed as essential services which parents would access in times of need. As the parents spoke of their experiences with doctors they were appreciative of conscientious care and an understanding approach. They were critical of doctors who did not listen well or respect them, were insensitive to their feelings and were not skilful with procedures.

Although doctors were present at each of the births the parents gave little account of interactions with them. Several of the mothers had interventions which included inductions, epidural anaesthesia, a forceps delivery and a caesarean section but the parents seemed to have little interaction with the attending doctors. While the parents viewed the presence and interventions of the doctors as in their best interests it was as if their experiences of birth were distinct from the activities of their doctors. Even so, in their references to doctors the parents were accepting of medical interventions and appreciated good care.

Following the birth of their child the parents next encounter with doctors was usually with their general practitioner. Contacts with the family doctor increased. Doctors were consulted when a child was ill, if the parents were not sure that their child needed treatment and for vaccinations. Several parents found their doctor offered more than treatment and advice. For example, Megan described her doctor's understanding approach,

*I've relied more on my doctor, she's very good, I only started seeing her when I had Tom, she's a local doctor and she's just very good, and she loves kids, cause the main problems I've had with Tom have been medical ones, I suppose I could have asked the nurse but the doctor's really, really approachable.*

The parents were particularly appreciative when doctors gave careful explanations. This was Jane's and Patrick's experience when they consulted with several specialists about Zeb. As a result, when describing Zeb's hospitalisation and surgery Jane was able to say, "... deep down I

*knew he was going to be fine*". An empathic and information giving approach by doctors was reassuring to parents and reduced their anxiety.

There were, however, disconcerting experiences with doctors. A number of the parents lost confidence in their doctor's judgement and ability. Murray commented, "*... you start worrying about, wondering about how good these doctors really are*", after he and Gina had been to several doctors before receiving adequate treatment for Gabrielle. The way vaccination injections were given was unsatisfactory to several of the parent couples. Patrick's comment, "*... we're not overly keen on her needle technique any more*", was made in explaining the decision not to take Zeb to their doctor for further injections and was typical of the criticisms of other parents with similar experiences. In other instances the information given by doctors was questioned. Bella became very concerned that she was not given full and accurate information by the doctors she consulted. She asked, "*... how do you know that they're up-to-date, you never know*".

The parents' interactions with doctors held a range of experiences. Doctors were well regarded for their services, seen as essential in the good care of a child. Equally, they were criticised when their services were considered unsatisfactory. Parents made decisions about their continued use of a doctor's services in such instances. Often both approval and criticism featured in the descriptions of the experiences with a doctor. Paula's story of her consultation with a paediatrician, contains an example of such a mixed experience,

*I took him for a check-up to the paediatrician, lovely guy, really lovely ... he does a check, he says, oh, yes, isn't he growing, isn't he good, isn't he good, and then just at the end of the consultation, I was actually going out the door, he said, oh, the only thing is, he's got a bit of a murmur ... well, I, that was the end of me, I was, I had to sit down on the chair, a heart murmur, I said, a heart murmur, what do you mean, a heart murmur ... and then he explained to me that it is extremely common ... I tell you, I just nearly died, I nearly, I've never felt anything like that before.*

### **8.3.3. Nurses in the community**

The nurses most frequently encountered in the community were the early childhood nurses attached to the early childhood centres. Each of the mothers availed themselves of the services of the early childhood centre, though with varying levels of contact. While the early childhood services are available to both parents, it was the mothers who interacted with the early childhood nurses. The mothers were aware of the availability of their local early childhood centre and its purpose in monitoring their child's progress and providing information and advice. They approved of the service and liked to think they could avail themselves of it when necessary. Bella commented, after her first visit, "*... it's nice that they're there, if you have any*

dramas". For Jenny, however, the early childhood service was a severe disappointment. Attempts to see the early childhood nurse in the first few days after coming home from hospital when breast feeding was not progressing well, resulted in advice to make an appointment. Jenny had a consultation two weeks later.

The mothers referred to a number of experiences with early childhood nurses which they found helpful. They appreciated the help, support and reassurance provided by the nurses. Paula described her positive interactions with an early childhood nurse,

*... she's so positive and when she says to you, you're doing very well and he's doing well, you feel so much more positive, you think, oh, well, okay, ... and she always says write down any questions you've got, so I write things down and I go in and ask her with this list of questions, it's really good to have that, you need to have that sort of support.*

Several mothers identified qualities in the early childhood nurse which they appreciated. They favoured nurses who were approachable and who listened to them. Nurses who respected the mothers, took a collaborative approach and helped with decision making rather than giving directive advice were held in high regard. Jane's story about her first encounter with an early childhood nurse who exhibited many of these qualities, shows how much a nurse's regard for a mother can engender appreciation and confidence.

*I was a bit apprehensive because I've heard some terrible stories about some of the clinic sisters, but the woman I spoke to was really good, she was very much of the school that you do what's comfortable for you and once she found out he was okay, he was gaining weight, he's growing, she was more concerned about how I was coping and how I was doing and making sure that I was okay, which I appreciated, because it's not often you get asked how you are, it's mainly concentrated on the baby, so, yes, she gave me some, she inspired confidence in me, so I'll go back to see her.*

Not all the interactions with the early childhood nurses, however, were appreciated by the mothers. Several were sceptical about the advice given by the nurse. Megan gave an example,

*I find that I ask her, I might ask her something and one week, one time I go she'll say something, and then I ask her again and she'll say something completely different, so I think I'll make up my own mind.*

On other occasions the mothers were disappointed in the nurse's response to questions or problems. When nurses generalised about children's needs and behaviours and seemed to be following a set formula for a consultation the mothers were distrustful and frustrated. Jenny said in such a situation, "I felt like she was giving this spiel that she gives everyone".

The mothers concluded that their interactions with the early childhood nurses were dependent on the individual nurse. Jane, for example, made a point about how different the nurses could



be. Nevertheless, the parents continued to approve of the service itself. The mothers adopted several strategies in managing their needs when the nurse was found to be unsatisfactory. They avoided telling the nurse what they were doing with their child, attended infrequently and relied on other sources of information. They visited the early childhood centre to use the weighing facilities and did not seek a consultation with the nurses.

In their interactions with early childhood nurses the mothers sought confirmation of their child's progress and information. They were grateful when they received reassurance and support. The mothers were also discriminating. They did not always accept the advice of the early childhood nurses and formulated their own ideas about the care of their child.

There were contacts with other nurses in the community when several of the mothers had feeding and settling problems. They approached child and family outreach services and had interactions with the nurses in a telephone counselling service and a day-stay settling program. Gina used the telephone service in times of crisis but was disappointed in the outcome. She recalled,

*... so I rang, that's how desperate I was, I was like, it had to be instant, like, I put Gabrielle in her cot and she was just screaming blue murder and I was hysterical and crying and I rang up and I told them, look I'm afraid I'm going to hit her, I'm really frightened because I'm so angry at her, and this woman talked to me for five minutes and asked me, where's the baby now and I said she's in the cot, and she said, oh, you've done the right thing, I said, yes, I know that, but what if I don't do it next time, I'm really afraid that I'm going to hurt her, cause she just made me so irate, I just wanted to wallop her, and it had only even taken me three or four seconds to calm down but I was really concerned that I wouldn't have the presence of mind to wait that three or four seconds the next time, cause I just would lose my block, anyway, she didn't really do much for me, she didn't, she wished me luck and hung up, she didn't ask me what's my phone number, or I'll ring you back in half an hour to see how you were getting on, I mean, for all she knows Gabrielle could be dead by now, and I was very, very distraught and I rang up our friend, Julie.*

While Gina's account shows how such a contact can provide some assistance but not satisfactorily address a mother's anxiety and insecurity, she and several other mothers were impressed with the help they received from the nurses of the day-stay programme. They were grateful to these nurses and admired their skills. The mothers were taught how to settle a child and were given support as they persevered with the programme. Gerri, for example, was very appreciative of the nurse's sensitive approach and concluded that the service, "... was of a great benefit". This programme, however, did not meet every mother's needs. Peta, for example, found her method of settling was more effective than the one shown in the day-stay programme. For her, the stay "... was a waste of time, I didn't learn anything that I didn't already know".

In their interactions with nurses in the community the mothers received assistance and experienced affirmation and encouragement. In about the same number of instances they were disappointed and unconvinced about the help of the nurses. There was, however, a strong appreciation for the actions of the early childhood nurses in setting up mothers' groups. The mothers' experiences in these group is discussed in a later section.

## Summary

As the parents encountered and interacted with various health professionals over the year they became involved in two main activities. Firstly, they actively sought the benefits which could be gained from the expertise of health professionals and the provision of health services. Secondly, they interacted in the role of parents with a range of new contacts who, in turn, reacted to and interacted with them as parents. It can be seen that as seekers of service, the parents were acting in their own and their child's best interests. In their interactions with health professionals the parents were, in effect, operating in the role of parents.

The qualities and outcomes of the parents' interactions with health professionals have been examined in this section. It needs, however, to be noted that such interactions were not always uncomplicated in their intention or effect. Interactions could involve several purposes or produce more than one result. For example, while the parents appreciated and relied on information they also required that information be authentic and not be given simply to reassure. Patrick made the distinction in his account of the first few days when Zeb required special care.

*... everyone was always at pains to explain the whole time, he's having antibiotics because we haven't got the results back ... everybody was always stressing that there wasn't anything to worry about, and you knew that, but it didn't help because everyone, each shift or each person would say exactly the same things and you, at some stage, you'd want to grab them and say, I know there's nothing wrong with him, but it's not healthy, but you never did because you knew that they were, they were bent on helping and they were just making sure that you weren't concerned.*

Similarly, as has already been proposed, many of the parents' interactions, regardless of the purpose and content, provided an opportunity for them to identify themselves as parents through acting in the parenting role.

The extent of the interactions with health professionals in the parents' accounts offers a perspective on the part of health professionals in the full experience of first-time parenting. These interactions occupied a very small place in the parents' experience. Further, there was a distinct suggestion from the parents that others in their lives may be more influential and

helpful in their parenting endeavours than health professionals. This idea is clearly expressed in Gina's reflection,

*... you know what's interesting, most of the help I've received has been through other mothers, things that have worked for me have been through other mothers ... I'm sorry to say that the so-called health professionals haven't really helped me at all, you get jopped off by them.*

#### **8.4. Interacting with others in the community**

The parents' interactions with others included those with friends, other parents and community members. Friends in this context refers to those close acquaintances with whom the parents had an established friendship before their child was born. Some of these friends were parents and others were not. There were interactions with other parents who were new contacts. These other parents were encountered in circumstances related to the parenting experience. Community members were those people who interacted with the parents in the everyday world. As the parents spoke of their interactions with friends, other parents and community members their experience of living as parents was further explicated. They related to others in the community in their new role and, in turn, were strengthened in their perceptions of themselves as parents through the responses of others to them as parents.

##### **8.4.1. Friends**

Although friends and friendships figured in the parents' lives over the year they did not have a major part. Friends were, however, spoken about in terms of their help and support, their part in the social life of the parents and changes in relationships with them.

The help and support of their friends was appreciated by the parents, especially in the early weeks. While friends provided some practical support, such as child minding, they were more likely to be supportive through listening to or spending time with the parents. Friends who themselves were parents were particularly appreciated for their ability to share their experiences of parenting.

Although a number of the parents maintained social interactions with their friends each of the parent couples admitted they were no longer able to participate in social activities as they had before their child was born. Some social activities with friends were adapted to fit in with the parents' new priorities. Paula and Chris, for example, found new ways to keep up their social contacts with their friends. Paula explained,

*... we used to have people for dinner and go out to others, when he's a little bit older, I'm sure they'll be again, but, yes, at the moment it tends to be lunch or a brunchy type thing, breakfast or brunchy type thing which is really nice.*

Parenting, however, brought changes in the interactions with friends. There were concerns that those friends, not parents themselves, would not be interested in or understand the parents' new priorities. Megan and Lindsay, for example, were concerned that they would become boring to their friends and resolved not to focus on their child in their conversation when they were with them. Several of the parent couples had experiences with friends which led them to realise that previously shared interests and activities were no longer as interesting as they had once been. Some friends seemed to have little understanding of the new priorities in the parents' lives. Jenny and Chris told about a visit to friends who disregarded their request for a not-too-late evening. Jenny's account of the experience suggests friendship is unable to be sustained when others do not understand or take into account the constraints of parenting. She explained,

*... they didn't seem to realise, us getting home at midnight and then, he wakes up a few hours later to feed, and the next day we were, we were dead and was it really worth it ... I haven't really rung her, cause I just think, she didn't apologise either, she just said, oh, well done, you got through, she was saying and I just thought you've got no idea what it has been like for us coming out in the cold and travelling forty five minutes in the car and, well, I just think, you wait, you wait till you've got your kids.*

Even so, there were occasions when friends accommodated to the parents' circumstances. They participated in celebratory events during the year, sharing in the delight of a child's birth and attending baptisms and first birthday celebrations. The parents drew on their circle of friends to help them mark these significant social occasions related to their child. Friendship, in these instances, was sustained through the more formal events of a child's first year.

The relationships and interactions with friends, in particular those friends who were not parents, were subject to change brought about by the parents' new interests and responsibilities. Some friends, who demonstrated empathy with the parents' new circumstances, continued to interact with parents. Other friendships were less likely to be maintained.

#### **8.4.2. Other parents**

Over the year the parents had contact with other parents, some of whom they had not known previously and others with whom they were already acquainted. Their interactions took place, in many instances, in groups that were set up for parents. The interactions with other parents were, in the main, usually highly valued. They provided support and companionship, especially for the mothers. There was another level of contact with other parents in which there were few or no interactions. The parents found they had become very aware of other parents. They

observed them and were intensely interested in how others acted as parents. Through these observations the parents formed a number of conclusions about themselves and their own ways of parenting.

The earliest contact with a group of other parents was made at antenatal classes. Most couples attended such classes and a few maintained some contact with the other parents after the classes were completed. On-going contact was most often confined to the early months and was related to seeing each others' children and sharing birth stories. Jane's and Patrick's account typified this experience.

*Patrick: ... I'm not saying we became close friends, but we became quite friendly with everyone, everybody in the group was friendly and so when they had a reunion a few weeks ago with all the babies maybe half the group turned up at that, so that was good, so we, everybody, had the same things, essentially the same stories.*

*Jane: It was good hearing the show and tell.*

*Patrick: I mean, you can read in a book where it is this is normal and everyone's normal, you always wonder really, and then when you have a reunion and they've all done the same things you think, oh, great.*

*Jane: And just hearing the different labour stories was interesting, as well ... I was surprised because I was, I had one of the shortest labours and one of the less traumatic of anyone there, that was good.*

The early contacts made at antenatal classes were not, however, easily maintained after a child's birth. Only a few couples kept in touch.

In contrast, the parents had contact with other parents in another context which proved to be lasting and rewarding for the majority. Through the early childhood centre the mothers were introduced to the idea of mothers' groups. The early childhood nurses organised regular meetings for small groups of mothers with children of approximately the same age. For a pre-determined number of meetings the nurses ran a planned programme with topics and guest speakers. When the programme was completed the mothers were encouraged to continue to meet, but beyond the auspices of the early childhood centre. Most of the mothers engaged in these groups and maintained on-going contact over the year. They received understanding and support from their interactions with other mothers. These interactions were the source of greatest satisfaction other than those with their families. Much of the satisfaction lay in the realisation that they shared a common experience and could talk about it together. Paula explained how this worked for her in a mothers' group,

*... I like it a lot and it's very nice to go down and be with other young mothers who are going through exactly the same thing you're going through ... and I say he's doing this and they say, oh, mine did that at, that's normal.*

The sharing of experience provided information and reduced the mothers' feelings of uncertainty and isolation. Megan, for example, described the mothers' group as a source of information and reassurance. She commented,

*... you can just ask questions that you wouldn't bother asking a nurse 'cause they're so silly, but just to reassure yourself that it's normal.*

In the groups, the mothers talked about their everyday experiences, their management of their child and their child's progress. They exchanged ideas and shared experiences. Jane gave an example of these interactive activities as she talked about her appreciation of a mothers' group,

*... it's been consistently good, because we've been going through the same sorts of things at the same time, we can support one another and give one another ideas and, and hints, like one of us was having trouble getting one of the babies to eat, they were not eating solids, they were rejecting everything and one of the mothers recommended baked beans, her son loves them and so Sue tried Corey with baked beans and he loved them and I thought, oh, I'll give Zeb a go with baked beans and he loved them as well ... I would never have thought of giving Zeb baked beans, it just wouldn't have entered my head, oh, those sorts of things can seem silly, but they can save your sanity some days.*

In addition, the mothers felt they were free to talk about their child and their related concerns and interests. Paula saw this as a distinct advantage. She explained,

*... mothers' group has been fantastic because it's the time when you can talk about that sort of stuff, you can talk about the babies, we can talk about what they're eating, what they're feeding, what their nappies are like, I get it all out in the mothers' group and then I can talk to other people about other things.*

Support was also found in the mothers' groups in the form of shared child minding. The members of the groups agreed to mind each other's children on occasions. While these offers were infrequently taken up, the mothers liked knowing this facility was available.

A number of different strategies for meeting were developed. Groups met in different locales, often out-of-doors. Excursions and activities for the children were often arranged. Most groups organised occasions every so often in which the fathers were included. These regular meetings of mothers, and sometimes fathers, clearly had a social function in which the parents enjoyed themselves and benefited from being with others who were undergoing similar experiences.

Continued participation in the mothers' groups was influenced by the return to work. Several of the mothers were unable to continue for this reason, though a number maintained contact even though they were back at work. Megan, for example, organised her week with part-time work in such a way that she could continue to meet with the other mothers. There was only one unrewarding experience mentioned in regards to the mothers' groups. Mention was made of

competitive comparisons of the children by some group members. Even so, these few experiences did not seem to deter the mothers from participating.

Interactions with other parents occurred in a range of different circumstances. In addition to interacting with other parents who were new to them, the parents had ongoing contact with friends who were parents, or became parents during the year. These interactions, while spoken about less frequently, had the same qualities and benefits as those with the other parents who were new contacts. The interactions with friends who were parents, however, held the familiarity of established friendship.

The fathers, too, took opportunities to interact with other parents, even though they held they did not have the same needs for support and companionship as the mothers. Chris, for example, talked with friends who were fathers about a range of child and parenting issues. Several of the fathers spoke about their interactions with work colleagues in which they discussed their children. These interactions included talking about their child's progress and problems. In Ken's case, talking with other parents in his workplace about Lucas's crying provided ideas and suggestions for settling. Several of the parents had supportive neighbours who were parents. Interactions with these parents were more meaningful because of the shared experience of parenting.

Sharing experience was a common thread in the parents' accounts of their interactions with other parents. Shared experience, however, became particularly meaningful and satisfying when parents had similar experiences at the same time. There were elements of affiliation and empathy in these experiences. The parents referred to their group experiences, especially the mothers' groups, as giving them a sense of connectedness with other parents. As the parents spoke about 'going through the same thing', their empathic recognition of each other's experience was evident.

As the parents talked about other parents it became evident that they were intensely interested in them, their actions and ideas. The parents became much more aware of other parents and their parenting. They observed other parents, many of whom they did not know or meet, and drew conclusions from their observations. These conclusions took the form of judgements on the parenting of others and determinations about their own parenting in comparison with that of others.

In judging others, the parents, for the most part, took a critical view, fastening on the things they would not do themselves. Peta and Sean, for example, did not approve of disposable

nappies or their use by other parents. They believed that in using washable nappies, they were taking responsibility for their child's wellbeing and caring for the environment. Peta added,

*I think it's lazy, personally, it's lazy to use disposables cause you can't be bothered cleaning and washing and folding normal nappies.*

The parents made critical observations of the ways other parents managed their children. They disapproved of parents who were inconsistent in their expectations of a child and who tolerated demanding behaviours. They made judgements, too, on the way other parents cared for their child. Penny, for example, contrasted other parents' actions regarding food with her commitment to good nutrition for James. She illustrated her point with an example,

*I hate it when I see kids, toddlers running along with hot chips and I think, why, you could just give them an apple and they're just as happy, and so I don't want to give him too much junk and stuff.*

Sometimes the parents were troubled about the care other children received from their parents. Gerri talked about her observations of other mothers' management of their children,

*... I used to walk down to the shops in my lunch break and there were loads of people and so many young girls who were mothers, I'd see all the time, and there were just so many, out in the street every day, I find it so depressing, and they were smoking and a whole lot of them were waiting outside, I found out later, they were waiting at the methadone centre ... and I'd see mothers in jumpers and jeans pushing babies in T-shirts and little shorts, the parents were very young and they don't realise the way a baby should be dressed on a certain day.*

Gerri further commented that while she was critical and troubled by the things she had seen, her increased awareness of other parents and their actions was tied to her own parenthood. Changed perceptions of other parents' behaviours were common. Patrick and Jane said they were both more and less tolerant of the things they observed in other parents. Patrick explained,

*... you see a child doing something where previously we might have said, what's wrong with them, can't they control their children, something like that, and less tolerant, well, I'm less tolerant of people doing things that I see as endangering children.*

In addition to providing grounds for judgement the observations of other parents and, at times, their interactions with them provided the parents with points for comparison. They referred to these comparisons quite frequently and used them in a number of ways. Comparisons were used for information and in decision making, to affirm the parents in their ideas about parenting, to reassure them in their care of a child and as reminders of their fortunate circumstances in contrast with those of some others. In addition, the parents formed conclusions about their child from their comparisons of other parents and their children.



A number of the comparisons with other parents were related to gathering information and forming ideas. Steve, for example, in thinking about the future made comparisons with the way he might do things and the way others had. He commented,

*... it's interesting to see how other people bring up their kids ... but you can see things that you just hope don't happen.*

There was a learning function in comparing others' approaches with one's own. Often the comparisons were held up as guides for future direction. Colin reckoned there was help to be had in the matter of child discipline, "... by looking at other people and how they've approached it". Not all comparisons led to agreement. The parents frequently used them to form a different view. Lindsay, for example, in his discussions with others about young children considered their ideas as he formed and consolidated his own. He reflected,

*... I've been talking to other people and they reckon, kids are, the small ones are very, very demanding, I wouldn't put it as demanding ...*

In a number of instances their comparisons with other parents led the parents to a recognition of their own good fortune. Several of the mothers commented on their lesser level of difficulty with breast feeding in comparison with other mothers. Many of the parents could see they had the emotional and material resources for parenting while others known to them were not so well equipped. Having a healthy and settled child was another point of comparison. Such comparisons seemed to add to the parents' sense of wellbeing and pleasure in their parenting. In this regard, Colin's observation about spending time with Wesley was typical, "... you often hear people lament they missed out on that ... but we're lucky at the moment, got that opportunity."

Sometimes, however, comparisons did not produce a positive or affirming conclusion. This was most noticeable in times of difficulty or when parents were confronted with a problem. Jenny, for example, compared the coping ability of other parents with her own as she contemplated the difficulties of the first few months. She explained,

*... it's not just how we expected it to be ... how we thought it was going to be, it hasn't turned out that way, we've had bad luck, but the thing is, we've got friends who have had worse luck, and they're managing okay, why can't I.*

There was one final conclusion drawn by the parents from their observations of other parents. They realised that their attitudes to other parents had changed. While they were critical of many of the things they observed in other parents they developed a new understanding of the experiences of parenting. For the most part, the parents were much more sympathetic to other

parents' circumstances and could identify with their experience. Gina's account illustrates the change in attitude acknowledged by many of the parents,

*I've become more tolerant, not so much with children but, other mothers, I used to be, before I became a parent, I was always quite critical of how people dealt with their children ... like, I remember being in supermarkets and stuff and seeing some women wallop their kids in the aisle and think, what a bitch, like, and you walk past and say to somebody, they don't deserve to have children, and I can understand now ... once you become a parent you really, you stop being as critical, or at least, you should.*

In addition, a number of the parents gave thought to lone parents and expressed sympathy and concern for them. Murray, for example, could see how demanding it would be to parent alone. He commented, “*I can't help but respect single mothers, I mean, if they still have a child at the end of it, it's amazing.*”

An increased awareness of other parents together with their observations of them, from which the parents made comparisons and formed judgements, seemed to help the parents. Their conclusions were reinforcing and reassuring and gave the parents a measure of confidence in their decision making and role functions.

#### **8.4.3. Community members**

There were interactions with members of the community which created an impression on the parents. The parents spoke about these interactions under two conditions. In the first, there were interactions with people who, for the most part, were strangers to them. In the second situation interactions took place with people who had been known to them for some time, usually before their child was born.

There were many occasions when strangers initiated conversation with the parents when they had their child with them. Many of these interactions caused the parents to feel affronted, confused and discouraged. There were, however, other contacts which, though fewer in number, were pleasing and encouraging.

From their earliest outings the parents were spoken to by strangers who usually directed their attention to the child. They expressed interest in the child, asked questions and made comments. Sometimes the discussion extended to the parents. Gina had such an experience on her first excursion with Gabrielle. She recalled,

*...when she was six days old, we, Sally (friend) and I went to Nextsuburb and, um, I had her in the pouch and, um, I took her out of the pouch cause she was so small that she'd just sort of all crumple up in the bottom of it, and, so I just carried her wrapped up in a rug, all these shopkeepers and stuff were like asking, and how old's your baby, oh, six days old and it's, oh, my god, you should still be in hospital.*

Several of the fathers found, when they were out with their child, people in the community would speak to them. There was an element of distrust in many of these interactions, as if fathers were not able to satisfactorily manage a child. Steve offered an interpretation of these comments, "... it's as if I'm not capable of looking after him".

The effects of many of these comments were disturbing to the parents, particularly if they touched on current concerns. Gerri, for example, found the comments from members of the community unsettling. She explained,

*... I felt in myself that I knew everything was going all right but then when I went outside the house and I, people said things to me, it used to annoy me, I used to worry, I kind of, it didn't, I didn't worry so much, but it used to annoy me that people thought I wasn't doing the right, at the time I felt undermined ... people just came along.*

There were, however, some positive experiences in the interactions with strangers. The parents enjoyed those occasions when their child was admired and they were given messages of approval. In Jane's account the pleasure in such interactions is evident,

*... people stop me in shopping centres and say how beautiful he is ... if they do it to Patrick, he gets an even, he just gets a real buzz out of it, he thinks it's just wonderful.*

For Gerri, the positive comments she and Ken received about Lucas later in the year were particularly reaffirming in the light of the earlier comments they had received. She reported,

*... everyone always comments on how well behaved he is and they always say that's part of a contented baby, cause he's, he has his needs met.*

Even so, the parents were surprised at the way members of the community freely approached them and made comments. Penny summarised this experience in her observation, "... people say such funny things when you've got a baby, it's really as if it's everyone's business."

There seemed to be a perception in the community that parents of a young child are available for public scrutiny and that anyone was entitled to approach them and speak freely to them.

The parents were also subjected to the questions, comments and advice of another group of others in the community. These people were known to the parents but were not necessarily friends or close acquaintances. The parents spoke of those in this group as 'people' and told of many instances in which such individuals gave opinions and advice. These members of the

community usually gave opinions and advice about children and child care. The parents often experienced confusion and anxiety as a result of these experiences. Bella gave an example,

*.... people tell me you've got to put really strong supportive shoes on the baby when they first start to walk, and the other people say, no, they've got to have soft shoes or flexible shoes or even without shoes, and I really don't know.*

The parents were questioned on a range of matters. Such questioning carried the implication that the parents were answerable to the wider community in some way. Again, as in their experiences with strangers, the parents found that community members acted as though they were entitled to speak freely to them. Jane's anecdote is a case in point,

*... that woman who runs the cake shop down in Oursuburb that we've been going to since it opened and I was pregnant, I was probably, I was almost due to have Zeb when it first opened, so they've seen Zeb go from very tiny, well, from a bump on my tummy to what he is now, and Patrick was there the other morning and she said, oh, so when are you having the second one, Patrick told me, and I said, I'm so fed up with that, I'm just starting to enjoy Zeb.*

Fortunately, not all interactions generated concerns. There were times when the parents were the recipients of helpful comments from which they drew positive conclusions. Jenny gave two examples of such interactions in which she found reassurance,

*... when I talk to other people, they say, oh, you can't spoil a baby, he's only little for such a short time, just enjoy it, so I do.*

*... most people would never, they don't believe me when I say he's got mild cerebral palsy, they say, who told you that, don't listen, so, that's a big relief.*

In their interactions with others in the community, whether they were strangers or known to them, the parents were usually placed in the position of receiving opinions and advice. They were surprised at the way members of the community approached and interacted with them. Their appearance in the community with a child seemed to be an invitation to others to become involved with them, albeit in a brief and superficial way. There is a strong suggestion that the parents were, in the eyes of the community, available for public comment. It was as if their parenthood gave others the right to interact with them and to offer their judgements.

In the approaches and communications made by members of the community the parents experienced a range of responses. They were often dismayed and demoralised by the messages they received while on other occasions they were strengthened and encouraged. There were times when they were confused and uncertain and others when they were reassured. The interactions of the members of the community were intrusive in some circumstances and, in others, allowed the parents to experience the acceptance and recognition of their child and their parenthood by the community.

## Summary

The interactions with others in the community held a number of experiences for the parents. Their interactions involved them in new forms of participation with others and new ways of thinking and acting as they took on the parental role in a wider world. Friendships were tested against the parents' new priorities and, in a number of instances, were not able to be sustained. Those friendships which were maintained were with friends who were parents themselves or with those who had the capacity to accommodate to the parents' new circumstances. The interactions with other parents assumed a major importance in the parents' year and provided the parents with new relationships and opportunities to evaluate their parenting. Members of the community attempted to influence the parents through their judgements and, in so doing, can be seen to have played a part in the initiation of the parents into their new role.

### 8.5. Summary and conclusion

In this chapter the experience of the parents as they interacted with others has been described. The interactions of the parents with the extended family, health professionals and others in the community have revealed that parents have needs for help and support which can be met through their interactions with others and that they perceive their parental role and act in it in the presence of others. Within the experience of **interacting with others as parents of a child**, the ways parents come to know themselves as parents and take on the functions of parents in the world is revealed.

#### 8.5.1. Ways of interacting with others as parents of a child

The description of the parents' experience in **interacting with others as parents of a child** has been developed from their experiences with three groupings of people with whom the parents had interactions over the year. These groupings have served as dimensions of the theme, **interacting with others as parents of a child**, allowing an in depth examination of the ways parents related to and were given consideration by others in their world. In **interacting with the extended family** the parents received help and developed deeper understandings of the parenting role. Most parent couples were substantially supported by their families. Such backing included practical help and emotional support. Those parents who did not have proximity with their extended families experienced interest and concern which was unique in its depth and connectedness. The common experience of parenthood seemed to give the parents and their parents a deeper appreciation of each other and gave the parents opportunities to act as parents in the presence of sympathetic family members. The parents were exposed to a

range of experiences in **interacting with health professionals**. Health professionals were, on the whole, helpful and considerate in their dealings with the parents. The parents appreciated their skills and good practice but, at times, questioned or rejected their advice, approach and expertise. Although they expected health professionals to provide a good service they did not hold expectations for further involvement or consideration. When these were forthcoming the parents were deeply appreciative. **Interacting with others in the community** saw the parents relating with a diversity of others. Their interactions with others were marked by the sharing of experiences and opportunities to be received as parents. The parents used their interactions with others to guide their actions and increase their understanding of good parenting. The theme, **Interacting with others as parents of a child**, describes the parents' experience as they acted as parents in a world of others and is a further contribution to the full description of the phenomenon of first-time parenting.

### **8.5.2. Being as parents in the world**

A reflective interpretation of their experiences in **interacting with others as parents of a child** has revealed them as **being as parents in the world**. Over the year, the parents experienced relations with others which were influential in them taking on the functions and identity of parents. In their interactions in the social world these first-time parents encountered expectations for them to be as parents, they were shown how, helped and directed to be parents and were embraced into a shared world with other parents as newly credentialled but, nonetheless, qualified members. It is as if this new state of being was achieved in a social world. The message from those they encountered was clear. They were parents in the sight of others. They lived as though they were parents and came to know themselves to be parents. Such a state of being, however, was established in the presence of others and would seem to be dependent on continued and confirming interactions with others in the world.

## Chapter 9

# Acknowledging the development of a child

*... he grows into your life (Matt)*

*... I love watching him develop and grow and change (Jane)*

### 9.1. Introduction

In the parents' accounts of their year as first-time parents they spoke about the progressive changes in their child which seemed to occur at an astonishing rate and which carried convincing evidence of their child's developmental progress. The parents' experiences with their developing child have provided the substance for the theme, **Acknowledging the development of a child**. Thematic statements were developed from each message in the parents' accounts of their experiences with their developing child. As theme, **Acknowledging the development of a child**, describes the parents' responses, awareness and responsible care in the context of their changing child.

As the parents told of their experiences with their developing child several areas of experience were identified. The parents were emotionally affected by the physical, social and emotional changes in their child. Their responses were strong and pervaded the accounts of their child's development. They demonstrated a thoughtful awareness of the changes they were witnessing and sought to explain and understand them. In addition, the parents acted as though they should take into account the effects of developmental change as they cared for their child and gave forethought to their child's future healthy development.

These areas of experience are presented as three dimensions of the theme, **Acknowledging the development of a child**, and are used to organise the chapter. The three dimensions are:

responding to a developing child

knowing and understanding a child's development

caring for a developing child

Reflection on the parents experiences within these dimensions and interpretation of the parents' experiences in **acknowledging the development of a child** have led to an understanding of the parents as **being held to a child**. As a hermeneutic description, **being held to a child** offers meaning for the parents' experience with a developing child and further understanding of what it is to be first-time parents.

## 9.2. Responding to a developing child

From the first days with their child, the parents were caught up in two particular responses related to their child's development. They became intensely aware of the changes in their child and were greatly surprised at the frequency and rapidity of them. They were even more surprised by the strength of the responses evoked in them by their developing child. In keeping with their child's growing responsiveness the parents became engrossed in their child and developed deep feelings of attachment.

### 9.2.1. Delighting in a child's delight

There was intense pleasure to be found in a developing child. The parents were delighted at evident progress and described changes and related events in detail. In the early weeks there were many references to their child's smiling and the effects of smiling on them. Steve depicted James's smiling as an enjoyable moment during an interaction, "... you get a little smile coming up, that's really nice", while Penny saw it more as a heart-warming developmental step, "... it's lovely when they start smiling". Other parents described their child's smiling and the effects on them in even more emotive terms. For example, Jenny's words, "... he gives me such joy, the way he smiles and laughs", makes the connection between a child's smiling and a parent's feelings. Jenny also made this connection when she said, "... it's really nice, he smiles and laughs and we really love him". In Peta's account the intensity of the effect of a child's smiling on a parent is further shown,

*I can't believe that, you know, how much joy just a plain smile from them gives you, it's just like it lights up your whole life, it's amazing how much love you have for them, just a single, solitary smile, like makes your day, it's unbelievable.*

The parents noted that smiling became linked with recognition. When a child recognised a parent with evident delight the pleasure for the parents intensified. The fathers noticed that their involvement with their child increased with a child's responsiveness. The delighted recognition of parents by a child was interpreted. For Ken, Lucas's smiling and recognition signified understanding. He explained,

*He looks at me now and he smiles at me, and he didn't used to do that, well he just smiles, he smiles at everyone but now I know that he knows that I'm one of the special carers.*

Paula, on the other hand, interpreted Andrew's happy responses as an indication of his feeling towards his parents, "... he's just so responsive and you just feel like he really loves you, he really knows who you are."



In addition, the parents perceived their child's smiling and laughing to be signs of happiness and contentment. This perception, in turn, increased the parents' pleasure and saw the development of shared happiness. Gerri's comment, "... he's got such an infectious little laugh and [it's] gorgeous to hear", conveys a sense of shared joy. When a child was happy, parents were happy. This mutual happiness is further seen in Paula's description,

*... we get so much enjoyment from him, it's just lovely at the moment, he just smiles up at you and sometimes when you get him laughing and things, he just, I find myself really laughing, I'm laughing, like, just laughing at him, it's just lovely.*

A child's positive response to its parents and the parents' response in return was frequently described. Gerri, for example, described herself as unable to resist interacting with Lucas in such circumstances,

*... he really responds to me, if he smiles or anything I can't just keep on doing what I've got to do I have to respond back to him again and that, I think, is the best just seeing that, the first time smiling and following me around and that, with his eyes.*

In sharing delight with a child the parents' experienced a growing emotional attachment. The reciprocation of joyful moments, described so vividly by the parents, clearly strengthened the bond between parents and child.

### **9.2.2. Captivated by a child's unfolding**

In every interview the parents gave detailed accounts of their child's progress. Their pleasure was evident in each developmental gain. Jane's observation was typical,

*... just in the last couple of weeks he's gone from being basically a blob to really starting to discover that he can do things, and that's lovely to watch.*

With frequent and ongoing signs of development in their child, the parents' pleasure increased. Their feelings of pleasure extended to feelings of delight, joy, wonder and pride. Patrick, for example, told of pride in Zeb's developmental achievements, "... when he first started crawling, you know, we were really proud, he's crawling!"

The parents frequently referred to the pleasure in their child's development as 'fun'. Their child's increasing abilities seemed to provide a relaxed form of pleasure. Steve, for example, spoke of his enjoyment in James's developing abilities, "... it's been fun actually, he's developing new tricks all the time, you know, every day some new thing."

There was, in addition, shared enjoyment between child and parent in the fun experience, experienced in a range of circumstances, and usually related to a gain in a child's development.

For Megan, the pleasure lay in the signs of Tom's intellectual growth. She explained, "... *he's absolutely gorgeous now, he's really good fun, he really understands a game, I love that..*"

Other signs of healthy development in their child evoked intense feelings. The parents spoke of their fascination and wonderment in their child's emerging individuality. There were many references to a child 'becoming a person' and the meaning a child's personhood held for parents. Jenny made the distinction between a young child and a child who had become an entity. She explained, "... *he's just more of a little person now, he's not a little baby*", while Megan had a similar description for the changes she saw in Tom, "... *he's a lot more alive, he's more like a boy*". Gina, too, made the same point in her account of the changes in Gabrielle,

*... she's more of a person now, when you look at her she's, she's stopped being a little baby now ... she's more like, she's a little character, you know, she's got her own little moods, her own expressions.*

The emerging person the parents could see in their child was also related to a child's enhanced ability to respond to them. Jenny gave account of how Mitchell's personhood and her deepening relationship with him were linked with his growing ability to respond,

*... he's really responding now and I find it a whole lot more rewarding, and, you know, he's a little person, he can understand and do things, it's like there's a little friend there.*

Other parents, too, found experiences with their child became more rewarding as individuality developed. Sean, for example, made the connection between his feelings of satisfaction and Sophie's emerging personhood. "... *it's getting better and better now, especially for me, because, because, she's becoming a little person.*"

The parents, in addition to their references to the emerging personhood of their child, made frequent mention of their child's developing personality. Sean, in a typical statement said, "*She's really developing a personality*", inferring that the development of a child's personality was significant. The parents were intrigued by their child's emerging personality and identified idiosyncratic characteristics. For example, when Gina and Murray spoke about Gabrielle they described a number of clearly defined personality characteristics.

*Gina: ... she's very, very serious, Gabrielle, and she's really intense, like she's got a really intense personality.*

*Murray: ... she's a, she's a rough and tumble baby, she's not a sook.*

The parents observed their child closely for individual characteristics and formed conclusions about the nature of their child's personality. Murray, in remarking, "... *but she's good fun, she's*

got a real personality now", linked the quality of Gabrielle's interactions with her developing personality. In another example, Paula could see Andrew's personality development as he became more assertive. She explained,

*... he has much more of a personality, he's much more definite about things, he knows what he wants, why he wants it, he, he's just, I don't know, he's sort of developing a personality now.*

There were suggestions that a child's personality was unique and would not radically change. The parents formed this idea from observations of their child's behaviour. For Peta, Sophie's personality was demonstrated in her consistent behaviour. Peta commented,

*... her personality really hasn't changed because she used to scream a lot in hospital and she still screams a lot.*

It was thought that the early indicators of a child's personality were reliable signs of a child's ultimate personality. Desirable features in their child's personality were sources of pride and hope. In Chris's account of Andrew's emerging personality these ideas are illustrated,

*... he's a pretty gentle sort of boy, he's, you can tell, like now, he's fairly soft natured sort of thing, delightfully so, a nice little bit of humour to him, knows how to laugh ... he's a really nice sort of boy, I mean, but, he's not a, but he's just, I think he will be really nice, I think he will have a nice nature.*

Similarly, any aspects of personality which would stand a child in good stead brought pleasure and reassurance. It was in this regard that Jenny reflected on Mitchell's personality,

*... he's just such an interactive person, like it's, even if he does have problems, he's just got such a personality I think that, and such a strong will, I think that he'd be able to overcome whatever problems he had, he's always got a smile and he's happy.*

In talking about their child's individuality and personality the parents revealed several related points about themselves. They had an intense interest and involvement in the developmental changes they were witnessing, indicated by their detailed descriptions of their child's emerging personhood and personality. The parents spoke knowingly about the constantly changing signs of individuality and personality in their child. Each parent couple held that knowledge of their child gave them a deep understanding of their child. They had become experts in their child.

The emergence of a child's individuality and personality led to a range of intense feelings and satisfying realisations in the parents. They were clearly caught up in these experiences in that they were captivated, both emotionally and intellectually, by the person their child was and was becoming. Parent-child attachment was related to the experience of being captivated by a child who was developing as an individual with a unique personality.

### 9.2.3. Amazement and wonder

The parents frequently indicated that the changes in their child were unexpected and that they were surprised and fascinated by such changes. They gave many accounts of their amazement and wonder in the rapid and striking developmental changes in their child.

Each child's physical growth was the source of surprise and comment. The parents were keenly interested in their child's growth rates for weight and length. They kept track of growth, comparing current measurements with earlier ones. The rate of growth was particularly surprising. Gerri's reaction to Lucas's physical growth was typical,

*... it's amazing how much he's changed in the six weeks, he's grown so much, he's grown nearly ten centimetres in all that time which I find absolutely amazing.*

Amazement and wonder at their child's growth and its rapid rate was reinforced when the parents looked at evidence of their child's growth. They were frequently astonished at the signs of change in their child when they looked at growth records, photographs and video tapes which they had collected over the months. Murray, for example, saw great changes in Gabrielle after referring to early photographs. He explained, "... *she's grown, we were just looking last night at some photos of her when she was born and now, it's amazing.*" Similarly, Lindsay, who maintained a video tape record of Tom was struck by the evidence of change in his son. For Lindsay, such visible changes were related to personality development. He observed,

*... I made some, well, every month or so, just five minutes of movie and put him on a camera and just the difference in his personality, it's quite amazing*

The parents, too, were surprised at the increasing abilities of their child especially when a point of development allowed the accomplishment of new skills. Even in the early weeks, a child's developing abilities held surprise and wonder. Bella, for example, in the first interview spoke about Mark's developing responsiveness and observed, "*it's just amazing really, he's really in tune*". Over the months the parents continued to describe the activities related to the psychomotor development of their child and recount their amazement. Jenny and Kris, for instance, described Mitchell's response to music. Kris commented, "... *he's got rhythm, he goes fast and slow and changes his tempo, it's unbelievable.*" On-going development in a child also held amazement. Colin noted with surprise the continuity of Wesley's development, "... *he's continually able to show you something new that he's been able to do.*"

A child's ability to learn as evidence of on-going development was a further source of amazement and wonder. The parents were surprised by their child's ability to know and learn.

Bella made this connection, "... it's amazing, he knows how to open drawers". She gave a further account of Mark's ability to learn,

*... he saw another baby crawling and, it's amazing, it connected, he saw this other baby crawling and he then started crawling after that, quite amazing.*

A child's learning was further demonstrated in the interactions between their child and themselves. The parents were amazed at the way their child gained the ability to perceive their emotions and even to manipulate them. Jane spoke about this experience, "... he's learning already what buttons to push, I mean, I'm amazed by that, that for a child so young."

The rapidity of the increase in a child's repertoire of skills and activities was a further source of surprise. Increases were often achieved over very short periods, even a day. Sean expressed his amazement at Sophie's rapid development,

*... it's amazing I think, to see, cause every day she does something different, you know, like she has a different movement or a different noise.*

Jenny, too, expressed surprise at Mitchell's rapid rate of learning and development. She described her amazement at his responses to his first solid food,

*... it's just been amazing how, like, the first time he didn't quite know what to do, but the second time he was opening his mouth for swallowing and crying when we take the spoon away.*

Another source of surprise for the parents was the appearance of an unexpected behaviour which the parents had not imagined their child could achieve or which they believed belonged in a future period of development. Jane gave an example of the latter, "... he just said NO and I thought, excuse me, you shouldn't be doing this yet, give me a few more months."

There were many other instances of the parent's amazement and wonder at a child's development. For example, they were intrigued by their child's developing preferences for activities and objects. They were amazed at seeing their child achieve new developmental levels. The realisation that their child was on an upward path of development was a source of wonder. Jenny commented, "... there's always something new to go onto and watching them learn and develop".

As the parents gave account of their surprise, amazement and wonder at the various demonstrations of their child's development they transmitted a sense of happy excitement and intense satisfaction. In addition, these experiences held a dynamic element in that, as observers and interactors, the parents were actively involved in their child's development. As the changes

in a child were played out before them the parents were caught up in these vital and engaging events.

#### 9.2.4. Getting something back

The parents made a point about reciprocity in the experience with a developing child. They spoke of the large effort and the amount of care they had given in the early weeks without reward. There were suggestions that the parents experienced some resentment in this one-sided relationship with their child. As a child grew, matured and became increasingly responsive and interactive there was a perception in the parents that their child was 'giving back'. They linked this perception to a child's ability to smile and respond. Gerri gave an explanation,

*... you feel like you give all this energy into taking care of the baby but nothing is given back until they really respond to you.*

A child's responsiveness was seen as a return for all the care invested in their child. Peta's account illustrates this perception,

*... she responds to you now, and you, like she's giving something back, whereas before it felt like, I mean I didn't mind because I knew it would be like that, but it felt like she was just taking and there was nothing she was returning cause she couldn't smile or anything, but it's like she's giving stuff back now, cause she's smiling and all that type of thing.*

Over the year, with the social development of a child, such reciprocation increased. The perception that a child was giving something back gave pleasure and satisfaction. In Patrick's account of a child's growing ability to give in return, the pleasure in the mutual exchange between a child and parents is evident,

*... it's also giving stuff back, when they're really little they just want it all, that now they're this age they start playing with you and making funny noises, smiling when they see you.*

The experience of receiving something back from their child was interpreted by the parents as a reward. Jane, for example, observed, "... there's so much more coming back from him now, which is lovely". In another example, Deborah, qualified this return, "... you get so much love in return".

The experience of a child taking and absorbing all that its parents could give and of parents receiving little in return was disconcerting and, in most instances, alien to these new parents. When a child began to respond and interact with them, the parents perceived their child as taking part in a reciprocal interchange. Such reciprocation provided for the parents a mutuality

in their developing relationship and a distinct sense of reward for their emotional and physical investment.

### **Summary**

The parents' experiences with their developing child held a range of emotions which were, for the most part, intense and rewarding. Their responses of delight, captivation, amazement and wonder each had the capacity to bring them into a closer and firmer relationship with their child. They were fascinated by the developmental changes they witnessed over the year and were drawn into responding to and interacting with their child in increasing levels of attachment, involvement and commitment. These consequences were also related to the parents' experience as recipients of a child's contribution to the developing relationship.

The notion that the developing child draws parents into an intense attachment and holds them to such an attachment, marked by high emotionality and close interactive involvement, can be supported in the experience of the parents. They talked of the compelling attraction of a developing child, their fascination with the changes they were witnessing and their increasing personal gratification. As they spoke of their responses to their developing child, their growing absorption and enchantment were revealed.

### **9.3. Knowing and understanding a child's development**

The parents exhibited an intense awareness and high levels of interest in the developmental changes which took place in their child over the year. They were eager to understand a child's development. The parents were highly observant of the developmental changes in their child and evaluated them for progress. Each new phase of development was, on the whole, anticipated. This anticipation held the realisation that a child would continue to change, develop and emerge from infancy.

The parents frequently referred to their child's development in terms of particular events or changes and their implications. They demonstrated awareness and were intense in their accounts. In addition, they had a determination to understand their child's developmental changes. The parents drew conclusions about their child through comparisons with other children and reference to information on child development. These responses to a child's development held distinct cognitive characteristics, in contrast with the emotional responses already described.

### 9.3.1. Awareness and interest

The parents frequently referred to their child's visible growth and developmental progress. In each interview, as they spoke of their child, they described the latest evidence of growth and development. Some examples of these detailed descriptions follow. The detail in Megan's description of Tom's development at eight weeks reveals her acute awareness of his progress. She reported,

*... physically he seems to be, obviously he's growing and he's, he's more alert, he's still, you know, his actions are not controlled at all, he still just flicks his hands and his feet, his hands, he's starting to find hands, he sucks them, he quite likes it when he finds his hands, that keeps him quiet for a while, and he's certainly developing which is nice to see, he's still not very controlled at all, his head, he can hold his head up now, but he still only sees things directly.*

Colin, too, gave a detailed description of Wesley's developmental changes,

*... he gets upset if you don't give him attention now, so you, actually, I've got to, instead of just cuddling him like this and sitting here and reading one of my books or whatever, if he senses I'm not taking an interest he'll whine and whinge until I start to play with him, sing or play, which is quite interesting, that's only happened over the last week, I've noticed, that's quite, you know, quite a transition in the last week.*

Jane's description of Zeb's gains in motor skills at five months included his social development.

*... he's rolling over now, both ways, he can go back to front and front to back, he's sitting up, eating solids, and he's a much more civilised baby now.*

In addition, there were many references to a child's cognitive development. The parents talked about two aspects of this development. The first concerned a child's knowingness. There were many accounts in which a child was said to 'know'. The development of knowing and understanding in a child was intensely interesting to the parents. Further, they conveyed the idea that they expected a developing child to become more knowing with an increased ability to understand.

The parents qualified a child's knowing through their child's recognition of them as its parents. Megan, for example, was convinced when Tom had reached a point of knowing her as his mother. She said, "... he knows who his mum is now, he won't have anyone but his mum." Similarly, Peta described her realisation that her daughter had come to know her and react to her absence,

*... she has to go into occasional day care, well, she's just started to mind now, actually before, because I don't think she, she knew it was me, but it didn't all click in, but now she knows when mum leaves her, like, whaaaaah.*



The parents, in addition, perceived their child as knowing through signs of cognitive achievement. Bella, for example, concluded that Mark's knowing was extensive, "... *he knows everything ... he certainly knows everything that's around*". Similarly, at the end of the year every child was described as able to understand what was said to them. Gina's comment was typical, "*I can say a great number of things and she knows exactly what I am saying*". There were many stories of the children's actions and responses to which the parents ascribed knowing and understanding. The parents' accounts held the realisation that their child had attained knowledge and understanding of his or her actions. Bella's comment, "*He spills his bottle of drink on purpose*", is an example of this realisation.

The notion that knowing and understanding was a sign of developmental progress was reinforced when parents spoke of the knowing that a child had not yet attained. The idea that a child did not yet know often arose as the parents spoke about their child's development. In Peta's and Sean's discussion about Sophie's feeding, their recognition of her 'knowing' as a developmental phase is evident.

Peta: ... *she's sorted herself out, too, cause now she's only having what she wants whereas before ..*  
Sean: *She was just drinking until she dropped.*  
Peta: ... *yeah, half of that was her fault cause she didn't know when to stop and half of it was my fault cause I didn't have a clue really.*

The second aspect of cognitive development which the parents described was a child's ability to learn. They recounted a number of incidents in which a child's actions led them to conclude that learning had occurred. There were, in addition, many statements of opinion that a child had learned or was in the process of learning. Colin, for example, expressed great satisfaction in Wesley's inquisitiveness and watching him carry out activities which implied learning was taking place. He explained,

... *he's very quick to watch what you're doing and then repeat it ... if he's that inquisitive it can only mean he's learning.*

The signs of learning in a child were sources of gratification for the parents. They thought that a learning child was developing well and held promise for further intellectual development.

The parents revealed another area of awareness and interest as they talked about their developing child. In a number of instances they made the connection between development and their child's health. The parents' reference to the effects of teething on a child's health was a common example of this connection. They remarked on the physical indicators which signalled teething was imminent or in progress. Bella's report is an example of such understanding of the

effects of developmental events on a child's health status, "... he's got six teeth, six teeth, and we think he's teething again cause he's got a temperature."

The relationship between development and health was particularly relevant for Jenny and Kris. They spoke about Mitchell's healthy development as a matter of great interest. Jenny explained,

*... he started crawling at just on eight months which is seven months corrected for his age, and he goes, he's very good with it, but he's just jerky with his movements, so, most people wouldn't recognise that he had a problem, it's just that he's just not smooth.*

The parents, as they recounted their awareness and interest in their child's development, revealed a cognitive absorption in their child. The changes they observed and reported were intriguing and helped them understand their child's abilities, progress and potential.

### **9.3.2. Estimating development**

Understanding a child's development was linked to the parents' assessments of their child's developmental changes. The most commonly used method of estimating a child's satisfactory development was to make comparisons with other children. These comparisons were made frequently and throughout the year. The parents compared physical and behavioural indicators and speculated on future development. They were open about the way they formed ideas and conclusions through reference to other children. Colin, for example, saw this activity as a new and personal habit,

*... I've started to spend a bit of time comparing him to other children, too, that's a habit I'm starting to get into.*

Comparisons with other children began early, even in the first weeks. There were elements of security-seeking in these early comparisons. For example, Deborah's comparisons provided her with reassurance,

*He'll never fall asleep on the breast or anything like that, be really floppy like a lot of newborn babies are, and when I see all these other newborn babies, I think, you know, they're just so tired and floppy, and Wesley was never like that.*

Reassurance was also gained in comparisons with other children at different stages of development. In making comparison with an older or younger child the parents confirmed the changes in their child and formed an estimate of their child's progress. Penny commented on such a comparison when James was four months old,

*I saw a friend of mine, cause she's had a baby, he's only two weeks old and then you just realise how much James's grown and changed and everything.*

Growth was a frequent point of comparison, in particular, between a child and other children at a comparable age. The size and growth of another child helped the parents estimate the appropriateness and progress of their child's growth. Gerri's observation about a friend's child is a case in point, "... her baby is really short compared to Lucas and they're both the same age". On the other hand, these comparisons tested the parents' perceptions of satisfactory growth. Gerri explained how comparisons caused her to question her perceptions, "When he's up against all the other babies he looks small, but when he's around the house he looks big to me". Conclusions about a child's growth were made using comparisons for size and motor ability. Jane spoke about such comparisons,

*... and you compare him to, to his peers as well, and he's really tiny ... in my mothers' groups, he's just the smallest of the group ... he's actually reasonably ahead of the others, he was the first one to walk in both groups.*

In addition, comparisons were used by the parents to inform themselves about forthcoming growth. They deduced from the signs of growth in other children what they might expect in their child in the near future. Peta explained this process,

*... but I saw one of the mothers there and her baby, Sophie was 16 weeks and her baby was 18 weeks and had already cut two teeth, the two front teeth, I suppose that will be the next thing.*

The comparisons with other children were not confined to physical signs of growth and development. The parents keenly observed other children's behaviour which they contrasted with their child's behaviour. These comparisons gave them an understanding of age-related activities and an appreciation of their child's qualities as reflected in behaviour. Many comparisons were simple assessments of difference such as in Colin's observation, "Wesley's into everything, whereas Harry just sits there". In other accounts the comparisons held a sense of affirmation for a child, as if the comparisons gave the parents a deeper understanding and appreciation of their child's characteristics. In Patrick's and Jane's conversation such ideas are demonstrated.

*Patrick: Josh (cousin) and Zeb are the opposite ends.*

*Jane: Opposite ends of the spectrum, Josh eats, sleeps,*

*Patrick: sits there, plays quietly,*

*Jane: sits, plays quietly, he'll wander around, but he does it all, everything's very gentle for Josh, whereas Zeb's at the other end, doesn't eat, doesn't sleep.*

*Patrick: charges around.*

Similarly, Paula told of the difference between Andrew's behaviour and that of other children at a gathering where boxes of goods were for sale. Her recognition of her child's behaviour as an expression of a personal quality is evident,

*... all the other children would just, sort of, walk past, even use them to lean on and stuff, but Andrew had to get in and start pulling everything out, he's really inquisitive.*

A child's behaviour held inferences about social and intellectual development. Several parents commented on their child's ability to remain content and self occupied and compared these behaviours with those of other children. For Peta, Sophie's ability to be self sufficient was a positive developmental achievement, "*... she can play with herself and keep herself amused, not like some babies*". Gina's similar comparison led her to conclude that Gabrielle was a highly interactive child who demonstrated her uniqueness in her behaviour. She explained,

*... you can give her (friends' child) something to play with and ten, twenty minutes, half an hour sometimes she can sit there, she sits there on her own. Gabrielle's got an attention span of about three seconds and that's it ... and she's like, whoa, what's next, it's like they're different personalities.*

The parents frequently referred to other children's personalities in their comparisons. They formed opinions about what was desirable in a child's personality and held these up as a point of reference for their child. The comparisons emphasised the differences between their child and others and served to confirm the features of a child's personality. Paula, for example, discussed Andrew's personality in the light of another child,

*I think he will be really nice, I think he will have a nice nature, I mean, he will be a bit of a terror, but I remember this other little boy when he was about Andrew's age ... I remember quite clearly, how he was, and they're very different.*

The parents frequently drew on their observations of other children to determine how they would like their child to be in the future. They clarified their hopes for their child's development through such comparisons. Penny and Steve, for example, used comparative judgements in deciding how they would like James to develop.

*Steve ... you always think about that, wonder what they're going to grow up like and you, you can't help but see how other children can be and I think, I hope James doesn't behave like that.*

*Penny: Or you see good ones and you think, oh, I'd like him to be like that.*

In their efforts to be knowing about their child's development the parents talked about several other ways in which they sought to make sense of the changes in their child. They often referred to the development in their child over time, noting the differences which were evident when they looked back on a child's earlier growth and abilities. Several parents commented on developmental changes in relation to a child's features. They noted changes over time, growth

spurts and pointed out likenesses to family members. There was some discussion about future development, with the parents thinking ahead to the opportunities further development would provide. Steve, for example, looked forward to outdoor activities with James when his development would allow them. He declared,

*... once he's sitting up I'll have him in the backpack ... and I think he'll quite enjoy it too, cause he loves looking around and being at that height, seeing.*

As their child grew and developed the parents were caught up in forming ideas and conclusions about their child's development. They sought confirmation of their child's satisfactory progress through their comparisons with other children and were able to make estimations about present, future and hoped-for development. In reaching such estimations the parents were, for the most part, reassured that their child was developing well. A child's satisfactory development held a message of affirmation for its parents. A normal, thriving and developing child was a measure of parental achievement and nurturance.

### **Summary**

The parents needed to understand their child's development. Many of their accounts held the notion that, as responsible parents, they were required to have an intelligent awareness and a working knowledge of developmental indicators and stages. Development in accordance with anticipated standards was also a matter of parental awareness and interest. There was a clear determination in the parents to form estimations of their child's progress which they achieved, in the main, through comparisons with other children.

Coming to know and understand a child's development was a compelling experience for the parents. It was as if their child's development generated an intellectual absorption. They were irresistibly drawn to observing, interacting with and talking about their developing child. In each of the interviews they spoke enthusiastically and easily about these matters, in a way which suggested they found a child's development to be the central and obvious point of discussion in their parenting.

This cognitive absorption in a child, while distinctive in its intellectual quality, was clearly a part of the parents' larger experience of being drawn into an intense relationship with a developing child. It can be seen that as parents became knowing and understanding of their developing child, their attachment was further sustained by their intense awareness and interest.

## 9.4. Caring for a developing child

The parents held a number of ideas about their responsibilities as carers of a developing child which have been included in this chapter because of the predominantly developmental focus of these ideas. They spoke about their ongoing monitoring of the changes they observed in their child and their child's related needs. There were ideas, too, about the requirement to understand a child's development and to care for a child in keeping with development.

### 9.4.1. Monitoring a child's development

The most frequently mentioned idea in caring for a developing child was the perceived responsibility to monitor developmental progress and, if required, to act to meet any related needs. As their child changed and developed the parents demonstrated a responsible watchfulness. They observed closely and compared changes over time in ways that implied that such acts were part of responsible parenting and would help to reduce any underlying anxiety about a child's progress and future.

Most accounts of monitoring referred to a child's growth and physical development. From the early weeks the parents spoke of growth gains in precise detail. Deborah's account is an example of such monitoring.

*... he was three four when he was born, he went down to three three before I left hospital and he was three nine last week.*

Over the year the parents maintained a careful and detailed watch over their child's physical growth. They were aware of growth parameters, how they were measured and the desirability for a child to achieve and maintain established norms. For example, Gerri and Ken were keenly aware of Lucas's growth pattern and his achievement in reaching the weight recommended for his age. Gerri described his progress, “... *and he hasn't quite got fat, he's just, he's just in the normal range now.*” Any deviation from established growth projections caused the parents concern and to question the likely outcome of a particular growth pattern. Several of the parents commented on a child's above average growth and talked about how they were maintaining a close watch on their child's weight gains. Penny's reaction to James's weight and her resolve to monitor his continued growth is seen in her account. She explained,

*... he just, sort of, at one stage got out of the ninety seventh percentile and I thought oh, but he's, his height's quite, he's quite tall as well, in fact, I just thought maybe I should keep a bit of a check on it just to, but it's fine, it's not something being just over the ninety seventh percentile ... but actually he's just tall and not so, so I'm not worried, but I would be if it continued.*

#### 9.4.2. Meeting changing needs

Developmental changes in a child brought changing needs. In order to provide care at the appropriate level the parents endeavoured to recognise each new point of development. They tried to match their care with a child's ability, particularly in feeding solid foods and the provision of play activities. They were concerned that they would correctly estimate cognitive development so that their interactions with a child were in keeping with a child's level of understanding. Gina demonstrated this concern as she talked about Gabrielle's ability to understand,

*... when they're three or four you can talk to them and explain things, but when she's one and I can't cope any more, I can't tell her, honey, mummy's really tired.*

A child's changing needs often directed the parents' actions. They frequently adjusted their care and found new ways to meet their child's needs. Colin's account shows how a parent recognises and accommodates for the changes in a child,

*... but if you pay some attention to him now, he'll behave ... he's very inquisitive, so he'll, he'll want to look around and be involved, more over the last two weeks, more so in the last week.*

The needs of a young child were often so compelling that the parents responded to immediate needs in the best and most appropriate way they could. There were elements of trial-and-error in their actions as they attempted to understand and find ways to meet their child's latest need. Often the parents simply responded to the immediate need, taking the course they judged most likely to be in accord with their child's experience. Deborah's account of keeping Wesley both stimulated and content is an example,

*... he usually goes in with the babies, but he gets too bored and I had to put him in with the bigger kids, cause there's more activity in there.*

When the parents adapted care in accordance with their child's developmental changes they demonstrated a capacity to know and understand a developing child and to make adjustments in their child's best interests.

#### Summary

The changes in a developing child presented a further dimension to the responsible care of a child. The parents were deeply concerned about the developmental progress of their child. Each child's growth and development was carefully and consistently monitored. The parents, in addition, acted in response to a child's changing needs. They made changes in their ideas and

acts of care as their child grew and developed over the year. Keeping watch and finding new ways of responding to a child are part of good care for a developing child.

## **9.5. Summary and conclusion**

The experience of the parents as they lived with a developing child has been described in this chapter. Their acknowledgment of the developmental changes in their child brought them to the realisation of their joy and attachment, a compelling determination to make sure their child grew and developed well and an appreciation of hope, both immediate and future, for their child. The parents' experience in **acknowledging the development of a child** sheds further light on the phenomenon of first-time parenting.

### **9.5.1. Ways of acknowledging the development of a child**

Several discrete areas of experience were identified as dimensions in **Acknowledging the development of a child**. In **responding to a developing child**, the parents experienced absorption in the physical, social and emotional changes in their child. They were drawn into a loving relationship with their changing and responsive child. The emotional component of the parents' involvement with their developing child was strong and pervaded most of their accounts of their child's development. As the parents talked about their changing child, they demonstrated a strong determination for **knowing and understanding a child's development** in order that they might explain and interpret the changes they were witnessing. While knowledge and understanding gave the parents the confidence to make assessments and decisions about their child's development, the explanations for the changes in their child were intellectually intriguing. The parent's perceptions and acts of responsibility are described in their **caring for a developing child**. In being responsible parents, the parents watched over and directed their care to the changing needs of a developing child. They gave forethought to their child's future healthy development and their part in securing it.

### **9.5.2. Being held to a child**

In living with a changing and engaging child the parents were caught up in joy and hope. The joy they found in their child increased with a child's development and drew them into a deep and pervading emotional bond. They lived as **being held to a child**. Such a state of being saw the parents irretrievably attached to their child and to the hoped-for person their child would become.



## Chapter 10

# Maintaining personal wellbeing and integrity

*... I don't want to become just a mother ... (Megan)*

*... I'm not going to be here twenty four hours a day, seven days a week, I've got a few other things to do ... (Penny)*

### 10.1. Introduction

Throughout the year the experiences in having a child and living as parents were central to the parents' existence. Their deep attachment to their child and their preoccupation with their parenting did not preclude them, however, from a determination to preserve an essential aspect of themselves, as if this part of the self was distinct from their new parent-person. The parents made it clear that their insistence of themselves as being other than a parent was an individual and very personal viewpoint. This was not to say they were not committed to their partnership with each other. They were, however, certain they should resist the pressure to be taken over completely by their parenting and partner role.

The determination to hold onto and maintain their individual selves was revealed as the parents gave account of their efforts to continue with their interests, activities and social contacts. Retaining independence and a sense of self as other than a parent allowed the parents, particularly the mothers, to accept the identity of parent without losing valued aspects of their essential selves. In maintaining a place in the workworld and extending their capabilities through education the parents acted as individuals, placing importance on their own development. Their effort in keeping themselves healthy and fit was a further indication of their commitment to individual wellbeing and optimal function. The theme, **Maintaining personal wellbeing and integrity**, is the culmination of the parents' many messages about themselves as other than parents.

This chapter is organised according to four dimensions of the parents' experiences in **maintaining personal wellbeing and integrity**. The four dimensions of the theme are:

- preserving identity and self-worth
- maintaining self-fulfilment
- optimising opportunities
- ensuring wellbeing

These dimensions of experience were realised from the thematic statements constructed from the parents' accounts of their actions and knowledge of themselves as individuals beyond the

parent role. The dimensions, in turn, make up the substance of the theme. The description of parents as individuals who are resolved in **maintaining their personal wellbeing and integrity** is a further contribution to the full description of first-time parenting in the first year. The theme, **Maintaining personal wellbeing and integrity** is, therefore, an essential theme in the full description of the phenomenon, first-time parenting, and offers a further contribution to the conscious understanding of first-time parenting in the lives of parents.

In **maintaining personal wellbeing and integrity** the parents can be seen to be living as **being other than a parent**. The interpretation of the parents' experience in **being other than a parent** has revealed them as people who live as individuals who have desires, hopes and goals directed to personal fulfilment and who act on their need to function as unique entities.

The chapter contains the phenomenological description of the parents' experience in **maintaining personal wellbeing and integrity** and in **being other than a parent**. Such description and interpretation is necessary for a full understanding of the phenomenon of first-time parenting.

## **10.2. Preserving identity and self-worth**

Before the birth of their child the parents, as energetic and sociable adults, had developed interests and activities from which they gained fulfilment and a sense of competence. They had created a social network which provided social interchange and the regard of others. In addition, they had achieved independence and a sense of the individual self. These dimensions of their lives remained important and provided ongoing confirmation of identity and self-worth.

### **10.2.1. Interests and activities**

The parents were accustomed to partaking in a range of activities related to their interests and backgrounds. They spoke of these activities with enthusiasm, emphasising how much they meant to them. Colin, for example, had a great love for skiing, going back to his childhood. He was determined to continue to ski, saying, "*... there was at least one, one sport we decided we weren't going to give in ...*". Deborah commented,

*... Colin absolutely loves skiing, he's a different person when he's skiing, he's so, well, you are, you're really happy and relaxed and he loves it ...*

Sporting activities were valued by the parents. For example, Chris was enthusiastic about surfing, Penny and Steve played tennis and Megan and Lindsay rode bicycles and wind-surfed.

In talking about their sporting interests the parents indicated their strong desire to keep up their participation. Megan, for example, arranged with Lindsay for time to play competitive squash. While continuing with sport clearly required working around the needs of a young child and a family, participation was deemed worth the effort. Playing sport seemed, however, to hold more import than simply taking part. Maintaining abilities and skills and the ownership of the time for participation were also valued. Megan, for example, pointed out that squash was important to her for several reasons,

*... I did have squash practice on Saturday afternoons, that was my afternoon, I'd go and play squash and have a few beers with the girls and that was my time ...*

A number of parents placed more emphasis in the personal benefits in their activities than the activities themselves. Deborah, for example, spoke of the rewards for herself in going to her aerobics class,

*...I go to aerobics three days a week... cause I just find that it relaxes me for the rest of the week and I feel much better if I've done a bit of exercise ...*

There was, too, a notion that partaking in activities which were valued and enjoyed, and becoming accomplished in them, enriched an individual. Colin observed in this regard,

*... some people seem, are lucky enough to have one interest that they're good at, and mine happens to be skiing where for others it might be stamp collecting or might be singing or something or music ...*

Sport was not the only activity valued by the parents. Gerri, for instance was pleased to resume her literary activities. She and Ken discussed this activity,

*Gerri: ... I've started to actually read now, before I wasn't really reading at all, I've started to do a lot of reading and writing again.*

*Ken: It's good you're writing.*

Even relatively everyday treats such as going out to dinner or taking a short trip or a holiday held personal gratification which seemed to be linked to maintaining the activities of the adult world. Deborah gave an example of such a planned treat,

*... Colin and I are, hopefully, going down to Kosciuszko, trout fishing for a week before I start work, so that will be nice, we're looking forward to that ...*

Similarly, the anticipation in an adults-only activity was high for Sean as he and Peta planned a holiday without Sophie. He admitted, "*I'm looking forward to it so much*".

The parents each indicated a clear need and a strong determination to direct their energies into activities which were not parenting activities. In addition to maintaining existing interests they resolved to be receptive to new interests and not be exclusively involved in parental activities. Megan, for example, was determined not to become totally child-centred. She explained,

*... I don't want to join lots of mothers' groups and meet mothers all the time and talk about babies ... I want to try to, you know, I do things outside and Lindsay's quite supportive, it means I'm going out, I've got something to do, like squash and stuff and so, I catch up with people who don't have babies who talk about other things ...*

While the strength of each parent's determination to maintain and develop interests which were not related to their parenting varied, there was a common agreement that there had to be activities in their lives which were not devoted to parenting and their child. Gerri summarised this idea when she said, "*... there's more to life than a baby*". It was as if the parents were convinced that they must hold onto certain interests and activities which they could balance against their preoccupation with their child and their parenting and, at the same time, preserve their sense of competency and self-worth. There was, in addition, a perception that the interests and activities of their pre-parenting life reminded each parent of the person they were in that time. It was important not to lose sight of this earlier self and the attributes and achievements which made up an individual.

### **10.2.2. Social contacts**

Maintaining earlier friendships was, however, a mixed experience for the parents. While some pre-existing friendships were able to be maintained others faded through a lack of shared experience or convenient contact. There were new friendships as the parents took on the parenting role. These experiences are discussed in Chapter 8 as part of the parents' experiences in interacting with others.

Notwithstanding the changes in friendship patterns the parents made efforts to maintain contact with friends. Penny and Steve, for example, were determined to have visits from pre-existing friends. Penny said, "*... we want to keep in contact with our friends*". Maintaining friendships required effort and organisation. Steve observed,

*... we discovered that the ideal thing to do when you have people round is to have the meal already cooked and all you have to do is warm it up ...*

Other parent couples, similarly, arranged for friends to visit and while they often simplified their hospitality arrangements, continued to give these activities a degree of importance. Socialising with friends in other settings was another source of ongoing contact. Deborah and

Colin, for instance, found making visits to friends both an effort and a pleasure. Deborah explained, "... we always say when we're out, oh, look, we're glad that we did this". Ongoing friendships reinforced the continuity between the parents' pre-parenting selves and their present selves which, in turn, seemed to provide a sense of constancy.

While each parent couple talked about the importance of their mutual friends and friendships they also spoke about their individual need for friends who were necessary for social contact and personal interaction. Paula was clear about this need, "... what else is very important, is just to ring a friend or something, just talk to somebody else ...". The distinction between 'my friends' and 'our friends' was rarely absolute as earlier friends of either partner usually became part of the couple's friendship circle. It was important, however, that each parent could claim some friends or social contacts who were available to them and who provided an ongoing affirmation of themselves as interesting and respected individuals. Peta was particularly aware of this need as she talked about her life and future. She believed she should,

*... get out a bit, I mean, I don't want to go out and party but just to be, to be able to actually switch off, and go out every now and again ... and to be able to meet some people ...*

Other social contacts which held value for individual parents included work colleagues, individuals who shared common interests and even, occasional acquaintances. The importance of social contacts seemed to lie in the ability of the social interchange to give each parent a sense of personal recognition and an acknowledgment of their individual qualities. The parents, clearly, placed significance on their individual social contacts and were determined to retain these experiences which strengthened their perceptions of themselves as acceptable and well-regarded persons.

### **10.2.3. Independence and a sense of self**

As self-managing adults the parents were accustomed to their independence and personal freedom. On becoming parents they acknowledged that these adult rights were significantly diminished. They, however, resisted the idea that all their independence was lost and endeavoured to retain some aspects of their everyday lives in which their personal freedom and independence had expression.

Part of this process involved the determination of identity. While the parents spoke of the incorporation, over time, of the concept of themselves as parent into their total perception of self they spoke, too, of continuing to be the person they knew themselves to be and the

importance of keeping that identity intact. Bella, for example, was sure about this constancy of self despite all the changes she experienced. She asserted, "... *but I say I'm still me...*".

Although the parents took a particular pleasure in thinking of themselves as a family, maintaining their identity as a couple was important, too. A number indicated their pleasure in the image of themselves as a couple and being recognised as such. Peta referred to this idea as she anticipated occasions when she and Sean could act as a couple, "... *I'm actually looking forward to when we can actually go out as a couple, like, to have a dinner out ..*".

In addition to the emphasis placed on maintaining identity, whether it be as individuals or couples, the parents spoke of their regard for the individuality of themselves and each other. The distinct qualities of individual parents were frequently described by their partners, particularly in terms of each other's characteristics and the differences between one another. Sometimes judgement was cast on individual differences and these ranged from admiration to resentment. Even so, the recognition of individuality seemed to give parents a stronger sense of self and an acknowledgment that they were, in spite of all the experiences of parenting, essentially the person they understood themselves to be.

As they endeavoured to make sense of who they were and how they fitted into the world in their new roles, the parents confronted the pressures on them to forgo individual goals and sought to find ways in which they might be personally fulfilled. They saw themselves as being self-directed and countered any ideas that they were simply responding to the many external influences on them. Bella, for example, rejected the idea of herself as predestined to give up her independence and choices and declared, "... *I'm just doing everything I wish to do, except it's a different priority ...*".

In addition, each parent indicated a need and a resolve to maintain some degree of independence and sense of self, irrespective of the deep involvement they had with their child. It would seem that the parenting experience was so pervading that the parents sensed they could lose sight of their essential selves and relinquishing all opportunities for independence. They resisted these outcomes. Megan and Lindsay, for example, described their resolve to maintain themselves as a central and enduring unit to which their child was a welcome, albeit temporary, addition. Jane, too, was very clear about her needs when she said,

*... I love watching him develop and grow and change, but I need something for me, too, I can't spend my life watching him grow and develop...*

## **Summary**

The parents held that their interests and activities, social contacts, independence and a sense of self were important enough for them make efforts to maintain them in their everyday lives. While, at times, these efforts seemed to be in conflict with their intense and absorbing involvement with their child and their resolve to be good parents the parents defended their need for these interactive experiences. They sought to keep them as part of their lives and to find ways which allowed them to achieve their commitment to their child and to themselves. In being interactive, in the ways described, the parents were acting on their belief that they were something more than parents. There was another space in their lives, beyond parenting, which was open to others and in which identity and self-worth could be assured.

### **10.3. Maintaining self-fulfilment**

Employment and careers held an important place in the parents' lives. They referred to them as necessary in terms of providing for their child and their family life. While the fathers were the prime income earners over the year and took the view that providing for the family was largely their responsibility in this time, the mothers were concerned about their capacity to contribute to the family's income.

Work, however, held other meanings. The parents talked about their goals which relied on work success and the rewards of hard work. They also talked about their present work and their hopes for good careers. There were, however, great differences in the fathers' and mothers' experiences of work over the year. While the fathers were concerned about the time spent away from the family, especially in the early months, their work was seemingly accepted as a fact of everyday life and was referred to more in passing than as a major issue. The fathers' worklife was virtually uninterrupted and their role as provider remained constant. Even when there was a break in paid work, the fathers continued to regard themselves as working providers. For the mothers, participation in the world of work raised a number of problems and dilemmas. Their concerns are the main focus of this section. While each other's work and the rewards of work were of common interest to the parents, there was a singular emphasis on their individual experiences. 'My work' and 'your work' were the realities of their worklives.

#### **10.3.1. Importance of work**

There was a general recognition of the value of employment and the place of a career in the parents' lives. Opportunities were considered carefully and career directions given serious

attention. Kris, in talking about an overseas assignment, demonstrated a typical awareness of these concerns, "... it was a great opportunity for all the work and that sort of thing, status wise ...". While the fathers viewed work and career development from the position of on-going employment, the mothers had a very different perspective. Each of them had maternity leave and, as the year progressed, faced quandaries and decisions about returning to work and the amount of work they would undertake.

From the early months the return to work occupied the mothers' thinking. A return to work meant separation from a child and they foreshadowed the emotional difficulties they would experience as a consequence. Further into the year the decision became more worrisome. Deborah disclosed, "... I've been tossing and turning up about it ...", while Paula admitted, "I just think it's the biggest dilemma I've ever had ...". Even making the approach to an employer seemed a big step. Deborah, for example, experienced this act as significant. She said, "... I've rung up. I've made the big phone call ...".

Each of the mothers weighed up the advantages and disadvantages in returning to work. Decisions about returning to work and the terms of employment were influenced not only by their own wishes and that of their partner but by the opinions of others. Paula commented, "...there's a lot of pressure on mothers, as to what to do ...", as she acknowledged the strong views of others. Deborah, too, identified a prevailing influence which favoured the return to work for women, and admitted, "I, sort of, feel pushed into it ...".

The opinion of others seemed to place a higher value on returning to work than on remaining at home. While mothers who were seen to be actively contributing to the family income gained approval for their return to work, they realised their efforts at home were largely unrecognised. Deborah, for example, was dismayed at this realisation. She explained,

*... I feel like I'm contributing, it's funny isn't it, you don't feel like you're contributing when you're staying at home, which I thought I was, but people don't view it that way, and when you say, oh, yes, you've got a job you, sort of, feel pleased that you do have a job, but it seems a shame that you have to go back to work to get paid, for them to see it like that ...*

While the approval of others for their financial contribution received mixed responses from the mothers those who returned to work acknowledged that the need for additional finance was a factor in their decision to work. The financial outlay in having a child and the costs of everyday living created a degree of pressure on the parents. The mothers were motivated, too, by the extra income they could bring into the family. Peta gave a characteristic explanation for taking on intermittent work,



*... I've started back to work, when she was five weeks old, that's helped a bit, but at the beginning it was a bit fragile with money...*

Even a small contribution to the family finances was considered worthwhile by the mothers. They compared the effort with the reward and, for the most part, concluded that their efforts were justified by the financial return. Penny reasoned in such a circumstance,

*... I thought it was a bit silly for me not to work just one shift when I could, and Steve doesn't have to do any overtime and it gives a lot more money than Steve could, it means a lot ...*

Even though working made great demands on the mothers they generally held that they should take a part in the generation of income for the family. They, too, had a responsibility, in the role of parent, to produce income. Deborah described to this idea,

*... but I think you've got to look at it sensibly and think, well, if you're going to get on and be able to provide for your family, you've got to, at least, put some effort into it ...*

Gerri, too, spoke of a responsibility to work and contribute to the family's goals. For her, paid employment was "*... what I should do, especially because we're going to buy a house ...*".

Terms of employment were a great concern to the mothers. There was general approval for part-time work. Full-time work, even for those who were keen to return to work, was only an option when financial pressures were very great. Each of the mothers, who planned to return to work, were clear that part-time work was their preference. Penny stated, "*... I wouldn't go, return back to full-time work ...*". Deborah was of the same mind, "*... I don't want to go back to full-time work ...*", and Jane was certain about her preference, "*... I don't want to go back full-time, I do want to stay three days a week ...*". Megan counted herself fortunate in being able to job-share and declared, "*... I definitely would like to go back part-time, that would be ideal ...*".

The preference for part-time work was, in the main, related to the parents' concerns for their child's wellbeing. They agreed that leaving a small child in care for two or three days a week was a reasonable thing but longer was not acceptable. Peta, for example, declared, "*... I couldn't contemplate putting her into full-time care and going out to work, I wouldn't like that ...*" A child's care was the major concern in the return to work for the mothers. They gave careful consideration to child care arrangements and held that their return to work was dependent on satisfactory child care. When the mothers were able to achieve acceptable arrangements and were confident in leaving their child they were very satisfied with the balance between their work and home lives. Jenny made a characteristic comment, "*...I think I've got the best of both worlds ...*".

The mothers' preference for part-time work was also based on their estimation of the total workload in their lives. They sought to achieve manageable levels of paid work and work at home. Part-time work offered the solution. Jenny's comments on an acceptable amount of paid work was typical,

*... I wouldn't want to do any more work than I'm doing because I find that the days when I have to go into the office which is in town now, and by the time I drop Mitchell off and then I've got to pick him up again, it's just such a long day, and I don't know how other people do it day after day...*

The mothers held great hopes that employers would agree to their requests for part-time hours. Negotiation with employers for such conditions was attempted in a number of instances. These negotiations had bargaining qualities and successful outcomes were highly prized. Those mothers who were unsuccessful in gaining their desired conditions were disappointed and exasperated when their hopes were not realised. Gerri told of such an experience,

*... I've tried to negotiate part-time work with them and they tell me they don't have facilities for part-time staff, so, that made me very angry ...*

Rejection of a request for a part-time position was thought by the mothers to be an insensitive disregard of their skills and experience. They thought, too, that as mothers they were given lesser value as an employee. They usually sought another position or compromised on the number of days they would work.

### **10.3.2. Effects of work**

While the parents spoke of the pragmatic reasons for both of them to be in paid employment, they recognised, too, the personal benefits of participating in the work-force. The mothers, in particular, identified the good effects of work on themselves. Jenny, for example, declared, "*... it gives me a purpose, a goal ...*", and could see that work created another dimension of everyday experience which, in her case, had therapeutic effects. She drew a contrast between herself and Kris at work and explained,

*You're at work and you're always with people, whereas I'm often at home with just the baby and even if I'm busy doing things, like general housework I can still be thinking about the negative things at the same time, whereas when I'm at work, or doing work here at home, I've got something to distract me ...*

Other mothers highlighted the stimulation they received in the workplace. Peta saw work as an opportunity to "*... use your brain ...*", and a good reason to be employed. Bella, too, spoke of the intellectual aspects of rejoining the work-force,

*... it's nice for me to go out and use my intelligence ... it's good, it's nice to get back into the work-force, part-time, just to have a little bit of stimulation ...*

When work had become an everyday activity the stimulating effects were evident. The mothers valued these effects and identified elements of self-development in them. Deborah's statement was typical, *"I enjoy the stimulation and the environment and I enjoy that learning ..."*.

There was a social side to the world of work. The mothers appreciated the contact with others. Social contact with work colleagues reinforced their sense of self and provided pleasant interactive experiences. Penny observed on returning to part-time work, *"... it's nice going back there once a week, seeing people I know ..."*.

Employment, regardless of the conditions, offered a way of life, in which the mothers saw themselves as working hard but experiencing a preferred lifestyle. Bella declared in this regard, *"... when I go to work, I work ..."*, while Jane's statement, *"... I've got to get back the sort of life I used to have ..."*, reflects the view that the demands of work were offset by the rewards to be found in being part of the work-world.

Work, too, represented a release from the everyday constraints of child care. Megan described this aspect of work, *"... it's more like a break, really, it's not like work at all ..."*. Within the work experience the mothers felt freed from the continuous attendance on a child and relished the exercising of adult privileges. Megan added,

*... I really like it, get a whole lunch break, a whole hour's lunch break to myself, and go to the toilet by myself, it's real luxury ...*

The memory of the enjoyable aspects of their worklife was often contrasted with their home and child care circumstances by the mothers at home. There were times when they yearned to be back at work. Jane, for example, declared, *"... there are days when I'd love to be back at work ..."*. The desire for the workworld was related to the mothers' previous experience of work. A happy and productive work experience in which they were recognised as individuals with personal rights held a strong attraction and provided the motivation to regain that experience, even in part, in their everyday lives.

### **10.3.3. Making a career**

The parents were deeply conscious of the disrupting effects of parenthood on careers. Although these effects were more pronounced in the mothers' lives, the fathers, too, were faced with maintaining their careers and their parent role. Both mothers and fathers expressed concerns about achieving the right balance between career and home.

Maintaining a career, too, meant not only keeping on with present work, but thinking about the future. Career development and progression were important goals. Ken, for example, made a number of efforts to improve his position. He spoke of his aspirations, " ... *I've been to a few interviews for jobs and getting a job, to get a better job ...*".

The development of a career was problematic for the mothers. Each of them had a strong interest in the progress of their career but realised that childbearing and child rearing would demand much of the time and energy they would have directed to a career. Although this reality caused the mothers a deal of regret, they rationalised the deceleration of their career by convincing themselves that progress would be made in the future. Megan concluded,

*... you can't devote so much time to your career, that's got to be on hold for a while, I think that'll be hard, you'll have to keep saying to yourself, it's only for a little while ...*

Making decisions about career directions in the context of their parenthood was a further difficulty faced by the mothers. They were often uncertain about making career commitments and how involved in their careers they wanted to be. Jenny described this uncertainty,

*... it's hard to know whether, where to go, in my career, too, cause I was thinking about starting a PhD next year and I think, oh well, should I or shouldn't I, is this too much pressure and having another child somewhere in the future where does that fit in, I think it is difficult for us in this day and age, having to juggle all those things and the financial pressures ...*

While, for the most part, the mothers were able to rationalise and come to terms with the slower pace of their careers they were required, once more, to come to terms with the notion that their value in the work-place had decreased and that they would find it hard to pick up their careers at the same level. Jane's and Patrick's discussion in relation to Jane's career highlights this effect.

*Jane: ... once you get higher up it does become harder to slot back in, it's harder to take that fall in, well, okay, maybe I've got to start again.*

*Patrick: There's also a perception there as well, you go away from a job and then you go back and say, hi, I'd like a job and they say, oh, I see, we see that you've just had your first child, obviously you're only here for a year or too, till your next child ...*

Nevertheless, the mothers were convinced about the need to maintain an involvement with their career even though they accepted that it would assume a smaller place in their lives. Deborah, for example, emphasised the importance of "*...keeping in contact with your professional career ...*", while Paula thought carefully about the wisdom in maintaining contact with a career. She explained,

*... I'm thinking I possibly should go back and should do a couple of days, because it just would keep my hand in, because you never know what's in the future, it just might be unwise to completely drop out of the workforce ...*

Maintaining their careers and finding a balance between work and parenting were central in the parents' thinking about their future. Many of their decisions were made with these issues at the forefront of their thinking. Murray and Gina, for example, discussed the advantages in having further children close together rather than spacing them more widely. In having children close in age they could see that Gina's work-life would have less disruption. Gina explained, "*...I'll be at home for a year, two years or whatever and then after that I'm back to work for the rest of my life ...*"

## **Summary**

A place in the workworld provided the parents with personal fulfilment through their experiences in being purposeful and productive individuals. Work seemed to be an essential component of their adult lives and offered the each parent opportunities to feel valued and to share the responsibility in providing for a family. Having a place in the work-world had many good effects, especially for the mothers. In being both parents and work participants, the parents were required to find a satisfactory balance between the workworld and the homeworld. Career development raised difficult questions about the time and energy necessary for both parenting and career. For the mothers, the realisation that their value in the workplace was diminished and their career progression was slowed was demoralising. A determination to continue with a career and to satisfactorily adjust to the competing demands of parental responsibilities and work participation helped the mothers to maintain a sense of individual worth.

### **10.4. Optimising opportunities**

Another aspect of the parents' self-development was the extension of their capabilities, especially those which would open up further career opportunities. The parents thought that furthering their education and gaining qualifications were sensible strategies for improving their chances in the workworld.

#### **10.4.1. Further education**

A number of the parents gave consideration to furthering their education and increasing their qualifications. For most, however, further education was something for the future. Even so, their thinking about study included a strong desire to do so. Steve, for example, was unsuccessful in gaining admission to a university course but was determined to re-apply in the next round. He declared, "*... I've got to try, I'll get it sooner or later*".

Three of the parents, however, were attempting to gain qualifications and studied part-time over the year. These parents were committed to completing their courses even though they acknowledged the difficulties in keeping up their study and caring for their child. Each of these parents and their partners, believed the difficulties they encountered were offset by the advantages in achieving their educational goals.

The commitment to study was linked to the positive outcomes that were possible with educational qualifications. Those parents who were studying and those who saw themselves continuing with their education in the future were interested in both career progression and the self development aspects of education. Ken, for example, explained that he was hoping for a better paid position in "*... trying to get through this course and exams ...*". Gaining qualifications opened up opportunities for several couples who had plans to leave the city and live in the country. Further qualifications would increase their employment prospects. They were prepared to remain in the city in order to study but looked to a future in the country.

Those parents who studied and their partners experienced personal costs in the quest for further education. For those who were studying in this first year, the time taken for study was the main issue. Lindsay, for example, described his schedule,

*... I'm studying at the moment, so four nights a weeks plus weekends, so that doesn't leave an awful lot of time ...*

Study time was time spent away from a child or a partner. Each parent who studied tried hard to strike a balance in their apportioning of time allotted to study, work, parenting and their relationship. Sometimes the choices between each of these commitments were hard to make and created tensions. Usually, the parents adopted a pragmatic approach and saw themselves as pressing on towards a definite end. Lindsay's view is an example of this process,

*... it has to fit together really, I don't have, I don't have any choice, there's still one and a half years more to go and whether he likes it or not ...*

Despite the difficulties in achieving such a balance the parents who were studying and their partners held the view that study was best done while their child was so young. For Penny and Steve, Penny's study was well timed in relation to their future plans. Penny explained,

*... I think it's probably best to do it now, rather than later on, cause that's probably when we want to have another child ...*

Megan, too, thought that study was best achieved while a child was very young. She gave her reasoning,

*... I'm glad Lindsay's studying now, I'm glad he will be finished in a year and a half when Tom is two, so that at least, I think it will be better for him, too, then ....*

Although the desire to further their education and gain qualifications was strongly linked to the parents' ambitions for the future there was, in addition, a distinct element of self-fulfilment in each of the parents' determination to study. Penny described her motivation as if it were a personal need, “... *I had all these things I wanted to do and I still want to do a few of them, like go to uni ...*”.

There were, in addition to the hard work and time management concerns, some enjoyable and rewarding aspects of study. Penny commented, “... *it's nice going out to use my brain a bit and think of things ...*”.

## **Summary**

The drive for self-improvement, expressed through undertaking further education and gaining qualifications, was another example of the parents' need for personal fulfilment and to increase their productive value. Their interest in extending their capabilities was an assertion of individuality and a confirmation of their view of themselves as other-than parents.

## **10.5. Ensuring wellbeing**

The parents expressed their concerns about keeping fit, healthy and able to function at a good level. They placed a high value on personal health and physical wellbeing which led them to engage in activities which maintained fitness and to seek health care when necessary. There was a commitment, in these acts, to personal wellbeing even though the impetus for such wellbeing was, in part, related to the need to care for their child.

### **10.5.1. Physical fitness**

There was a strong interest in the parents in being fit and maintaining good levels of energy and activity. The need to keep up with regular exercise was acknowledged, even though in the early months exercise routines were disrupted and opportunities reduced. Steve, for example, was eager to resume his outdoor exercise when James's care became less demanding. Lindsay, too, was keen to recommence exercise and organised a program which fitted around Tom's needs. He explained how he managed,

*... get a bit of training done, do a bit of exercise, usually in the morning or late at night, but that, that keeps me going, I quite enjoy exercise ...*

The mothers were particularly interested in regaining their fitness levels. A number of them undertook aerobics classes, taking their child with them. They found these classes physically beneficial and socially rewarding. Gerri, for example, commented in the early weeks, "... *I went to the aerobics last Tuesday at the hospital, so I was really pleased about that*". Other activities which the mothers undertook included squash, tennis, swimming and walking. They continued with such activities over the year.

### **10.5.2. Keeping healthy**

While the parents, on the whole, maintained good health throughout the year they had a number of minor health problems. Most of them sought health care and experienced little interruption to their usual activities. The exceptions were Jenny and Peta who experienced post-natal depression. Jenny's post-natal depression was very disruptive and caused much distress to herself and Kris. She was, however, determined to recover and agreed to medical treatment. By the end of the year she was well. Peta relied on Sean and her friends for support and she, too, by the end of the year was managing reasonably well. With every health problem the parents were strong in their determination to recover and to regain full health and function.

There was, in addition, a noticeable interest in optimising health. Several of the mothers were concerned about weight gain and began to monitor their intake and increase their exercise. They realised, too, that lactation influenced their weight and were prepared to pursue weight reduction more firmly after breast feeding had ceased. Many of the parents noticed they had become more conscious of nutrition and attempted to minimise their intake of unhealthy foods.

Most of the parents took holidays or breaks during the year. They looked to these times for relaxation and reinvigoration. Colin's ski trips, for example, served this purpose. Deborah explained,

*... [he] just really relaxes and really enjoys it, so with the job he doesn't get any holidays, so this is holiday for him.*

Many of these breaks included opportunities for others, such as grandparents, to share in child care. Time away from the daily responsibilities of work and home helped the parents to unwind and seemed to re-energise them.



## Summary

The parents' interest in being fit and keeping healthy was strong enough to motivate them to engage in physical activities and health preserving actions. In making these efforts they demonstrated a determination to maintain their pre-parenting levels of function and their sense of themselves as achieving and energetic individuals.

### 10.6. Summary and conclusion

#### 10.6.1. Ways of maintaining personal wellbeing and integrity

The experience of first-time parenting in the first year included the parents' activities in **maintaining personal wellbeing and integrity**. As theme in the description of the phenomenon under study, **Maintaining personal wellbeing and integrity**, is revealed in the determination of each individual to maintain a knowable identity, to seek personal fulfilment and to care for oneself.

In **preserving identity and self-worth** the parents tried to retain clear and strong perceptions of themselves as valued people. Each parent indicated a deep need to continue to be the person they were even though they acknowledged their new role as parent and, over the year, became more comfortable with it. In order to keep a clear sense of self, the parents drew on their connections with the past and held onto areas of independence. The strength of this need to preserve the self was demonstrated further by the parents' resistance to becoming a parent and nothing more. The determination to stand as an individual was also expressed in the parents' efforts in **maintaining self-fulfilment** and in **optimising opportunities**. They believed they had both a need for and a right to personal fulfilment. In the work-place and in further education the parents found opportunities to extend themselves and achieve a greater sense of purpose and self-worth. Caring for oneself, even in the context of being a responsible parent, can be seen as indicative of the value an individual places on oneself. The parents were very clear about their need to maintain good physical function and health. Their efforts in **ensuring wellbeing** saw them make determined efforts to maintain themselves as energetic and well functioning individuals.

In **maintaining personal wellbeing and integrity** the parents established that they saw themselves as continuing to be the persons they knew themselves to be. Parenthood had a dominant place in their lives and the parents freely acknowledged the developmental nature of

this experience. Nevertheless, being a parent could not extinguish the essential-self and the needs and rights of an individual.

The parents' experience in **maintaining personal wellbeing and integrity** reveals the juxtaposition of two powerful forces in the everyday lives of the parents. Each parent was caught up in an absorbing experience which changed their lives and themselves. They were enchanted with their child and lived as if they had found another existence. On the other hand, they held onto dimensions of themselves and their pre-parenting experiences as if their integrity depended on it. While, inevitably, these two drives competed at times, each parent applied a determination and an intellectual justification to preserving their personal wellbeing and integrity.

In addition, it might be argued that the preservation of the essential person in a state of optimal function bodes well for the parenting experience. Parents who are integrated and functional, would seem to be well equipped for the demands and delights of parenting. If this is the case, the everyday experiences of parenthood and in **maintaining personal wellbeing and integrity** are able to co-exist in harmony, enriching the lives of both parents and child.

#### **10.6.2. Being other than a parent**

As the parents established and put into play the processes by which they **maintained personal wellbeing and integrity** they were living as if their being was in **being other than a parent**. As individuals who were driven to **be other than a parent** each parent achieved a state of being in which their complete being was a composite of parent and essential self. Such a state of being requires self knowledge, in which a parent is able to accommodate the parent and self states of being in a comfortable and functional whole. **Being other than a parent** sees parents living as resolute people who have a determination to live beyond the boundaries of parenthood. They are self-caring people in that they have regard for their own essentialness. Their regard is manifest in the ways they seek to ensure the substance of their being is healthy and well functioning.

# Chapter 11

## Living with new perceptions: Experiencing feelings as parents

### 11.1. Introduction

The parents' accounts of their experiences over the year included many references to their feelings. They described their many emotions which ranged from those which were intensely joyful to those which were deeply distressing. As they spoke of their feelings, it became obvious that the emotional component of their experience was a major part of the parenting experience. Their expressed feelings were, in fact, foremost in their given experience of parenting.

In recounting their experiences the parents projected a emotional vulnerability through which they were left open to an immensity and intensity of feelings. These emotional experiences contained excitement and awe and, at the same time, were laden with uncertainty and disequilibrium. In addition, the parents revealed themselves to be, at times, overcome by the number, diversity and depth of their emotional experiences. They were, however, in opening themselves up to the new experiences of parenting, brought to new understandings of their existence, everyday world and the meaning of parenthood.

**Living with new perceptions: Experiencing feelings as parents**, describes the first-time parenting experience from the perspective of the parents' emotions and has emerged as a theme in the description of the phenomenon of first-time parenting. The approach for this theme can be described as 'viewing' the phenomenon through the emotions of the parents. Thematic statements, generated from the accounts of the parents' emotional experiences provide the substance for the theme. The parents' new perceptions, experienced as emotions within the experience of parenting and described by the parents in this study, are an evident part of the experience of first-time parenting over the first year. As theme, **Living with new perceptions: Experiencing feelings as parents**, becomes a further component in the full description of the phenomenon.

The chapter has been organised in accordance with four main dimensions of the parents' affective experiences. These four dimensions are:

- Feelings about a child: Love and enrichment
- Feelings in being with a child: From delight to despair
- Feelings in caring for a child: Confidence, anxiety and guilt
- Feelings about selves: Joys and disappointments

The four dimensions provide four groupings of the parents' emotional experiences and give organisation to the myriad feelings as given by the parents in their accounts.

The purpose in exploring the parents' emotions experienced in first-time parenting, is to acquire the most complete description of the phenomenon that is possible through isolating the affective experience and using it to give further descriptive meaning to the phenomenon under study. This approach, too, is an attempt to uncover the descriptive qualities in the emotional experience in such a way that they remain unclouded by other issues which, in everyday life, would be present. While the reality of human experience is such that all components of experience are interwoven and interactive, the ability to fully perceive human experience is limited by that very complexity. The quest for clear and trustworthy description, therefore, requires human experience to be examined according to its various components in order that the whole might eventually be known. It is as if the full knowledge of the whole requires a singular examination of its components. This is the approach taken in this chapter.

Even so, the separation of emotions from the total human experience is an analytical device and cannot be fully sustained. For example, the full complement of the parents' revealed feelings are not exclusively contained in this chapter. Such experiences are evident throughout their total experience as parents and are, inevitably, part of their experiences in making a place for a child (Chapter 6), acting responsibly in the care of a child (Chapter 8), interacting with others as parents of a child (Chapter 9), acknowledging the development of a child (Chapter 10), and maintaining personal wellbeing and integrity (Chapter 11). Taking aside the emotions of the parents as a discrete area of experience can, however, provide yet another perspective from which the full experience of parenting can be viewed and described.

The emotional experiences of the parents pervaded their accounts. They spoke of their feelings about their child, in being with and caring for their child, about themselves and their experiences. Their feelings ranged from those which brought joy to those which were distressing. Such emotions, as part of human experience, were not new to the parents. They were, however, encountered for the first time in the context of their parenthood. In addition, the parents revealed an intensity and depth to these emotional experiences which they emphasised and which were, for the most part, far greater than any previously experienced.

## 11.2. Feelings about a child: Love and enrichment

Many of the parents' emotions were responses to their child. They identified feelings of love and pride which grew in intensity over time. They experienced, too, a feeling of fulfilment which was clearly a result of their parenthood and the presence of their child.

### 11.2.1. Loving a child

The parents spoke about having a child and the intense feelings their child evoked in them. A child generated feelings of great happiness. Paula said, "... *it's so lovely to have him,*" while Deborah expressed, similarly, "*We're very happy we've got him,*" and added, "*we go in there at night and have a little look at him, very proud of him*". Gazing proudly over a sleeping child was described by several couples. Their deep feelings for their child were revealed in these descriptions. Megan's account shows such feelings,

*... we were saying last weekend when we were out walking, we were saying, this is just the most adorable thing, and Lindsay was saying, sometimes he, when he's asleep, he'll just go and look at him and think he's just wonderful.*

Each child engendered strong emotional responses in its parents, who identified these as feelings of deep love which contained great intensity. Jenny, for instance, described this intensity when she said, "... *we just love him to death*". Several of the parents told of their experience when these feelings first emerged. Gina's story is an example,

*...I picked her up and she just was quiet and she was just looking around and she wasn't crying or anything but I was just holding her and I just started to cry and I sobbed and sobbed and sobbed and I couldn't stop and I was so glad nobody came and asked me, like, what's wrong, because I was just suddenly overwhelmed by what I felt for her, and it's like, if anybody had come and said, what's the matter with you, oh, I love my baby ...*

Gerri, too, told of strong new feelings,

*... I feel this strong mother urge when I see him, I just want, just when I look at him especially if he's got his eyes open, I like looking at him, his eyes, they're lovely and round, looking at me.*

The strength of feeling for their child had not been anticipated by the parents. They spoke of these emotions with surprise and wonderment. There were times, too, when they felt overwhelmed by such powerful and dominant feelings. Paula's observation was typical,

*... sometimes it amazes me the feelings that I have, with certain things he does, they're quite overwhelming.*

Gina, too, articulated the magnitude of a parent's feelings for a child,

*... the one thing that surprised me was the overwhelming emotion I feel for her, like, the amount of love that I feel for her is, it can't be measured.*

As they acknowledged the depth of their feelings many of the parents recognised that their strong, loving feelings provided a buffer for the conflicting emotions which they experienced in parenting. Feelings of love for a child seemed to override feelings such as irritation, anxiety and frustration. Gina was able to explain this effect,

*... it just melts your heart, I think that's why Gabrielle is so appealing, it's nature's way of stopping you from throwing them against the wall when you've had zippo sleep, and you wake up and you are wrenched out of yet another night's sleep and it's like, I could drop you right now, and, she's going, errhhh, it's like, oh, god, I just love you so much.*

Similarly, a number of parents spoke of their loving feelings for their child as having a protective function. A loving attachment was a prime factor in their intense need to be close to their child and to keep their child from harm. Further, the extent of the emotional connection with a child was demonstrated in the parents' dread of an untoward event involving their child. Their emotional involvement was so great that it was devastating to imagine their child could be harmed or that they could be without their child. Jenny's statement, "I'd just die if anything happened," was typical. Overwhelming feelings of love for a child brought the realisation that separation was untenable. Even everyday, short term separations could be wrenching. Kris, in explaining how he wanted to be with his son, commented wistfully, "I want to take him to work".

### **11.2.2. Feeling proud**

Love for a child was often linked to feelings of pride in their child. Such pride was related, in the main, to a child's appearance and behaviour. Murray's proud claim about Gabrielle, "She's a perfect child", was made in reference to her attractiveness and appealing behaviour and was characteristic of the proud sentiments expressed by the parents. Feelings of pride seemed to be prompted, too, by the attention of others. Ken admitted to this effect in saying, "I like showing off and showing photos of Lucas", while Gerri described her feelings of pride in Lucas in the context of his film casting,

*I feel really proud, because I know he's cute and when he gets picked, I think, well, other people think he's cute as well.*

Parental feelings of pride were expressed to others. Patrick, for instance, acknowledged his enjoyment in talking about Zeb whenever he could,

*I do a lot of gloating, I'm a natural, sort of, gloating person, so people at work, I'm sure they're sick to death of hearing about the world's most fantastic baby ... at work sometimes, you look up, there's a few photos on the desk and you look at them and think, ha, ha, isn't he wonderful.*

The attractive appearance of a child was, in addition, the impetus for feelings of delight and wonderment. The parents spoke about their child's physical appeal with a sense of incredulity that they could have a child who was so visually attractive. Some described such feelings as they first experienced them immediately after their child's birth. Gina, for example, said,

*... she was beautiful, she wasn't wrinkly or, she looked like she does now, she was all plump and round and pink.*

### **11.2.3. Being enriched**

A number of the parents identified feelings of being fulfilled and enriched as if their child had added a new emotional dimension to their lives. Jenny gave her feelings, "... *my life's really fulfilled now, like I feel rich, even though I'm tired.*" There was a perception, too, that a child brought great happiness and a sense of completeness to its parents. These emotional consequences were perceived as gifts from their child. Gina gave words to these deep emotional consequences in having a child, "*Gabrielle's brought nothing but joy to my life, she's done nothing but enrich it*".

In their feelings of deep love and pride in their child and of being fulfilled, the parents experienced a new intensity of emotions. They became open to an emotionality which delighted, enriched and captivated them.

## **11.3. Feelings in being with a child: From delight to despair**

### **11.3.1. Closeness**

Many of the parents' feelings were experienced in the close presence of their child. In being with their child, the parents were open to a range of feelings which included pleasure, satisfaction and relief. For example, several of the mothers spoke about the pleasure they found in the close physical contact of breastfeeding. Holding and touching a child was emotionally satisfying. Even when early breastfeeding was tentative the tactile experience was rewarding. Gina explained, "*I like it because it means I can lie here and hold her and touch her and look at her.*" Jane, while remaining ambivalent about breastfeeding, said of breastfeeds, "... *they're actually quite nice from the closeness point of view*". For Paula, the sensory dimensions added to the great pleasure in breastfeeding. She declared,

*I love it now, I love it, it's so easy, and I don't think there's anything nicer than just looking down and seeing this little face and the little hand is resting on your breast.*

The pleasure in closeness was found in other experiences, too. Having a child close was not only emotionally satisfying but reassuring. Several of the parents expressed their feelings of security in keeping a young child close by, especially at night. Jane and Patrick, for example, kept Zeb in their room even though they had prepared a room for him. Jane explained, "... *but of a night, I like to have him next to me*".

Later in the year, the parents' pleasure in being with their child was intensified by a child's evident desire for closeness. The parents gave examples of the way their child demonstrated attachment and spoke of their feelings of delight in a child's unconditional love. Megan's account of Tom's joyful response to her return at the end of the working day is an example,

*... and at the end of the day, he's just so pleased to see me, he sees me, and he comes scampering over and he gives me the biggest hug, you know, it seems to go on forever, and he won't let me go, he's just so pleased to see me, and that's good.*

Any demonstration of a child's wanting to be with his or her parents was deeply gratifying and was often contrasted with the lack of interest in the early months. Jenny, for instance, found Mitchell's attachment behaviour a welcome change from his early disinterest. She explained,

*I quite like it, because I can remember those first months, especially with the breast feeding and thinking that he, I could be anyone, I could be a dummy, you know, he just doesn't seem to show any preference for me.*

The close presence of their child and the feeling of receiving love from a child was an intensely emotional experience. The parents spoke of these intimate experiences as affecting them deeply and providing a reward for their care.

The pleasure in closeness was not only an immediate experience, but increased in keeping with a child's responsive behaviours. As the experiences of closeness accumulated the parents' emotional involvement with their child was intensified and strengthened.

### **11.3.2. Sharing happy experiences**

There were many opportunities to be part of a child's happy experiences. The parents delighted in a child's responses to themselves and the world and placed value on being present when their child expressed enjoyment. Interactions with a child were often fun filled and made the time spent with a child emotionally rewarding. Jenny's description of her happy interactions with Mitchell serves as an example,



*... there's just lots of little things he does that I seem to spend most of the day laughing and, things like he, he'll come sneaking around that wall and sneak up and then do a little wave to me, like this, and it's so cute.*

Feelings of happiness in a child were often found in shared activities. Matt, for example, told of the good feelings he had when he and Mark went off together, "*... it's good, we do lots of things together*". Including a child in activities or becoming involved in activities at a child's level was another source of pleasure. The parents enjoyed providing new experiences for their child and witnessing the delighted response.

Pleasure in sharing happy experiences with their child seemed to increase over the year. Such increased pleasure was sometimes contrasted with earlier, less rewarding experiences. Jane, for example, in looking back over the year and Zeb's increased interaction, observed, "*...it was around about nine months that I really started to enjoy him and think there is some joy in this after all*". Increased pleasure in sharing experiences with their child was not only acknowledged but anticipated. Anticipated pleasure was usually imagined in the context of future activity. Bella, for example, looked forward to summer activities with Mark. She said, "*... we can't wait till it's summer time, so we can buy him a little pool, and take him out*". Megan and Lindsay, too, looked forward to further happy experiences. Megan explained,

*... we talk about things, like, oh, won't it be good when we can take Tom somewhere, you know, won't it be good when.*

### **11.3.3. Pleasure in a child**

The parents described pleased feelings, which contained elements of satisfaction and relief, when their child was doing well or showing signs of increased competence. A child who fed well, was settled and slept well was the source of satisfaction and pleasure. A number of parents experienced surprise, relief and delight when their child's sleeping patterns improved. Jenny and Kris, for example, expressed such feelings when Mitchell slept in a more settled way. Jenny summarised,

*...we get a couple of six thirties but he usually does wake at five thirty, but we leave him and he goes back, but, like, we think that's miraculous, five thirty, at least we get all night.*

Paula and Chris, too, were happily surprised and encouraged when Andrew became more settled. Paula described the occasion,

*... and then, he dropped off to sleep, I said to Chris, it's a miracle, and it, sort of, gave me heart, I thought, well, he can do it, he can put himself to sleep...*

Pleasure in a child was enhanced when the parents could see their child was content and thriving. Jenny's account of this particular feeling was typical,

*... I think the times I like the best are when he's lying in bed asleep and his cheeks are just sticking out and he looks so peaceful and, you know, happy, and oh, it's pretty special.*

The parents were pleased, too, when a child was thought to be developing competency. Jane and Patrick, for example, were pleased when Zeb was able to entertain himself for periods. In another example, Bella and Matt were delighted about Mark's behaviour during his baptism. Bella summarised,

*... it was really, really good, we were really happy that he didn't cry, most babies cry right through it, so it was really great.*

#### **11.3.4. Bearing with a child**

In company with their pleased feelings the parents experienced a number of unhappy feelings related to their child. Many of these feelings were provoked by their child's behaviour and by events which had, or were likely to have, a negative effect on their child.

A distressed child caused immense anxiety in the parents. Parents were deeply upset when their child cried and could not be consoled. Paula said, "*... it was just upsetting me so much to listen to him, I'd ring Chris in tears*", while Gina's description was typical,

*I find it very distressing, like, I get really uptight when she's crying like that and I know that it's not hurting her, but, you know, she gets herself into such a state and you pick her up and she's like, hhh, uhh, hhh, and this goes on for ten minutes and, you know, she's exhausted and she'll be falling asleep on my shoulder and still you'll hear her, hhh, uhh, hhh, like that, like it hasn't quite gotten out of her system, like, it just breaks my heart and I come out here and cry.*

In addition, crying created great stress, causing the parents to feel tense and pressured. Deborah described this state as being, "*...at your wit's end*", while Peta described her struggle to cope,

*... it drives me up the wall, even though it's only, she's only going to be crying for, like two minutes, five minutes, it's just like, wraahhh, after two minutes, (to Sophie) mummy can't handle it, can she, she can't handle it.*

Jenny and Kris, too, felt stressed when Mitchell cried urgently. Kris recounted,

*He's very impatient, he just yells his head off, it's just like a switch, that's what really is the breaking point, that sort of behaviour which is really, I know it stresses me, it stresses you (to Jenny) ... at night, he'll wake up and he'll start screaming because he wants a feed ... he wants it now and in the time it takes to prepare a bottle in the middle of the night and he's screaming, screaming, screaming, and that's part of the pressure.*

A feeling of ineptitude was a further source of stress with a crying child. Gerri described this feeling, "I was beside myself, I didn't know what to do and nor did Ken", and Patrick admitted,

*... when he's screaming, you can't console him, you don't have some, you feel just an absolute idiot, and that's the worst bit.*

The parents became frustrated, too, when their efforts to console a crying child were unsuccessful. Murray described this feeling,

*Frustrated to all hell, you know, you just can't do it, it's like, you know, what the hell's wrong with you, you're clean, you're feeding.*

It was not uncommon for parents to feel disappointed because the time with their child was blighted by crying. Lindsay and Megan related their experience,

*Lindsay: ... usually it's his unsettled period and that's a bit hard to take sometimes, I've been looking after him when Megan went out playing squash and he just wouldn't settle, there was nothing you could do about it, he just cries.*

*Megan: I come back after an hour and a half and Lindsay's sitting there, saying, you know, why won't he stop it, it's not fair when I've been working all day and all I want to do is play with him and he just won't, won't stop crying, and when you're tired, you know, it just makes it even worse, it's hard ...*

A child's crying was related to whether a child would sleep or not. A wakeful child often cried and when this occurred at night, the parents became tired and stressed. Gerri described this experience,

*... he kept me awake for hours and hours, and on Saturday morning I was, I was so tired I thought, oh, no, and I just felt really wretched, and I got a bit teary.*

If the cycle of crying and not sleeping continued the parents quickly became fraught and fatigued. Gina felt desperation in this situation. She explained,

*... one night she was up every half hour and then there was like, all the other nights she was like waking three, four, five times in the night and then being really boisterous during the day and I was like, we went to the clinic, and I said to the lady like, if I don't get something done about this I'm going to strangle her because I can't cope.*

The parents agreed that crying and not sleeping was their greatest difficulty with their child. Peta's declaration that Gabrielle's crying was the hardest experience of her parenthood was typical,

*... when she's screaming for me, the worst part is when she won't go to sleep and Sean's not here, that's the worst part, cause Sean can switch off but I can't.*

Their child's feeding was the next most common experience of anxiety and frustration. Successful establishment of feeding in the early weeks was a major task and the parents

became intensely worried when difficulties arose. Megan gave an example of such anxious feelings in the early feeding experience,

*I was mostly concerned because he wasn't feeding very well, he was a sleepy baby, well, he used to be, the first four days he didn't really wake up and he didn't start sucking and I was getting very concerned about breastfeeding, and when we got home, I was still very worried that he would dehydrate or something would happen to him, so the first few days, I was just, I was just very upset all the time, concerned about him, thinking about him all the time.*

As evident in Megan's account, the anxiety about a child's feeding held deep concerns about a child's wellbeing and, particularly in the early months, survival. These concerns were experienced across the parent couples.

Feeding difficulties were commonplace in both the early weeks and throughout the year and caused feelings of inadequacy and frustration. Jenny, for example, described her frustration,

*...we've had feeding problems, when I would put him on the breast he shakes his head and pushed away and tenses his body and I'd have to put him down and when I would take him away he'd cry and I just didn't know what he wanted.*

Jenny and other mothers found that, as frustration rose, the ability to relax and successfully breastfeed diminished which, in turn, increased frustration and despair.

The parents' fears about feeding and their child's wellbeing re-emerged whenever a new difficulty arose. Jane spoke of these at the end of the year,

*I was very concerned, I was down to three feeds I think at that stage and he still wouldn't take any substitute and then it started to get hot ... he'd drink water which was fine, but he really needed more milk and I thought, what am I going to do.*

While crying and feeding difficulties were the most anxiety-producing experiences there were other causes of anxiety in the parents. One example was a child's unexpected behaviour. Murray gave an account,

*... when we first got home we thought there was something wrong with her because she slept and didn't grizzle and didn't cry and, I mean, we went to the doctor about it.*

Similarly, when faced with unanticipated changes in their child's behaviour the parents became anxious. It seemed as if they were required to continually adapt to new patterns of behaviour. This process often left them feeling unsettled and uncertain. Paula talked about this experience in the early weeks,

*... you can't judge on the first two or three weeks of life, and then you hit week four or five, and everything starts changing and you think, oh, I wonder if there's something wrong, you know, I've had such a good baby, it's getting worse, babies are supposed to get better and no-one ever tells you that whatever pattern they're in, in those first couple of weeks, doesn't necessarily stick and I remember that, I remember I was very worried because he didn't seem to be sleeping as well.*

Changes in a child's behaviour, particularly if the behaviours were problematic, continued to cause concern to the parents over the year. They were often stressed and disheartened in these situations. Peta described such feelings,

*... it's more stressful and a lot harder and I find, I'm actually finding it a lot harder to enjoy because it is so stressful, it's like really, really hard and before she used to, like, it seemed like she was just about always giggling and now it's like she's always crying.*

Megan and Lindsay, too, spoke of their dismay when Tom's behaviour changed for the worse. Megan said,

*... he turned one and just turned into a little monster, cause he, cause up until about one he was just so placid, you know, you could change his nappies without any problems and you could do whatever you wanted and poke him and he wouldn't complain, and it just seemed that he turned one and he just was, just so opinionated about everything.*

A child's constant demand for attention could evoke impatience and frustration. These feelings were more likely to arise when a child's demands were unrelenting. Megan explained,

*... he was constantly wanting, wanting more food and at the same time he'd got bored with just lying and looking at his mobiles, and he wanted more things, so he was constantly demanding things, and I found that very hard.*

Very often a child demanded the continuous presence of a parent and wanted to be held. Gina described this experience,

*... she has those days where she's like, will not let me go, and I can't do anything without having her permanently attached to me, I said to Murray yesterday, I said I feel like one of those people that have those clip-on koalas that stick on your lapel, well, she's just like a clip-on koala and she does not let go, she's like a real big, big, big, clip-on koala.*

A clinging child could be stress provoking and exasperating. These feelings are evident in Gina's account,

*... she's very clingy, like I can't leave, if there's only she and I at home and I go to the toilet she goes mental if I leave the room, so I have to drag her everywhere ... and if I'm sitting on the floor playing with her and I get up or try to get up to go and make a cup of tea or something, she's like, climbing on me and it's like, oh, just leave me alone for one minute.*

A child's demanding behaviour could be, at times, overwhelming. Frustration could become intense distress. Megan described these feelings,

*... he just whinged the whole time, he was so tired, it was, you know, when they're at your ankles and you feel like kicking them, get away, cause all the time he'd follow me and he'd just want me to pick him up and hold him all day, and, of course, you can't do that, you can't do that, so that went on for a few weeks that was quite, had the tears a few times, I did.*

Although extreme stress and emotional upset was experienced with a clinging, demanding child, the constant demands were the most distressing. In Jane's review of the year such strong feelings are revealed,

*... he was a baby who required quite a lot of attention, and that was hard because I don't think I'd come to terms with that, and I fought against it and resented it.*

Stress provoking behaviour in a child could also induce a strong emotional response in parents. Many felt immediate anger. Gina, for example, described this emotion which brought her close to losing control,

*... she was driving me insane and in the end I had to put in her cot, cause that was the safest place for her, cause she was driving me mental ... I got so wild with her I wanted to slap her one.*

While such immediate emotions were usually short-lived, the parents experienced sustained anxiety about unacceptable behaviours becoming permanent. A common reason for such anxiety was the development of bad habits. Jane gave an example,

*I am concerned about him going to sleep on a feed, because it's, it is a bit of a bad habit to get into ... I'm worried that it will continue.*

The parents, too, noted their feelings when their child responded to one another in noticeably different ways. Some parents found this behaviour irritating and, even upsetting. The mothers experienced such feelings when a child behaved well for a father but not for them. Jane gave a typical account,

*... that's actually quite annoying, cause for me he cries, almost invariably he will have at least a minute of crying, anything from a minute to two hours before he goes off to sleep, whereas nine times out of ten for Patrick, he'll just drop off.*

For the fathers there were experiences of disappointment when, on coming home at the end of the day, a child was tired, fractious or unsociable.

### 11.3.5. Fearing for a child

The parents had numerous anxieties and fears about their child. They were anxious about their child in the care of others. Jane, for example, in thinking about her return to work admitted, *"My major worry is really how Zeb's going to adapt"*. In other instances, the parents were uneasy about experiences and future encounters for their child beyond the home. Deborah observed in this regard,

*... the socialisation and the peer groups seems to start very quickly in life, which is strange or sad in some ways.*

The comments of others could reinforce anxieties about a child. Such comments usually related to a child's development. Gerri, for example, found remarks about Lucas increased her concerns about him,

*... it was just hard to take ... it used to get on my nerves a lot when people used to say how small he was.*

In another example, information given in Paula's mothers' group about child development, created anxiety rather than reassurance. Paula confided, *"... and it worried you to think, oh, he's slow, he's a slow child"*.

Feelings of anxiety and distress, however, were much more severe when a child was hurt or experienced pain. The parents referred to the immunisation experience as particularly difficult and distressing in this regard. Paula explained, *"... that's heart wrenching too, holding them and then, oh, this needle goes in and yuck."* The anguish in watching a child experience fright and pain was intense. Gerri's account was typical,

*... I find it all very emotional, like, when, I can't watch them put the needle in, I always have to turn away and, um, the first time I just watched Lucas's face, I couldn't watch when they were putting it in or anything, and, his face was just utter shock of surprise and then he just screamed,, I almost felt like crying myself, too.*

Holding a child and being party to the infliction of a painful experience was deeply distressing. A number of parents needed someone else to hold their child or to be with them. Peta explained how she managed,

*I still gave her to somebody else while they put the injection in, I mean, I'm right behind her but I just don't want to hold her while they, cause I can't handle needles.*

The distress in a child's reaction to an immunisation injection was usually so great that support during subsequent injections was sought. Megan was an example,

*... I was really upset after I took him, cause he really screamed, poor little thing, so the second time, I said, oh, you've got to come with me, I said, it's too sad, you've got to come.*

In addition to the parents' distress in the immunisation events, they experienced high levels of anxiety about the effects of immunisation. Deborah, for example, spoke of her apprehension after watching a television programme on the complications of immunisation, "*... you think, oh, will I be the unlucky one*". Several of the parents saw immunisation as a threat to a child and felt afraid of its outcomes. Bella, for example, carried grave doubts and fears about the effects of vaccines. She said,

*... whether you do or you don't, I know it's bad, that's why I'm waiting on till Mark gets older, that way his body will be bigger, he'll fight it better if I have to immunise him, oh, it's, oh, frightening.*

In several instances parents were anxious about their child's reaction to immunisation. They were troubled when their child was feverish and irritable and fearful about complications. Because they had not seen these reactions before they were anxious and uncertain about what they should do. Bella described her experience,

*... ooh, ooh, when he got his triple antigen, my god, he was fine, two hours later he had a temperature, he was unhappy he was cranky, I didn't know that they react that badly to it, I had no Panadol, I had nothing, he [Matt] had gone out to go get a haircut, and I was home alone without a car, I was so stressed out, didn't know what to do, I was frantic.*

Jane, too, experienced fear and upset when confronted with an severely upset child following immunisation,

*... he cried all morning, had two really big vomits, like all over me, I had to go and get changed and I had to change him, and he wouldn't eat and he wouldn't sleep and I ended up actually ringing Patrick because I was, I got so upset cause he was just really, really upset ... I was quite worried because I didn't know what was happening.*

There was anxiety and distress in any event which harmed a child. Parents suffered when a child suffered. Their feelings of anxiety, fear and distress were, at times, overwhelming and stayed with the parents beyond the actual event. Paula, for example, related the lasting effects of Andrew's severe breath-holding spell,

*... it just knocked me, it knocked my confidence completely out of me, I just, I was, I was totally preoccupied with it for about two days after, I couldn't think of anything else, every time I closed my eyes I'd see him, going this blue colour, it was horrible.*

Illness in a child, too, produced high levels of anxiety. The parents were deeply worried when their child was not well and found the experience intensely stressful. Deborah said, "*... it was*



*just, just hard seeing him so sick". There were experiences of panic in some instances when a child was unwell. Peta gave an example, " I freaked out cause she got a cold when she was three weeks old ... "*

An ill child who required medical care and hospitalisation was the cause of deep distress. Parents were anxious about the illness and fearful of the outcome and the effects of treatments. Each of the children had illnesses during the year and several of them required urgent care and hospitalisation. In these instances the parents experienced intense anxiety. Jane gave an account of her feelings as Zeb was taken to theatre,

*... one of the hardest things was putting him on this great, what seemed like this enormous big bed and watching them wheel him through those plastic doors that they have in, that go through into theatre, he was still asleep and didn't know that was happening, but one of the hardest things was letting him go, this small person that is yours, you think, what's going to happen, and Patrick had to almost drag me out of there and take me down stairs.*

Any episode of illness or the signs of illness was frightening and perceived as a threat to a child. While Patrick referred, in jest, to the anxiety related to a child's illness as "*... new parent paranoia syndrome*", the apprehension experienced by the parents when illness loomed was intense and was re-experienced each time a child showed signs of illness. Even the suggestion that a child might have a health problem was anxiety provoking. For example, when Deborah and Colin agreed to participate in a sleep study for Sudden Infant Death research Deborah experienced anxiety as she took Wesley to the hospital. She commented, "*... it was really funny, I was a bit nervous about going in, worrying about what they'd find*". In the same context, when it was suggested to Jenny and Kris that Mitchell have a hearing test, the possibility of further health problems was more than they could bear. Jenny declared, "*... I'm not having it done, I mean it's just another thing to get anxious about, we've had enough*".

### **11.3.6. Fearing for the future**

As the parents talked about those things which caused them anxiety and anguish they included a number of harmful events which might happen in the future and, most particularly, in the immediate future. Bella described this anxiety,

*... I can't even have a decent shower without the thought of, oh, my god, is he going to cry, everything's, sort of, like, I'll be doing something and, oh, I'll think that I've imagined that he's crying, and I'll be running to have a look at him, and he'll be fast asleep, and I think, my god, why am I, you, afraid?*

Of all the future possibilities the death of a child was the most disturbing and the worst eventuality the parents could imagine. There was a noticeable unease in them as they referred

to this most dreaded possibility. Their apprehension was particularly strong in the early weeks when the fragility and vulnerability of a child was so apparent. Gina explained,

*... I was terrified she was going to die, every, every five seconds, you know, the first day that she, um, when she was four days she slept through the afternoon for four hour and a half hours, and she'd never done that before and I thought she was sick and I kept waking her up to make sure she was alive, I put my finger under her nose and I couldn't feel any breath and I'm waking her up and poking at her and pulling her and making sure she's still, still with us.*

The parents were, in addition, fearful about what might befall their child in the longer term. Peta described her feelings in relation to a range of awful things, including death, that could happen to a child,

*... it just wrenches my heart if I think about that happening to her, I think I'd actually die if that happened to her, I couldn't, I can't imagine being able to handle that grief.*

While a child's death was paramount in causing parental anxiety about the future the parents formed numerous other projections which caused them emotional distress. Often, a news item or an account of another child's misadventure would lead them to consider their own future experience. Paula, for example, gave an account of her feelings in this circumstance,

*I find that really the most distressing thing now, to hear about a child being missed or kidnapped or something, oh, you haven't, you just think, oh, you just put yourself in that position, oh, terrible, you just would like to protect them, you've just got to do the best you can, you could become quite skewey I think in this world with children.*

Even thinking about a child in the future seemed to stir up feelings of anxiety. A number of the parents held that it was better not to think about the future or plan for it. In this regard Penny stated,

*...if I let myself imagine the future I'd worry about him being a toddler and the things that toddlers get up to.*

Nevertheless, contemplating the future clearly provoked troubled feelings and, at times, deep fears.

A large number and a great intensity of feelings were revealed in the parents' experiences with their child. They experienced delight which drew them closer to their child and made the parenting enterprise seem worthwhile. They experienced difficult and painful emotions in which the risk for despair was great. In the presence of their child the parents experienced an opening up of themselves in which they became emotionally vulnerable and deeply involved.

#### 11.4. Feelings in caring for a child: Confidence, anxiety and guilt

The parents experienced many emotions about their care of their child. Their reflections on their care giving and its effects revealed feelings of anxiety and guilt as the most prevalent and pervading. Increased feelings of confidence gave some balance to the emotional upheaval experienced in caring for a child.

##### 11.4.1. Becoming sure

As they accumulated experience in caring for their child, the parents felt increasingly confident and began to relax. Chris described this increased confidence,

*...you get a lot more real about it, a lot more real about it, see before, before you thought there was probably something wrong with him, and there wasn't something wrong with him, it's been a lot better lately...*

Ken, too, commented on the increase in both confidence and the quality of experience that came with the ongoing care of a child,

*I'm minding him more and I'm getting more confident with him, but it's changing in the sense that I'm, you know, I'm starting to develop a relationship with him, and I'm not afraid of him any more, like he's too, too brittle to touch, so, it's changing for sure, in another two months it'll be really good.*

The parents appreciated their growing confidence in leaving a child and taking a break, however short. The mothers, in particular, were pleased to have some time away from their child and that they were able to leave their child in the care of others. Bella, for example, was surprised at how long it took her to gain enough confidence to leave Mark and pleased when she was able to do so. She explains,

*...life's so different with a baby, I mean, now I've just started to feel comfortable and relaxed that I can leave him somewhere without worrying, it's been terrible.*

Jane, too, was pleased about her developing confidence in leaving Zeb,

*...and I escape from him for just a couple of hours, so that's nice ... I can do that more now ... knowing he'll be okay as long as I'm back for a feed, he'll be okay, so, that's better.*

The enjoyment in a break was clearly dependent on a feeling of confidence in leaving a child.

The confidence in caring adequately for a child seemed to be reinforced in the home environment. Several parent couples remarked on their feelings of comfort in caring for their child at home, as if the context of home increased their ease. The feeling of ease in being at

home was first noted as parents talked about coming home with a child from hospital. Paula, for example, explained how happy she was in this early period to be caring for James at home, "...in my own place." Being at home with a child was a continued source of joy throughout the year. Several parents found this particular pleasure had replaced other experiences. Murray said,

*I've gone past the stage where, ... the most important thing you look forward to on Friday night, cause that's when you can get on the town and all that sort of stuff, (now) having all the pleasure of coming home and especially if she's up.*

The fathers spoke about their good feelings about coming home to their child and being involved in a child's care. Steve gave his version,

*... where I work at the moment, they're all, sort of, blokey blokes and they like to have beers after work and all that sort of thing, I quite enjoy a beer, but, you know, it gets to the point where I'd rather come home and play with James, yeah.*

In addition, confidence in caring for a child increased as the demands of parenting lessened. Paula commented when Andrew was twelve months,

*...I think he's just a pleasure at the moment, I love this age, because it's just that much easier ...I know what I'm doing with him ...I think you get more pleasure now that he's that little bit older.*

Over time, as the parents cared for their child their feelings of confidence and happiness increased. It was as if consistent care produced confidence and a deep satisfaction which, in turn, created strong and enduring bonds with a child and to the work of parenting.

#### **11.4.2. Taking responsibility**

The responsibility for a child was, at times, daunting and caused anxiety. The parents' anxiety was particularly acute in the first weeks when their responsibility seemed, at times, almost too great. Most parents referred to their feelings of shock and anxiety on bringing their child home from the hospital. Ken, for example, felt this new responsibility keenly. He and Gerri agreed he was "... really nervous, almost terrified".

Once home, the parents were struck by the responsibility they now had for a vulnerable child. The mothers, in particular, felt this responsibility intensely. Gina described her feelings,

*... all I knew was I'm in charge of this baby and if anything happens to it, it's my fault which is an awesome responsibility, I mean, we're talking about a human life, you know, it's not like a puppy that, hey, if it dies it's really sad but, no matter how, how much you love animals, it's only a puppy, but I mean, when you're talking about human life, it takes on a whole new meaning ... that was the thing that scared me the most, was the responsibility.*

Sometimes the on-going responsibility for a child left the parents feeling weighed down and resentful. Again, the mothers were particularly open to these feelings. Jane explained,

*I tend to worry about things I probably wouldn't have worried about before, and also, I think, the constancy of having a small person around, I'm still not used to that and I don't like it, ... and having to think constantly about another person, another little person, who's very dependent on you wholly and solely ... and that's, that's hard to take.*

From time to time the parents felt frustrated in their new responsibilities. The mothers' feelings of frustration were related to their primary care giver role. They became frustrated when they compared their constant care giving and loss of freedom with their partner's seemingly lesser responsibility. Peta explained,

*... sometimes I think it's easier, a lot easier going out to work and coming back and saying, hi, baby and then putting her to sleep.*

Every now and then the parents felt the responsibility for a child was more than they could manage. Although these feelings of despair did not usually persist and were tempered by more positive feelings, they were intense and disturbing. In many instances they were characterised by a yearning for different circumstances and for relief from the heavy and constant responsibility.

Peta experienced the full responsibility of a child at the end of the year. At that time she felt this responsibility to be extraordinarily heavy and almost beyond her capacity. She disclosed,

*... sometimes I wish I could pack her clothes and give her away and just go to a corner and just shrivel up and die.*

While the other parents were not faced with the sole responsibility for a child, Peta's feelings of desperation were not dissimilar to those of the other parents when they spoke of their feelings of despair in being tied to and held responsible for their child.

#### **11.4.3. Giving adequate care**

The parents spoke extensively of their feelings of anxiety about giving adequate care to their child. They worried about their actions and whether they were correct and in their child's best interests.

The provision of nourishment was the source of considerable anxiety. While this anxiety was marked in the early weeks, a level of worrisome concern persisted throughout the year. Megan

recalled, for example, "... for a long time I was worried that he wasn't getting enough food, and every time he cried I thought he was hungry".

In initiating and establishing breastfeeding the mothers encountered many fearful emotions. They clearly made the connection between the supply of nourishment and their child's survival. Jenny's words, "... this baby's going to die because it's not getting any nourishment...", shows this connection and the acute anxiety related to adequate nourishment. Jenny explained,

*... it was really hard not to worry when I know in the back of my mind I've got the responsibility of keeping this baby alive ...*

Even when breast feeding was established there was anxiety about providing sufficient milk. Parents worried, too, when a child did not appear to take enough nourishment or refused feedings. Gina described her fear when Gabrielle refused to feed,

*At the time all I was worried about was getting her eating again because I thought if she doesn't eat she'll die, you know, babies die really fast and I, that's all I could think of, that if she doesn't eat today she'll die, she'll be dead by the night, I mean, I know that's not true, but that's what I was thinking, she's going to be dead tonight if I don't get her something to eat ...*

In addition to anxiety about their provision of nourishment the parents had feelings of guilt and inadequacy when feeding did not go well. Jenny gave a typical example,

*... I was just living from feed to feed, you know, worried, what's he going to do next time, is he going to play up, is he getting enough from me, is it my fault that he's not feeding, have I not got any milk for him, or it's coming too fast, it's coming too slow and just blaming myself ...*

As already described, the unrelieved distress of a child was a source of anxiety. Giving adequate care to a crying child was often an anxiety filled undertaking. The parents' attempts to soothe and console a crying baby were not always successful. Their inability to settle a child created feelings of helplessness and inadequacy. They became uncertain about what to do, and demoralised at their inability to fully care for their child. Patrick described such feelings,

*... when he's screaming, you can't console him, you don't have some, you feel just an absolute idiot and that's the worst bit.*

If a child continued to cry and its parents, despite all their efforts, were unable to provide comfort they became distressed and agitated. Gerri, in such a situation, acknowledged, "I was beside myself", while Megan's account of Tom's inconsolable crying on the homeward bus reveals both her distress and frustration, "... and he screamed for an hour and a half, and I got home and I was just in tears, I'd just had him ..".

Frustration, too, arose when efforts to pacify a distressed child were to no avail. Parents made great efforts to calm a crying child and experienced frustration and despair when unsuccessful. Murray described his frustration in this situation, “... *you can only walk so many laps around this place anyway before you start getting stir crazy ....*”

The parents suffered further anxiety and some guilt about their efforts in trying to soothe a child. The most common techniques were to feed a child to sleep, and continue to hold or rock a child. The parents worried that these techniques would have long-term detrimental effects which they had encouraged. Jenny highlighted this particular dilemma,

*... he sleeps for about five minutes and then he'll be up again, you know, basically I put him to sleep and, that's the trouble you know, it's a vicious cycle and he needs to go back down again, and learn to put himself back to sleep, well, I've tried that but he just works himself into such a state crying that, oh, you know, I'd rather have him round me, I really enjoyed putting him off to sleep, carrying him around, but in the back of my mind I feel guilty, you, I'm spoiling him and we're going to get into bad habits, and so I can't enjoy it ...*

Giving good quality care was a further source of anxiety. Deborah, for example, worried that she was not relaxed enough in her times with Wesley. She noted, “*I don't get as much fun time with him as I'd like*”. It was, however, the amount of time spent with a child that caused most concern. Gina and Murray, for example, worried that they were not spending enough time with Gabrielle. Murray said, “... *maybe she's not getting a fair shake*”. When looking back over the year and the rapidity of its passing the parents felt regret for time not spent with a child. The mothers were upset when their time with their child was reduced on their return to work and the fathers experienced feelings of loss and frustration at their lack of child time. Ken, for example, rued his lack of time with Lucas,

*... but I don't see enough of him that I would like to, I'm going to uni two nights a week, and getting home late, and sometimes, some weeks I wouldn't see him all week ... I miss him when I'm at work.*

Murray, too, was frustrated at missing time with Gabrielle,

*... it's getting real frustrating at work at the moment cause I'm not just spending the time with her that I want to ... and when I get home it's just about her bedtime so it's really annoying ..*

Parental anxiety related to their adequate care was experienced when a child sustained harm. There were experiences in which a child was hurt inadvertently which left the parents feeling upset and guilty. Feeling uncertain and that their care was inadequate was common. The parents told of numerous instances in which they did not know what they should do. They were anxious and insecure in these situations. In reflecting on the first weeks, Paula commented, “... *it was hard and sometimes you just didn't know what to do and you worry*”. A child's

unrelieved crying was a common experience in which the parents were deeply dismayed about their lack of practical knowledge. Gerri said, in reply to a question about the worst experience of parenting, "... *the worst was ... he wouldn't stop crying and I didn't know what to do*".

Many of these anxious feelings about not knowing what to do were related to feeding. In the early weeks, the parents were worried about feeding patterns and interpreting a child's needs. Jenny's admissions reveals these concerns,

*The hardest thing I found was knowing what to do, this, you know, is he tired or is he windy, and if I feed him and he's windy could it make him worse.*

The worries about feeding continued over the year and were invariably related to knowing what to do for the best. In Bella's account, for example, her distress about termination of breast feeding and knowing what to do is evident,

*... then I just did morning and lunch and then morning and night, just gave it away, so I felt, I was really distressed, I didn't know whether I should or I shouldn't give it away.*

In many other instances the parents became anxious and distressed about their lack of knowledge and experience. Bella told of her experience,

*... and it's been terrible, how do you know how much blanket to put on a baby, you know, you hear about these cot deaths, people say, you know, you're overheating the baby, how do you know, how can you check, you know, his blankets are different to our blankets and his quilt's different to ours, so how do you measure it ... oh, it's so stressful.*

The feelings related to not knowing what to do persisted beyond the precipitating events. As the parents reflected on their inability to know what actions were in their child's best interests they experienced regret and guilt. Peta, in recalling her inability to know whether Sophie was hungry or not, said "... *I kick myself now, I blame myself ...*", adding that she felt "*stupid*" about her lack of awareness.

Doubts about the adequacy of their care, related to not knowing, surfaced when the parents could not discern what was happening to their child. When parents were unable to make sense of their child's behaviour or be sure about signs of illness they were frustrated and anxious. Deborah, for example, was worried about Wesley's repeated illnesses and frustrated about her inability to determine their cause. She questioned, "... *why is he sick all the time?*" and went on to express her frustration,

*... what's more frustrating about that period was that I couldn't put my finger on what was wrong, like, I knew he had bronchiolitis, and all that, that was fine, but after that, all these different sicknesses ... it was really frustrating for me, not to know what was happening ...*



The parents worried about the quality of their care for their child and especially about the effects of their actions. They had fears that they might bring harm to their child in some way. Their fears, in this regard, were centred on adverse psychological and emotional effects. Gerri's explanation was characteristic,

*I do worry about what I do now, and see how I might affect him, ... I just wonder about my influence on him, whether what I do would give him complexes.*

The difficulties in caring for a child caused other uneasy emotions. The parents found the intensity of child care often left them feeling overtired and dispirited. The mothers, in particular, experienced feelings of weariness and frustration in caring for a child for long periods without a break. Jane said, midway through the year,

*... it's tough going still, I still find it very full-on, very intense going, especially if we've had a few days where I've been at home, three or four days straight just at home ...*

#### **11.4.4. Leaving a child**

Handing over their child to be cared for by others generated high levels of anxiety in the parents. From the earliest weeks they were fearful about leaving their child. Even the thought of leaving a child with a baby sitter for a short period created anxiety. Anxiety was increased when parents did not know the baby sitter particularly well. Gina and Murray described their fears in this situation,

*Gina: I thought, you know, she's here alone in my house, she could do anything, I mean, I was just paranoid.*

*Murray: You rang her every two hours to check up.*

*Gina: Every hour I rang.*

*Murray: And I was ringing in between.*

Paula and Chris told of a similar experience in which they agreed to an unknown baby sitter. Paula explained,

*I started to think, I've not left him with anyone I don't know before, I mean, I had these images of, you know, coming back to the room, him being gone, and her being gone and, you know, and he's the most precious thing we've got, and suddenly you're leaving him with somebody you don't know ...*

On placing a child in a child care facility, the parents were anxious about the quantity and quality of care their child would received. Jane said, "... my major concern is that child care can't give him the same attention he gets at home with me..." The mothers were particularly uneasy about the relinquishment of their care and questioned their actions. Megan's self-doubt was typical,

*There've been a couple of times when I've thought, oh, what am I doing, what have I done, you know, can't give him back but can I give him to someone else ...*

Leaving their child in the care of others generated feelings of guilt. It was as if the parents felt they had opted out of their responsibility and their commitment to give their child the best care. Jane described her feelings,

*I'm quite guilty about it, I think, oh dear, the poor child, what's he going to get in care and I should be at home looking after him ...*

Later, at the end of the year, when she reflected on the decision to place Zeb in child care, Jane could still say, "... *there's still that old guilt there...*". There were guilty feelings, too, if a child was unhappy while in the care of others. Deborah gave a typical account,

*... you get this definite guilt feeling, you know, that your child has been upset, it sort of, took the whole niceness off the evening when I found out that he was there crying for two and a half hours...*

Guilt was a pervading and disturbing emotion. While guilt has been described here in the context of leaving a child it was attached to many instances of care and seemed to be the result of the parents' perception of themselves as inadequate as carers. Although they could rationalise the reasons for their guilty feelings, they held themselves at fault in not being good parents. There was, in addition, an understanding that guilt was inevitable and ever present. Jane explained,

*... as I said in the very first interview, I think you deliver a baby and with it you deliver guilt, and it stays with you forever.*

Having a child cared for by others evoked other feelings in the parents. In the context of making a decision between staying at home or returning to work, several of the mothers referred to their stress and demoralisation in staying at home and giving full-time care to a child. Jane explained, "*I'm not cut out for it, I found it really quite stressful and boring...*". The fathers experienced unease about the apportion of time between a child, child care and their work. They felt torn between home, child and work. Kris described himself as "*under pressure*" in this regard and expressed his despair in not being able to give to Mitchell and his work the time and effort he felt he should.

As they cared for their child the parents experienced emotions arising from their acts of care and the events surrounding their child's care. While there was pleasure and satisfaction to be had in feeling more confident and giving good care most of the parents' feelings were caught up in their responsibilities and the quality of their care. Frustration, anxiety and guilt were dominant in this context. These feelings did not, however, leave the parents overwhelmed and incapable. Rather, the parents seemed open to them as if there was a certain inevitableness about them and set about to diminish their impact, weighing them up against their positive experiences and maintaining optimism.

## 11.5. Feelings about selves: Joys and disappointments

### 11.5.1. Becoming parents

The parents identified a number of feelings about themselves in their new experience. They spoke about their feelings in becoming and being parents, about their own needs and about each other in the parenting experience.

For each couple there was happiness and joy in becoming parents. Typical of the positive sentiments about parenthood were comments by Paula, "... it's so satisfying..." and "... it's a great pleasure" and Ken, "... it feels good, I like it." For many couples their happiness in being parents was linked to earlier wishes and hopes. Megan explained, "*It's something I'm contented with, it's something I'd always wanted*".

Having experienced the happiness of parenting, the parents were clear in their desire for such happiness to continue. Murray declared, "... I get so much pleasure out of it, I wouldn't want to be without it", and Peta observed, "... it's really neat, I wouldn't, I really wouldn't swap it for the world". This emotional state added to the quality of their lives. Gerri articulated this connection, "*I feel happy, fulfilled I suppose, the experience of being a mother, my life has improved*".

There were, however, contrasting emotions in becoming parents. For the mothers the excited and happy feelings immediately after their child's birth, were followed by an emotional downturn. Each of them experienced a degree of emotional turmoil in the days following labour and birth. They described upset feelings, irrationality and a tendency to cry. Megan said,

*... the first week after he was born and maybe, the first few days when I was, when we were at home, I was teary all the time ..*

While coming home from the hospital was happily anticipated, the first days at home were emotionally strained. The mothers were anxious and often tearful. Gina's description of how she felt was typical,

*... being at home was the worst part, with the first, just the first few days, being at home was really hard, I couldn't, I just couldn't cope ...*

For several mothers, these postbirth depressed feelings persisted past the first days. They continued to experience sadness and tearfulness. Deborah described her particular pattern of sadness,

*... my depression, um, I'm feeling better this week, but every Friday, it seems to be on the Fridays, the day that I went into labour ...*

and went on to explain how she felt in the early weeks,

*I just wanted to start feeling normal again, so I could be more active and be able to do a few, you know, mum rings up, how are you feeling today, and I burst into tears..*

Feelings of unreality in the early days were common. Many of the parents described their perception that it was not possible that they had a child and they were now parents. Gina described this perception, in the first days, "... she didn't really seem like to be my baby ..." while Jane spoke of the experience as it persisted over the early weeks,

*I said to Patrick, I feel like we're just baby sitters, that he's not, he's not ours, that somebody's going to come and take him and say, well, thank you very much for looking after him, and that, that lasted for a couple of weeks, I just felt so strange with this third person in the house ... I still feel like he's going to disappear, I still feel that the whole situation is just a bit unreal.*

The intense and ambivalent feelings of the early weeks often left the parents feeling uncertain and uneasy. Like many, Megan was not sure how she felt in that period, "*I feel more dazed, I think, than anything, sort of, I don't feel this feeling or that feeling ...*". Further, as the parents grappled with the difficulties of child care they experienced moments of regret, related mainly to their perceptions of themselves as incompetent carers and unprepared for their new role. Gina admitted to such feelings,

*I know it sounds really terrible to say it but, I mean, there were a couple of times when I thought I really wish I hadn't done this, I'm not ready for this, I can't cope ...*

For some, the unease in becoming parents lingered beyond the early weeks. Most fathers were apprehensive about their role as parent in the early months and each mother experienced feelings of conflict and ambivalence about their parent role and their other life roles. Jane was particularly frank about her feelings in this regard,

*I still don't feel comfortable in the role as mother, despite the fact that things are becoming easier from the mothering point of view, it's still not a role that I feel incredibly comfortable with ...*

Another source of unease for the mothers was the realisation that their motherhood, in the eyes of the community, relegated them to a lesser status. For some this realisation provoked feelings of shock and indignation. Gerri, for example, was dismayed when friends disregarded her new role and interests.

The parents were struck by the number of encroachments on their personal freedom which resulted from their child's need for immediate and constant attention. The disruption to and loss

responsibilities could be stifling. The mothers often felt trapped and deprived. Gina, for example, struggled with feelings of entrapment,

*I'm here, stuck here all day with her and it's not that I don't love her or I don't like being with her but, it's like, I haven't got a life ...*

Throughout the year the mothers continued to experience their loss of personal freedom as difficult and demeaning. Jane acknowledged such feelings which she could see she held in common with other mothers, "... we all feel, we've all got that trapped feeling".

The unhappy feelings related to the constraints of parenthood were accentuated whenever a parent was required to carry a greater share of the responsibility. Sickness, work commitments and full-time care meant one of the parents took on the larger share of child care. In so doing, any regretful and resentful feelings about being parents were likely to be more sharply felt. This experience was further exacerbated when a parent was required to manage single-handed for a time. For Peta, the feelings about unrelieved responsibility added to her distress and unhappiness after Sean left. She highlighted the experience of managing on her own without breaks,

*I'm not getting any now that I've got her all day, all night, and if she gives me a hard time during the night, like, I'm just a wreck in the morning.*

In addition to the above constraints the parents found having to always consider their child's needs and care before their own was, at times, irksome and draining. Jane, for example, described her feelings about caring for an ever-needy child and his intrusive demands on her,

*I'm still not a hundred per cent comfortable myself with feeding, and it's just, but it's just having a person so dependent on, on my body, I suppose having had nine months of a little person growing inside you, you'd like to have your body back for a while ...*

Becoming parents and parenthood held widely disparate emotional experiences. Although the parents were convinced about their happiness in being parents, the demands and constraints of parenthood were, at times, deeply distressing and disturbing.

### **11.5.2. Doing parenting**

The activities of parenting stand in contrast with that of parenthood, which describes a functional role. A number of emotions, experienced in their activities of parenting, dominated the parenting experience.

There was pleasure in the activities of parenting. As they talked about their parenting the activities they shared with their child and their enjoyment in these experiences was

unmistakable. Matt explained, "...it's good, we do lots of things together..." while Paula said, "...I just love being with him and doing things with him, it's good..."

One parenting activity which brought pleasure was having contact with other children. Megan provided an example as she talked about her playgroup, *"I really enjoy seeing all the little babies, all the ones, I really look forward to it"*. Paula, too, spoke of her enjoyment in contact with other children and their parents. She explained that she took the opportunity to ask about parenting in these contacts, *"I love to talk to them now about things, I say, what do they do when they're this age and how do you cope with that..."*. Other activities of parenting held joy and satisfaction. Examples of these satisfying times include maintaining good care of a child while achieving other activities and goals, hosting celebrations for a child and successfully overcoming problems related to their new roles. Activities such as these held opportunities for deeply pleasurable emotions. In acting as parents, even in everyday activities, the potential for happiness was strong.

The feelings related to parenting as an activity were, however, mixed. Many experiences caused the parents to feel anxious or upset. Coming to terms with the realities of parenting and the care of a child was not always easy. For Ken, this transition was somewhat nervewracking, *"I suppose I'm just nervous, cause it's new ..."*

The problems in breast feeding caused the mothers to feel anxious, disheartened and upset. Megan, for example, described her feeling of consternation at the early difficulties,

*... that came as a sort of a shock, not knowing, not realising breastfeeding was such a traumatic experience.*

Each of the mothers experienced troubling problems with breast feeding of one kind or another. Early cessation of breastfeeding meant feelings of loss and inadequacy. For example, Gina experienced feelings of having failed as a mother. She admitted, *"... a couple of days later I started to feel like a real failure"*. Other problems, such as nipple retraction and mastitis caused anxiety and exasperation. Gerri, for example, felt at the end of her tether when mastitis was resistant to treatment, *"I thought, oh golly, if this goes on much longer, I can't take it, I won't be able to do it ..."*

One other experience with breast feeding caused several of the mothers to feel tense and anxious. Breastfeeding in the presence of others was often an uncomfortable experience. Deborah gave her account,

*I still don't feel relaxed feeding in public, you know, I try to be very discreet, I think it was because that poor lady on the television one night, some man was complaining about her breastfeeding in a RSL or something and I don't think I should have listened to that because ever since I heard that I've felt really, sort of, uncomfortable about breast feeding in public ...*

The parents seemed to carry the notion that good parenting meant a good child. When a child was not co-operative the parents experienced frustration and, at times, anger. They seemed to be confounded by this experience. Gina explained,

*I'm used to being in charge of things ... and it's, like, it's just a joke, just a joke, she does, it's like, sometimes, she just runs my life and sometimes that really freaks me out ...*

There were experiences of exasperation and anger, too, when the demands of parenting seemed to be relentless. The parents held fears that they might feel pushed beyond their emotional limits and lose control. Penny described such an experience,

*... he was screaming, you know, he was really carrying on, I thought, oh, I just had to leave him for a couple of moments, take a breather for about thirty seconds, put him back down and gently pat him to sleep, so it was, a couple of times I just had to have a quick breather and then go back.*

Parenting involved long periods of concentrated care which led to fatigue and stress. Megan, for example, described her feelings at the end of a long and trying day,

*... when he's cried, sort of, all day, by nine o'clock when Lindsay comes in I say, I'm going to bed, I've had enough, I've had it all day.*

There were good days and bad days and while the mothers tried to find an emotional balance they were, at times, nearly overwhelmed by the tiredness and strain in constant child care. Bella's account was a typical representation,

*It's got good days, it's got bad days, sometimes it comes naturally, sometimes it's such a drama all I want to do is have a rest and go to sleep ...*

The work of parenting meant parents were often restricted to being at home with their child. The mothers missed the companionship of work colleagues, especially when they were alone for long days at home with a child. When Jane acknowledged that, "*There are days when I'd love to be back at work and, and that's hard ...*". she linked this desire with a feeling of loneliness, "*I'm finding it a bit lonely and I suppose the wanting to go back to work is a product of that ...*".

Conversely, when parents and child were separated, the parents were often emotionally distressed and found separation a wrenching experience. Each of the mothers, in the days

following birth, had an experience of pronounced distress when they were separated from their child. They were taken aback at the intensity of this early experience of separation. Paula's description of her emotional response to having to leave Andrew was a typical example,

*... and when I took him back to the room, and I was standing there and all of a sudden there were tears running down ...*

Over the year the parents continued to feel upset and bereft at times of separation and surprised at the depth of their feelings. Jenny explained,

*... it's just, like, amazing, the feelings of loss when he's not there ... I feel like an appendage is missing.*

Even if it meant a welcome break from the constant demands of parenting separation was often too difficult. Peta described this response when she and Sean had a short holiday, “... but I missed her, but, it was good for the break but I couldn't handle the separation”

The separation experience carried a component of worry about what might happen to a child in the parents' absence. The mothers were particularly prone to feelings of anxiety about their child when they were away. They were unable to fully detach themselves even when a child was in good care. Megan identified her feelings of urgency and concern as she told of her first experience of leaving Tom,

*... and the first few times I left him, you know, I'd always be rushing back again, imagining him screaming or something was going to happen to him ... I just worry ... sometimes, like, if I'm going round the supermarket and there's a queue and someone's being really slow, and I feel like saying, don't you know I could have a screaming baby at home, I'm in a hurry.*

Another aspect of leaving a child, which caused distress to the parents, was the realisation that they would not be present for the first occasions when their child attained developmental milestones. The mothers identified this feeling of loss as they returned to work. The fathers, too, felt regretful in missing out on the moments of development. Bella, who returned to work in the early months, experienced feelings of regret and loss in this context. She explained,

*I feel sad that, you know, I'm not the first one to see him roll over, Matt's mum sees him, you know, the first time he does something, then I hear about it over the phone, I feel sad.*

Later in the year, her regrets for what she had missed were even stronger,

*... it really breaks my heart ... I wasn't the first one to see Mark with his first tooth, I wasn't the first to see him roll over, I didn't, I'll probably miss him taking his first step, no, that hurts me.*



### 11.5.3. Meeting own needs

When the parents felt their own needs were able to be met, even if only partially, they were pleased and relieved. There was pleasure in breaks from the everyday environment and in activities which were inherently pleasant experiences in themselves. Time spent out of the house, was frequently cited by the mothers. Megan said,

*I like to get out... I've had some great days, I'll just walk down to Beachside and, you know, go into the coffee shops and sit outside and buy a newspaper and he'll be really good all day and just chat to people and go and do a bit of shopping...*

Paula emphasised personal replenishment in an outdoor break,

*...I try to get out once a day, I just feel like a new person, all I can do is put him in the pram and just go for a walk down the shops ... I think it's just so nice to get out of your house and a bit of fresh air, see other people...*

Time away from a child was not only deeply appreciated by the mothers but provided emotional benefits as well. Deborah stated, *"Just a little time out is good"*, while Megan described time away as good for both herself and Tom, *"... it's a nice break for both of us"*. Jane, too, in the context of her return to work, spoke of the experience of time away as happy and beneficial,

*... probably one of the reasons why I'm enjoying Zeb so much more now, it's because I'm actually not with him as much, I don't have that twenty four hour a day constant with him any more... and we both love seeing one another at the end of the day... and that's lovely.*

There were strong suggestions that breaks were good because they gave the mothers time to themselves. Jane said, *"I do like having that time for myself"*, while Jenny relished breaks and the time for herself that weaning Mitchell allowed, *"I have more time to myself, and I've weaned him, so I've got my freedom, I can leave him with anyone"*.

These breaks away from a child were often linked with particularly happy occasions. Paula put it, *"It's been quite nice if someone's looked after him and we've gone to a party or something"*, and on another occasion, *"...it is lovely to just be able to leave him with someone ... that just makes a big difference"*. Gina, too, recalled the enjoyment that time away from Gabrielle provided,

*... it was good for us, too, we had a couple of nights when we went out and did things ... it was great, for a couple of times.*

Those experiences which brought about improved everyday circumstances also brought a sense of release. The parents were pleased and grateful when they were able to sleep for longer

periods and when the demands of their child became fewer and less urgent. Steve's observation was typical, *"We're getting more sleep, which is great"*. Several of the mothers referred to feelings of release when breast feeding ceased. They enjoyed their greater freedom. They also referred to the return of their body as if their child and the lactation process had taken it over for a time. Jane explained, *"I'm happy that it's over and done with, I've got my body back"*, while Megan expressed her relief in being free of the physical effects of lactation,

*I really enjoyed breast feeding but I was, when it was finished I thought, oh, I'm glad that's finished, I'd had it, I don't know why I, um, yes, it's just to have your body back to yourself and the, and it's only just now that I feel my hormones are all back to normal, I was a completely different person when I was breast feeding, I was just so lethargic all the time when I was breast feeding.*

There was enjoyment in home making achievements. Home making activities and projects seemed to meet personal needs and, when projects were completed, brought satisfaction. Lindsay's comment on a major renovation was characteristic, *"It really turned out well, and so we're very pleased"*.

The parents, however, experienced a number of difficulties arising out of the competing interests in the care of a child and meeting their own needs. Trying to achieve other tasks while caring for a small child was a particularly difficult experience which led to weariness and frustration. Lindsay, for example, claimed he felt exhausted in such a situation,

*... don't get any, any, much time in between feeding and then he sleeps, then you've got half an hour or so and you try to do the washing and by the time you've done that you want to sit down for a cup of coffee, he wakes up again.*

Because they were the primary care givers, the mothers experienced more frustration in trying to manage household tasks and, at the same time, care for a child. Their feelings of frustration are evident in the following accounts by two of the mothers. Gerri described a typical situation,

*... well, one day here I was trying to do the washing up and every few minutes I had to take my gloves off and come over here and attend to him, cause he kept whingeing and I thought, oh, if only I could just do this, it would take me five minutes and I've got to keep stopping and coming back and that, I find that a bit frustrating ...*

Jane's account held similar feelings of frustration,

*... he finally went to sleep at one thirty, and I was able to get the bathroom cleaned and the washing up done and just get some basic jobs done and that's, that's really difficult, the fact that I can't do things because he needs attention ...*

The parents' needs to maintain a certain sense of order and carry out the everyday tasks of their lives were frequently not met. They felt frustrated, resentful and exasperated in this experience

which, fortunately, slowly lessened over the year. Even so, the parents found this experience intensely difficult and emotionally draining.

There was stress, too, in providing a home and trying to equip it. For Lindsay, the process of buying and setting up a home, "... was quite stressful", while Gerri commented on the decision to buy a home, "I find the responsibility of it harrowing". Bella and Matt felt under such pressure that the home purchasing experience lost a great deal of its pleasure. Bella explained,

*... we've bought a house, we had to go through settlement which was a drama, and we moved in, no actually, once we settled, we, we weren't in the house for two weeks, cause we had to paint and get it carpeted, then we moved in and it was such a drama, it was horrible, it was so stressful and we haven't stopped since.*

The parents' various efforts in providing, improving and equipping a home were, in part, designed to meet their own needs. While the parents were positive about new and improved housing they experienced stress and tension, accentuated because of their parenting responsibilities.

#### **11.5.4. Each other**

The parents frequently referred to their feelings about each other. Most of these feelings were related to one another's involvement in parenting. There was a deep appreciation for each other's part in their child's care and the related workload. Paula's and Chris's discussion illustrated this point,

*Paula: I love it when Chris's home, it's so nice to be able to say to somebody, can you just give him a bath or,  
Chris: You like having me around a lot.  
Paula: I like having him around as well, yeah, I like it, but it is lovely when that other person is there,  
Chris: and you can share it,  
Paula: It's so nice.*

The mothers, in particular, appreciated their partners' active participation in child care. Paula's statement, "It's so lovely to wake up and think, oh, I've got Chris for the day, that's just so nice", and Jane's appreciative comment to Patrick, "You, you have been really good, you've done a lot more than most people would, most men", were typical.

Much of this appreciation related to the confidence the parents had in one another to care for their child. Deborah and Colin, for example, had admiration for each other's ability to care for Wesley. Deborah commented about Colin, "...he's just wonderful and I can just hand Wesley over and I know that, so I really appreciate that, that Colin can do just that, not like some

fathers". Each mother emphasised her pleased feelings about being able to leave a child in the care of a partner. Bella and Matt discussed this situation,

Bella: *I can now leave Mark with Matt and Matt can put him to sleep without driving around the block,*

Matt: *The last couple of times,*

Bella: *I was so impressed, I had to ask Matt, how did you do it, he said, oh, just, you know, you just have him down next to me and I massaged him.*

Sharing the care of a child and the responsibilities of parenthood appeared to have a positive effect on the parents' relationship. They experienced good feelings towards each other as they shared the tasks of parenting. Jenny, for example, interpreted Kris's efforts as an expression of care for herself.

*I like, too, when Kris's home and everything, I just think when he helps, oh, it's as though he's loving me and that's really nice.*

Time spent together, especially when their child was asleep, was valued by the parents. They enjoyed the times when they were alone together. Gerri said,

*... by about eight thirty he's asleep, it's been good 'cause it means now that Ken and I have the evening together, we can sit and talk and just enjoy each other's company whereas before, the baby was sitting up with us...*

Megan and Lindsay, too, spoke of pleasure in evenings together.

Megan: *I suppose you enjoy things differently now, I look forward to, say Friday evenings, we watch television...*

Lindsay: *yeah, have a couple of beers,*

Megan: *That's the highlight of my week, I'll have a beer and we'll watch it, and we've got time together, doing the same thing and I really enjoy that.*

Having time together seemed to be good for a relationship. Jenny and Kris told of their appreciation of time together as Mitchell became more settled. Jenny explained,

*... we can have more time together and, like, there are times when we've had him sleep with us in bed and Kris's way over there and I'm over here and, now, so that's better, we're able to hug in bed without having to feel we've got to think of him.*

Although the parenting experience placed a number of demands on the parents, actions taken by one partner to help the other, generated appreciation and regard. Jenny's and Kris's experience was a poignant case in point. Jenny was deeply appreciative of Kris's steady support. She said,

*... he's just been fantastic throughout the whole thing, and I, I mean, I guess that's the only positive thing I can think of, is that he's stood by me through all of this ... I'm so lucky I have him, because I know there's a lot of women whose husbands just don't understand and they don't know what they're going through, they don't talk a lot to them, but, um, it's just silence and just into a deep dark hole.*

Feelings of pride in one another also seemed to indicate strength in a relationship. There were numerous statements by the parents about how proud they were of their partners in a range of circumstances. In particular, fathers were proud of their partners during labour and birth and, over the year, in the way their partners cared for their child. Chris spoke proudly of Paula in this regard,

*... it's very good to see, as you see, the way Paula handles him ... it's very nice to watch, very nice.*

The idea that their relationship was strong and had been strengthened by their parenting experiences was another cause for pride. For Gina and Murray this feeling of pride was particularly marked. Gina explained,

*... two years in August we'll have been together and we'll have two children by then, I mean that's a pretty intense relationship, you know, I mean, we've done in two years what it takes most people six or seven years to do, so, in a way, I feel quite proud of that.*

In talking about themselves a number of feelings about the inequities between parents became obvious. The mothers felt these inequities keenly and revealed feelings of deprivation and resentment. In the early weeks there was disappointment and indignation at the evident differences. Jane gave an account of a common experience,

*... but the fact that he can go back to sleep and I still have to sit up and feed, gets a bit much, and I find that very frustrating at times ...*

The inequities in the workload were, however, the main reason for unhappy feelings. Coming to terms with carrying out the bulk of the work in the home was, for many of the mothers, an emotional hurdle. Bella, for example, felt disillusioned and disheartened. She explained,

*... that is the worst part, Matt, he says he helps, really he doesn't ... it would be nice if he would be house trained, do half the work ...*

Similarly, the realisation that they held the larger responsibility for a child provoked feelings of disappointment and frustration in the mothers. They seemed to feel they were caught in a situation about which they could only protest and express their feelings. Paula, for example, felt upset when she found herself carrying the main load, "Chris works very long hours, and I found that hard now, I didn't used to mind that as much before ...".

A number of the parent couples experienced conflict about how much child care and work in the home each should do. While, again, the mothers felt themselves caught in an inescapable situation and were emotionally distressed because of it, the fathers, too, were upset and troubled. As Bella and Matt discussed shared workloads a number of the typical emotional responses in such a situation were revealed,

Bella: *I was stressed out and you won't admit it.*  
Matt: *So was I, that's why I had to go to the pub and have a drink, cause I was stressed, got to wind down.*  
Bella (to AA): *I wasn't paying any attention to him, in fact I was screaming at him cause he wouldn't help me.*  
Matt: *We had fights before.*  
Bella: *No, but since Mark I was more stressed then, he didn't help me.*  
Matt: *That's why I went to the pub, cause all you did was yell.*  
Bella: *I had to, you know, you give me no support, I was at work, I was cranky, resentful ...*

In addition, different levels of concern about a child's care became a point of irritation for a number of parent couples. When one of them seemed to be unaware of a child or lacking in concern the other became annoyed or frustrated. Peta, for example, felt exasperated with Sean for not spending time with Sophie,

*I told him off today because he was reading and she was awake and he hadn't seen her all day and he was reading.*

Several of the mothers spoke about their irritation when their partner acted without concern for a routine or pattern of care. Jane described her feeling of frustration in such a situation,

*I'm starting to develop a routine with him and Patrick doesn't know it, it's, it's a bit frustrating when he's, at the weekend it's good, but it's a bit frustrating when he's home, he doesn't go along with the routine.*

In addition, their changed roles and responsibilities created some tension between the parents. Each partner claimed unique pressures and needs. In Gina's and Murray's discussion conflicting feelings and needs are shown,

Gina: *Yeah, I do harbour a few resentments about Murray, I mean, perhaps I expect too much ...*

Murray: *What she doesn't understand is the fact that I spend three quarters of my, seems like, life at work and I enjoy being home on my day off and it's really nice to come home and spend the day inside my house and play with all my things.*

Gina: *Yeah, anytime you want to play with the washing machine, go for your life ...*

New roles seemed to trigger irritation especially when they compared with each other's everyday life. Paula explained,

*... it definitely is a greater change to my life than it is to Chris's, you know, I mean, he just cruises along, sure, some things have changed, but not to the extent that mine has, and I did go through a stage where I felt a bit resentful, I feel like, he didn't even understand how much my life had changed ....*

Paula's feelings of resentment and disappointment in not being understood in the context of substantial life changes were commonplace amongst the mothers. A partner's awareness and empathy were important and, if not forthcoming, left the other with upset feelings. Offering understanding for one another's feelings seemed to be an expression of the bond between

parent partners. Parenthood put pressure on the parents' feelings for each other and disturbed the equilibrium in established interdependent relationships. Each of the parents identified feelings of dismay when they perceived their usual give-and-take understanding was not in place. They were troubled, too, when they believed they had not supported or understood a partner. Most parents indicated that they had not fully appreciated their partner's experience at one time or another and felt guilty as a consequence. Jenny told of her feelings in such an experience,

*I feel lately that I've neglected Kris and I have been focussing on the baby, like, especially with him saying that he had a pain in his back, when normally that'd be my sole concern, it's like, I haven't got time for this and which, I was disappointed in myself when I was determined that wasn't going to happen.*

Another change in the quality of the relationship occurred when one partner increased dependency on the other. This increased dependency was experienced mainly by the mothers and caused them to feel inadequate and disappointed in their ability to act independently. Jane gave an example when, in the early weeks, she ventured out on her own with Zeb, and had to resort to asking Patrick for help because of a weather change. She explained,

*... I had to ring Patrick and say, can you come and pick me up, but I, and I felt this real disappointment, cause I felt I've done this on my own, I've got out of the house on my own and, so I was a bit disappointed that I had to ring him.*

Each couple experienced concerns about their relationship and worried about their lack of energy and effort in maintaining it. They felt at fault for not making the effort to spend time together but were daunted by the organisation required for an evening out or a special occasion. Gina gave a typical account,

*I think maybe our relationship suffers a little because we don't have time to work on it, we don't have the energy to put into it, I mean, I know on my part I definitely don't have the energy to put into it and I feel quite guilty about that sometimes ...*

Over the year the parents experienced a range of emotional responses which arose from their parenting and out of their needs, both as individuals and as a couple in a relationship. These responses were wide-ranging, from intense happiness and contentment to resentment and disappointment and were experienced in keeping with the parents' vulnerability. In these responses the parents deepened their emotional experience and received many of the rewards and sorrows available to those who open themselves to experience.

## **11.6. Summary and conclusion**

### **11.6.1. Ways of living with new perceptions: Experiencing feelings as parents**

In this chapter the feelings of the parents have been closely examined in an effort to gain an understanding of these experiences as a component of their larger experience of first-time parenting. The parents made it very clear that their feelings were dominant in their experience over the year and that much of their parenting was experienced through their emotions. A full phenomenological description of first-time parenting must, therefore, include this component.

The parents' feelings provide a further contribution to the construction of a full description of the first-time parenting experience. As a component of the first-time parenting experience, the parents' emotional experiences provide a unique and particular perspective through which the full lived experience of first-time parenting is examined. In examining the phenomenon of first-time parenting in this way, it is as if the larger experience is scrutinised through the lens of the parents' emotions.

The strategy of separating the parents' feelings for discrete analysis has meant a number of experiences may have been described in other themes. While it may seem that repetition and overlap have occurred and that experiences have been re-visited, the benefits in using a different perspective can be seen. For example, a particular experience may have been described in the context of another theme and contributed to the meaning of first-time parenting in that context. The description of the parents' feelings within that particular experience allows the meaning of their experience to be revealed through an emotional perspective.

In sharing their feelings the parents have made known the extent, depth and consuming nature of these experiences. It would seem that parenting is more intense and more demanding than parents may have anticipated. It is evident, however, that these emotional experiences of parenting bring about a significant extension of the human experience. The parents believed that they were changed people and that the experiences of parenting, as they perceived them through their feelings, were instrumental in bringing them to a new point in their emotional maturity. Further, they reached the realisation that a child had the ability to extend their emotional capacity and to take up the central position in their lives.

A further major conclusion to be made from the parents' emotional experiences is that while the first-time experience of parenting brings great happiness and deep satisfaction much of the



experience involved coming to terms with the demands of a child and their new responsibilities. The parents were taken aback by the immensity and emotionality of their experience and concluded that very little, if anything, had prepared them for parenting. They agreed that only through living through their emotional experiences could the intensity of the first-time parenting experience be known.

### **11.6.2. Being open**

In living with the emotions of the first-time experience of parenting the parents sensed themselves becoming opened up people. They lived as if their being was in **being open**. They were exposed to feelings, new in their range and depth, becoming emotionally vulnerable and absorbed as they extended their emotional range and capacities. In **being open** the parents lived as changed people whose way of being human had been clarified and expanded.

## **Chapter 12**

# **Living with new perceptions: Thinking and knowing as parents**

### **12.1. Introduction**

The parents' thoughts, ideas and conclusions featured strongly in their accounts of their new experiences as parents. They revealed that their first-time parenting experience involved them in many new things to think about and new appreciations of their present world.

Much of the parents' thinking was taken up with their child, their experiences in caring for a developing child, and what the future might bring. They were also thoughtful about themselves in that they reflected on the effects of their new experiences and searched for understanding and self-knowledge of themselves as parents. In articulating their thoughts, the parents clarified their ideas and perceptions, continued to develop new insights and offered glimpses into their individual and private worlds. Their thinking, as expressed in thoughts, ideas and conclusions, provides a unique viewpoint of the parenting experience.

Using the parents' cognitive experiences, the first-time parenting experience has been described from the perspective of the parents' thinking and knowing and forms the theme, **Living with new perceptions: Thinking and knowing as parents**. The aim in approaching the phenomenon of first-time experience in this way is to provide a further view of the phenomenon. The parents' thinking and knowing offer a perspective of their parenting and is, in addition, part of the experience of first-time parenting over the first year. As theme, **Living with new perceptions: Thinking and knowing as parents**, becomes a further component in the full description of the phenomenon.

The chapter has been organised in accordance with two main dimensions of the parents' cognitive experience. These two dimensions are:

Thinking and knowing about a child: Learning and understanding

Thinking and knowing about selves: Realising and accepting

The two dimensions provide two groupings of the parents' thinking and knowing experiences and organise the thoughts, ideas and conclusions offered by the parents in their accounts.

As previously discussed in Chapter 11, the reason for isolating a particular perspective of the first-time parenting experience is to provide the most complete description of the phenomenon possible. The parents' cognitive experience offers further descriptive meaning of the

phenomenon. It is argued that such an approach allows the qualities of the parents' cognitive experience to be uncovered without the distracting effects of the other components of experience, present in the everyday experience. It is acknowledged that such an approach is an analytical device and the isolation of cognitive experience from the whole of the parents' experience is artificial. Clearly thinking and knowing were present in all components of the parents' experience and as such, feature throughout the five themes which are presented in Chapters 6-10. The opportunity, however, to find a further and unique perspective from which to view the phenomenon is considered sufficient justification for the approach.

## **12.2. Thinking and knowing about a child: Learning and understanding**

Thinking about a child was a pervading and absorbing preoccupation. The parents' thoughts were directed to learning about and understanding their child and reaching points of knowledge and comprehension. The parents' intellectual absorption was so great that it seemed as if it was impossible not to be thinking about their child. Even though the parents were preoccupied with their child, they sought to understand their place in their child's experience.

### **12.2.1. Having a child**

In the early weeks the parents experienced a sense of unreality that they now had a child. They seemed to be coming to grips with the idea that their waited-for child was now a reality. This process is demonstrated in Jenny's and Kris's experience of facing the realities of a child and of a child born before his expected time. Jenny put this intellectual struggle into words,

*... he just didn't seem like a real baby to me, and it's really only now, the last few days, I can see a bit of fat on his face, and I think, now you look like a real baby, so that's been, I just thinking, you shouldn't be here, you know, we're only pretending that you're here.*

While this sense of unreality steadily diminished over the first months every now and then the parents found themselves needing to mentally adjust to the present reality. It was as if a certain amount of time was needed to fully integrate the reality of a child into full consciousness. Deborah spoke of this experience even as late as the end of the year,

*... I sit down some days and Wesley'll walk past and, oh, oh, yes, that's right, I've got a baby, you, sort of, you think you're still in the past and then he toddles past and you go, oh, it sort of, takes you by surprise sometimes.*

Nevertheless, over the months the presence of a child, increasingly, became an everyday reality, to which the parents became attuned and which they could not imagine being without. Matt used a metaphor to express these perceptions,

*... he just blends in, like when you go out and buy a really nice jacket you've wanted for years and you couldn't afford and you finally get it, once you've got it and you put it on once or twice, and it's just part of the wardrobe...*

The realisation that a child was a present reality was linked to a strong sense of ownership. The parents perceived their child as belonging to them and even developed possessive ideas. Further, several of the mothers viewed themselves as having primary ownership rights and used their biological and intimate relationship with the child to defend this view. Peta's claim, *"It's my baby, and I gave birth to her, so it's my baby"*, was an example of this perception.

Having a child was consistently held by the parents to be a highly valued and significant turning point in their lives. They agreed that a child fulfilled them and helped them to make sense of their lives. Lindsay, for example, declared,

*I was ready for it, I suppose Megan was as well, so I, I'm quite pleased, I thought it was just about the best thing we did, to have a child, in that way, it fulfils your life.*

There seemed to be a purpose in having a child. Lindsay, again, provided an illustrative observation,

*... life passed by, you didn't do an awful lot, whereas now you've got a child so you've got at least something to show for it.*

In their thinking about having a child and a relationship with a child the parents experienced new understandings and insights. While the full intellectual acceptance of the existence and presence of their child was not immediately gained, the parents quite quickly came to perceive themselves as child holders. A child became *"ours"* and, at times, for individual parents, *"mine"*.

### **12.2.2. Making a relationship**

The parents held the view that having a child meant having a relationship with a child. They found, however, that this relationship was not immediate. Jane observed, as she reflected on the beginnings of her relationship with Zeb, *"... it's taken a while to get to know him"*. The parents realised, too, that the development of their relationship with their child was an on-going process. Colin's realisation of the developing quality of his relationship with Wesley is a good example of this process,

*... you've got an interest in another person that you're responsible for, and someone you're getting to know, so, he's not a stranger, he's not a stranger.*

In addition, the parents could see that the parent-child relationship was dependent on a number of conditions of which close and continued contact was the most important. The fathers often observed that they were not as quick as their partners to develop their relationships with a child because they did not have the same consistent, physical contact. Kris put his ideas about this difference to Jenny,

*... it's strange, because that, the bonding thing with the child isn't so great, I don't think, when you've got, like I don't have the physical relationship with the child so much as you do ...*

Each of the parent couples had a number of ideas of how they wanted the relationship with their child to be. In the early period they wanted the relationship to provide for their child's emotional needs and, as their child developed, to be happy and fulfilling for each participant. Each couple held idiosyncratic ideas about how they saw their child fitting into their lives and how to make a strong relationship which fitted their notions of an ideal relationship. Lindsay's view shows the clarity of such thinking,

*... the way I see it at the moment, I'd like to have the baby join us, he's very welcome to join us but not, not run our lives...*

There were expectations, too, about the relationship which were drawn from the values and life goals of each couple. They anticipated the parent-child relationship would be such that they and their child would be in harmony with each other and the child with their ideas and aspirations. Megan and Lindsay, in discussing this expectation, indicated how important such a relationship was to them. They imagined what it would be like if it did not develop in the way they had hoped.

Lindsay: *That'd be very, very hard.*

Megan: *...that would really upset me, that would be absolutely awful, that the relationship with your child, that they were so different to you.*

The relationship with their child took time to become established with the parents consciously wanting this relationship to be close, harmonious and at-one with themselves. The parents, although accepting of the developmental nature of a relationship, held ideas about how they wanted their relationship with a child to develop. The parents' capacity to hold a vision of a parent-child relationship would seem to be a feature of satisfying parenthood.

### **12.2.3. Knowing a child**

The parents' thinking about their child was filled with questions and realisations. They pondered on the qualities and inner processes of their child and wondered about the meaning of their child's behaviour in a wide range of situations. Jane, for example, observed,

*...part of Zeb is he wants to be doing so much more than he's able to do, it's, that's what it seems like to me ...*

The parents puzzled over the way their child behaved and wondered what might lie behind it. Bella, for example, looked for reasons in Mark's behaviour,

*... and sometimes you think, well, why don't you sleep, why aren't you eating, why aren't you sleeping four hours like all the other kids...*

There were surprises, too, in their child's actions which often left the parents nonplussed. Lindsay expressed such thoughts,

*... what surprises me, really, I'm not quite sure what to do with it, actually, you tell him not to pull the plants ... and you tell him, Tom, don't do that and he looks around, just smiles at you and does it anyway.*

In thinking and reasoning about their child the parents sought insight into the meaning of their child's behaviours. Not only did they make thoughtful efforts to determine the reasons for behaviour, they extended their thinking into interpretations of their child's experience. It was as if the parents sought to enter the mind of their child and understand a child's inner processes. Megan's interpretation of Tom's experience typifies this form of parental thinking,

*... this morning he was, he was sitting here and he was looking out the window, and I thought, oh, no, he feels like he's caged in here, he wants to go outside ...*

Reaching an understanding of a child's inner experience seemed to give the parents greater confidence in managing their child. When the parents could put a name to the reason for their child's behaviour they felt a stronger certainty about their subsequent actions. Lindsay gave an example,

*... he sits in the middle of the room and screams, and if you don't give him any notice, I mean, he'll, like, go on with something else, I suppose, he's just trying whether he can get his, he's just finding his place.*

Similarly, when they believed they understood their child's inner processes the parents were more confident in their approach to care. Matt gave his view,

*... it's a bit hard to teach him a pattern now, I don't know, people say you can but I don't think you can have, make sleeping times for a baby, he'll sleep when he wants to sleep ...*

Another aspect of their thinking about their child involved the parents in identifying the circumstances which brought happiness to their child. As they gave examples the parents indicated that they had gained further understanding of their child. Colin, for example, said of Wesley, "... [he] loves to have nothing on ...", and Jenny, in speaking of Mitchell, could say, "... he loves going outside, as soon as we take him outside he's all happy ..."

As their knowing and understanding grew the parents became adept in recognising their child's preferences and tastes. They used this knowledge in their care, usually deciding to act in accord with their child's demonstrated preferences. For instance, Jane and Patrick, in learning about Zeb's food preferences, were directed in their care,

*Patrick: He's got definite tastes, if there's something he doesn't like, and you can't force it in either, if it's something he doesn't want, it'll just come straight up again.*

*Jane: That's because he's found out how to throw up.*

The knowledge of a child's preferences became a base from which plans and decisions were made about care. Long range goals were often determined because of a child's demonstrated pleasure. Gina's and Murray's thinking about returning to New Zealand was a case in point. Following their holiday they began to seriously think about re-locating. Gabrielle's response to the holiday was a large influence. Murray explained,

*She loves the animals, oh, god, that's another reason we want to get home, she's into animals in a big way, my sister in New Zealand, her and her fiancée, they live on a farm and they've got three dogs, thousands of sheep and horses and, but she didn't see the horses, cows, pigs, ... cat, kitten, so, the dogs she just thought fabulous, that's another reason I want to get her home so she can have her own pet.*

While their interest in their child's thinking and knowing was considerable the parents had a similar interest in the ways a child responded to themselves and others. They were keenly aware of the different ways their child reacted to each of them and sought to understand the factors behind these differences. In the early months each child demonstrated a strong preference for the mother. The parents readily acknowledged this primary attachment and identified the conditions under which it was demonstrated. Kris, for example, explained that Mitchell wanted Jenny when he was upset, *"If I'm here and he's here and you're, if we're both here, if he gets upset he'll go to you"*. Megan and Lindsay described the circumstances in which Tom preferred Megan,

*Lindsay: I think he acknowledges me as his dad usually, I don't have any problems but when he's, he's really tired and he's hungry and upset, often there's nothing you can do there.*

*Megan: It's mostly when he's tired, that's when he wants the security.*

*Lindsay: It's just his mum, that's the only thing.*

Gina and Murray, too, came to the conclusion that Gabrielle looked to Gina for comfort and that they had adopted different functions as parents,

Murray: *Mum's the comfort one, like when she's feeling really shitty and, like, Dad's fun.*

Gina: *Yeah, she goes to Murray when she wants to play cause I'm a bit boring I think...*

Each of the parent couples noticed that they were offering different experiences to their child and examined these differences from their child's perspective. They could see that the mothers were the nurturing, comforting parents while the fathers took on playful, distracting interactions. Deborah spoke of this difference, (to Mitchell) "... *Daddy's much more fun in the bath, isn't he, he sings you songs...*". It was clear, also, that a child could distinguish between these different approaches. Jane observed, "*It's funny, there are certain things that he associates with me and certain things he associates with Patrick*". The parents figured that their child's responses to them were influenced by their individual approaches or characteristics. Deborah commented on this differentiation,

*Colin was saying the other day he'll turn, he'll roll over to him, and giggle at Colin, right, and then he'll roll over to me and either cry or pull my hair, cause he knows who's the feeding chamber ...*

The parents noticed, too, that their child's realisation of these differences meant one or other of them could achieve a particular result. Each of the parent couples discovered, for example, how differently their child behaved when put to sleep by each of them. Jane explained,

*... he's much different going to sleep for me, like he'll cry a lot more for me going to sleep than he does for Patrick, even during the day, of a weekend, if he's starting to get tired Patrick will pick him up and Zeb is more than likely just to lie back in Patrick's arms and go to sleep.*

The different way a child responded to each parent became a guiding factor in the parents' care and often held an advantage for either parents or child. Jane and Patrick, in a further example, relied on Zeb's lesser attachment to Patrick to ease his separation when taken to child-care each day. Jane explained, "... *I think it's been easier for him to separate from Patrick*".

While their child's different responses to each parent gave the parents much to consider they realised that the marked difference began to lessen towards the end of the year. They recognised that, as their child matured, the interactions between child and parent would continue to change and several shifts were possible. Megan and Lindsay, in discussing this probability, reflected on its effects. Megan said,

*... he's getting more reliant on Lindsay, but he's still, Lindsay keeps saying, I can't, I can't, still you're the favourite one, and I'm not the favourite one any more, Lindsay said, you'll hate it, you'll be really jealous and I said no, I won't, but I probably will, it's quite, although it's tiring, it's quite, I suppose, it's quite a special feeling, knowing you're the, still the most important person.*



The parents saw that they needed to make adjustments to their child's changing responses to them and spoke of being prepared for these changes. Their child's responses to others also caught the attention of the parents. They noted, with initial surprise, that a young child particularly enjoyed being in the presence of other children and contrasted this response with a child's unease with adults. Gerri described these responses in Lucas,

*... he seems to really respond to other kids, but it's not the same with adults, he can get very overwhelmed with adults, he doesn't like it when there's other adults around, when the kids are around he's not at all, he goes straight to them ...*

There was one further observation about a child's behaviour which occupied the parents' thoughts. They gave consideration to a child's need for contact which was usually demonstrated by protest in being left alone. Gina's recognition of Gabrielle's inability to amuse herself over a long period was typical of the parents' thinking,

*And then when she starts to squeal and scream it's like, come out, play with me someone, cause she's been there for an hour ...*

As the parents learned to gauge how long their child could tolerate being alone they were able to plan other activities. Jane described her approach,

*... during the day, I'll put him in the bouncy chair or lie him on a rug and let him play with toys, I'm still generally, like in the room, more around about, but I'm quite happy now that he can do that, now as long as he, he knows I'm around somewhere, he's happy ...*

While the parents acknowledged that their child became less dependent on close contact with them over the year, they understood that closeness and proximity remained important. Gerri's explanation showed her awareness of this need in Lucas,

*... sometimes I'll be out in the backyard pegging the washing out ... and he'll come all the way back in here and he can see me down to the clothesline and he'll check, looking out to see what I'm doing, I just wave to him and he waves back ...*

The parents' thinking about their child and their child's behaviour was centred on the earnest desire to know and understand their child. This desire for knowing and understanding held exceptional depth. Parents were intrigued and preoccupied as they sought to discover their child's essential self and the meanings in their child's behaviour. There was a sense, too, in which the parents were caught up in a determination to know the mind of their child and in so doing, to know their whole child.

There was another determination in the parents which resulted from their thinking about their child. As the parents gained insight into their child they used each new measure of knowledge and understanding to help them make decisions about their care and to achieve good everyday

management. Their thinking, in this context, held a functional quality and strongly influenced their actions.

#### 12.2.4. Hoping for the future

In addition to thinking about their child in the present the parents gave thought to their child in the future. Their thinking was imbued with hope for a child's good development and the ultimate person their child would become. Even in this first year the parents were keenly interested in signs which bode well for a successfully developed individual. Colin, for example, was alert to Wesley's intellectual development,

*... so now that he's at this stage, showing all the right signals to me ... that's good, it's very reassuring, it's a start..*

Most of the futuristic thinking about a child was positive and anticipatory. Peta's thoughts were typical when she said she was, "... hopeful she'll be a well balanced human being who will do the right thing". Other hopes were directed to attributes on which the parents placed great value. Gina gave her thinking in this regard,

*I'd like her to be really independent, I'd like her to be one of these kids that when she's fourteen or fifteen I don't have to worry about her ... I'd like her to be really intelligent like, well, not so much like that she has to be this super brain but that, that she uses whatever she has ... I see in these North Shore kids, they've got lots of confidence, I don't know whether that, like if that comes from their parents or what, they feel, you can see, you can see the way they, they walk and talk and carry on that, that they don't sit around being all mousy and thinking that they're not good enough to do things, they just get on with it and do it, and that's what I wish for her that, that she feels that she can do anything.*

The thinking about a child in the future also included thoughts about the unlikely and undesirable. Jenny gave a pertinent example of such thinking,

*...I think that he'll be okay, it's just that, not to expect him to be a star soccer player and he'll probably have some co-ordination problems, but, who cares really if he's not a star soccer player ...*

A number of the parents thought that they should not push their ideas onto their child but, rather, that they should let their child develop into the person he or she was destined to be. Many gave thought to the state of the world into which their child would find a place and wondered what they might do to prepare their child for the future. Jane offered a hopeful thought for Zeb and the future,

*... I'd like to hope that he'll, he and his, the same age, generation would be more tolerant than our generations have been, we might have a nicer world then ...*

A number of ideas about the life pathway of a child and the attainment of happiness were included in the parents' thinking about the future. Peta put it simply, "... *I just want her to be happy, I really do*", while Penny qualified her idea of future happiness for a child,

*I look at him sometimes, I just, I just hope that he's going to be happy and I just hope that ... not too many horrible things happen to him, that he's not hurt too often ...*

While the parents, for the most part, held to the commitment not to over-direct a child's future, they wanted good opportunities and outcomes for their child. Paula gave expression to this idea, "... *I'd like him to have a really good life, and really be able to take advantage of everything he possibly can ...*" and Lindsay voiced his hope for Tom, "... *it would be nice if he goes to university*".

In thinking about their child's life, career and happiness they parents frequently referred to their own opportunities and choices. They added their wish that the same difficulties, mistakes or lack of opportunities would not feature in their child's life.

The future figured noticeably in the parents' thinking about their child. They gave thought to the good development of their child and the quality of the person their child would become in the future. While they knew, from their own experiences, that the world to be encountered with its opportunities and chances was not always benign, they were optimistic about their child being happy and having a good life. It was as if, in thinking about the future, and referring back to their past, the parents could conceive a tomorrow which held the product of their knowing and their hopes.

### **12.3. Thinking and knowing about selves: Realising and accepting**

The parents' thinking was, in part, introspective. Much thought was given to their actions as parents and to their experiences in being parents. As they talked, their ideas about their present and future parenting were revealed. They reflected, too, on their parenting and formed judgements about themselves as parents and people.

#### **12.3.1. Responsibilities**

As they gave thought to their actions as parents, the parents considered the larger issue of the responsibility of parenthood. They voiced their realisation of their new responsibility and confirmed their understanding of its magnitude. Deborah acknowledged parenthood as "... *a big responsibility*", and Jenny said, "... *and I just realise the responsibility of having the baby ...*". The full realisation of the responsibilities of parenthood demanded an acceptance of all

that parenthood involved. The parents could see that their lives had changed extensively and were able, for the most part, to accept the new order. Matt, for example, mused on the difference parenthood had made to his sense of responsibility,

*...it's a big difference, it changes your life around, if you don't have a kid and your wife irritates you, you can just kick them out, but this way, you're, sort of, stuck ...*

Clearly, responsibility inferred acceptance and accountability. The parents spoke of recognising their new responsibilities and that commitment were inevitable. Bella explained,

*... once I realised that this baby was with me twenty four hours a day, I was responsible, I thought, okay, I'm accountable now ...*

In addition, the acceptance of new responsibilities meant becoming accustomed to many new ideas and ways of living. Colin described this process as a familiarisation experience, “... I've got used to the idea, a lot of getting used to these ideas, going over those bridges ...” Acceptance of responsibility also meant placing their child's wellbeing before their own. In thinking about this shift the parents compared their previous unrestricted activities with their new circumstances. Lindsay gave this explanation,

*... before we'd say, oh, let's go there and let's do that, whereas nowadays you think, well, he might not be able to, we can't do that, so, not that I mind, that there's certain restrictions placed, well, we placed them upon ourselves, I suppose, we just can't do it any more ...*

Assuming the responsibilities of parenthood was, in part, an intellectual exercise for the parents. They realised and accepted that they were responsible parents and gave much thought to the ways they should act in this new role.

### **12.3.2. Giving care**

The parents exercised thinking and reasoning in trying to make good decisions about their child's care. They frequently talked about their ideas for managing a child's care. Ideas were often drawn from experience with their child. For example, Megan could determine what to do for Tom because of her close and constant contact with him, “... it's easier for me to know what's wrong with him cause I'm with him constantly...” The parents based many of their firm conclusions about care on their experience with their child. They made claims, for example, about what could be done with a child and what could not. In drawing on previous experience, Matt, for instance, could state with certainty, “...at this age you can't tell him what to do...”.

The parents applied their thinking to solving the frequent dilemmas and problems which arose about a child's care. They used reasoning and logic when they were confronted with unfamiliar

situations. Bella, for example, reasoned that she needed to prioritise her actions when she found herself heading for exhaustion in the first week. She explained, “... *I had to stop and rest and think logically, and think, okay, I have to look after the baby and look after myself...*”

Another problem solving strategy which the parents used was the trial-and-error approach. They used this approach frequently, especially when trying to settle their child. For instance, they discovered the most effective settling techniques and formed conclusions about how they would use them. This problem solving approach led the parents to conclude they had to be consistent and maintain control of a child's sleep routine. Jane gave an account of her thinking in this situation,

*... I've got to learn to put him down, try and settle him, and then leave him, cause otherwise I'm setting myself up to be controlled by him...*

The parents drew on their intellectual processes, even in the midst of emotional turmoil, to find a way through difficulties. They found rational thought helped them understand their child's needs and decide on the most appropriate actions. Gina, in talking about managing her emotions, had an example,

*... I don't think I'd ever hit her because I know, like even when I'm really wild, I know that if I slap her all I'm going to do is make her cry harder louder, longer...*

There were many other examples of the parents' use of thoughtful reasoning as they considered how to best care for their child. They gave much thought to the overall management of their child and concluded that there were certain approaches they should adopt. Most, for example, reckoned that they needed to be more relaxed as they handled a child. Lindsay gave a typical view,

*... I suppose just have to take one stride at a time and see what happens, it's a bit hard to plan ahead anyway, you never know what it turns out to be ...*

In thinking about the best way to care for a child the parents developed a number of firm ideas. Very often they were clearer about those things they would not do than those they would. Such resolve was usually related to their own experiences of being parented or their observations of others' parenting. Bella, for instance, reported, “... *we're not going to raise our children like the way we were raised, ... we've already decided ...*”. There were convictions, too, about parental influences on a child. Bella and Matt, for example, had given much thought to how they wanted to rear Mark and were very clear about their approach to the larger issues of parenting. Bella gave an example, “... *we're not going to condition Mark to do what we want ...*”.

### 12.3.3. Understanding parenting

Similarly, many of the parents' thoughts and perceptions of themselves were revealed as they talked about their efforts in meeting the demands of caring for a child. In their reflections the parents could see that they had formed certain ideas about the care of a child. Further, their thinking processes led them to form conclusions about the calibre of their care and to make judgements on themselves as parents.

In thinking over their acts of care, the parents were able to identify when they had acted competently and how they had developed greater competence. Jenny, for example, traced her growing ability to give well directed care,

*...I just find it easier to look after him now, whereas before I used to get really confused about why he's crying, I could never work it out ... whereas now, I know, I can usually tell why he's upset, and I can fix it up.*

There were times when the parents were somewhat surprised by their ability to be good carers. Their reflections gave them a sense of their own strengths. Jenny, for instance, was both surprised and pleased about her perseverance with breast feeding, "*... I was just amazed at how persistent I was with it ...*". At other times the parents were convinced about their parenting abilities. They knew when they were capable and demonstrated their certainty in assertive and firm decisions. As Megan described her ideas about the benefits of routine for a child she provided an example of such a clear determination,

*... we decided from quite early on that he was going to have a bedtime and that he wasn't going to stay up for as long as he wanted, so he goes between seven thirty and eight thirty ...*

A sense of competence was seen to grow out of practice and experience. Deborah, for example, recognised a growing confidence in her ability to breastfeed and commented, "*... I wasn't quite sure about it, but I think I'm a little bit more comfortable with it now ...*". In being able to see themselves as competent, the parents demonstrated self-awareness and, in addition, were strengthened in their belief in themselves as good care-givers.

The parents developed a further image of themselves. They viewed themselves as flexible learners who were, for the most part, accepting of their new responsibilities and receptive to the best ways to care for their child. Jane, for example, countered her feelings of discomfort in breastfeeding with her intellectual reasoning about its benefits. She explained,

*... I still don't particularly enjoy breast feeding, but it's convenient and it's good for him and it's good for me, so we'll stick at it ...*

Paula provided another example of the accepting and flexible parent who could reason through the issues and take an appropriate course. She spoke about her thinking in managing Andrew's routine,

*... he's a real routine baby and in some ways it's quite restrictive cause it means I really just think to myself, oh, I really can't go out mornings, cause he really does need to have a sleep ...*

Learning to be understanding parents was not always easy. The parents not only drew on their intellectual abilities to find answers to problems, they rationalised those things they could not fully understand. Jenny gave an example of these processes,

*... it's amazing how controlled I learned to be ... I just switch off and I just think that he's the type of baby who just cries intensely and then it's over with, he won't cry for hours on end ...*

At other times the parents' thinking led them more to a resigned acceptance in which they reckoned their present difficulties would probably resolve over time. Paula spoke in this way about the number of changes she and Chris were facing and concluded, “... *but it's only for a few years, we, I mean, I'm sure it gets a bit more difficult, but when they're this young ...*”

In their thinking about meeting the demands of their child's care the parents often confronted issues which seemed to have several answers. Sometimes, they engaged in a kind of mental debate, giving weight to more than one course of action before making a decision. At other times they contemplated their choices and resorted to fantasy, imagining themselves in easier and less restrictive circumstances. Paula revealed this imaginary difference as she considered her options in feeding Andrew,

*... sometimes you think, oh, it would almost be worthwhile putting him on the bottle, that somebody else could take charge, but, I mean, there's no way I would do that.*

The parents used thought processes in examining themselves as carers. They evaluated themselves and their care, usually as they thought about their actions and the subsequent outcomes. These self-evaluations were variously critical, rueful or approving and emerged more often as the parents reflected over time. Jane, in thinking back over her breast feeding experiences, provided a good example of a parent's quest for self-knowledge and understanding,

*... I thought, what kept me going through those first few weeks, I really, I thought it must have been just, I kept trying to think, what was it that kept me going, why didn't I just put him on the bottle ...*

While most of the parents' thinking about themselves as parents was framed around their activities of care they acknowledged the effect of others on their actions and thinking. They

noticed that other parents and children increased their awareness of their child and themselves as parents. Being with other parents and interacting with them was particularly evocative of this self-awareness and, in addition, gave the parents a sense of being part of a like-minded group. Matt gave a description of how the everyday interactions with other fathers influenced his awareness of his new status,

*...my friends with the kids, the friends who have children, I wasn't a dad before so I wasn't really into asking them, how's the kids all the time, but now that you've got a child, you automatically always ask, I ask them or they ask me, .....we're updating reports and just, now down the pub, a friend of mine was telling me, his younger boy is just newly walking, so, even men can do it now, don't they, you can't imagine that before you have a child but when you have one ...*

The parents were very conscious of how their thinking and ideas about other parents carried an influence. They gave many accounts of how they reached conclusions and made decisions about their parenting following judgement on the parenting of others. In thinking through the issues of parenting from this comparative perspective, the parents believed that they would make better decisions. They also found that they gained insight into each other's view. Megan offered a typical account of how the parents developed their ideas about parenting in this way,

*... we know quite a few people who've had children and I suppose we find ourselves discussing, oh, we wouldn't do that, we'd do this, and things like that so we probably found out what each other thought about being parents in that way....*

Judgement on the parenting of others gave the parents one further insight into their understanding of parenting. They used the experience of others to make sense of their own. This interpretation of their own experience through comparison with that of others was a frequent and affirming strategy. Colin, for example, formed a measure of his emotional attachment to Wesley by reflecting on the behaviour of other parents. He explained, "... obviously they, maybe, hadn't had that sort of experience, and at least, feeling that bonding ...". Insightfulness into the experience of others gave the parents both a point of comparison and confidence in their estimations of themselves.

#### **12.3.4. Effects of parenting**

The parents gave much thought to the effects of parenting on themselves. At times, they rationalised these effects, as if trying to keep them within manageable limits and reach a point of acceptance. At other times, they cast judgement on them, forming conclusions about the quality of these new experiences. The positive effects on themselves, namely, further maturity and extended understanding were easily identified by the parents. In thinking about the consequences of becoming parents, however, most of the parents gave greater weight to the difficulties they had encountered.



Each of the parent couples realised that they did not have an accurate prior understanding of parenting, and that the effects of parenthood on them were far greater than they had expected. Kris reflected on this lack of prior understanding,

*... I was just thinking about how, I suppose, how naïve we were before we had Mitchell, before Mitchell was born, and just thinking we wouldn't have to do much more ...*

Other commonly nominated difficulties which gave the parents cause for reflection were their loss of sleep and personal freedom. Kris, commented on the effects of loss of sleep and, again, his and Jenny's lack of foreknowledge,

*... you, sort of, know you're going to miss out on sleep, you don't realise, know how much, how grinding it's going to be ...*

The effect of expending large amounts of energy in the care of a child was another major point of recognition in the parents' thinking. The mothers, especially, could see how the intensity and constancy of a child's care affected them. Paula's thoughts were characteristic,

*... I just think all this baby care, that's what I mainly do, and it's just so time consuming, it's really time consuming and it's really tiring ...*

In their thinking about the effects of parenthood, the parents gained many realisations about the changes in themselves. They could see that a number of their previously held values had changed. Jenny, for example, observed that since Mitchell's birth, "... other things just seem trivial...", while Murray declared, "... your ideals change ...". Changes in their ideas were also acknowledged. Peta, in reflecting on her changed thinking, said, "... in some ways I've got more conservative ...". Further, these changes were interpreted as new learning. Changes in thinking were part of a learning process in which the parents adjusted their ideas and opinions in keeping with their new experiences. The parents were clearly aware of this learning process. Paula explained, "... I think I learnt more in the first six weeks of him being alive than I ever remember learning at school ..."

Changes in thinking about particular issues were also identified by the parents. They could see, for example, how their ideas about how to care for their child had changed over time. Peta put this idea into words,

*... my ideas have changed because I was never going to let her have biscuits or icecream while she was young or even taste wine and she's tasted wine and she's had some biscuits and had some icecream, so in that sort of respect I've relaxed my ideas ...*

In addition to acknowledging that their ideas were changeable the parents made the connection between the experiences of parenting and their new ideas. Gerri, for example, in describing

how parenthood had caused her to re-evaluate the important issues in her life, admitted "... *my outlook has changed ...*". Changing and becoming different figured largely in the parents' view of themselves over the year. They realised that the experiences of parenthood had created new dimensions in themselves and, as they gave voice to these, they formed conclusions about themselves and the people they had become. In no instance did parents form a negative view of themselves or rue the changes that had come about in them. In addition, they held that there were usually good reasons for such changes. Jane gave a typical explanation,

*... we're a lot less self centred than we were, we have to think of a third person, and there's less spontaneity, you can't just get up and go out somewhere, we actually have to do a whole lot more planning than we ever did before ...*

Nonetheless, the process of changing and adopting new perspectives required both effort and acceptance. The parents were conscious that they were extending their ideas and behaviours beyond their pre-parenting experience. Ken commented, "... *it's taken a bit of adjusting, but it's good ...*", as he compared life before and after Lucas's birth.

As the changes and new orientations of parenting became established the parents realised that they had passed the point of conscious acceptance. They had integrated their conceptions into their everyday lives and were, for the most part, living comfortably with their new routines and perspectives. Megan encapsulated this idea, "... *you get so used to it, don't you, you forget what life was like before ...*".

The parents' recognition of the changes parenthood had brought to their lives included one further realisation. There was an acknowledgment that parenting had enriched their lives and developed in them an openness to new experiences and insights. Jenny, for example, articulated her sense of personal enrichment,

*... I think I'm a richer person, for the experience, certainly wouldn't send Mitchell back for anything in the world, even though it's been the hardest year of our lives. We had friends over on Sunday who don't have children, and you just thought, our life is so much richer than theirs ...*

Being enriched, in the parents' minds, was tied to the idea that they were receivers of experiences which vastly improved their lives. Even difficulties were re-interpreted and placed in a perspective which gave greatest weight to the advantages of parenthood. It was as if there was a reward to be had for all the efforts of parenting. Matt explained his thinking in this regard, "*The amount of work really, and worry and stress is, is very minimal compared with what you end up with ...*"

Becoming open, within the parenting experience, was experienced as both a consequence and a reward. In allowing themselves to be exposed to the many new experiences of parenting the parents saw themselves as taking part in a process of personal development and, in so doing, became recipients of new and stronger perceptions of themselves and the quality of their care. Ken, for example, held that being a father was a very different experience than any he had previously known, and one which he took very seriously. He spoke of "*being opened up*" by his parenthood, how through this development he became more accessible to experience and, at the same time, more committed to his child.

The parents, too, reached several conclusions about the effect of parenthood on themselves as a couple and on their relationship. They were sure that having a child had brought them closer together. Jenny, for example, said, "*... I think Kris and I are closer, we talk more ...*", and Steve made a similar observation, "*... I think it brings you a bit closer together ...*". Becoming closer seemed to be a consequence of the shared experience of a child and how well a couple related to each other following their child's birth. Sean and Peta, for instance, thought that the increased harmony between them in the early months was related to their parenthood,

Sean: *... we've got along all right, I think we've probably got along better.*

Peta: *It's really brought us closer I think ...*

The parents could see, however, that while they might be closer to each other a child placed extra strain on their relationship. Megan, for example, was very clear about this effect. She explained,

*... someone asked me this evening, I played squash, and someone said, oh, what do you think of parenthood, cause he's keen to, to have a child, and I said, oh, it's great, and I really recommend it, but it really does put a strain on your relationship, you've really got to be aware, you just don't have time for each other any more ...*

Each of the couples agreed that the most significant problem in maintaining their relationship was the reduced time they had available for each other. Paula, for example, was convinced that lack of time together created a particular difficulty for Chris and herself. She remarked,

*... I think the hardest thing, well, one of the hardest things about that is, Chris and I don't get a lot of time to ourselves...*

There was a realisation, too, that in order to maintain a relationship parents needed to understand how their involvement with a child could undermine their relationship. Lindsay observed in this regard, "*... as long as you're aware of what's happening to your relationship from what you're doing ...*".

The parents had confidence, however, in their ability to understand the pressures on their relationship and held hopes for a strong and stable relationship. They recognised the need to take positive steps, such as having time together, which would sustain their relationship but were not always sure they could manage the time and effort to do so.

### 12.3.5. Different selves

While the parents saw themselves as a couple and a unit which directed itself to the good care of their child, they were convinced there were fundamental differences in each other, that they had very different experiences as parents and held different levels of responsibility for their child. Many of these differences related to gender and socially prescribed role functions, which the parents freely acknowledged were evident in themselves. Jenny, for example, observed,

*... obviously we have different sets, frameworks that we move from, and I think it's pretty typical, you're male and I'm female ...*

For the most part, however, the parents were more interested in their differences at the individual level. Individual temperament was often identified as a factor in the way each parent approached everyday life. Paula, for example, described Chris's approach, "*... Chris just takes things, you know, he just enjoys the day ...*". Each parent, too, was very aware of a partner's attributes and how these were brought to the parenting enterprise. The individual differences in each parent were generally thought to provide a good mix which was beneficial to a child. Paula's observation that her own and Chris's individual style was "*... probably quite a nice balance ...*", was characteristic.

In addition, the parents recognised that each of them acted uniquely with their child. They described these differences with certain clarity. Jane, for example, said to Patrick, "*... you're probably more besotted with him than I am*". while Paula observed to Chris, "*... I'm probably gentler with him, you're probably rougher with him ...*". At other times the parents questioned their differences, as if seeking to understand the reasons for them. Jane, for example, wondered about such differences and questioned Patrick, "*How come you're more comfortable than I am, you slipped into the role a whole lot better than I did*". There was, however, generally an overall acceptance that each of them experienced parenting and the everyday world differently. Megan and Lindsay stated to this effect,

Lindsay: *... I just tend to, to move along with the stream, take it as it comes, just don't have any, not too many expectations, I suppose, whereas you ...*  
Megan: *I feel completely different, my whole life's been turned upside down ...*

As they compared each other's experiences and recognised the differences in them, the parents often suggested reasons for these differences. In doing so, they seemed, once more, to be making sense of their differences and confirming each other's experience. For example, they proposed that the primary care giving role of the mothers and the absence of the fathers at work was a major reason for different experiences. The parents agreed that such patterns of contact inevitably led to the mothers having a stronger attachment. Chris, for example, put this idea candidly, "... I haven't been into it as his mother has been ...", and went on to speak of himself almost as an observer while Paula and Andrew, in his estimation had become "...big lovers ...".

Even so, there were elements of amazement and puzzlement at each others' different orientation to a child. The most common example was the mothers' astonishment at the fathers' lack of awareness of a child's needs in comparison with their finely tuned awareness. This difference was usually noted when a mother would wake immediately to a child's cry in the night and a father, unaware, would sleep on. Megan's story is a good example,

*... I said to Lindsay, I got up in the night for Tom and Lindsay said, I didn't hear him, and I said, how could you not hear him, he was screaming, really screaming, he was really upset, and Lindsay didn't wake up, and I, there's no way I could switch off like that.*

While most of the differences in each other were understood and accepted, the parents frequently had opposing views about the inequities between them. The mothers, in their primary care-giving role, could see that they were caught in a situation which required them to take on the majority of the tasks of parenthood. While each of the mothers found this requirement difficult to accept at times, they generally acknowledged that they needed to make the best of this situation and to look ahead to more equitable arrangements as their child became less dependent on them. Gina gave a characteristic explanation of how her thinking led her to a resigned acceptance of her responsibilities as a mother. She conceded,

*.. I just feel, well, that's your tough luck for being a mother, that's life at the moment, you can't have everything shared up fifty percent and fifty percent and so, you just wear it, I guess.*

Even so, despite the differences in their ideas about their needs and experience, the parents strongly agreed that their shared life now they had a child was improved even though greatly changed. They weighed up their previous existence against their present and could see that they were living a richer and more meaningful life. Gina commented in this regard,

*... we were thinking the other day, we couldn't think what we did with our life before Gabrielle came, whatever it was it was pretty dull ...*

### 12.3.6. Another child

The idea of a second child was raised by the parents at varying times throughout the year. Much of their thinking was directed to deciding whether to have another child and, for those who wanted a second child, to planning the next pregnancy. Most of the parent couples anticipated a second child. This idea did not seem new but, rather, part of a larger and earlier plan. Several parent couples, however, were undecided about another child. While they gave the idea consideration, the thought of another child did not have strong appeal. Jane expressed her view in this regard,

*... I don't want to rush and have a second child, I have no desire to have a second child, every now and again I think, oh, a girl would be nice, but as soon as I get that thought I think, oh, no ...*

There were two ways of thinking about having a second child. For some, another child required a firm plan. These parents thought carefully about the circumstances in which to have a second child, especially the spacing between two children. For them, the effects of a second child had to be considered. Colin gave a typical explanation,

*... just trying to work it out, you have to be very careful that you don't have them too close, so that, so there's got to be some pleasure in, but he'll definitely not be an only child.*

Bella, too, gave an example of this thinking in which planning was the main feature. She explained that she and Matt had begun planning for their next child,

*... [we're] planning it, plan to have another baby, maybe next year sometime, start to have another baby, cause Mark's a year old, we want two or three years apart ...*

Other parent couples were not so rational. They were caught up in the pleasure and delight of their first child and wanted to repeat and extend their experience. For these parents the thought of another child was enticing and beguiling. Deborah described this thinking,

*Colin said, oh, he's so lovely Deborah, I'd like ten of him, oh, god, but I think, Colin's thinking, I'm thinking, I'm starting to ...*

For one couple, Gina and Murray, their thinking about another child was realised when Gina became pregnant three months into Gabrielle's first year. Gina explained,

*... we both wanted another baby. We got this one that is so perfect we thought we must get some more ...*

In a number of instances the idea of another child arose as the parents imagined themselves experiencing once more certain difficult experiences. Gerri gave an example of this thinking as

she talked about her physical discomfort in the weeks following Lucas's birth. She described her thoughts,

*... and then I thought, oh, god, if this is going to happen, I don't think I'll have another one if it takes that long to recover ...*

There were ideas of being better equipped for another child as the parents reflected on their learning in their first experience of caring for a child. The notion that they would be more relaxed and skilful was strongly held. Paula, for example, calculated that she would be more confident and less anxious. She explained her thinking,

*... I think if I had another one I wouldn't worry about this and, I wouldn't worry if he fell asleep in bed with us one night, I mean, I just wouldn't worry ...*

Deborah echoed such thoughts,

*... I think now, with the second pregnancy I'll enjoy it more than I did with him, I don't think I'll worry as much ...*

And, in a somewhat similar vein, several of the parents saw themselves as having an opportunity to redress their perceived deficiencies and to improve on their past performances with a second child. For these parents another child presented a second chance to carry out good parenting and give another child the very best care. Jenny reflected on this idea,

*... if I don't have another one I'll always be living like, regretting it, and living through all the, you know, wanting to have a chance again to do it differently ...*

The thinking about another child opened up ideas for the parents about extending their experience as parents. While opinions about having a second child varied among the ten parent couples, each couple gave the matter serious thought. For those who could foresee a second child, the future held further commitment and hope.

#### **12.4. Summary and conclusion**

In sharing their thoughts, ideas and conclusions the parents revealed both the processes and the contents of their thinking as they experienced first-time parenting. They opened up their minds to the realities of their present experience and to new possibilities and, in so doing, became knowing and wise. They considered many events, issues and points of view and were, at times, taken over by their efforts to understand their experience.

In being open to new thoughts and new ways of thinking the parents were caught, as it were, in an intellectual dynamic in which their thinking was repeatedly challenged and expanded. The way in which the parents frequently adjusted their ideas and reviewed their decisions about

their child's care is an example of this responsive and flexible thinking. There was much learning in these processes. The parents readily acknowledged their increased ability to think more broadly and solve problems in addition to their vast new knowledge and greater understanding.

#### **12.4.1. Ways of living with new perceptions: Thinking and knowing as parents**

The thinking and knowing of the parents have been examined in this chapter in order to gain an understanding of these experiences as a component of their experience of full-time parenting in the first year. The parents' cognitive experiences figured largely within their total experience and their parenting was experienced, in considerable measure, through their cognitive processes. This component, therefore, is an essential inclusion in the full phenomenological description of first-time parenting.

Thinking and knowing, as one component of the parents' first-time parenting experience, offers a unique contribution to the description of the phenomenon. In addition, it can be said that the parents' cognitive experience has been used as if it were a viewing device through which to view the phenomenon of first-time parenting. Through the perspective of the parents' cognitive experience it can be seen that thinking and knowing figured largely in the parenting experience over the year and gave parents a useful means of managing their lives in that time.

The separation of the parents' cognitive experience for discrete analysis has led to a number of experiences being analysed under more than one condition. When experience is viewed from more than one perspective it is likely that repetition and overlap of content occur. In the quest for a complete description of the phenomenon, the parents' cognitive experience has been subjected to examination for itself, irregardless of the context in which the thinking and knowing took place. This means there are many examples of experience which have been included in one or another of the five themes but which reappear within the context of the parents' cognitive experience. The resulting intellectually framed description provides a further layer of meaning.

In disclosing their thoughts, ideas and conclusions the parents have revealed the extent of their cognitive experience as part of the larger experience of first-time parenting. Their child and the matters of parenting took up most of their thinking, to the point of absorption. Such an preoccupation meant the parents were intellectually absorbed in making sense of their new world and open to new ways of knowing and understanding. They were ever eager to acquire a greater depth of knowledge and understanding, reach new insights and entertain possibilities.



### 12.4.2. Being open

In their experiences of thinking and learning the parents became open and open-minded people who thought and reasoned about new possibilities. They lived as people who had their being in **being open**. In **being open** their minds were receptive to the many changes they encountered and flexible about the different conditions in which they had their being.



## Chapter 13

### Being parents

*I intruded  
asking probing searching  
into their present  
and they told me  
uncertain earnest hope-full  
searing honest*

*We are caught  
captured  
unable unwanted to free ourselves  
captivated  
enraptured  
we have a child*

#### 13.1. Introduction

This chapter offers the final findings of the study in which a hermeneutic description of the parents' experience of being first-time parents is presented. Included, by way of an introduction, are my reflections on each of the interviews across the ten couples. These are included because they show, in yet another way, how understanding of the experience of parenting was found. The experience of the interviews and my reflections on them support many of the findings of the study.

In keeping with the view that an interpretive research approach requires an involvement of the researcher and that through experience we can reach into the world of others I have placed my understandings, constructed in an arrangement of words as they hold a personal meaning, at the commencement of this chapter and each described essence of the phenomenon.

The main part of the chapter contains the hermeneutic description of the phenomenon of first-time parenting over the first year. This description is offered in sections according to the revealed essences of the phenomenon, and as they have emerged as the meaning of the parents' being in **being parents**.

### **13.1.1. Sharing the experience**

We sit down together and the parents talk about themselves. Ten couples with their new little child. I had asked each of them if they would talk to me, on five separate occasions, about their experiences as first-time parents over the year. I wanted to find the answers to the questions, what is this experience, this parenting with a first child over the first year; what is it like to be parents for the first time over the first year? These ten couples who are living through their first days as parents have agreed to tell me.

I ask them because my wondering about the experience of parenting has led me to formalise my thinking into an inquiry. Initially, I wanted to investigate the whole business of parenting, across all the ages of children, numbers of children and even under all the conditions in which parenting takes place. Logic prevails, resources and a study size have limits. So, with ten couples who were now parents, I seek to find out about parenting as it is experienced in the first year from those who are parents for the first time. In terms of investigating the whole of parenting it is a small beginning. As a study, with boundaries, it is feasible.

I sit, listen and talk in ten different living spaces. I am their guest and they treat me kindly. We set off together, a journey over a year, of incidental importance to them, a passionate quest for me. My gratitude is great and becomes greater over the year.

#### **First interviews**

We are strange with each other at the first interview. Some I am meeting for the first time, others are already known. I say that I want to collect their words and find understanding in them about parenting. I try to convince them that it is their words that count, not mine; that if they would talk about what it is like to be parents and I say as little as possible, my purpose will be achieved. I add the things that have to be said, about confidentiality, audio-taping their talk, my use of their words and their right to cease participation. They sign the consent forms. We have agreed. They look at each other and are not sure how to start. They have not been asked to talk about their parenting in this way until now.

For the first interviews with the first two couples, I start with a question. I ask them what it is like to be parents. They are confounded and do not know what to say. The notion of being a parent does not seem to fit their reality. The newborn child they hold is their reality in being parents. So, they start to tell me the things they know. They begin with the birth of their child, telling their birth stories, for this is where they can start. Well, no, not quite. As these first two

couples, and later the others, tell of their beginnings as parents there is an even earlier time. They tell of the time when they decided to have a child or to keep a child. There was the time of pregnancy, when a child grows and they began to get ready. Becoming a parent is in the minds of parents before a child becomes. This, then is the first discovery. Parenting begins before a birth and not as a newborn child is held. I take a different tack in the first interviews with the other parents and ask them to start at their beginning. They freely tell their stories of conception, pregnancy, waiting, dreaming and preparing. This is the beginning.

They seem on alert, listening and watching, as if ready to respond to their child. They hold their child carefully and speak seriously and with intent.

### **Second interview**

Six weeks or so after the birth of each child I return for the second interview. I am greeted as an expected and known visitor. They are very thoughtful, offering hospitality, comfortable seating, help with the recording equipment. I have a sense that they are kindly disposed to the interview, it is as if an interview is an occasion. A serious occasion, though. They take care as they talk, seemingly wanting to give the most accurate descriptions, to tell it as it really is. There is a lot to tell.

The children have grown. They are displayed, held for inspection or shown as they sleep. Some little faces now carry a resemblance to a parent. When awake they are alert, looking about, intently on the face of a mother. They are needy, too. Their need to be fed is urgent and clear. Their parents are highly reactive, responding to signals and sounds. They are held easily by mothers who show confidence in handling them. The fathers are not so easy but are not unfamiliar with them. Each child is the centre of its parents' awareness. Their eyes travel to, fix on and return repeatedly to their child.

The parents are somewhat subdued. I think they are tired. Some show weariness on their faces, others speak of their tiredness in the context of their child's sleeping and crying patterns. I noted, **Some thoughts on second interviews. They seem to be at a time when parents have hit the dirt. There have been some hard times, fatigue, anxiety in the first weeks. Perhaps they are reflecting this. They contrast with the excitement and newness of the first.**

Certainly they have experienced much and the effects of the hard work is showing. Their optimism is strong, however. It is as if they are holding back from the despair and frustration of which they speak.

There are ideas and suggestions about the balancing of roles. Several mothers indicate they want to hold onto their pre-parent person and their freedom to do some of the things they value. There is a message that they are tied to their child and the tie, sometimes, is uncomfortably restricting.

### **Third interviews**

The third interviews take place at about four months. We are much more at ease with each other and there is a more settled air in the parents.

The children have become wide-eyed and sociable. They smile and attract. They are responsive, alert and active. Their fathers play with them and are the sources of fun and movement. Mothers hold, give feedings, closeness and quiet togetherness. The parents talk about their child's changing. I can hear the delight and love in their voices. They are taken by their child, caught up in every moment and event of their child's existence. It is so easy for them to talk like this. Some say how nice it is to be able to talk about their child without restraint. Talking about one's child, it would seem, is frowned upon in the everyday community. As we talk their eyes are drawn to their child. Each child lives in the centre of its parents' gaze.

For most, life seems a little calmer. Many of the couples are more relaxed. They transmit a quiet happiness and have created a cosy family atmosphere. They say it is getting a little bit easier, that there is time for a few more other things in a day or a week. Some have holidayed or been out-of-doors much more. I see friendship in couples, respect and affection. But, this is not for all, or at all times. Some are stressed, uncertain and afraid. There are moments of frustration and irritation with a child or each other.

The talk comes easily, even so, with details, stories, feelings and ideas given freely. It is as if this talking is pleasurable and interesting for them. It is for me, though the difficulties and pain make me ache. Not all, but most difficulties and pain belong with the mothers. Some are dealing with sad feelings which seem to dog their days. They are confronting the issues of women's lives in parenting, working and relationships. The process is not comfortable. There is anger and resentment at the inequalities in parenting partnerships. They search for understanding.

#### **Fourth interviews**

These are, on the whole, comfortable interviews. There is a familiarity now between us and the parents move easily into the talk about their child and themselves. Most are relaxed and seem more in control. It seems as if, having experienced so much excitement and intensity, they are coming into a calmer and more predictable time. They talk freely and easily, as before, though there is not so much to tell. It is as if they are just getting on with it.

A different story, however, is told by some. There is a continuing sadness in mothers who struggle with depression, anger and frustration. Their days are difficult and stressful. They are tired, thinner and despondent.

For all there are life stresses, children's health problems and differences of opinion. One couple have a heated argument. Two main points, however, stand out. Each couple has a resolve to come through their present difficulties and a palpable hope that, once through this time, all will be well. And, there is an unshakeable commitment to the wellbeing of their child, regardless of their present difficulties.

The children have made noticeable progress and have grown considerably. They can sit, move about and handle toys and objects. They are curious and active, but are clearly attached to their mothers. Their parents are protective. The fathers are playmates, the mothers cuddle and show concern.

#### **Fifth interviews**

These interviews carry a sense of coming to an end. The parents are reflective that a year has passed. There is a wonderment as we look at the children and imagine them at the beginning of the year.

The parents talk easily. Most say there is not much to tell since we last talked. As they reflect over their year they are pleased about what has been achieved and have a positive view of the future. Many say the hardest times are over, the good times have arrived. They see themselves as survivors, having come through the trials of a very mixed year. They say, however, that having their child has been the best thing in their lives and they would not want to change that. Even when the year has held sadness and disappointment, their child is more than compensation without parallel. Those who have struggled with many difficulties are not as disheartened as they have been and speak optimistically of the present and future.

Most of the mothers have returned to work and seem content with the shape of their lives. Many parents have completed home projects and are pleased with the results. Fathers tell of spending time with their children.

The children are mobile, some are walking. Each of them is sociable, but cautious with a stranger. They are interested in everything around them and continue to be the centre of their parents' attention. The parents are ever watchful and protective. There are, however, smiles and laughter as they watch and enjoy their child.

We finalise. I turn off the tape-recorder for the last time and thank them, once more. I am not able to put into words my gratitude for their time and the sharing of their lives with me. We farewell each other. Little hands wave good-bye.

While the words of the parents, as spoken, recorded, transformed into text, analysed and reflected upon have provided the substance for the findings, the experience of being with the ten parent couples, interacting with them and apprehending their world at first hand held another opportunity for understanding. In reflecting on the meanings in these experiences and the messages in each of the interviews, it can be seen that such meanings are in harmony with the findings gained from the text. Phenomenological description which retains its essentialness across a number of experiences is reinforced in its authenticity.

### 13.2. Being generate

*The parents show me their child and tell me about the birth, adding the story of labour and other earlier experiences. These are their beginnings of parenting, a lesson learnt by me very early in the interview series. They tell of these things as if they have come to a new way of being. They are absorbed in a new and greater cause.*

Reflection on the parents' experiences in preparing for and receiving their first child, described in the theme, **Making a place for a child**, has revealed an essence of the phenomenon, first-time parenting in the first year. **Being generate**, as essence offers an understanding of what it is to be parents who are living as generative people and who direct themselves to the creation and nurturance of a child.

**Being generate** describes the being of the parents as they lived the experience of becoming parents, an experience in which they became profoundly involved in the processes of generating from themselves. In **being generate** the parents, functioning as biological beings,

gave themselves over to giving and nurturing life. Their child was the fulfilment of their generative intent. **Being generate** holds a wider meaning, as seen in the parents' orientation to the future. The parents were caught in a way of being which endowed their future, that of their families and the community.

**Being generate** is an experience of hope. The parents were with hope before their child was conceived, over the months leading to their child's birth, throughout the birthing experience and for their parenting. **Being generate**, too, was a way of being in which the parents lived as determined people who endured and persevered and changed many things about themselves and their world. They created new life and new ways of being in the world. **Being generate** as a way of being in the world is expressed through having hope, enduring and persevering and making adaptations.

### 13.2.1. Having hope

Conceiving, bearing and giving birth to their child were experiences of intense hopefulness. The decision to have a child, whether a decision to try for a child or to maintain a pregnancy, was a decision founded in hope. Megan's statement, "*... I've always wanted a child*", speaks of a long standing hope. Throughout pregnancy the parents held to the hope, even amidst their concerns, that their child would develop well. The time before birth was a time of looking forward, of hopefulness for a good labour and a good child. The imagined child was the child of hope.

Hope was a buffer, helping to contain fears and maintain resilience. Labour, with its pain and uncertainties, was a test of the parents' resources. When mothers were exhausted and overcome by the physical demands of labour they wanted labour to stop, they wanted to go home as if none of their present experience was reality. It was as if they had, for a time, lost hope. Gerri said, at that time,

*... [I] was really exhausted, I just thought, if someone doesn't come and take this baby out it will never come on its own, that's really how I felt.*

The anticipation that labour would be manageable and endurable was found by some to be mistaken and it seemed that, without that hope, the process was unendurable. In each mothers' experience, however, good care re-established a way in which they could continue and regain the hope that labour would progress and a child would soon be born. Penny was grateful for a midwife whose actions, "*... got everything back in control...*". Good care restored hope.



In Jenny's and Kris's experience, in which their hopes for a timely and well prepared for labour and birth were dashed, the strength of such hope is shown, as if in relief, against a different reality. Jenny's anticipation of being ready for hospital and the hope for a well managed birth, when lost, became a reason for mourning. For Jenny and Kris, the loss of their planned labour and birth seemed to have long term effects. They were both shaken and sad. Jenny's sadness seemed to start at this time.

There was hope as parents, in the early days after birth, watched over and waited for a child to emerge from special care and intensive treatments. Despite their anxieties they were hope-directed in their actions at this time. The mothers concentrated on establishing lactation, even in difficult circumstances, and the fathers made efforts to be positive. Patrick took his family, one by one, to see Zeb in the special care nursery in an effort to do the usual things that are done with a well newborn child.

As the new families left the hospital they were full of hope. They hoped that their child would be well, grow and thrive. They hoped, too, that they would be capable of caring for their new child and be the good parents they desperately wanted to be. There were hopes, too, for their child in the future. Such hopes were expressed as particular outcomes. Gina, in expressing her hopes for Gabrielle in the future said, "... *that's what I wish for her, that she, she feels that she can do anything ...*". Many hopes were framed as wishes that unpleasant or harmful things might not happen.

### **13.2.2. Enduring and persevering**

The parents' **being generate** was further expressed in their enduring and persevering in the early days of their parenting.

Labour, with its physical and emotional demands, was a time of profound endurance. Such endurance required more of them than the parents had imagined. The mothers wondered how much they could endure. Deborah said, "... *I thought, how much can I bear .... oh, how long's this going to go on for ...*". The intensity and length of labour tested the parents' capacity for endurance. The mothers, when labour and birth were over, needed time and care to recover. They were shaken by the experience of labour but, at the same time, amazed at their capacity for endurance.

Endurance, especially over time, has links with perseverance. In holding on and continuing through, endurance is achieved. The mothers seemed to have a facility for perseverance,

noticeably during labour. Gina's declaration, made in a time of outrage and despair at the lack of progress in labour, shows the spirit of perseverance, "... *I couldn't stop it and I had to have that baby ...*". In persevering the parents remained fixed on the greater goal.

Enduring and persevering were everyday ways of being during pregnancy and lactation. The mothers endured the uncomfortable changes of pregnancy, particularly those of the later weeks. They were tired, restricted in their movements and did not sleep comfortably. Deborah recalled, "... *the last six weeks I did not enjoy at all, the hot weather, I was, I had a lot of pressure, I could only walk for five minutes ...*". The increasing physical restraints and discomforts of advanced pregnancy in strong, fit and active people was a substantial trial. Deborah, in company with the other mothers, endured discomforts with resignation. They held onto the idea that their discomfort would come to an end.

It was, however, in the experience of breast feeding that the mothers' way of enduring and persevering was so clearly revealed. Breast feeding, as a new and unpractised undertaking, was characterised by strangeness, anxiety and tension. Establishing lactation and learning the techniques of breast feeding were emotion filled experiences. Early breast feeding attempts were often made in the presence of tears. Megan described the early attempts as, "...*a traumatic experience*". The mothers endured discomfort, pain, embarrassment, difficulties and failures and allowed themselves to endure these experiences many times over. Their perseverance was grounded in their beliefs and knowledge about the benefits of breast feeding. Generative parents are directed to the nurturance of a new generation and show endurance and perseverance to that end.

### **13.2.3. Making adaptations**

In **being generate** the parents changed. They changed their life orientation, so that their being became outer and other directed. The parents made changes in themselves and their world as they began to live as generative people. They lived as creative and transformed people who were caught up in the new life they had generated.

Pregnancy, labour, birth and the early days with a child were, in themselves, adaptations. The parents were conscious of themselves as living in a time of change. They reorganised their environment in order that a child might be received into a safe and nurturing place and made life style and health related changes. The mothers adapted their diet in deference to the needs of a developing child. They adapted to the physical and emotional changes in themselves and accommodated the demands of labour and birth. In their early experiences with their new child

there were further adaptations to be made. The initiation of breast feeding was, for the mothers, striking in its adaptive nature. The mothers made major physical, emotional and life-style adaptations, making changes which held self-giving and sacrificial elements. In living as **being generate** the parents took on ways of being which were adaptive and forward-looking.

**Being generate**, as essence, is a way of being in which the parents became other-minded. They lived as creative, forward-looking people who carried hope, endured and persevered and adapted themselves and their world in the interests of their child and their combined future.

### 13.3. Being for another

*The parents talk a lot about looking after their child. There's a message here. It's not so much that they tell me what they do or what they should do. Rather, it's what they do that they can't help but do. There is an unselfconscious acceptance that becoming parents is becoming carers of a child. And, in caring for their child they exist for this child. A child becomes the point of everything.*

Reflections on the parents' solid determination to care for their child in the best ways they knew how, described in the theme, **Acting responsibly in the care of a child**, has revealed the parents living as if their being was in **being for another**. **Being for another** describes a way of being in the parents in which their child became the purpose of their existence.

**Being for another**, as essence, tells of the parents' being as it showed itself in the ways they cared for their child. Their determination that their care would be the best care they could give meant their everyday efforts in caring for their child were consuming. The parents were deeply involved, highly focussed and caught up in the details of care. They placed their child and their child's care above all else. Their own needs were either ignored or re-prioritised.

**Being for another** was expressed in the parents' acceptance of responsibility. The responsibility of a child was taken-for-granted, the parents living as if responsibility was a foregone part of parenting. In living as **being for another** the parents were responsive and sensitive, closely attuned to their child. They showed perseverance and forbearance, often finding these ways of being were the hard work of parenting. **Being for another**, as a way of being for first-time parents was pervading, claiming and unremitting.

### 13.3.1. Acceptance of responsibility

The acceptance of responsibility saw the parents taking on the obligations of their child and caring for their child. The parents' many acts of responsible care were testament to their acceptance of how they should act as parents. They lived as though their responsibility for their child surpassed all other responsibilities.

In their everyday living, the acceptance of responsibility was often a conscious and deliberated admission that their responsibility existed. For example, the parents took responsibility for safeguarding their child who was vulnerable, frequently at risk for harm, and dependent on them for safety. In Peta's growing realisation of environmental hazards her recognition of the responsibility for Sophie's care and safety is seen. She said,

*I'm dreading that when she starts to toddle, this type of thing (pointing to fire), you know you get, you've got to be more aware now, and it's amazing, like before we had a baby this was just a bare house and this would just be an open flame and those would be just like open plug sockets, but now it's like, oh, god, once she starts walking we've got to go and get things to poke in the plug sockets, we've got to cover that up and, and it all makes you really aware.*

The acceptance of parental responsibility also carries agreement, whereby parents give assent to taking on the responsibilities of a child. Such agreement was shown as the parents gave recognition to their responsibilities with knowledge and aforethought. They could see, for example, the responsibility for their child was a long-term matter. Paula's comment, "... it makes you realise how long he's going to be around..." was made as she and Chris considered Andrew's future. As responsibilities were considered a tacit agreement to take responsibility was often inherent in the parents' decisions and actions.

Accepting responsibility for their child was further achieved through their ideas and beliefs. Paula reflected on this process as she talked about responsibility,

*... you have this little baby and you know it's a major responsibility, but, of course, you don't think about that day by day, you don't think, oh, I've got this great responsibility, this great responsibility.*

The parents accepted that another was the centre and priority in their lives and had first claim on them and their resources. They replaced self-interest with interest in another. Their acceptance of the responsibility of a child led the parents to reorganise their directions and priorities. In Murray's description of this reorganisation there is profound and personal change,

*... your ideals change, everything changes, anything that you used to do, you are doing, it's different, you're not just thinking about yourself any more, you have to think, you're constantly and always considering someone else.*

The acceptance of responsibility required the parents to change. New responsibilities brought new experiences and new opportunities. The parents, in the acceptance of the responsibility for their child and their child's care, demonstrated thoughtful, altruistic and mature ways of being. To **be for another** was to accept responsibility.

### 13.3.2. Sensitivity and responsiveness

The parents' capacity for sensitivity was shown in their emotional and perceptive connection with their child, and their preparedness to act in accordance with their feelings and insight. They demonstrated an empathy for their child, a thoughtful approach to their child's care and an acute awareness of the effects of the environment on their child.

Sensitivity is seen in the parents' search for an understanding of their child's behaviour and experience. For example, they speculated on the physical and sensory effects of teething and were sympathetic to their child's discomfort. When their child was irritable or miserable the parents looked for the cause. They were eager to understand their child's behaviour and they became finely attuned to their child.

The way the parents shaped their care to their child's experience is a further expression of the parents' sensitivity. They acted out of understanding of their child. Sensitivity was a factor in the choice of foods, the organisation of activities they knew their child would enjoy and their child's need for well-timed sleep. Several mothers were influenced by their child in their approach to weaning. Deborah, for one, at twelve months continued with more breast feeds than she had planned. She delayed the weaning process in deference to Wesley's need.

The parents were sensitive to the many external influences on their child. They were mindful of the effects of the physical environment, such as sunlight and temperature. Paula and Chris, for example, gave thought to Andrew's needs in a different environment. Paula recounted,

*... we go in the salt water and go camping and go on the beach and never wash it off, but it doesn't matter, that's how you wash, but I wouldn't leave salt water on him night after night.*

Similarly, the parents were sensitive to their child's experience in an unfamiliar social environment. Jane and Patrick took Zeb to his child care facility for familiarisation visits. Gerri could see that Lucas's disinterest in feeding when they were out was because, "*There was far too much going on for him to concentrate on breast feeding*". Megan gave an empathic account of Tom's experience of a long overseas flight, jet lag, strange surroundings and new people. The capacity of parents to relate sensitively to their child's experience is seen in these

examples. Their sensitivity to their child meant the parents carried out care in ways which demonstrated their empathy for and commitment to their child.

The parents' responsiveness was evident in their open and receptive attitude to their child's care and their child's best interests. They were responsive when they listened for and to their child, when they took into account their child's experience and when their acts of care were in accord with their child's needs.

Responsiveness was seen most frequently in the experiences with a child's crying and feeding. The parents demonstrated an intense responsiveness, as though they were compelled, to attend to a crying or hungry child. Gerri's description of waking for a child is a revealing example of a parent's responsiveness,

*I know when he's going to wake, he stirs a little and then I wake up and I think, oh, he's going to wake in half an hour for a feed, cause I know him, it takes him a little while to really wake himself up ... so quite often then I get up, get a few things ready, then can't go back to bed to wait for him to wake properly ... it's funny they only have to be really slight noises and it makes me wake.*

The parents were highly responsive to their child's feeding needs. A child's desperate hunger, food preferences, appetite and satiation were recognised and acted upon. Such responsiveness to a hungry child is shown in Kris's understanding of a young child's urgent need for food, "When he wants a feed, he wants it, like yesterday, so now he's on the bottle, we've got to be quick."

The parents were aware, had understanding and carried out actions which were in sympathy with their child. They made themselves accessible and available to their child.

Sensitivity and responsiveness, expressions of **being for another**, are ways of being in the experience of first-time parenting. The parents, in their living as if for their child, became finely attuned to their child's needs and nuances, compassionate and highly reactive towards their child.

### 13.3.3. Perseverance and forbearance

The ability to continue with and persist in an undertaking, was a feature of the parents' care of their child. Even when the parents' own needs were high or urgent or other circumstances placed demands on them, they were steadfast in their care for their child. Perseverance is an expression of the being of parents in **being for another**.

Perseverance was shown in many situations of care. The determined search for the best ways to respond to their child's immediate needs, the mothers' persistence with establishing and maintaining breast feeding, the continuous watchfulness in order to protect their child are conspicuous examples of the parents' perseverance.

Other instances of care in which perseverance was demonstrated include the monitoring of a child's health and the conscientious visits to health care services. Perseverance with the recommended immunisation schedule deserves special mention. The parents' perseverance with vaccinations in the light of their anxiety and distress about the injections and the possible side effects of immunisation shows the determination of parents to continue to give the best possible care. For Jane and Patrick there was an additional concern with Zeb's vaccinations because of his tissue reactions and yet they persevered in providing him with the protection afforded by immunisation. An ongoing determination to be knowledgeable and skilled in child care was a further demonstration of parental perseverance.

Perseverance shows how tied to the wellbeing of a child parents can become. It can be suggested that the children of parents who persevere on their behalf are advantaged. In persevering, the parents were determined and committed carers who were expressing their being in **being for another**.

In their forbearance the parents were enduring, accepting and tolerant. Their forbearance, in addition, was marked by patience, understanding, good humour, restraint and a readiness to excuse their child. The parents lived as though there was an inevitability about difficulties and they were beholden to manage them with grace and composure.

Forbearance was shown in the parents' toleration of the unpleasant aspects of caring for a young child. They minimised their experiences with their child's vomiting and excretion. Patrick told of his forbearance in such circumstances,

*I was a bit surprised, actually, with how I could cope with some of the things that he did, cause it always used to put me off with other people's babies when they throw up on you, you'd think, oh, god, gross, but ... we don't mind when he does it, but if he throws up down my chest or over my arm or something, it's, oh, well, okay.*

The parents were forbearing when trying to achieve other tasks in the face of their child's needs. Frustration notwithstanding, they adopted a resigned approach and found ways of dealing with these competing demands. Forbearance was shown, too, in the parents' tolerance of personal discomforts. Gerri, for example, continued to breast feed in the presence of back pain. She explained,

*... everything's still soft and it doesn't go back a hundred percent till you finish breast feeding a baby, so I was almost going to give up breast feeding, but then I decided not to.*

The parents' tolerance of their own lack of comfort was also found in stories about the effects of meeting their child's needs before their own. The parents endured sleep disruptions, constraints on their visits to the toilet and time for personal grooming, loss of leisure and relaxation and communication with each other. They missed having time together but supposed the restrictions they endured would ease over time.

Forbearance was not always easily accomplished and was particularly tested when the parents were not well. Steve described how he felt after painful dental treatment, "*... it's a bit harder to be sympathetic once a baby's crying and you're feeling like crying yourself*". There were times, too, when forbearance required an extra effort. Jenny and Gerri both endured breast engorgement and a copious milk supply after deciding to cease breast feeding because their children were not thriving. Forbearance was achieved in the presence of sadness and regret.

A number of parents used humour to help them achieve forbearance. They joked about their child's behaviour and what to do about it. Humour facilitated Gina's and Murray's forbearance with Gabrielle's crying.

*Gina: ... a few times I've thought, whoa, you can go in the bin today.*

*Murray: Threaten to sell her in the classifieds.*

*Gina: Put her in the classifieds, put her in the Trading Post.*

The parents tolerated many inconveniences in caring for their child. As forbearing parents they behaved as if they forgave their child for the problems and difficulties of a young, dependent child. In exercising forbearance the parents reinforced their commitment and involvement with their child. Forbearance, as an expression of **being for another**, adds to an understanding of what it is to live as if for another.

The acceptance of responsibility, sensitivity and responsiveness, perseverance and forbearance have been revealed as expressions of the parents' being in **being for another**. As the parents incorporated into their world the care of a child in self-giving and self-denying ways they were living as if they were **being for another**.



#### 13.4. Being as parents in the world

*They tell me about the others in their lives. There are many. Other people are part of their world. They bring much needed presence and help, though some bring trouble and make difficulties. Overall, they are needed and have a space.*

The parents were not alone as they parented. They made contact and spent time with others. Other people created meeting points with them. They became indispensable to the parents in their being as parents. The parents acted as parents in the presence of others, were received and treated as parents and, through their interactions with others, came to know themselves as parents. They were apprehended by the social world which, in turn, framed their lived experience to that of **being as parents in the world**.

Even so, in **being as parents in the world** the parents were not merely living as persuaded respondents of others' efforts to mould them into preconceived ways of being. They made decisions about those with whom they would interact, and were thoughtful about the qualities of their interactions. They evaluated the ideas of others. Relationships were sustained while, at the same time, the parents took on their own ways of being. In their **being as parents in the world**, however, they made connections with others in the world and in their presence lived as parents.

Over the year, the parents' relations with others in their world influenced them in taking on the functions and identity of parents. A reflective interpretation of their experiences in interacting with others as parents has revealed them as **being as parents in the world**. In **being as parents in the world** the parents acted as if they were parents and came to see themselves as parents. Such a state of being existed in the presence of others and was supported by continued and confirming interactions with others.

The interpretation of the parents' interactive experiences with others has revealed three discrete expressions of **being as parents in the world**. Seeking and receiving, sharing experience and assuming role shed light on what it is the **be as parents in the world**.

##### 13.4.1. Seeking and receiving

Others could help the parents. The parents could see that others had the knowledge, emotional commitment, time, vested interest, expertise, skills and resources which could help in their parenting. Their interactions with extended families, health professionals and others in the

community became the means through which such help was gained. They actively sought help, too, by asking about resources and making contact with relevant individuals and services.

In seeking knowledge, advice, expert care and affirmation the parents often needed determination. Seeking help from others was an assertive act, not always a comfortable experience. The parents were often uncertain about what they should do and found it difficult to reach out for assistance. Paula, for example, felt anxious and embarrassed about asking for medical help. She explained, "... *I find it very hard, I think, oh, I can't go, she's going to think I'm stupid ...*". Despite this difficulty Paula determinedly sought help each time Andrew needed medical attention. Other parents were similarly determined when they needed help.

Seeking help was an interesting and compelling exercise in other instances. Many good results from the parents' pursuit of help reinforced the parents in their seeking. While help was at hand, they needed to actively seek it out. Seeking help became a task of first-time parenting. The parents became accustomed to and adept in seeking help from others.

In addition, the parents became receptive to helpful interactions with others. They accepted help in response to their seeking and received help and interest from others which had not been anticipated. They were, for the most part, appreciative of the help offered to them. Practical help and support from extended families, for example, was a cause for gratitude and relief. They received information with intense interest and were frustrated when it was not forthcoming. In becoming recipients of help the parents became open to others and engage with them as parents in the world.

Expectations were sometimes placed on the parents as they received help from others. They considered various points of view and, as recipients, learned to discriminate between differing opinions. For independent people, becoming a recipient of help was an unfamiliar experience which carried a suggestion of inadequacy. Deborah commented, "*I'm meant to cope*" as she struggled with a need for help. Receiving help brought relief which outweighed her unease. While not completely overcoming all their misgivings about receiving help, the parents became more able to receive help and support and appreciate their benefits.

In seeking and receiving the attention and help of others the parents engaged in interactions with a range of individuals. The parents' experience as seekers and receivers provides understanding of them as **being as parents in the world**.

### 13.4.2. Sharing experience

**Being as parents in the world** finds further expression in the sharing of experience between first-time parents and others in their world. In exploring a shared world the parents furthered their understanding of what it is to be parents and how others might play a part in their lives. When the parents and others offered one another their stories and discoveries and disclosed their feelings and thoughts, their interactions became dynamic and rewarding. In addition, the sharing experience had strong empathic overtones. The parents found learning and emotional connections in such sharing and formed affiliative relationships. Relationships were fostered and nurtured through the sharing of experience.

The parents found themselves in a number of circumstances in which others were willing to share experiences with them. Members of the extended family were willing to offer up their knowledge of pregnancy, labour, birth, breast feeding and the care of a child. When the parents had experienced these themselves a mutual sharing of the experience took place. Out of their shared experience a new closeness in the relationship between parents and their extended families developed. Parents and their own parents found they had an increased sensitivity to one another which arose from the recognition of their common experience.

In sharing with others who were undergoing similar experiences the parents found supportive relationships and a unique form of understanding. They could talk freely with other parents about their everyday issues and with an expectation of being understood. Being understood was enhanced when parents were at the same stage in the parenting experience. Paula described it as, "*... going through exactly the same thing you're going through*". This shared experience created emotional bonds between parents. The mothers found the mothers' groups facilitated the sharing of experiences and the making of affiliative ties.

Being understood seemed to be a consequence of an empathic spirit in those who shared their experiences with the parents. It was as if other parents could easily imagine the parents' experience and feel with them by drawing on their own. While in many instances, such as in the mothers' group, the remembered experience was recent, in others the empathy of others was not necessarily dependent on recent experience. The parents, too, had an ability to empathise with other parents. Sharing experience and transmitting understanding from each other was a supporting experience for the parents.

In addition, shared experiences were learning experiences. Information and ideas were passed to parents, creating an accumulation of new knowledge. Such knowledge was greatly valued by the parents, and frequently translated into action in their parenting activities.

The sharing of experience in the lives of first-time parents had important effects. When the parents engaged in interactions which had reciprocal qualities they formed close ties, felt understood and supported and learnt from one another.

### **13.4.3. Assuming role**

The interactions with others in the world were instrumental in the parents' acquisition of the role of parent. In their interactions with others the parents, for the most part, acted as parents. At the same time, others responded to the parents as if they were parents. These two processes reinforced the parents in their actions as parents and contributed substantially to their self-knowledge of themselves as parents.

In acting as parents, the parents took on the parental role. This was a gradual process, with tentative beginnings during pregnancy. The presence of a child, however, created a series of circumstances in which parents began to interact with others in different ways. They were brought into contact with individuals whom, they imagined, had preconceived ideas of how parents would act. In many instances, the purpose of the interaction lay in the parents' need. Consultation with the early childhood nurses, for example, was in itself a parental act. Parents, in seeking help and advice, acted as responsible parents, and were recognised as such by the nurses. Other interactions in which parents acted as parents included those with the extended family, health professionals, friends, other parents and members of the community. In these interactions the parents acted as parents and were reinforced in their new role by the expectations and responses of others.

The interactions with others had a significant effect on the parents. It was as if the responses of others had a shaping function in which parents were taught and reinforced into the role of parents. The parents interacted with midwives who coached and encouraged them to act in certain ways. They were recipients of their extended families' approval and disapproval of their parental care. Early childhood nurses affirmed them as parents. Other parents provided agreement and ideas for how parents should act and members of the community made judgements on parental behaviour. In these and other examples, the interactions with others held strong messages for the parents about how parents should act and what it is to be parents in the world.

Through their experiences with others, the parents gained a sense of themselves as parents. Over the year, their interactions with others continued to reinforce the parents in their role and in their **being as parents in the world**. In **being as parents in the world**, parents act as parents and know themselves as parents. The realisation of such being is bound up in the presence of others who interact with parents in ways which support and confirm them as parents.

### 13.5. Being held to a child

*It is easy to talk about their child. They tell me what has happened since we last talked. He can sit up with a bit of help, she knows what we say to her, he's now crawling, they say. But it's in the saying. Their words come easily, there are many smiles and laughs, animation brightens their faces even though they are tired. They are captivated by this unfolding child and this is where the good times are.*

The parents' experiences described in the theme, **Acknowledging the development of a child** held a meaning in which their being can be seen in **being held to a child**. As an essence of the phenomenon of first-time parenting, **being held to a child**, offers an understanding of what it is for parents to live as if they are connected and bound to their child.

In **being held to a child** each parent couple lived as if they were inextricably caught up with their child. They were deeply attached, engrossed and taken over by their child. Such love and fascination seemed to be sustained by the changes in a child as the growing and developing processes took place. As a child become responsive, interactive and attractive, parents were increasingly secured in a loving and absorbing preoccupation.

**Being held to a child** was a way of being in which the parents lived as if taken by their child into a loving and joyous relationship, a living with delight. This delight, which held the parents to their child, was founded in the experiences of shared joy and wonder at a child's changing. **Being held to a child** was further expressed in the commitment the parents made to a growing and developing child and in the hope they carried for each new stage of their child's development and for the person their child would become. Delight, commitment and hope are expressions of what it is to be in **being held to a child** and show how the parents lived in their everyday world with their child.

### 13.5.1. Delight

Living with a developing child was an experience of delight, found in the emerging responses of their child and in the loving feelings within the parents. When a child expressed happiness towards a parent, feelings of delight and love flowed. As these experiences multiplied, the parents become enmeshed in a loving dynamic in which a child could thrive and they were bound and rewarded. There was a delight, too, in seeing a child develop well. Good development gave a clear message to the parents that their care was sufficient and that they were adequate as parents.

Such deep delight in a child was likened to the in-love experience, in which human emotion for another becomes a compelling priority and other life matters diminish in importance. For Megan, the realisation of the in-love experience was a moment in time, a moment when she and Tom looked at each other and she knew they had come to a new certainty about which she could say, "... *we've just fallen in love*". Jane knew that at nine months she had developed a recognisable love for Zeb which she, too, likened to the in-love experience. Chris observed the love between Paula and Andrew and described them as "*great lovers*".

In Megan's description of the in-love experience she shows that, as well as feeling love for a child, a parent experiences love from a child. The love from their child claimed the parents and held them in a loving relationship with their child. Jenny described the effect of a child's love, "... *just to get that love from someone, it's amazing the power he has over us*". A child's demonstrations of love brought a realisation that they were objects of love and, therefore, important to their child. Paula made the link between Andrew's development and the loving experience with a child, "... *he's just at such a lovely age, he's just so responsive and you just feel like he really loves you ...*" Delight in a child's reciprocated love would seem to be tied up in the need to love and be loved for both parents and child.

Delight was found too, in the development of a child. The parents were not only delightfully entranced by their child's physical development and emerging personhood, but experienced a quiet delight in witnessing good development which indicated that their child was developing well. Such good development was a reassuring message to the parents. A thriving and responsive child could be seen as the product of parental care. The parents made great efforts to ensure the optimal wellbeing of their child and felt rewarded and pleased when their efforts showed good results.

### 13.5.2. Commitment

**Being held to a child** was further expressed in the parents' commitment to their child. They lived as if they were bound to involve themselves in the progressive changes in their child and to care for their child's good development.

In being committed to a developing child, the parents found themselves in a rapidly changing situation. They had to adapt their care, update their knowledge and acquire new skills as their child rapidly progressed. Jane observed,

*We've been adjusting, getting used to him changing his patterns, we thought we had him worked out and then he changes ...*

In making adjustments in keeping with their child's changes, the parents were constantly adapting to their child. The rapidity of change challenged the parents to become responsive and flexible, even for small, everyday events. Jenny gave an example in her account of Mitchell's introduction to solid food,

*... it's just been amazing, like the first time he didn't quite know what to do, but the second time he was opening his mouth for swallowing and crying when we take the spoon away, so we had to shovel it in.*

The commitment to a rapidly developing child meant the parents lived as protective carers. They realised that the development in which they were so delighted, meant their child was able to interact increasingly with the environment. As committed parents, they had to anticipate threats to their child's safety and take actions to protect their child. Colin's story shows how a parent lives with the commitment to a developing child,

*... he worked out that he could pull the key out of this cabinet behind us, so I eventually take the key out and then I put it in the drawer and it was only two minutes after that that he then reached up and pulled the drawer out to get the key, so that continues, even though you think, okay, you've got the gates up and everything seems to be pretty, pretty safe or not a problem, he tends to push that further and further, so that you can't afford to take your eye off him.*

The hold of a developing child on its parents was strong, pervading and gave rise to a highly protective response in them. Paula described it in this way,

*I just look at him, and I just, oh, you just fill up with love and you think, oh, he's so gorgeous and I feel so protective.*

There was an understanding in the parents that their commitment to a developing child would extend over time. Several thought about involvement in the years to come and could see that they would be carrying their commitment across time. Their **being held to a child** was expressed in a commitment which was firm and unrestricted.

### 13.5.3. Hope

The hope of the parents seen in their early experiences of childbearing flowed on throughout the year. Hope was an expression of the parents' **being held to a child** and was bound up in a child's development and potential. In living with hope, the parents were positive and forward looking, wanting their actions to contribute favourably to their child's future.

There was a consistent hope that a child would be well and thrive, develop well and remain healthy. As a child made developmental progress the parents were reassured in their hope. They spoke of their child's development as if it were a sign that their hope for the present was realised and that they could continue to hope for further good development to come. Even when a child was not well or developing satisfactorily the parents' hope remained strong, thrown into sharp relief by their anxiety or distress.

The parents held hope, too, about themselves as parents. They hoped that their parenting would have a good effect on their child, that it would ensure good development and health and that they would not do anything that would detract from their child's optimum development and wellbeing.

Hope was often directed to future outcomes. The parents gave thought to their child in the future and carried a strong hope that their child would develop into a happy and admirable person. Hope, too, seemed to be part of the desire in many of the parents for their child to have a better childhood than their own. Gina hoped that Gabrielle would be different from herself and, further, that she would "...be able to pursue her dreams without being afraid ...".

In **being held to a child** the parents lived with hope. Their hope was addressed to their child, themselves and the future. In living with hope, they were optimistic but yet realistic, future directed but keenly aware of their present, anxious but able to anticipate with a degree of certainty. Their held-ness to their child was imbued with hope which, in turn, seemed to strengthen the parents' capacity for a close attachment to their child.

### 13.6. Being other than a parent

*At first the ideas about self sound at odds with the messages about themselves as parents. I thought these ideas may have belonged to an early stage in the transition to becoming a parent but the ideas persist over the year. The parents were clear, they are individuals, someone other than just a parent. And they do not let it go.*



Each parent revealed in the theme, **Maintaining personal wellbeing and integrity**, the ways in which they maintained individuality and a value of the self. In so doing they lived as if their being was in **being other than a parent** and expressed that way of being through their self-knowledge, resoluteness and self-regard.

The parents' insistence that their being included them as **being other than a parent** has shown the parents living as individuals, continuing to foster and develop themselves in ways that were distinct from their parenting selves. They achieved these goals, for the most part, without conflict with their absorption in their child and their parenting aspirations. **Being other than a parent**, as an essence of the phenomenon of first-time parenting, tells what it is to be as first-time parents, living in a present world.

### 13.6.1. Self-knowledge

The parents, in holding onto an essential self and having the determination to supply the conditions for the maintenance of an individual self, seemed to have an intrinsic view of what it is that is essential and important for the oneself. They had firm ideas about who they wanted to be and what they wanted to achieve.

Self-knowledge, as shown by the parents, allowed them to be clear about themselves as individuals and how that individuality could be preserved within the parenting context. The mothers were sure that they were individuals as well as mothers, and that their individuality should have a place. Most of them were convinced that their identity within the work-place was important and needed to be retained, even if under different working conditions. They knew, too, that breaks from their child and childcare were essential for their sense of person. They made considerable efforts to obtain some time away from their child.

The fathers, although not confronted with the same challenge to individuality, were aware of their needs to achieve and provide. Parenthood, in many ways, accentuated these ideas and their understanding of themselves as fathers, providers and protectors. They could see that their roles in the world required a balance, which was not always easy to discern or achieve. Many of the fathers grieved about their limited times with their children and yet felt compelled to pursue, with energy, their careers and interests.

The parents' self-knowledge, an expression of **being other than a parent**, gave the parents an understanding of themselves as individuals and how they might live in the world as individuals. Self-knowledge, too, gave the parents an understanding about who they now were

and how they fitted into the world. As they took on the role of parent, their knowledge of themselves helped them make sense of the changes in themselves and their world. Deborah gave an example of such knowledge. She observed,

*... you also think about, well, now that you've got a child, you know that you are getting older and you know, that's just, life goes on ...*

In addition to the understandings available in self-knowledge, the parents achieved new realisations about themselves as changed people. They described themselves as having changed, becoming more open and receptive to ideas and others, and having reached understandings of what it meant to be a parent. Jane, for example, reached conclusions about herself as a parent at home and was able to say, “... *I'm really not cut out for it, I found it really quite stressful and boring ...*”. Self-knowledge helped the parents to be clear about themselves and their place in the world. They relied on such knowledge in their determinations to live as **being other than a parent**.

### 13.6.2. Resoluteness

**Being other than a parent**, as a way of being, was reflected in the parents' convictions that they had not been totally transformed into new people who were parents, but continued to be the individuals they knew themselves to be. They were resolute in holding onto their identity and in finding ways to continue to develop personally, maintain their individual worth and look after themselves.

The parents' resoluteness was initially directed to maintaining ways of being in the world which were familiar and valued by them. They wanted the pleasant parts of their lives to continue and resisted ideas that their parenthood would cause them to become unattainable. Sean spoke of this,

*... I always had this thing that once you had a child, well, I had this thing said to me by people, that once you have a child that was it, forget everything else, but I don't think it has to be like that, I think that in a way a child should fit into your activities.*

They resisted, too, ideas that a child would cause them to give up their enjoyed activities. Lindsay echoed this notion by saying, “... *you don't want to let them take over your lives ...*”, and Steve reckoned that healthy activities should be maintained, adding, “... *it's a poor excuse not to do things when you have a baby*”. Although the care of a child encroached on the parents' lifestyles, the parents continued to resolutely maintain their hold on some of their favoured activities.

Resoluteness could be seen, too, in the parents' pursuit of those things they wanted to do or to achieve. Such resoluteness was particularly noticeable in those parents who were studying or who wanted to study. The parents who were studying found that keeping up with their studies placed heavy demands on them. They were, at times, torn between their studies and their parenting activities. Their conviction about the importance of their study helped them complete the required work. Returning to work was a further experience of resoluteness in which the mothers sought to resolve the competing motivations in themselves for work and parenting.

The mothers' resoluteness for time to themselves was strong. They put effort into organising their lives so that they could have breaks and negotiated with their partners for help with time off. These breaks held a high value but could only be taken and enjoyed when the mothers were confident that their child was in good care. They were confirmed in their determination for such breaks by their conviction that they were better mothers when they had periods of time away from their child and childcare. Jane gave voice to these ideas,

*... it's time for me, where I know he's well looked after, he's safe, he's happy and I think it's made me a better, better carer for him ...*

The mothers' resoluteness achieved time and space in which they could be as an individual.

### **13.6.3. Self-regard**

In **being other than a parent**, the parents had a regard for themselves, placing a certain value on the self which, in turn, led them to maintain activities which were self-preserving and self-enhancing.

There were many indications of the parents' self-regard in the ways they sought and undertook self-caring activities. It was as if the parents were looking after themselves, seeing themselves as worthy of such care. Their involvement in physical activities, such as sport and exercise, saw them putting time and energy into maximising their fitness and feelings of wellbeing.

There was a sense of self-regard in the decisions taken by the parents for enjoyable experiences. Although many of these experiences required effort in their coming to fruition, the parents seemed to be driven by the idea that they were deserving of experiences in which they could be other than a parent. Megan's squash, Colin's skiing, Gerri's writing and Chris's surfing, for example, were thought to be well-earned opportunities for deserving individuals.

**Being other than a parent** describes the ways the parents lived as though some part of them was set apart from the parenting experience. They were self-knowing, in that they were clear

about their identity and place in the world as other than a parent. There was a resoluteness in the ways the parents approached those parts of their lives in which their individuality was important. Their **being other than a parent** was further expressed in the regard for the individual self held by the parents. They lived as though they held value and significance even in the context of their self-giving involvement with their child.

### 13.7. Being open

*I am staggered by their openness. They speak so freely and honestly. They are trusting, too. One of them tells me that they have said things in these interviews which they would, otherwise, have not put into words. And, once started, their words flow easily. There is so much to tell and explain.*

**Being open**, a further essence of the phenomenon of first-time parenting, was revealed in the parents' emotional and cognitive perceptions of their experience, described as their **Living within new perceptions: Experiencing feelings as parents** and **Living with new perceptions: Thinking and knowing as parents**. Parenting was an experience in which their open-heartedness and open-mindedness was challenged and extended. In **being open**, the parents lived as people who had exposed themselves to new dimensions in their emotional and thinking experiences. Ken spoke of this way of being as "... *being opened up*". It was as if the parents had expanded their capacity for experience and exposed themselves to whatever their new way of being brought to them.

#### 13.7.1. Being open in the experiences of feeling

In living as **being open**, the parents were open to the many emotions which were effected by the parenting experience. They were exposed to an immense range and depth of feelings which, in turn, had a substantial influence on them. The parenting experience was, in the main, an emotional experience. There were intense feelings about their child and themselves, particularly as caregivers for their child. The parents, too, were emotionally susceptible to events which involved their child and their parenthood. Their **being open**, as a way of being, was expressed in their vulnerability to the feelings of the parenting experience and in their emotional absorption in being parents.

### 13.7.1.1. Vulnerability

The parents became emotionally vulnerable people in their experiences of parenting. They became vulnerable through the changes and events of parenthood which seemed to unleash emotional responses in them which were deeper and more affecting than any earlier experiences. Becoming vulnerable was an unsettling experience, in that the intensity of their feelings had the capacity to overwhelm the parents. They told of many experiences in which they felt overcome by emotions. These experiences held, primarily, their feelings about their child. Their feelings of love and attachment, anxiety and guilt, frustration and despair were able, at times, to bring the parents to a state of emotional overload. Becoming vulnerable was, in addition, the end result of the relinquishment of many of their previous ways of being and taking on new ways of being in the world.

The parents' vulnerability can be seen as a personal development in which the parents allowed themselves to become vulnerable to their child, parenthood and the world in ways they earlier would have resisted or disregarded. It was as if the parents were moving on from past ways of being and openly accepting a new way of being. Gerri's story of the young mothers she observed near her workplace and her concerns for their children illustrates such a development. Gerri added,

*... it's only since I've had Lucas that it really gets me down, it really depresses me, especially if I see mothers who are down, unkempt and, to me, they look like they don't care about themselves ... sometimes I think that I'm overreacting to the situation, too.*

Vulnerability brought with it feelings of insecurity and of being accessible to any number of yet unknown experiences. At times the number and nature of the new experiences to which the parents were exposed, were overwhelming. They could not always regulate or predict their experiences, feeling as if they were subject to forces over which they had no control. They often felt exposed and unprepared for the experiences at hand. Their vulnerability, however, seemed to help the parents to live in a more courageous way in which they were willing to be open with themselves and others. They took chances, at times, when they could not be sure of the outcome and seemed to become stronger and more confident as a consequence.

### 13.7.1.2. Absorption

As people who lived as **being open** the parents became concerned beyond themselves. They became absorbed in their child and their parenthood. Their absorption was more than a deep and enticing interest. Rather, it was an engrossing preoccupation characterised by a deep and dominating love for their child and a consuming desire to be the best parents they possibly

could be. Such absorption was an emotional state in which the parents' feelings for their child pervaded the whole of their being. The desire that they would be good parents was compelling. Their emotional absorption was a function of the parents' new openness and one in which they had no prior experience. Paula, in telling of her intense feelings for Andrew, explained that she had no prior understanding of such an emotional involvement, "... *I thought maybe I might have those feelings but I never had realised how you feel about your own child ...*"

The absorption in a child and their parenting continued to extend the parents' range of experience over the year. Their captivation with their child meant they were brought to new levels of emotional experience in which their feelings were centred beyond themselves. Through their preoccupation with their parenting their sensitivity for concerns beyond their immediate selves was increased. Parenting was an emotional preoccupation which took the parents to new ways of being responsive to experience and the world.

### **13.7.2. Being open in the experiences of thinking and learning**

**Being open** was a way of being in which the parents' thinking and learning were extended into new areas of experience and were opened up to new possibilities. Their cognitive experience figured largely in their parenting experience and was responsive to the new and challenging issues which arose over the year. In their thinking and learning, the parents' **being openness** was expressed in their receptiveness and flexibility. They were thoughtfully open to the implications of their many new experiences and tried to adapt to the unfamiliar demands and events over the year.

#### **13.7.2.1. Receptiveness**

The parents' receptiveness, as an expression of their **being open**, was an aspect of their living as open-minded people who were trying hard to take in and make sense of the many new experiences which assailed them. While, at times, they perceived themselves as inundated by events, issues and problems, they were able to take in and think through many of these experiences to good effect.

The parents were immensely thoughtful about their child and their present experience, widening their minds to new ideas and prospects. They had a heightened interest in ideas about childcare and different ways of managing their lives as parents. Health information and guidance was appreciated and actively sought. Bella observed, as she told of her efforts to find out about managing a child,

*... it's amazing what kind of things you learn, so it's been important to me, so I'm researching that, talking to people and reading books ...*

The parents' receptiveness was further demonstrated in their enthusiasm for learning. The parents were particularly eager to acquire the knowledge and skills for childcare and interested in opportunities which would help them to do this. The mothers' participation in the mothers' groups, established by the early childhood nurses, is an conspicuous example of the parents' receptivity for new experience and ideas.

In being receptive the parents gained a wider and different view of their parenting and themselves. Through their receptiveness they expanded their cognitive experience and increased their knowledge. Their thinking, too, was directed to their attitudes, which were both formed and questioned according to their understanding of their new and changing circumstances. They frequently evaluated their attitudes and reached new understandings and insight. In addition, the parents could see that learning, skill acquisition and experience gave them competence and confidence.

#### **13.7.2.2. Flexibility**

**Being open** was expressed in the parents' flexible ways of thinking and learning. They were able to change their thinking, taking in new ideas and making adjustments to their held ideas. Their thinking led them to form new opinions, based on their experience and reasoning. When experience and reason would no longer support their previously held ideas, they were often discarded. In being flexible, the parents were able to reconsider many of their ideas, opinions and attitudes.

Much of the parents' thinking was directed to making intellectual sense of their experience. They weighed up the various factors in given situations and used problem solving techniques in making decisions in which they could have some confidence. They debated with each other, giving consideration to different viewpoints, and tried to reach consensus on their conclusions. Their flexibility of mind helped the parents as they engaged in each of these processes.

Flexibility, too, helped the parents adapt to change. Their child grew and developed at a rapid rate and continually presented them with new needs. They experienced change in themselves and in their circumstances which, too, occurred in quick succession. As they lived as people who had their being in **being open** they accepted the rapid changes in their lives in a flexible spirit. They were able, on the whole, to keep up with the changes which beset them and give thoughtful consideration to the many demands of their parenting. Their flexibility gave them a

way of living in a changing present. It maintained them in a reasonably steady state and helped them to manage their everyday affairs with some degree of equanimity.

The parents' flexibility of mind had a further advantage. They were often able to approach their everyday issues and problems in an open and more relaxed way. In rearranging their priorities and directing most of their attention to their child and their parenting they had become easier, even unconcerned, about other matters. They seemed to have learned, too, that a flexible approach helped them to prioritise and make satisfying decisions.

### **13.8. Summary and conclusion**

The meaning in the parents' experience in **being parents** has been explicated in this chapter. Building on the description of the phenomenon, gained through the parents' conscious experience of parenting, a further interpretation of the parents' experience has revealed them as **being parents**. Six essences of the phenomenon have been revealed, providing a further layer of meaning in the full description of first-time parenting. Each essence, as set out in this chapter, shows what it is to be as parents, living in the world and experiencing first-time parenting.



## **Chapter 14**

### **Conclusion and discussion**

#### **14.1. Introduction**

This study, an investigation of the experience of first-time parents over the first year, has drawn on philosophical traditions of phenomenology as the foundation for the research method and for methodological direction. A phenomenological study seeks to describe a selected phenomenon in human experience and, in so doing, sheds light on experience in such a way that the essentialness of itself can be understood, recognised and relied on to inform human matters to come.

The answer to the question for the study, **what is the nature of the phenomenon, first-time parenting as it is experienced in the first year?**, is given in a phenomenological description of first-time parenting as it was experienced by the parent couples over the first year. The phenomenon, first-time parenting as experienced over the first year, is described as one in which parents are **Captured and enraptured**. This description is the endpoint of a phenomenological investigation in which philosophical and research method theory underpinned the conceptual framework and provided direction for the steps of the investigation.

#### **14.2. Layers of meaning in the description of the phenomenon**

Three layers of meaning emerged through the analytical processes in the study and together provide the full phenomenological description. The analysis in the study is likened to a process of uncovering in which layers of meaning have emerged. The meaning in each layer is contingent on the method by which it is uncovered. Each layer, in itself, provides a rich and revealing description of the phenomenon. It is, however, when the several layers of meaning are considered in their entirety that a full and convincing description is reached.

##### **14.2.1. The description of the phenomenon revealed through conscious experience**

In the search for understanding of the phenomenon of first-time parenting over the first year a first layer of meaning was uncovered through a thematic analysis in which the parents' accounts were closely examined for the messages they contained. The parents' messages led to the construction of five themes which provide a description of the phenomenon. This description is, therefore, drawn from the parents' experiences as told by them and from the

interpretation of that conscious experience. In addition, within each theme are a number of dimensions which appeared as clusters of like meaning in the thematic analysis and as such, are necessary parts of each theme. The theme dimensions serve as organisers in the written description of each theme.

It is concluded that the five themes are essential components of the description. Each was present in the experience of each parent couple. The description of the phenomenon is drawn from this consistent representation. It can be proposed that, for the parents in this study, the description holds conditions for first-time parenting. Each of the five themes, therefore, was present and essential to the parents' experience of first-time parenting.

The theme, **Making a place for a child**, emerged from the parents' accounts of their experiences in childbearing, birthing and receiving of a newborn child. In **making a place for a child** the parents engaged in preparing for their child, giving birth, receiving their child and experiencing the first days with their child. **Acting responsibly in the care of a child**, as theme and description of the parents' many acts of care, was indisputable in its emergence as essential for the description of first-time parenting. In **acting responsibly in the care of a child**, the parents responded to and provided for their child; they assumed responsibility for and managed their child's care in taken-for-granted and self-giving ways. First-time parenting is not undertaken in isolation. In **interacting with others as parents of a child**, the parents were helped and supported by others and took on the role of parents. The theme, **Interacting with others as parents of a child**, is a further essential theme of the first-time parenting experience. The theme, **Acknowledging the development of a child**, was drawn from the parents' accounts of their involvement with a developing child. As an essential component in the description of the phenomenon of first-time parenting, **acknowledging the development of a child**, shows how the parents were taken into a loving and intensely rewarding experience through their involvement with their developing child. **Maintaining personal wellbeing and integrity** is a theme and description which relates to the individual needs and motivations of the parents. They were committed to the preservation of their individual identity and sense of self-worth, the maintenance of self-fulfilment, the optimisation of their opportunities and the continuation of their personal wellbeing.

These five themes provide a description of the phenomenon of first-time parenting. They have been constructed through a process of interpretation in which the parents' given accounts were consistently subjected to the analytical question, **what are the parents telling me about the nature of the experience of first-time parenting?** The first layer of meaning, therefore, is constructed of five essential themes which describe the phenomenon of first-time parenting.

The parents' conscious experience has provided the substance for the findings in this layer of meaning. This thematic analysis, drawn as it is from the messages contained in the parents' accounts of their experience of parenting, has provided a full and convincing description of the phenomenon of first-time parenting.

#### **14.2.2. The description of the phenomenon revealed through perceptual perspectives**

In the careful and detailed thematic analysis employed in uncovering the essential components of the phenomenon a further layer of meaning emerged which held two further perspectives of the phenomenon of first-time parenting. The parents' **feelings** and **thoughts** were, in a great many instances, the most prevailing messages in their accounts. These messages were so convincing and compelling that they were unable to be ignored or submerged into the existing themes. They were placed into two groups; the parents' feelings and the parents' thinking and knowing. As accumulated messages they could be seen to contain messages of a different kind to those which formed the essential themes. The parents revealed that their first-time parenting was made up of emotional and cognitive experiences, notwithstanding the object of the emotion or cognition. In deference to the strength of the parents' feelings and thoughts the two groups were analysed and written as separate chapters. This treatment served to confirm the direction in the data, that first-time parenting can be described through the perceptions of the parents, while not distorting the essentialness of the five themes. These perceptual perspectives add a further layer of meaning in the description of the phenomenon of first-time parenting. **Living with new perceptions: Experiencing feelings as parents** and **Living with new perceptions: Thinking and knowing as parents** as chapters containing the parents' perceptual perspectives of their experience, provide the substance of a further layer of meaning for the description of the phenomenon of first-time parenting.

In **living with new perceptions: Experiencing feelings as parents** the range of feelings, experienced by the parents about their child, with their child, in caring for their child and about themselves are described. The emotional experience in first-time parenting was so extensive and pervading that it was used to examine the phenomenon of first-time parenting. Such a perspective reveals the first-time parenting experience as a predominantly emotional one, that is, parenting was largely experienced through the parents' feelings.

In the chapter, **Living with new perceptions: Thinking and knowing as parents**, the prominence of the parents' cognitive experience is shown. In viewing the phenomenon of first-time parenting through the perspective of the parents' thinking and knowing, it is evident that first-time parenting is significantly experienced as a cognitive experience. First-time parenting

can be described as an experience of understanding and learning and, as such, contributes to the full description of the phenomenon.

### **14.2.3. The description of the phenomenon revealed through the interpreted experience**

Having established two layers of meaning in the quest for the full description of the phenomenon of first-time parenting, further reflection gave direction to uncovering another layer of meaning, gained through an interpretive approach to the findings so far and to the parents' experience as a whole.

A hermeneutic interpretation of human experience seeks to reveal and understand what it is be as a human in the world and takes into account the context of human experience. In applying an interpretive approach to the parents' experience there seemed a good case for accepting the thematic conclusions and seeking to extend understanding from that point. A further interpretive analysis, therefore, was applied to the findings of the thematic analysis and the full experience which supported them. Six ways of being are revealed. They have been described as essences of the phenomenon and make up the third layer of meaning in the description of the phenomenon, first-time parenting.

The parents, who prepared for, produced a child and framed their living with a new child, had their being in **being generate**. **Being generate** describes the generativeness of the parents, revealed in the ways they lived, especially in the time of becoming parents. In living as people with hope, who endured and persevered and made changes in themselves, the parents gave from themselves in the interests of future possibilities. In **being for another**, the parents have shown themselves to be people who lived as if for their child and had their being in existing for the responsible care of their child. As essence, **being for another**, describes the parents' beingness in existing for their child. The parents, through their interactions with others, lived as **being as parents in the world**. As parents in the world the parents lived as interactive and sociable people who became as parents through their interactions with others. A growing, developing child held the parents to itself in such ways that they lived as **being held to a child**. In living as **being held to a child** the parents were caught up in an involvement of infinite attachment that claimed them for their child. In their being as parents, the parents lived as **being other than parents**. They were clear that their **being other than parents** was an essential part of their being in the first year of their parenting. The parents' full being, therefore, was found in their **being other than parents** while living as parents. The perceptual perspectives offered by the parents in the description of their first-time parenting has revealed

them as living as open and vulnerable people. Their way of being is described as **being open** and adds a further essence to the description of the phenomenon.

In their experience as first-time parents the parents' beingness is revealed in these several essences of the phenomenon. The interpretive description holds the meaning of what it is to be, and for the parents, how **being parents** was lived and expressed.

#### **14.2.4. The description of the phenomenon as captured and enraptured**

In investigating the phenomenon of first-time parenting, using the parents' conscious experience, perceptual perspectives and interpreted experience, three layers of meaning have been uncovered. Each offers a description of the phenomenon which could be considered sufficient in its own right. Investigating the phenomenon from these perspectives has given the study the benefit of several positions. The approach to the study has enabled the phenomenon to be uncovered and described in an open, full and complete way. A final step of reflection on the findings from the three layers of meaning gave realisation that first-time parenting is an experience in which parents are both **captured and enraptured** and that first-time parenting, as phenomenon, can be described in these words.

The word, captured, was called to mind because of its many shades of meaning, within both its formal definition and its comprehended meaning in everyday speech. Captured, in its most negative connotations, signifies being taken, being held and taken possession of, with the loss of freedom and rights. Captured carries, too, meanings of being made captive, in which one is taken and held prisoner, unable to escape. The idea of captivation, in which a person is enslaved by love or other strong emotion has a place in the understanding of capture. The finding that parents are captivated by their child is suggested, too, in the word, enraptured. In its own right, enraptured signifies a state of rapture, an intense delight beyond measure. Both words, captured and enraptured, carry meanings of intensity and, as a phrase, convey a wide meaning. **Captured and enraptured**, revealed as the endpoint description in the phenomenological investigation of first-time parenting, secures in a short phrase the final description of the phenomenon of first-time parenting and offers a meaning which is consistent with the findings throughout the study. It can further be said that **captured and enraptured**, as meaning revealed through words and writing, is an example of a linguistic transformation (Van Manen, 1997) and the expressive quality of meaningful phenomenon writing (Van Manen, 1997).

### 14.3. Discussion

In this section, a number of implications from the findings are presented. These include a brief discussion on the findings and a more detailed discussion on a number of issues, raised by the parents, which have implications for nurses and midwives and their practice.

#### 14.3.1. Findings and meanings

The main finding of the study, that first-time parenting in the first year is an intense, life changing experience in which parents become as if **captured and enraptured** people, offers nurses and midwives a fresh perspective for their practice.

In being **captured and enraptured**, the parents were bound to their child, held by that which entranced them. Throughout the year the parents were taken by and caught up in their experiences in ways that revealed them as being **captured and enraptured** people. They were committed to becoming parents and to a responsibility to care for their child. Their interactions with others and their intense attachment to their child meant they were constrained to give of and share themselves even though they held to a determination for personal maintenance and wellbeing. Their emotions and thoughts were taken over by their child and their involvement as parents. The bonds of generativity, responsibility and deep love held the parents in a new and absorbed state of being. Each child drew its parents into experiences of deep and passionate emotions and compelling involvement.

The themes, perspectives and hermeneutic description contain the elements from which the description of first-time parenting, as a state of being **captured and enraptured**, has been formulated. The five themes, reveal first-time parenting as an experience in which the parents become as if **captured and enraptured** people who created a place for their child within themselves and in their world; who lived as responsible parents, committed to their child's care as an everyday priority; who, through their interactions with others, were helped and affirmed in their new role; who were emotionally captivated by and committed to their developing child; and who were determined to preserve and develop themselves in the context of their parenting experience. In living with their new perceptions the parents lived as **captured and enraptured** people. Their emotions and thoughts held and exposed them to a deep and pervading human experience. The described experience of being first-time parents has revealed essences of the phenomenon of first-time parenting in which being as if **captured and enraptured** is integral to the full description of the beingness of first-time parenting.

The description of first-time parenting as being **captured and enraptured**, in addition, offers a realisation that first-time parenting is one in which change is prominent. Throughout the first year the parents were caught up in the changes in themselves, their child and their everyday world. The description of the phenomenon of first-time parenting as an experience in which parents change and became as if **captured and enraptured**, brings to those who care for children and their parents an understanding of what it is to live as first-time parents.

In presenting the description of the phenomenon in several layers of meaning and as one in which these parents lived as **captured and enraptured** people, the purpose of the study is brought into fulfilment. The motivation and aims of the study, that it might bring to light an authentic and recognisable description, an experience of understanding and insight for the reader, and an influence on practice through its awakening to possibilities, have been realised.

As an example of such possibilities an account of the way the study findings have been understood is offered. In a discussion session at a seminar in which the study and its progress were described, an audience member suggested that the authenticity of the description of parents as being **captured and enraptured** held the key for understanding the parenting process in varying contexts. This observer drew on her nursing experience with small infants and their parents in the neonatal intensive care unit and observed that many first-time parents in that environment were clearly captured in their parenting but could not be seen to be living as enraptured people. She wondered if this observation verified the description of first-time parenting as an experience of being **captured and enraptured**. When parents live as captured people, but have no or little experience of rapture, sufficient or satisfying parenting may not be possible. Others in the group applied this possibility to other circumstances. Examples of parenting with children who were abused or who had grave or chronic illnesses, came to mind. It could be supposed that an experience which contains only one of the described ways of being, be that either captured or enraptured, would be insufficient for satisfactory parenting and as a description for first-time parenting would be incomplete. This anecdote is included as an example of how the findings in the study have the capacity to illuminate, clarify and open up possibilities for understanding.

This study, therefore, has achieved a new and unique description of first-time parenting, as a human phenomenon. In its authentic and recognisable description, gained from the experience of ten parent couples, the study makes a contribution to present knowledge. Its findings are available for consideration, comparison and integration into the experience of those who seek to understand parenting and those who undertake it.

### **14.3.2. Issues for nursing and midwifery practice**

A number of implications for nursing practice arising from the study findings are presented in this section. New information and insights which pertain to the care of children and families is of particular interest to nurses and midwives. The feedback from parents, who have encountered health care services, holds valuable information which can inform, increase awareness and be applied to practice. In their accounts the parents placed emphasis on a number of issues which are raised here once more. These issues contain questions, suggestions, reminders, criticisms and commendations. They are presented as points for consideration.

The parents' experiences, described in Chapter 6, in preparing for their child, labour, birth and first days with their child contain a number of messages for nurses and midwives. The finding that parents held perceptions of wonder and risk for pregnancy offers insight into the inner processes of parents preceding the birth of their child. Perceptions of risk can, as seen in the parents of the study, influence parents to prepare realistically and take steps to reduce hazards to a mother and child. They can, too, increase anxiety and inhibit open discussion about health promotion in pregnancy.

Labour and birth was a shock to the parents, an experience which seemed to have residual effects. The parents said their experience of shock could have been diminished with accurate information about the processes of labour and treatments for pain. There was a suggestion that parents may not be listened to or have their immediate needs considered during labour and birth. The experience of shock seemed to be related to the parents' expectations. When these were not realistic or accurate their shock and distress in labour and birth was intensified.

The parents recognised their need for information and guidance as they prepared for labour and birth. In their references to their need for accurate information about labour and birth they did not imply that such information was not available. Rather, they held that the content and the way such information was given were wanting. Conclusions that antenatal classes are in need of new approaches (Barclay, et al., 1996; Lester & Moonsom, 1997; Nolan, 1997; O'Meara, 1993) are in keeping with the experience of these parents. Further investigation into the most satisfying and effective forms of preparation for labour and birth is needed. When information was forthcoming and health professionals explained their intentions and actions during labour, the parents were reassured and highly appreciative. They looked to midwives for information and explanations and became anxious if they were not given. The parents placed value on the presence of midwives and were anxious and confused when left for periods. Midwife presence provided a sense of security during labour.



The parents in this study experienced a considerable number of uncomfortable feelings during labour, birth and the first days with a new child which was a consequence of their unfamiliarity with these experiences. Fathers were uncertain and often ill at ease during labour. The mothers spoke of not knowing what to do and their feelings of ineptitude when confronted with a newborn child and, again, when starting to breast feed. The parents' accounts suggest that accurate, realistic information with explanations couched in understanding could reduce the anxiety felt in strange and unexpected experiences. Relevant interventions and accepting nurses have been identified in successful nurse-parent interactions (Collins, et al., 1992; Vehvilainen-Julkunen, 1993).

The mothers found a range of opinions and different points of advice confusing. Such confusion was most frequently experienced with breast feeding. These first-time mothers, with no previous experience for reference, looked to nurses and midwives for advice and guidance. Clear, consistent advice, which can minimise anxieties and help first-time parents carry out child care effectively is needed.

The experiences of the parents suggests that new parents in the early experiences of parenthood can be helped by nurses and midwives who have an understanding of the experiences of preparation, labour, birth and first days with a child. As first-time parents face the dramatic, difficult and unfamiliar terrain of these first experiences a recognition of their needs for information, clarity and presence provides a sound base for helpful interactions with them.

The parents' responses to a number of issues in child care contain points for consideration in health care practice. The need for information and guidance was, once more, to the fore.

The parents have shown that they see themselves as responsible for their child and as the providers of their child's care (Chapter 7). The involvement of health professionals and others, described in Chapter 8 was taken to be a helpful and necessary adjunct to their overall care and responsibility. The parents, too, held themselves as giving something more than adequate care to their child. They were interested in providing the very best care for their child. With such motivations they had high levels of interest in how they might give the best care. They were highly receptive to information and guidance and actively sought it out.

As seen in Chapters 6, 7, and 9, the parents in the study have shown themselves to be remarkably adaptive. They were able to modify their ideas and adapt their approaches to care. When they were not completely sure about the best action to take in their child's care, they persevered in trying different ways to achieve their goal. The parents' adaptability, together

with their interest in and need for information mean that first-time parents are likely to be enquiring and receptive to information and guidance.

Information about the development of their child was eagerly sought by the parents. They wanted information about how to care for a developing child and information about their child's developmental progress (Chapter 9). They viewed themselves as monitors and guardians of their child's progress. Once more, information which fulfilled these particular needs was highly valued.

Concerns about a child and how to give their child good care were raised in several circumstances (Chapters 7, 11 and 12). Their child's crying was a difficult problem for the parents, especially in the early weeks. Their uncertainty about how best to manage a crying child seemed to compound their problems and they usually adopted strategies such as feeding a child to sleep which, in themselves, caused further anxiety about sleep and feeding habits. Although the majority of mothers who accessed community services for child settling were pleased with the help they received, some earlier information and suggestions about crying and its management could have been useful. Feeding was a major concern. Breast feeding took several weeks to establish and even then problems with supply and feeding technique were evident. Lactation consultants and early childhood nurses were generally found to be helpful, but they were not always easily accessible. The experience of two mothers who gave up breast feeding because of a perceived inadequate milk supply and then continued to produce large amounts of milk raises questions about the number of other factors which could be at play in the breast feeding experience. Accessible, consistent professional help would seem to be invaluable in instances such as these.

As described in Chapters 7 and 11, the immunisation of a child presented a major issue for many of the parents. The children of the parents in the study were immunised, their parents were well informed and their immunisation schedules were maintained. The educational process in informing parents about immunisation had been fully successful in these parents. The parents' experiences of immunisation were, however, far more problematic. Each immunisation event was approached with apprehension, anxiety and in some instances, dread. The parents were emotionally upset by the injection procedures, anxious about the response in their child in the first hours and worried about longer term effects. Overall, the immunisation experience was marked by the parents' emotional responses. In contrast, ideas about providing protection for their child and the community, recognition of the scientific evidence for immunisation and acting as good citizens were easily integrated. There would seem to be a case for supportive measures for parents in the immunisation experience which may, it could

be supposed, contribute to higher participation rates. Bazeley's (1989) finding that administrative efforts to contact and remind parents about immunisation schedules were implicated in higher immunisation rates, gives support to the idea that parents will respond positively to personal contact, encouragement and support.

In Chapter 8 there were several main issues in the parents' accounts of their interactions with others. The extended family was, for most of the parents, an important source of practical help and support. The parents' relationships within their extended families were usually enhanced with the parents finding greater understanding through the sharing of experience. First-time parents who do not have proximity to or the existence of an extended family were thought of as having a more difficult experience by those parents whose families were nearby. First-time parenting, it would seem, is more demanding and stressful for parents who do not have the help, support and support of the extended family. In their experiences and thoughts about their interactions with health professionals, the parents have offered direction for health care. The parents had expectations that health professionals would provide them with the information, guidance and help they required. They expected health professionals to be skilled and competent. Health professionals were seen as functional agencies, able to provide the professional help the parents needed. In addition, the parents responded best to a professional approach in which they felt respected and considered. Information, therefore, should be clear, accurate, relevant and useable, skills should be up-to-date and competent. Health professionals who adopt a collaborative approach will be more likely to satisfy parents, help them in their parenting decisions and confirm them in their role.

The value, placed by the parents on sharing experience (Chapter 8), holds a further message for health care. The importance of mothers' groups in meeting the needs of first-time mothers has been clearly established by the mothers in the study. In facilitating such groups, early childhood nurses create a facility in which the mothers are helped and supported in a unique way. Similar findings about the interested responses of mothers to group activities and the success of such nurse-initiated groups have been made (Buckley & Kemsley, 1995; Cowpe, 1994; Stuber, 1994). It is possible that nurses can draw on this finding and promote the sharing of experience in other circumstances. For example, nurses in other settings such as hospitals, could consider the experience-in-common variable when staff-parent allocations are made. Parents with similar experiences could be encouraged to interact with each other, with the beneficial effects of sharing experience in mind. Nurses' experiences of parenting could be facilitative in health care settings.

The parents' experiences as feeling and thinking people, as described in Chapters 9 and 11, offer a number of points for consideration. The parents developed strong and intense bonds with their child. The creation of such bonds was linked to a child's development and growing ability to reciprocate. These intense, empathic attachments meant the parents were capable of vicarious experience. A child's experience became the parents' experience. The parents became highly protective. When nurses take into account the close and intense attachment parents have for a child in their interactions with parents, their care will take on an additional quality which parents will recognise. Collaboration can only be enhanced in such instances.

The parents' experiences of joy and attachment, together with the strength of these experiences, carry a hopeful message about first-time parenting. Amidst the many concerns and difficulties lies this rewarding and loving experience which the parents have said, once experienced, they would not want to be without. Attached, loving parents who want the best for their child will be oriented to accept and work with those who offer care to their child.

The findings, described in Chapter 10, that the parents want to maintain a personal identity, seek fulfilment and maintain their wellbeing offer a completeness to the picture of first-time parents for health professionals. In circumstances where parents are required to put aside their own needs and objectives, such as when a child is in need of health care, an appreciation by health professionals of the possible effects of such a realignment of priorities can create a supportive environment for parents. Practical strategies, such as helping parents to maintain, at least to some degree, their personal wellbeing and integrity, could prove to be sustaining for parents in times of stress.

The understanding of health professionals that first-time parenting is largely an emotional experience (Chapter 11) and that parents make substantial use of their cognitive processes in their parenting (Chapter 12), offers suggestions for practice. In interacting with first-time parents, particularly when they are having problems, the emotionality of parents should come as no surprise. Skills which allow for an empathic recognition of and appropriate responses to feelings will be essential. The ways parents think about their parenting presents a valuable route for interactive and collaborative problem solving.

Clearly, not all issues appearing in the parents' accounts are included here. It could be argued that the findings, in being a comprehensive description of the first-time parenting experience, hold all the information for direction in nursing and health care practice. Those which are included here, however, are those which were strongly emphasised by the parents. Although the findings in a qualitative study do not make claims for generalisability or prediction, they

can, as in this instance, claim to clarify and illuminate human experience and, therefore, give rise to thoughtful awareness.

Nurses and midwives are in good positions to offer parents options, education and support which are directed to their health needs in the early childbearing and child rearing period. In addition, it lies within the professional obligations of nurses and midwives to question practice and policies which, in the interests of first-time parents, may be in need of extension or revision. It further behoves nurses and midwives to consider new ways of meeting the health needs of first-time parents. Supportive and encouraging strategies for parents within immunisation services is a pertinent example.

#### **14.4. Final comments**

In reflecting on the process of the research, I can see that exploring the experience of others is an extraordinary undertaking. I was immensely touched by the candour and generosity of the parents as they talked about themselves and their experiences. The next step in the research process in which I became immersed in their experience as recorded in their words was even more affecting. The work of listening, reading and attending to the parents' accounts has shown me that enrichment is available in the process of apprehending the experience of others. Van Manen (1990) describes this process as a "borrowing" of others' experiences and their reflections. He explains that the collection of other people's experiences has an intent, in which "We gather other people's experiences because they allow us to become more experienced ourselves" (Van Manen, 1990, p. 62). The search for meaning in human experience, in itself, has the capacity for not only new understanding and awareness but for a re-evaluation of one's view of being human.

As I worked and lived with the parents' experiences and came to points of clarity from which description could be formed, the processes in finding meaning opened up further self-realizations. I began to comprehend the way in which the messages in the parents' words could be taken and written as meaningful statements which were authentic. The parents' experience became an inner voice as I formed and tested meanings. I struggled with the mass of messages which were insistent on taking a view of the phenomenon through the parents' perceptions. I came to accept that the parents' experience held the meaning from which description could be constructed with confidence, and that I must heed that experience, not bending or shaping it in order to fit a preconceived design. I learned that an understanding of what it is to be in the world can only be gained through a shift in the way I customarily made sense of the world. I became aware that I should redirect my orientation for understanding, from facts and structure

to a living of the lived experience, in order to arrive at ontological understandings. I have learned, too, that my fear of straying too far from the theoretical constraints of methodology and method has kept this work within certain boundaries but inhibited my ability to reach van Manen's expressive meaning. I have not resolved this inhibition. Ray (1994) believes the link between understanding meaning and self-understanding is found in Heidegger's unconcealment as truth and Ricoeur's idea that truth can be found in a particular involvement with text. Such revealings and unfoldings are profoundly thoughtful and insightful undertakings which, I would venture, may not be readily accomplished in the research process.

I needed, too, to look to areas of rigour and not be overly influenced by my inclinations for awe and excitement. The study can be criticised for its developmental nature in which the analysis was given power over the study design. The reduction of the parents' experience into themes and perspectives was derived from my own understanding of finding meaning in the accounts of others. And yet, persistent attempts to attend to and find meaning in the parents' accounts brought the study to its conclusions. It was as if the parents gave clear answers to my analytical question, **what are the parents telling me about the nature of the experience of first-time parenting?** Their answers gave messages and meanings, the components of themes and perspectives of experiences, which, in turn, gave substance to a reliable description of the experience of first-time parenting.

And again, in using the results of a thematic analysis of conscious description to construct a hermeneutic description, questions of methodological clarity can be raised. It seemed, however, that a further step of interpretation could be undertaken in the quest for a full understanding of the phenomenon. Having reached a description of the nature of parenting, drawn from the parents' conscious experience, I could see that a further description of what it is to be parents, drawn from the parenting experience could be achieved. The ontological question, **what is it to be parents?**, was directed to each of the descriptions of parenting as given in the themes and perspectives, building on the interpretation already made in reaching these descriptions. So, for example, the ontological question for the theme, **Making a place for a child**, became **what is it to be parents who make a place for a child?** The two analytical questions differ, one directed to the conscious description of first-time parenting, the other to an understanding of what it is to be first-time parents. Although drawn from different assumptions, epistemological and ontological, the analytical questions are directed to the one end, that is, the revealing of the meaning of human experience as it can provide a description of phenomena.

The outcome of this analysis, with its developmental approach, is a description of the phenomenon, first-time parenting in the first year, which I would claim is finely detailed, multi-layered, consistently interpreted and an in-depth description of the phenomenon. The study's several analytical approaches have effected a rich and progressive description, seen throughout the sequence of relevant chapters, in the detail with which first-time parenting has been described and which, in its fullness, offers an recognisable illumination of the phenomenon.

A conscious effort has been made to achieve a written description of the phenomenon with minimal use of theoretical terms and expressions. While it is acknowledged that phenomenology as philosophy, research method and the foundation for a unique body of knowledge uses specific terms and a traditional written style, the object of this work has been to produce a phenomenological description of first-time parenting which is faithful to the meanings within the parents' accounts, which would be readily comprehended by the reader and be an easily accessible source of information and direction for those who have a concern with parenting. With this object in mind a written style, with little technical terminology, was deemed to be more in keeping with the parents' expressed realities and meanings and more likely to allow for a clear, accurate and meaningful description.

In finding answers to questions in research, more questions are created. The parenting described in this study is confined to the first year, and can make no offering about parenting as it is experienced past this point. Parenting is, for most parents, a life-long involvement which, it could be assumed, undergoes change with changing circumstances. Similarly, the study, in concerning itself with the first-time parenting experience, has described parenting with one child. The experience of parenting with other children, across time, lends itself to further questioning about its nature and its meaning. Further research is warranted into those practice issues which drew comment from the parents.

First-time parenting holds many promises. Having and caring for a first child, as experienced by the ten couples in this study, was held to be a most precious experience and not to be forgone. Although the first year was difficult and testing, with times of doubt and despair, the parents were unified in their final conclusions that it had been a year without parallel and that they had emerged changed and better people. In being as **captured and enraptured** people, they lived in the world in new and rewarding ways.

## **Appendix A Consent form**

We agree to take part in the study on parenting over the first year after the birth of our first baby. We have had the purpose of the study fully explained to us.

We understand by signing this consent form that

- 1 Our participation is entirely voluntary and we take part of our own free wills
- 2 We may withdraw at any time
- 3 Confidentiality is assured and that our names will not be used
- 4 The interviews will be audio-taped
- 5 We will be given a copy of this consent form and a copy of the information sheet which we have read and understood

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

School of Nursing Therapeutics  
University of Technology, Sydney



## To participant parents

I am researching the first year of parenthood with those who are parenting for the first time. The research is my selected area for study for a doctoral degree. I am particularly interested in how parents find the experience of caring for a first child and how parenting relates to health. An invitation is extended to you both to take part in this study.

Participants will be asked, in five interviews, about the parenting experience. The first interview is carried out soon after the baby's birth. In this interview I will explain how the research will be undertaken and ask you to sign a consent form where you record your agreement to participate. The final interview will take place twelve months later, when your baby is twelve months old. The other three interviews are conducted when the baby is six weeks, four months and eight months of age. These interviews will, for the most part, take place in your home at a time most convenient to you and when both parents can be present. I will tape the interviews and may ask you to keep some records as well.

Participation is entirely voluntary and you may withdraw from the study at any time you wish. Confidentiality is assured and your names will not be used at any point.

I am a nurse who teaches nursing in a university. I have a great interest in the care of children and their health and the ways nurses can best help families in their task of parenting and rearing healthy children. Your participation in the study will be greatly valued.

Anne Adams  
Senior lecturer and doctoral student  
Faculty of Nursing  
University of Technology, Sydney

# Appendix B

## Thematic Statements

### Theme: Making a place for a child

#### Preparing for a child

Parents acknowledge the desire to have a child  
Parents are required to make decisions about the maintenance of pregnancy  
Parents acknowledge an understanding of a choice not to have a child  
Parents experience feelings of pleasure and excitement at the prospect of having a child  
Parents experience pleasure in the confirmation of pregnancy  
Parents are required to monitor the progress of pregnancy  
A parent is committed to maintaining a nutritional intake in the interests of a child's wellbeing  
Parents are required to adopt a positive approach to the outcome of pregnancy  
Parents are required to collaborate with health services during pregnancy  
Parents experience anxiety about the decision to have a child  
Parents experience anxiety about the development of an unborn child  
Parents experience a sense of reality in seeing the results of an ultrasound  
Parents experience feelings of calm acceptance while preparing for a child  
Parents are required to accept a range of strategies in preparing for a safe birth  
Parents are required to be informed about pregnancy and birth  
Parents are required to relinquish expectations about the experience of giving birth  
Parents acknowledge a change in their lifestyle during pregnancy  
A parent recognises the use of protective mechanisms during pregnancy  
Parents appreciate information about the progress of an unborn child  
Parents experience apprehension about the progress of pregnancy  
Parents experience anxiety about physiological wellbeing during pregnancy  
Parents draw on coping mechanisms in dealing with anxiety about pregnancy  
Parents appreciate the information gained through an antenatal class  
Parents question the relevancy of information offered in an antenatal class  
Parents regret the lack of a comprehensive approach in prenatal preparation classes  
Parents appreciate the interactions with other parents in an antenatal class  
Parents experience disappointment at the lack of friendships in an antenatal class  
Parents are required to maintain their beliefs and assert their rights about how birth should take place  
Parents acknowledge the need for realistic expectations of labour and birth  
A parent has expectations and hopes for a natural birth  
Parents approach labour and birth without firm expectations  
Parents are required to assert their needs to health professionals  
Parents feel proud in providing good care for an unborn child  
Parents are required to provide a healthy environment for an unborn child  
Parents experience pleasure in anticipating the gender of a child  
A parent experiences a sense of foreknowledge about the gender of a child  
Parents acknowledge the influence of the opinion of others in anticipating the gender of a child  
Parents are required to manage their finances responsibly  
Parents direct their energy to preparing a home for a child

#### Giving birth to a child

Parents are required to act in the interests of an unborn child  
Parents are required to act in the best interests of a parent and child  
A parent experiences feelings of loss in not being able to prepare for a child  
Parents are required to relinquish expectations about the experience of birth  
Parents are required to recognise the signs that labour has commenced  
Parents have expectations of a rapid labour  
Parents approach labour and birth without firm expectations  
Parents acknowledge being unprepared for the birth of a child  
Parents are surprised when labour commences spontaneously  
Parents experience panic and disorganisation at the unexpected commencement of labour  
Parents experience frustration and a sense of failure when the onset of labour is delayed  
Parents are overwhelmed when advised labour is to be induced  
Parents experience anxiety about the onset of labour  
Parents experience a calm acceptance at the commencement of labour  
A parent draws on experience to remain calm when the commencement of labour is unexpected  
Parents acknowledge their expectation for a full-term or late birth  
Parents experience a calm anticipation for the induction of labour  
A parent acknowledges that being rested and calm is beneficial during labour  
Parents are resolved to experience labour together and in the company of close family members  
Parents are required to accept intervention in order to commence labour  
A parent anticipates a difficult birth when labour is induced  
Parents acknowledge the necessity for intervention in labour  
A parent feels unease about being observed and heard during labour  
Parents are required to assert their needs during labour  
Parents experience uncertainty about the processes of labour  
Parents are amazed at the progress of labour  
Parents experience anxiety about the progress of labour  
Parents appreciate the rapid progress of labour  
Parents feelings of satisfaction about the progress of labour  
Parents are surprised and dismayed at the length of labour  
Parents experience anxiety about the events of labour  
A parent experiences anxiety about the length of labour  
Parents experience anxiety about receiving appropriate treatment  
A parent experiences feelings of disassociation and disorientation during labour  
A parent is required to persevere with the work of labour  
Parents are required to persevere with labour

Parents are required to be self-reliant during labour  
 A parent experiences a range of bodily changes and responses during labour  
 A parent is shocked at the physical effort required during labour  
 A parent experiences the second stage of labour as a special and shared experience  
 Parents collaborate in the processes of labour and giving birth  
 A parent is required to support and protect a partner during labour  
 A parent appreciates taking a key role with a partner during labour  
 A parent appreciates the presence of a partner during labour  
 A parent appreciates the presence and support of a partner during labour  
 Parents have feelings of disappointment when a partner is unable to be helpful  
 A parent appreciates the help and presence of family members during labour  
 Parents recognise their different perceptions of time during labour  
 Parents experience apprehension about interventions during labour  
 A parent experiences feelings of distrust towards health professionals during labour  
 Parents experience emotional distress when pressured by health professionals  
 Parents experience disappointment and confusion about a lack of information and consultation during labour  
 Parents experience feelings of confidence when given support by health professionals during labour  
 Parents accept the advice of health professionals about the management of labour  
 A parent appreciates the help and direction of a midwife during labour  
 A parent appreciates the help and direction of others during labour  
 Parents appreciate the support of health professionals  
 Parents appreciate the management skills of health professionals  
 Parents are surprised at the conflicting ideas offered by health professionals  
 Parents are affronted by the disregard of health professionals  
 Parents are required to co-operate with the advice of health professionals during labour  
 Parents collaborate with and depend on the help of others during birth  
 Parents are required to collaborate with and depend on the help of others during birth  
 A parent is confused when health professionals do not explain events and procedures  
 A parent experiences anxiety at the responses of health professionals  
 Parents accept the direction of health professionals when a child is due to be born  
 A parent experiences ambivalence about a child leaving her body  
 Parents experience labour and birth in unexpected ways  
 Parents find their experience with pain control during to be different from their expectations  
 Parents acknowledge their different perceptions of the pain of labour  
 A parent experiences feelings of helplessness when a partner is in pain  
 Parents are surprised and dismayed at the intensity of pain during labour  
 A parent experiences fear at the intensity of pain during labour  
 A parent experiences fear about the ability to cope with the pain of labour  
 A parent experiences distress in the pain of labour  
 A parent experiences feelings of helplessness and distress about a partner's pain  
 A parent makes choices about pain management during labour  
 Parents appreciate being able to make decisions about pain relief procedures  
 Parents expect to be offered choices for pain control during labour  
 Parents are surprised at the lack of recognition by health professionals of the pain of labour  
 Parents appreciate the effect of pain relief procedures during labour  
 A parent appreciates the effect of pain relief procedures during labour  
 Parents feelings of relief as labour moves towards completion  
 Parents feelings of relief when labour is completed  
 A parent is intensely relieved when labour is completed  
 A parent acknowledges the birth of a child to be less shocking than expected  
 A parent acknowledges oneself to be part of the birth of a child  
 A parent has feelings of pride in a partner's management of labour and birth  
 Parents recognise their different experiences as a child is born  
 Parents are required to undertake an emotional experience in giving birth to a child  
 A parent experiences disappointment in the birth experience  
 A parent has feelings of accomplishment at the birth of a child  
 Parents experience amazement and joy as a child is born  
 A parent experiences feelings of amazement and disequilibrium at the birth of a child  
 Parents experience intense emotion at the moment of a child's birth  
 Parents experience feelings of intense joy at the birth of a child  
 Parents experience wonder and joy at the birth of a child  
 Parents experience delight at the birth of a son  
 Parents experience the birth of a child as emotionally satisfying  
 Parents experience pleasure and satisfaction in the birth of a child  
 Parents forget their fatigue as a child is born  
 Parents experience wonderment in the processes of producing a perfectly formed child  
 A parent has feelings of pride at accomplishing labour and birth  
 A parent accepts the physical demands of giving birth to a child  
 A parent acknowledges self-absorption immediately following the birth of a child  
 A parent is happy and delighted following the birth of a child  
 A parent experiences shock and sadness following the birth of a child  
 A parent experiences feelings of failure and self-blame following the early birth of a child  
 A parent experiences feelings of loss and disappointment following the birth of a child  
 A parent experiences distress when pain continues after birth  
 A parent experiences exhaustion and confusion following the birth of a child  
 A parent experiences a sense of unreality at the birth of a child  
 A parent is surprised at her ability to cope with birth and the care of a newborn child  
 A parent is surprised at the physical capacity to contain a child before and during birth  
 A parent experiences pain and discomfort in giving birth to a child  
 A parent forms conclusions about the quality of labour and birth through comparisons with the experience of others  
 Parents experience diminished recall about the birthing experience  
 Parents experience a sense of resolve about a further labour and birth  
 A parent concludes that the pain of labour would not preclude having another child  
 Parents are keen to record the events of labour and birth  
 Parents appreciate the strengthening of their relationship through sharing the birth experience

## Receiving a child

A parent is pleased at the size of a newborn child  
Parents are relieved at the size and condition of a newborn child  
Parents experience a sense of wonder at the appearance of a newborn child  
Parents are relieved and delighted to have a perfectly formed child  
Parents appreciate the health of a newborn child  
Parents experience anxiety about the condition of a newborn child  
Parents are required to accept a child's right to independent existence  
Parents are required to receive a child as an individual  
A parent appreciates contact with a newborn child  
Parents are surprised at their relaxed acceptance of a child  
Parents experience joy in the first contacts with a child  
Parents experience uncertainty about their response to a newborn child  
A parent experiences uncertainty about handling a newborn child  
A parent experiences feelings of inadequacy in handling a newborn child  
A parent experiences uncertainty on first encounter with a newborn child  
A parent experiences distress about ambivalent feelings towards a child  
Parents are required to make decisions in the best interests of a child  
Parents are required to understand and interpret a child's behaviour  
A parent appreciates being physically close to a child  
A parent perceives a newborn child as continuing to be part of a parent  
A parent experiences loving emotions and understanding towards a child  
A parent experiences feelings of pride in a child  
A parent experiences embarrassment when a child cries in company  
Parents acknowledge the need to accept the early birth of a child and ensuing events

## First days

A parent experiences increased emotionality and sadness following the birth of a child  
Parents experience feelings of delight in and attachment to a child  
Parents appreciate seeing the likeness to themselves in a child  
Parents appreciate the physical appearance of a child  
Parents acknowledge future hopes for a child  
Parents experience a sense of loss at the separation from a child  
A parent experiences anxiety and sadness when separated from a child  
Parents are disappointed when a child is separated from them  
Parents accept that special care is required for a newborn child  
Parents experience feelings of helplessness when a newborn child is subjected to procedures and treatment  
Parents experience frustration at the repeated reassurances of health professionals  
Parents experience relief as a newborn child makes good progress  
Parents resolve to be flexible and present-centred in the care of a child  
Parents are required to manage a child's sleeping pattern  
to monitor the healthy development of a child  
A parent acknowledges that a child will grow and develop  
A parent experiences feelings of personal invasion in beginning to breast feed  
A parent is pleased about finding breast feeding an enjoyable experience  
A parent is required to persevere with breast feeding  
Parents experience anxiety and stress when a child does not feed well  
Parents experience anxiety about the feeding of a newborn child  
Parents experience distress when feeding a newborn child is difficult  
Parents experience anxiety and confusion at the conflicting advice about feeding a child  
Parents experience pleasure in informing family members of the birth of a child  
Parents experience pleasure in the excited response of the extended family to the birth of a child  
Parents are surprised at the hospital experience  
Parents appreciate the quality of hospital services following the birth of a child  
Parents appreciate the atmosphere of a hospital committed to the birth of children  
Parents experience unease in the hospital environment  
Parents experience feelings of isolation during hospitalisation  
A parent experiences feelings of anxiety on leaving the security of the hospital  
Parents acknowledge their differing responses to the events following the birth of a child

## Theme: Acting responsibly in the care of a child

### Responding to a child

Parents are required to recognise and consider a child's needs  
Parents are required to recognise the cry of their child  
Parents are required to anticipate a child's needs  
Parents are required to adopt an immediate approach to the care of a child  
Parents are required to respond to a child's immediate needs  
Parents are required to respond to a child's changing needs  
Parents are required to act with patience  
Parents are required to consider all factors in identifying cause of distress in a child  
Parents are required to respond to a child's distress  
Parents are required to respond to a child's distressed behaviour  
Parents are required to relieve a child's distress  
Parents are required to recognise when a child is in pain  
Parents are required to comfort a child  
Parents are required to act sympathetically to their child  
Parents are required to accept a child's demands for attention and interaction  
Parents are required to recognise the signs which indicate a child needs sleep  
Parents are required to accept a child's routine behaviour  
Parents are required to accept changes in a child's routine  
Parents are required to adapt to changes in a child's routine  
Parents are required to be aware of a child's behavioural patterns  
Parents are required to adapt to the changing behavioural patterns in a child  
Parents are required to be aware of and interpret changes in a child's physiological function

Parents are required to accept the behaviour of a child  
 Parents are required to accept the active behaviour of a child  
 Parents are required to recognise the reasons for a child's behaviour  
 Parents are required to appreciate the effect of the environment on a child's behaviour  
 Parents are required to respond to and understand a child's behaviour  
 Parents are required to recognise and adapt to a child's needs  
 Parents are required to recognise and adapt to a child's preferences  
 Parents are required to consider a child's preferences  
 Parents are required to consider a child's needs and preferences  
 Parents are required to interpret a child's behaviour  
 Parents are required to interpret and understand a child's behaviour  
 Parents are required to consider the long-term outcomes of a child's behaviour  
 Parents are required to be aware of a child's cues for the need for care  
 Parents are required to respond to a child's cues for care and attention  
 Parents are required to respond to a child's cues for food and sleep  
 Parents are required to respond to a child's cues for feeding  
 A parent maintains breast feeding in accordance with a child's response  
 Parents are required to consider a child's food preferences  
 Parents are required to monitor a child's response to foods  
 Parents are required to acknowledge factors which interfere with the feeding of a child  
 Parents are required to recognise a child's feeding behaviour which is beyond established parameters  
 Parents are required to recognise the signs of teeth eruption  
 Parents are required to reduce a child's discomfort with tooth eruption  
 Parents are required to adapt to a child's needs  
 Parents are required to adapt their care to a child's needs  
 Parents are required to adapt their actions in accordance with the needs of a child  
 Parents are required to adapt their activities to the care of a child  
 Parents are required to act empathically towards a child  
 Parents are required to be empathic with a child's experience

### Providing for a child

Parents are required to prepare and provide for a child  
 Parents are required to work and provide for a child  
 Parents are required to work and provide for a child and family  
 Parents are required to work in order to provide for a family  
 Parents are required to provide for a family in the future  
 Parents are required to provide for a child's material needs  
 Parents are required to provide housing for a child  
 Parents are required to provide a home for a child and family  
 Parents are required to provide a home for a family  
 Parents are required to provide a home and facilities for a family  
 Parents are required to provide suitable facilities for a family  
 Parents are required to provide a comfortable environment for a child  
 Parents are required to provide a suitable environment for a child  
 Parents are required to provide a wholesome environment for a child  
 Parents are required to provide an appropriate environment for a child  
 Parents are required to provide a wholesome community environment for a child  
 Parents are required to provide adequate resources for the care of a child  
 Parents are required to provide equipment for a child  
 Parents are required to organise the acquisition of equipment for a child  
 Parents are required to provide opportunities for a child  
 Parents are required to provide opportunities and choices for a child in the future  
 Parents are required to provide a child with experiences and opportunities in the future  
 Parents are required to provide a child with direction for the future  
 Parents are required to provide care for a child when they are not present  
 Parents are required to provide care for a child when they are unwell  
 A parent is required to provide care for a child over twenty four hours  
 Parents are required to provide stimulating experiences for a child  
 Parents are required to provide a child with stimulating activities  
 Parents are required to provide learning opportunities for a child  
 Parents are required to provide learning experiences for a child  
 Parents are required to provide stimulating and interactive experiences for a child  
 Parents are required to provide stimulating and social activities for a child  
 Parents are required to provide stimulating and novel experiences for a child  
 Parents are required to provide a child with stimulating play activities  
 Parents are required to provide new experiences for a child  
 Parents are required to provide social interaction for a child  
 Parents are required to provide outdoor activities for a child  
 Parents are required to provide a child with membership of a faith  
 Parents are required to provide a child with fluency in two languages  
 Parents are required to provide activities for a child which will give enjoyment and foster independence  
 Parents are required to provide a child with care in a happy environment  
 Parents are required to help a child acquire skills  
 Parents are required to spend time giving attention to a child  
 Parents are required to devote significant amounts of time to a child  
 Parents are required to provide nutrition in keeping with a child's growth and development needs  
 Parents are required to provide appropriate nourishment for a child  
 Parents are required to provide adequate fluid for a child  
 Parents are required to monitor and provide for a child's fluid needs  
 A parent is required to take steps to ensure lactation is established and maintained  
 Parents are required to act empathically when providing food for a child  
 Parents are required to protect a child from foreseeable harm  
 Parents are required to provide care for a child when they are not present  
 Parents are required to seek professional advice in the care of a child  
 Parents are required to provide for a child's health treatment  
 Parents are required to provide health care for a child  
 Parents are required to provide a child with the best possible health care

Parents are required to provide care which will prevent future health problems  
Parents are required to recognise signs of illness and act in a child's best interests  
Parents are required to provide care when a child is ill  
Parents are required to provide treatment when a child is ill  
Parents are required to obtain medical treatment when a child is ill  
Parents are required to maintain medical treatment and monitor a child's progress  
Parents are required to maintain a health surveillance programme for a child

### **Assuming responsibility for a child**

Parents are required to take responsibility for a child  
Parents are required to take long-term responsibility for a child  
Parents are required to maintain the responsibility and care of a child  
Parents are required to commit themselves to the care of a child  
Parents are required to rear a child in the best possible environment  
Parents are required to make a long-term commitment to a child  
Parents are required to exercise judgements about a child's needs  
Parents are required to make judgements and act in the best interests of a child  
Parents are required to make decisions in the best interests of a child  
Parents are required to accept a child's unique personality  
Parents are required to accept a child's behaviour  
Parents are required to accept a child's talents and abilities  
Parents are required to accept a child's varying responses to them  
Parents acknowledge the differing responses of a child to a parent  
Parents are required to make judgements in the best interests of a child  
Parents are required to create opportunities for a child's future  
Parents are required to plan for a child's future  
Parents are required to plan for a child's future needs  
Parents are required to plan for the future with a child's wellbeing in mind  
Parents are required to act in their child's best interest  
Parents are required to manage a child's financial affairs  
Parents are required to commit themselves to the care of a child  
Parents are required to take responsibility for the care of a child  
Parents are required to exercise determination in providing the best care for a child  
Parents are required to maintain the care of a child  
Parents are required to maintain the care of a child when they are not present  
Parents are required to make decisions in the best interests of a child  
Parents are required to make decisions in the interests of their coping with a child  
Parents are required to exercise judgement about the care of a child  
Parents are required to be adaptable and flexible in the care of a child  
Parents are required to maintain equilibrium when a child is unsettled and distressed  
Parents are required to maintain equilibrium when a child is unable to be soothed  
Parents are required to provide distraction in order to ease a child's distress  
Parents are required to distract and console a child  
Parents are required to consider a range of strategies in order to soothe a child  
Parents are required to provide a range of strategies to help a child to settle  
Parents are required to help a child obtain adequate sleep  
Parents are required to assist a child to have sufficient sleep  
Parents are required to adopt strategies which help a child to sleep  
Parents are required to assist a child accept a sleeping environment  
Parents are required to recognise and accept a child's sleep pattern  
Parents are required to adapt to a child's sleeping pattern  
Parents are required to tolerate a child's changing sleep patterns  
Parents are required to be flexible in helping a child to settle  
Parents are required to provide comfort to an unsettled child  
Parents are required to accept the development of a routine by a child  
Parents are required to adapt to changes in a child's routine  
Parents are required to consider the environment in which a child is reared  
Parents are required to accept the organisational requirements in caring for a child  
Parents are required to deliberate over ways to give the best care to a child  
Parents are required to consider a child's needs and preferences  
Parents are required to accept the preferences of a child  
Parents are required to accept new responsibilities  
Parents are required to accept a greater number of responsibilities  
Parents are required to share the care of a child  
Parents are required to support each other in the activities of parenting  
Parents are required to consider a child's needs in preference to their own  
A parent acknowledges a responsibility to facilitate lactation  
A parent is required to minimise tiredness and maintain lactation  
Parents are required to monitor a child's response to new foods  
Parents are required to maintain a health programme for a child  
Parents are required to monitor the health of a child  
Parents are required to take opportunities to monitor a child's health  
Parents are required to care for a child's health and hygiene needs  
Parents are required to maintain hygiene and cleanliness in the care of a child  
Parents are required to maintain an immunisation schedule for a child  
Parents are required to monitor a child's response to immunisation  
Parents are required to manage a child's response to immunisation  
Parents are required to seek professional advice about a child's health  
Parents are responsible for teaching a child socially acceptable behaviours  
Parents are required to teach a child acceptable behaviours  
Parents are required to assist a child to participate in activities  
Parents are required to share their ideas and values with a child  
Parents are required to provide guidelines and directions for a child  
Parents are required to prevent the development of bad habits in a child  
Parents are required to teach a child to accept parental directions  
Parents are required to expend energy in interacting with a child  
Parents are required to develop a present-centred relationship with a child

Parents are required to make a committed contribution to their relationship with a child  
 Parents are required to ensure a child's survival  
 Parents are required to help a child understand their directions  
 Parents are required to help a child adjust to the care of others  
 Parents are required to remain with a child in an unfamiliar environment  
 Parents are required to accept changes in their lifestyle  
 Parents are required to accept changes in lifestyle and social activities  
 Parents are required to adapt their lifestyle according to the needs of a child  
 Parents are required to act responsibly when a child is in their care  
 Parents are required to take responsibility for their actions  
 Parents are required to care for a child according to their ideas  
 Parents are required to support each other  
 Parents are required to support and help each other  
 Parents are required to support each other in making decisions  
 Parents are required to consider each other's needs  
 Parents are required to consider each other's needs, feelings and circumstances  
 Parents are required to share the care of a child  
 Parents are required to help each other in everyday tasks  
 Parents are required to share everyday tasks  
 Parents are required to consider a child's needs before their own  
 Parents are required to place a child's needs before their own  
 Parents are required to consider the wellbeing of a child and household before their own  
 Parents are required to give priority to the care of a child  
 Parents are required to give priority to a child when a child is ill  
 Parents are required to deny themselves in the interests of their child's welfare  
 A parent is required to secure periods of sleep  
 Parents are required to tolerate sleep loss and disturbances  
 A parent is required to persevere in the establishment of breast feeding  
 A parent is required to persevere with breast feeding  
 A parent is required to persevere with and be flexible in providing breast milk for a child  
 Parents are required to adapt to the needs of a child  
 Parents are required to undertake activities with a family focus  
 Parents are required to interact with other parents in order to increase knowledge and understanding  
 Parents are required to be informed about the care of a child  
 Parents are required to be informed and knowledgeable about the care of a child  
 Parents are required to be knowledgeable about the care of a child  
 Parents are required to apply knowledge and experience in the care of a child  
 Parents are required to be informed and knowledgeable about nutrition for a child  
 Parents are required to be informed about a child's health and safety needs  
 Parents are required to be informed and skilful in the care of a child  
 Parents are required to gain information and understanding about the needs of a child  
 Parents are required to be aware of a child's needs  
 Parents are required to make financial decisions in the best interests of a family  
 Parents are required to manage their finances for the benefit of a family  
 Parents are required to manage their resources carefully  
 Parents are required to manage their financial affairs in accordance with their goals for the future  
 Parents are required to resolve difficulties which interfere with a child's wellbeing  
 Parents are required to exercise judgement about the care of a child  
 Parents are required to evaluate their actions in giving care to a child  
 Parents are required to consider the future effects of their actions  
 Parents are required to take responsibility for a child's learning and future opportunities  
 Parents are required to maintain and improve a home  
 Parents are required to share the tasks in maintaining a home  
 Parents are required to share the work in managing a home  
 Parents are required to maintain a household  
 Parents are required to recognise there are limits to a parent's physical ability  
 Parents are required to find ways of coping with the stress of family life  
 Parents are required to give careful consideration to the pattern of work  
 Parents are required to balance work and parenting responsibilities  
 Parents are required to carry out activities with a child as a family  
 Parents are required to make decisions in the best interests of a child  
 Parents are required to make decisions in the best interests of a family  
 Parents are required to give the best possible care to a child  
 Parents are required to give a child the best possible start  
 Parents are required to plan for a secure future for a family  
 Parents are required to obtain the best possible education for a child  
 Parents are required to celebrate a child's birthday  
 Parents are required to participate in cultural and religious practices on behalf of a child  
 Parents are required to be involved in the management of a child's care facility

### **Managing the care of a child**

Parents are required to manage the care of a child  
 Parents are required to organise the care of a child as a priority  
 Parents are required to plan and organise in order to meet a child's needs  
 Parents are required to anticipate and plan in caring for a child  
 Parents are required to organise a child's care when they attend social events  
 Parents are required to maintain control of the care of a child  
 Parents are required to prioritise their activities in recognition of a child's needs  
 Parents are required to consider a child's needs when managing care  
 Parents are required to be flexible in the care of a child  
 Parents are required to organise care in a flexible way  
 Parents are required to be flexible in managing the care of a child  
 Parents are required to balance the care of a child with other activities  
 Parents are required to organise the care of a child using work-saving strategies  
 Parents are required to acknowledge the importance of routine in the care of a child  
 Parents are required to establish a routine for a child  
 Parents are required to establish and maintain a routine for a child

Parents are required to organise a routine in their care of a child  
 Parents are required to adapt their routine in accordance with the needs of a child  
 Parents are required to be flexible in their management of a child's routine  
 Parents are required to help a child settle and sleep  
 Parents are required to adopt strategies which help a child establish a sleep pattern  
 Parents are required to plan and manage a child's settling and sleeping routine  
 Parents are required to manage a child's sleep pattern  
 Parents are required to be flexible in managing the care of a child  
 Parents are required to organise daily activities around the needs of a child  
 Parents are required to plan and organise beneficial activities for a child  
 Parents are required to organise work hours in accordance with the needs of a child  
 Parents are required to plan and organise the care of a child when they are not present  
 Parents are required to solve problems in the care of a child  
 Parents are required to resolve conflicting advice about the care of a child  
 Parents are required to take charge of a child  
 Parents are required to assert control in the care of a child  
 Parents are required to establish behavioural expectations for a child  
 Parents are required to set limits in the activities of a child  
 Parents are required to set behavioural limits for a child  
 Parents are required to set limits for a child's behaviour  
 Parents are required to manage a child's anti-social behaviour

## **Theme: Interacting with others as parents of a child**

### **Interacting with the extended family**

Parents appreciate their relationship with members of the extended family  
 Parents acknowledge their relationship with their parents changes over time  
 Parents appreciate the involvement of the extended family  
 Parents appreciate the interest of the extended family in their parenting endeavours  
 Parents appreciate the proximity to and support of members of the extended family  
 Parents appreciate the presence and support of the extended family  
 Parents appreciate being with the extended family  
 Parents appreciate time spent with members of the extended family  
 Parents appreciate sharing similar experiences with members of the extended family  
 Parents experience pleasure in the reminiscences of members of the extended family about their parenting  
 Parents appreciate being part of the activities of the extended family  
 Parents appreciate contact with and support of members of the extended family  
 Parents appreciate the advice and experience of members of the extended family  
 Parents appreciate the support of the extended family  
 Parents appreciate the help and support of members of the extended family  
 Parents appreciate the understanding and support of members of the extended family  
 Parents appreciate the practical support of the extended family  
 Parents have feelings of deep gratitude for the practical help from members of the extended family  
 A parent appreciates approval and encouragement from members of the extended family  
 Parents appreciate the interactions with members of the extended family  
 Parents appreciate sharing and comparing experiences with members of the extended family  
 Parents experience appreciation and relief when their choices are accepted by members of the extended family  
 Parents experience disappointment at the response of some members of the extended family  
 Parents experience frustration in being required by members of the extended family to act in accordance with cultural beliefs  
 Parents experience frustration at the opinions and advice offered by members of the extended family  
 Parents experience frustration and stress at intrusion by members of the extended family  
 A parent experiences feelings of inadequacy when members of the extended family intervene  
 Parents experience frustration at the expectations placed on them by members of the extended family  
 Parents acknowledge their need to reassure members of the extended family  
 Parents accept the requirement to respect the ideas and advice of members of the extended family  
 Parents appreciate and accept the values of the extended family  
 Parents acknowledge the value of their own upbringing and family life  
 Parents are required to act in accordance with the cultural beliefs of the extended family  
 Parents acknowledge the differences in their parents' experience in comparison with their own  
 Parents refer to the behaviour of family members in forming judgements about ways to interact with a child  
 Parents acknowledge differences in their experiences and those of the extended family  
 Parents are required to form their own ideas about the care of a child regardless of the ideas of the extended family  
 Parents are required to find ways of coping with the pressures from the extended family  
 Parents accept that the experience of members of the extended family is valuable  
 Parents acknowledge the wishes and preferences of members of the extended family  
 Parents are required to be understanding about the ways of the extended family  
 Parents are required to maintain regular contact with the extended family  
 Parents need to maintain their relationships and contacts with members of the extended family  
 Parents are required to be sensitive to the feelings of members of the extended family  
 Parents acknowledge admiration for the parenting efforts of their parents  
 Parents acknowledge the pleasure experienced by members of the extended family in helping them  
 Parents appreciate the ways their parents have provided for them  
 Parents acknowledge their different responses to members of the extended family  
 Parents can act freely with members of the extended family because of their common interest in a child  
 Parents experience a closer relationship with their parents through their mutually acknowledged experience  
 Parents perceive grandparents reliving their parenting through the experience of a new child  
 Parents acknowledge difficulties in settling down with a child because of time spent with members of the extended family  
 Parents are required to place a priority on their relationship over their relationship with the extended family  
 Parents are subjected to comments from members of the extended family about the growth of a child  
 Parents are influenced by the views of family members  
 Parents acknowledge the influence of their parents on their values about providing for a family  
 A parent acknowledges that members of the extended family are affected when there are difficulties in the care of a child  
 A parent resists the pressures and directions from members of the extended family  
 Parents appreciate the distance from the extended family  
 Parents experience feelings of regret about the loss of close contact with the extended family  
 A parent experiences feelings of sadness about the distance from the extended family



Parents experience feelings of loss and separation when members of the extended family are remote  
 A parents regrets that grandparents do not have close contact with a child  
 A parents experiences the need to request support from the extended family  
 Parents acknowledge a decreased need for the help of the extended family over time  
 Parents want members of the extended family to know and enjoy a child  
 Parents experience feelings of pride in presenting a child to the extended family  
 Parents experience pride and pleasure in presenting a child to the extended family  
 Parents experience pleasure in taking a child to be with the extended family  
 Parents acknowledge the importance of the extended family in the life of a child  
 Parents experience pleasure in the response of the extended family to a child  
 Parents appreciate the interest and involvement in a child by family members  
 Parents acknowledge the positive response of members of the extended family to the birth of a child  
 Parents acknowledge the different responses of members of the extended family to the birth of a child  
 Parents experience pleasure in the close involvement of the extended family with a child  
 Parents appreciate the response of the extended family to a child  
 Parents appreciate the interactions between the extended family and a child  
 Parents appreciate the interactions between a child and members of the extended family  
 Parents experience pleasure in the interactions between family members and a child  
 Parents experience pleasure in the enjoyment of members of the extended family with a child  
 Parents appreciate the future involvement of the extended family in a child's health activities  
 Parents experience pleasure in a child's happy response to members of the extended family  
 Parents appreciate the involvement of family members with a child and in the care of a child  
 Parents depend on family members to take responsibility for a child in their absence  
 Parents feel confident in the care of a child by members of the extended family  
 Parents have feelings of trust when family members can for a child  
 Parents appreciate family members caring for a child in accordance with parental preferences  
 Parents experience pleasure in sharing in a child's development with family members  
 Parents experience pleasure in the delight felt by members of the extended family in a child  
 Parents acknowledge the different approaches to the care of a child by members of the extended family  
 Parents are required to assert to family members that a child's pattern of care is maintained  
 Parents experience frustration at the interference and demands of the extended family in the care of a child  
 Parents experience frustration when members of the extended family act contrary to their wishes in the care of a child  
 Parents acknowledge that members of the extended family act according to their experience in the care of a child  
 Parents experience disappointment when members of the extended family do not understand the needs of a child  
 Parents experience feelings of regret when members of the extended family are unable to relate to a child  
 Parents appreciate the involvement of the extended family in the care of a child  
 A parent appreciates the care given by the extended family  
 Parents appreciate the influence of the extended family in a child's life  
 Parents are required to accept that members of the extended family give first priority to a child  
 Parents accept the requirement by members of the extended family to follow cultural practices in the care of a child  
 Parents accept the requirement of members of the extended family to follow cultural practices in naming a child  
 Parents accept the cultural practices of the extended family in naming a child  
 Parents acknowledge a child's differing responses to members of the extended family

### **Interacting with health professionals**

Parents are required to consider availing themselves of health services  
 Parents appreciate health services which are able to relieve their anxiety  
 Parents appreciate health services which assist them in settling a child  
 Parents are required to access the services of health professionals  
 Parents avail themselves of the help and support of health services with breast feeding  
 Parents appreciate the support of a familiar lactation consultant  
 Parents appreciate the services of health professionals  
 Parents appreciate the care of health professionals following the birth of a child  
 A parent appreciates the practical help given by health professionals  
 Parents appreciate the approachableness of health professionals  
 Parents appreciate the information and advice given by health professionals  
 Parents appreciate the sharing of ideas and information by health professionals  
 Parents appreciate receiving relevant information about the care of a child from health professionals  
 A parent appreciates the help and support of health professionals  
 Parents appreciate the help and support of health professionals  
 Parents appreciate the help and reassurance from health professionals  
 Parents appreciate the understanding and help of health professionals  
 Parents appreciate the understanding and reassurance given by health professionals  
 Parents appreciate the understanding of health professionals about the care of a child  
 Parents appreciate the understanding of health professionals about the needs of parents  
 Parents have confidence in the care given by health professionals to a child  
 Parents appreciate the conscientious approach of health professionals to the care of a child  
 Parents appreciate being included in health service activities  
 Parents appreciate health services which notify parents of immunisation schedules  
 A parent experiences disappointment at the lack of information from health professionals  
 Parents are disappointed in the lack of information about breast feeding  
 A parents is disappointed at the differing information given by health professionals  
 Parents experience concern and uncertainty about advice from health professionals  
 Parents are confused by the range of views and practices held by health professionals  
 Parents do not readily accept the advice of health professionals  
 Parents experience disappointment in the care given by health professionals  
 Parents are dismayed at the management of immunisation clinics  
 Parents experience anxiety when health professionals do not give clear or sufficient information  
 Parents experience anxiety when they perceive a lack of concern from health professionals  
 Parents experience distress at the insensitivity of health professionals  
 A parent experiences a loss of confidence in the services of health professionals  
 Parents experience a lack of confidence in the care of health professionals  
 Parents experience doubt about the competency of health professionals  
 Parents are critical of the help offered by health professionals  
 Parents experience frustration with bureaucratic health services  
 Parents are required to question the advice and treatment offered by health professionals  
 Parents experience being disregarded by health professionals

A parent experiences feelings of anger about the exploitation of parents and children by health care professionals  
 Parents appreciate the availability of the early childhood centre  
 Parents anticipate help from the early childhood services  
 Parents access and appreciate the services provided by the early childhood centre  
 Parents access the early childhood centre when worried about a child  
 Parents appreciate the services provided by the early childhood centre  
 Parents are required to make a judgement about the frequency of visits to the early childhood centre  
 Parents form conclusions about the early childhood centre from the ideas of others  
 Parents acknowledge the importance of and help from the early childhood services  
 Parents are selective in the use of the early childhood centre services  
 A parent experiences anger and frustration at the lack of early childhood services  
 Parents are disappointed at the lack of early childhood centre activities  
 A parent experiences reluctance to attend the early childhood centre  
 A parent has feelings of regret about the services of the early childhood centre  
 Parents are disappointed in the management of a parents' group  
 Parents avail themselves of the services of the early childhood nurse  
 Parents seek the advice and help of the early childhood nurse  
 Parents acknowledge the advice of the early childhood nurse  
 Parents acknowledge the advice, interest and support of the early childhood nurse  
 A parent appreciates the opportunity to consult with the early childhood nurse  
 Parents consult the early childhood nurse about the care of a child  
 Parents appreciate the contribution of the early childhood nurse to their decision making  
 Parents inform themselves through asking questions of the early childhood nurse  
 Parents appreciate a listening and attending approach from the early childhood nurse  
 Parents acknowledge the help of the early childhood nurse  
 Parents appreciate the help and support of the early childhood nurse  
 Parents appreciate the advice and help given by the early childhood nurse  
 A parent appreciates the supportive approach of the early childhood nurse  
 Parents appreciate the positive and supportive approach of the early childhood nurse  
 A parent appreciates the reassurance offered by the early childhood nurse  
 Parents appreciate the collegial approach of the early childhood nurse  
 Parents appreciate the respect of the early childhood nurse  
 Parents acknowledge an uncertainty about consulting the early childhood nurse  
 Parents acknowledge an uncertainty about the advice of the early childhood nurse  
 A parent is disappointed in the response of the early childhood nurse  
 A parent experiences anxiety in the approach of the early childhood nurse  
 A parent does not appreciate the approach and advice offered by the early childhood nurse  
 A parent is disappointed in the approach and advice of the early childhood nurse  
 A parent experiences frustration and confusion at the advice and comments of the early childhood nurse

### **Interacting with others in the community**

Parents appreciate the accessibility of friends in times of stress  
 Parents appreciate the support and help of friends  
 Parents appreciate the help of friends in caring for a child  
 Parents appreciate the understanding and support of their friends  
 Parents have a concern that relationships with friends may be lessened  
 Parents experience a sense of distance with friends who are not parents  
 Parents acknowledge that friends will not have the same level of interest in their child as themselves  
 Parents acknowledge the limitations on social contacts with friends following the birth of a child  
 Parents experience irritation and disappointment with friends who do not appreciate their needs  
 Parents feel restrained in seeking help from friends to care for a child  
 Parents acknowledge a feeling of affinity with other parents  
 Parents appreciate the interactions with other parents  
 Parents appreciate contact and social activities with other parents  
 Parents appreciate the support of other parents  
 Parents appreciate the support and help of other parents  
 Parents interact in mutually advantageous ways with other parents  
 Parents appreciate shared experiences with other parents  
 Parents appreciate sharing and comparing experiences with other parents  
 Parents appreciate the contact and interactions with other parents  
 Parents appreciate the contact and activities with other parents  
 A parent appreciates the opportunity to meet others at a mothers' group  
 Parents acknowledge the encouragement offered by other parents  
 Parents appreciate the understanding and common interests of other parents  
 Parents refer to the experience of other parents in making decisions  
 Parents feel reassured through their common experience with other parents  
 Parents appreciate the sharing of information by other parents  
 A parent appreciates the contact and sharing of information with other parents  
 Parents appreciate the sharing of information and experience by other parents  
 Parents appreciate the sharing of child minding with other parents  
 Parents experience increased tolerance and understanding for other parents  
 Parents are resolved to offer support and understanding to other parents  
 Parents experience feelings of sympathy for parents without the support of an extended family  
 Parents make decisions about their care of a child through comparisons with other parents  
 Parents refer to the experience of other parents in making decisions  
 Parents form conclusions about their experiences through comparison with other parents  
 Parents form conclusions about the experience of parenting through comparisons with other parents' experiences  
 Parents form conclusions about parenting through comparison with other parents  
 Parents refer to the parenting of others in forming judgements about their own parenting  
 Parents form judgements about their parenting through observation of other parents  
 Parents perceive competition in the interactions with other parents  
 Parents question their ability to manage difficulties in comparison with other parents  
 A parent acknowledges ease in establishing breast feeding in comparison with others  
 A parent draws conclusions about the breast feeding experience through comparisons with other parents  
 Parents form conclusions about their future plans from their observations of other parents  
 Parents form conclusions about their child's behaviour through contact with other parents  
 Parents make comparisons about celebrations for a child through comparisons with other parents  
 Parents experience pleasure in a group celebration for the first birthdays of their children

Parents experience disappointment when other parents interfere inappropriately in a child's care  
 A parent appreciates social contact with others  
 Parents seek the help and advice of others  
 Parents accept the interest of members of the community in a child  
 Parents appreciate the interest of others and interactions with them following the birth of a child  
 Parents experience pleasure in the response of others to a child  
 Parents appreciate the help and gifts of others for a child  
 Parents appreciate the willingness of others to be called on  
 Parents appreciate the qualities of caregivers who care for a child  
 Parents appreciate the quality of the care given to a child by others  
 Parents appreciate the positive effects of the care facility on a child  
 Parents appreciate the benefits of the traditional practices of the cultural group  
 Parents experience pleasure in helping others in the cultural group  
 Parents are surprised at the comments made by others  
 Parents are surprised at the interest shown by others in a child  
 Parents experience pleasure in the expressed admiration of others for a child  
 Parents are reassured by the positive comments of others  
 Parents are encouraged by the positive comments made by others  
 Parents appreciate encouraging comments by members of the community about the behaviour of a child  
 Parents acknowledge the trends and diversity in parenting within a community  
 Parents acknowledge that others may not appreciate the presence of a child  
 Parents experience a lack of understanding from social contacts  
 Parents question the advice of others about a child's behaviour  
 Parents are expected to receive the comments and advice from members of the community  
 Parents are subjected to advice from members of the community about their child and their parenting  
 Parents experience stress when subjected to advice and comments from others  
 Parents are exposed to negative forecasts by members of the community  
 Parents are exposed to the criticism and judgement of members of the community  
 Parents are subjected to comments from members of the community about the growth of a child  
 Parents are subjected to advice from members of the community  
 Parents experience uncertainty about their care following comments from others  
 Parents are dismayed at the comments made by others  
 Parents experience the scrutiny of child care workers  
 Parents experience irritation at the negative comments made by members of the community  
 Parents experience irritation and uncertainty at the questions, advice and comments of others  
 Parents experience irritation at the negative comments and enquiries made by others  
 Parents experience feelings of guilt when members of the community comment on the growth of a child  
 Parents feel undermined when their care of a child is questioned by members of the community  
 Parents acknowledge that part-time parenting is not highly valued by members of the community  
 Parents form conclusions about readiness for parenting through comparison with others  
 Parents form conclusions about the quality of their lives through comparison with others  
 Parents experience irritation at the adherence to traditional culture by others  
 Parents acknowledge the influence of others in the care of a child  
 Parents are required to set up a network which can provide support  
 Parents are required to act in accordance with the expectations of the cultural group  
 Parents resolve to set limits on their involvement with the traditional practices of the cultural group

## **Theme: Acknowledging the development of a child**

### **Responding to a developing child**

Parents are delighted at the physical appearance of a child  
 Parents experience pride and pleasure in a child's physical appearance  
 Parents experience pleasure in the more than satisfactory growth of a child  
 Parents experience pleasure in a child's development  
 Parents experience delight in a child's development  
 Parents experience delight in a child's developmental progress  
 Parents experience delight in a child's social development  
 Parents experience pleasure in the development of a child  
 Parents experience pleasure in the interactive ability of a child  
 Parents experience pleasure in the emergence of a child's personality  
 Parents experience pleasure in a child's emerging personality  
 Parents experience fascination in the changes in a child's preferences and behaviour over time  
 Parents are fascinated by the new behaviours of a child  
 Parents experience pride and fascination in the development of a child  
 Parents appreciate the emergence of a child's personality  
 Parents appreciate the emergence and uniqueness of their child's personality  
 Parents appreciate the happy and positive dimensions of a child's personality  
 Parents appreciate the characteristics of a child's personality  
 Parents appreciate the social responsiveness of a child  
 Parents appreciate the social development of a child  
 Parents appreciate the physical features of a child  
 Parents acknowledge that a child will have familial features  
 Parents appreciate the growth of a child  
 Parents appreciate their child  
 Parents appreciate their child's development  
 Parents appreciate the immediate experience of their child without wishing for future development  
 Parents acknowledge a child's developmental changes  
 Parents appreciate the developmental progress of a child  
 Parents appreciate a child's physical growth  
 Parents appreciate a child's ability to be self sufficient  
 Parents are amazed at the rapid development of a child  
 Parents are amazed at the rapid changes in a child's growth and personality development  
 Parents are surprised at the rapid developmental changes in a child  
 Parents experience amazement at the rapid development of a child  
 Parents experience amazement at the social development of a child  
 Parents experience amazement at the learning ability of a child  
 Parents experience amazement in the developing responsiveness of a child

Parents are surprised at the learning capacity of a child  
Parents are surprised at the development of a child's awareness of his influence on them  
Parents appreciate that a child can contribute to the parent-child relationship

### **Knowing and understanding a child's development**

Parents wonder about a child's future development  
Parents acknowledge the growth and development of a child  
Parents are aware of and interested in a child's development  
Parents are aware of and experience pleasure in a child's development  
Parents are intrigued by the gender-related development in a child  
Parents anticipate a child's developmental changes  
Parents anticipate with anxiety their child's development  
Parents anticipate activities with a child in accordance with developmental changes  
Parents anticipate a child has the capacity to maintain activities independently  
Parents acknowledge that a child will develop and seek pathways regardless of parental ideas  
Parents acknowledge that a child will continue to change over time  
Parents are dismayed at their child's ability to display anti-social behaviour  
Parents are required to acknowledge a child's cognitive development in understanding a child's behaviour  
Parents acknowledge a child's ability to act  
Parents acknowledge a child's ability to learn  
Parents acknowledge a child's increasing ability to learn  
Parents acknowledge the development of a child's individuality  
Parents acknowledge with pleasure the healthy development of a child  
Parents are interested in a child's emerging personality  
Parents recognise and appreciate the developmental changes in a child  
Parents recognise a child's ability to know  
Parents anticipate that a child will adapt to parental needs  
Parents are required to understand the developmental processes and changes in their child  
Parents acknowledge the signs of growth in a child  
Parents acknowledge the developmental changes in a child  
Parents acknowledge features of a child's development  
Parents acknowledge a child's developing ability to understand and respond  
Parents experience surprise at the physical changes in a child over time  
Parents experience anxiety about the growth of a child  
Parents are reassured by the signs of appropriate development in a child  
Parents experience anxiety when a child's growth is perceived to be beyond expected parameters  
Parents acknowledge the effects of a child's health problem on development  
Parents form judgements about their child's development through comparisons with other children  
Parents form conclusions about a child's development through comparisons with other children  
Parents acknowledge a child's growth through comparison with other children  
Parents acknowledge a child's development through comparisons with other children  
Parents acknowledge a child's growth and development through comparisons with other children  
Parents acknowledge a child's personality through comparisons with other children  
Parents are reassured about a child's development through comparison with other children  
Parents acknowledge the milestones in their child's development through celebration  
Parents reflect on the changes in a child over a year  
Parents acknowledge the hope that a child will develop within expected parameters

### **Caring for a developing child**

Parents are required to monitor a child's growth  
Parents are required to monitor a child's developmental progress  
Parents are required to monitor the growth and development of a child  
Parents are required to monitor and make judgements about a child's development  
Parents are required to seek professional advice about the growth of a child  
Parents are required to be aware of a child's changing needs related to development  
Parents form conclusions about their care from the growth patterns of a child  
Parents are required to prioritise their values in accordance with a child's development

## **Theme: Maintaining personal wellbeing and integrity**

### **Preserving identity and self-worth**

Parents need to retain individuality  
Parents maintain their identity as a couple  
Parents acknowledge their need to maintain common interests and activities  
Parents acknowledge the importance of maintaining personal interests  
Parents are committed to maintaining interests and activities  
Parents recognise the positive effects of pursuing other activities and interests  
Parents acknowledge the need to maintain social contacts  
Parents need to interact socially with others  
Parents are required to exercise determination in maintaining social contacts  
Parents acknowledge their pleasure in maintaining social contacts  
Parents need a social environment beyond the home  
Parents appreciate taking part in social activities outside the home  
Parents experience pleasure in social interaction with friends  
Parents acknowledge the need to maintain contact with friends  
Parents are required to maintain social contacts with friends  
Parents anticipate increased social contacts with friends as a child grows  
Parents maintain social contacts in combination with the care of a child  
Parents need to experience the environment outside the home  
Parents appreciate the stability of a lifestyle beyond their parenting activities  
Parents are required to make decisions about lifestyle and environment

A parent has a need for self fulfilment beyond the role a parent  
Parents have a need for activities and experience beyond parenting  
Parents are committed to maintain interests and activities other than parenting  
Parents have a right to partake in activities for personal enjoyment away from a child  
Parents engage in activities other than caring for a child  
Parents appreciate being able to achieve activities other than caring for a child  
Parents require time to fulfil their own needs  
A parent acknowledges the importance of maintaining independence following the birth of a child  
A parent anticipates with pleasure making future choices about work and parenthood  
Parents expect to maintain control of their lives

### **Maintaining self-fulfilment**

Parents appreciate the benefits of working outside the home  
A parent acknowledges the influence of work on wellbeing  
A parent acknowledges that work provides a purpose and a goal  
A parent appreciates the balance between part-time employment and family life  
Parents are required to evaluate their priorities regarding work and parenting  
Parents appreciate the opportunity to work  
A parent acknowledges the opportunities and rewards in work and career  
A parent is drawn to undertaking part-time work  
Parents acknowledge the opportunities in part-time work  
A parent requires a flexible pattern of employment  
A parent requires and values part-time employment  
A parent acknowledges the importance of work opportunities following the birth of a child  
A parent experiences pleasure in returning to work  
A parent experiences pleasure in participating in part-time employment  
Parents experience pleasure in the opportunity for a parent to work part-time  
A parent experiences pleasure in maintaining casual employment  
A parent appreciates the variety in a week with part-time work  
A parent appreciates an employment pattern which gives time at home  
Parents need to pursue personal goals  
A parent experiences a desire and a need to return to work  
Parents acknowledge the need to think of future employment  
A parent feels deprived of the stimulation and satisfaction experienced in the workplace  
A parent experiences feelings of loss in not being at work  
A parent experiences stress in the demands of the workplace  
A parent acknowledges part-time work is demanding  
A parent experiences ambivalence about returning to work  
Parents experience feelings of conflict about work and parenting  
Parents experience stress and anxiety in the pursuit of personal goals  
A parent experiences guilt in desiring to return to the workplace  
A parent experiences unsettled feelings in a changed work role  
A parent accepts the opportunities for job variety are reduced with part-time work  
A parent accepts that a career does not progress when rearing a child  
A parent sees part-time work as the most satisfying arrangement for a parent and child  
A parent recognises the importance of maintaining a career  
Parents seek to further their careers  
A parent is committed to a career in keeping with personal aspirations  
Parents form conclusions about their career aspirations through comparisons with others  
Parents acknowledge that parenthood can inhibit the career of the primary care-giver  
Parents acknowledge giving consideration to future career opportunities

### **Optimising opportunities**

Parents take opportunities to further their qualifications and education  
Parents appreciate the opportunity to study while a child is young  
A parent needs to maintain intellectual interests  
Parents are required to forgo living in a preferred environment in the interests of educational and career opportunities

### **Ensuring wellbeing**

Parents need to be healthy and energetic in order to provide care for a child  
Parents are required to manage and maintain personal health  
Parents are required to maintain physical fitness and function  
Parents are required to maintain activities which improve physical function and comfort  
Parents need to obtain treatment to relieve physical dysfunction and discomfort  
A parent is uncertain about maintaining physical therapy during lactation  
Parents value their participation in exercise and fitness activities  
A parent experiences pleasure in pursuing leisure activities

## **Theme: Living with new perceptions: Experiencing feelings as parents**

### **Feelings about a child: Love and enrichment**

A parent experiences feelings of closeness and attachment to a child  
Parents experience feelings of attachment to a child  
Parents experience feelings of pleasure and engrossment in a child  
A parent experiences feelings of intense involvement with a child  
Parents experience feelings of fascination with their child  
Parents experience wonderment when they look at their child  
Parents experience a strong parental feeling towards a child  
Parents experience feelings of great love for a child  
Parents experience intense feelings of love for a child  
Parents experience loving emotions towards a child  
Parents experience delight in their loving feelings towards a child  
Parents are overjoyed with a child

Parents experience a child as a priceless source of love  
 Parents feel overwhelmed at their feelings of love for a child  
 Parents are overwhelmed by the intensity of feelings for a child  
 A parent appreciates a child despite the difficulties and stresses of parenting  
 A parent experiences feelings of resentment towards a child  
 A parent experiences anxiety about a child developing negative feelings about a parent  
 Parents experience feelings of amazement and pleasure in having a child  
 Parents experience pleasure in having a child  
 Parents experience deep pleasure in having a child  
 Parents experience feelings of contentment and satisfaction in having a child  
 Parents experience pleasure and pride in a child  
 Parents experience feelings of pride in a child  
 Parents experience feelings of pride and delight in a child  
 Parents experience pleasure and pride when a child is successful  
 Parents experience feelings of pride when they take their child into the community  
 Parents appreciate having a happy and settled child  
 Parents experience feelings of pride and happiness in the social behaviour of a child  
 Parents appreciate seeing the likeness to themselves in a child  
 A parent experiences anxiety that a child will inherit a parent's characteristics  
 Parents experience pleasure and enjoyment in a child  
 A parent experiences feelings of fulfilment and enrichment in having a child  
 Parents appreciate the happiness and enrichment brought by a child  
 Parents appreciate the experience of receiving love from a child

### **Feelings in being with a child: From delight to despair**

Parents experience pleasure in close physical contact with a child  
 Parents experience pleasure through tactile experiences with a child  
 Parents experience a feeling of security in having a child close by  
 A parent experiences pleasure and satisfaction in the attachment of a child  
 A parent enjoys breast feeding  
 A parent experiences pleasure in breast feeding a child  
 A parent enjoys the closeness with a child experienced during breast feeding  
 Parents develop protective feelings towards a child  
 Parents experience protective feelings towards a child  
 Parents experience protective feelings towards a child  
 A parent experiences distress at missing the developmental events in a child  
 Parents experience regret at not being present when a child achieves a new skill  
 Parents experience pleasure in settling a child into his home  
 Parents appreciate the recognition and positive response of a child  
 Parents experience pleasure when a child is responsive  
 Parents experience pleasure in the delighted responses of a child  
 Parents experience delight at the happy responses of a child  
 Parents experience pleasure in a child's happiness and responsiveness  
 Parents experience pleasure in the responsiveness of a child  
 Parents experience happiness when a child responds positively  
 Parents experience pleasure in a child's enjoyment  
 Parents experience feelings of happiness when a child is happy  
 Parents experience pleasure in a child's activities  
 Parents experience pleasure in a child's enjoyment in activities  
 Parents appreciate the pleasure of a child's activities  
 Parents experience pleasure in a child's response to new activities  
 Parents anticipate, with pleasure, activities with a child  
 Parents appreciate experiences which bring pleasure to a child  
 Parents anticipate pleasurable activities with a child related to environmental opportunities  
 Parents appreciate a child's positive response to them  
 Parents experience pleasure in a child's response to them  
 Parents experience pleasure in a child's increasing response to them  
 Parents experience pleasure in the happy interaction with a child  
 Parents experience pleasure in interacting with a child  
 Parents experience pleasure in their interactions with their child  
 A parent appreciates the interactions with a happy child  
 Parents experience joy in interacting with a child  
 Parents appreciate the increasing fun they experience with a child  
 Parents experience pleasure in activities with a child  
 Parents experience pleasure in relaxed activities with a child  
 Parents experience pleasure in sharing activities with a child  
 Parents experience pleasure in participating in activities with a child  
 Parents experience pleasure in participating in further activities as a child becomes older  
 Parents anticipate with pleasure activities with a child  
 Parents anticipate with pleasure future activities with a child  
 Parents experience pleasure in taking a child outdoors  
 Parents experience pleasure in sharing seasonal celebrations with a child  
 Parents experience pleasure in the celebrations for a child's birthday  
 Parents experience pleasure in hosting a celebration for a child in their home  
 Parents experience pleasure in spending time with a child  
 Parents appreciate the pleasure in spending time playing with a child  
 Parents appreciate being able to include a child in their social activities  
 Parents experience pleasure in spending spaced periods of time with a child  
 Parents experience pleasure in providing new experiences for a child  
 Parents experience pleasure in anticipating the future with a child  
 Parents experience a loving and affectionate relationship with a child  
 Parents appreciate the reciprocity in the relationship with a child  
 Parents experience pleasure in a child's attachment  
 Parents experience increasing enjoyment with a child over time  
 Parents appreciate feeling more relaxed with a child over time  
 Parents experience pleasure in a child's response to others

Parents appreciate social activities in which they can include a child  
 Parents experience pleasure in being able to predict and interpret a child's behaviour  
 Parents experience pleasure in their child's health and happiness  
 Parents feel reassured and grateful that a child is healthy  
 Parents experience pleasure and relief when a child feeds well  
 Parents are pleased when a child feeds well  
 Parents are pleased when a child easily accepts bottle feeding  
 Parents appreciate a happy and settled child  
 Parents experience pleasure when a child is settled and content  
 Parents appreciate the settled sleeping pattern of a child  
 Parents appreciate a child's settled sleeping pattern at night  
 Parents experience pleasure and relief when a child is settled  
 Parents experience relief when a child maintains a sleep routine  
 Parents experience pleasure when a child adapts to the care of others  
 Parents experience pleasure in settled times at home with a child  
 Parents experience happiness in spending time at home with a child  
 Parents experience pleasure in the peaceful times with a child  
 Parents appreciate a child's ability to be flexible  
 Parents experience pleasure when a child is happy and contented  
 Parents experience having a contented and healthy child  
 Parents experience happiness when a child is well and content  
 Parents appreciate a child's settled and co-operative behaviour  
 Parents experience pleasure and relief when a child is no longer fearful  
 Parents appreciate being able to leave a child to his own devices  
 Parents experience pleasure in a child's responses to the environment  
 Parents experience pleasure in the interactions between a child and other children  
 Parents appreciate the changes in a child following experience in a care facility  
 Parents experience increasing joy and pleasure with a child over time  
 Parents experience relief when a child begins to feed well  
 Parents experience relief from anxiety when a child's feeding is satisfactory  
 Parents experience relief when a child is well and content  
 Parents experience relief when a child is settled and content  
 Parents experience relief when the care of a child becomes easier  
 A parent experiences relief that a child is not aware of parental distress  
 Parents experience relief when a child is unperturbed by immunisation  
 Parents experience relief when a child is settled before surgery  
 Parents experience relief when a child recovers quickly from surgery  
 Parents experience relief when a child sleeps well  
 Parents appreciate the settled sleep routine of a child  
 Parents appreciate the settled sleeping pattern of a child  
 Parents experience pleasure when a child has a routine  
 Parents appreciate the reduced needs of a child for constant care  
 Parents experience relief in an easing of the demands of a child's care  
 Parents experience anxiety about a newborn child's feeding behaviour  
 Parents experience anxiety and frustration when a child does not feed well  
 Parents experience anxiety when a child refuses necessary nourishment  
 Parents experience anxiety about providing adequate nourishment for a child  
 A parent experiences anxiety and frustration when a child is unable to retain a feeding  
 Parents experience anxiety about a child's hydration  
 Parents experience revulsion in giving solid food to a child  
 Parents experience anxiety when a child shows signs of illness  
 A parent experiences stress about possible problems in a child's health  
 Parents experience intense anxiety when they perceive a child has a health problem  
 Parents experience anxiety when a child is ill  
 Parents experience distress when a child is ill  
 Parents experience upset feelings when a child is ill and unsettled  
 Parents experience stress when a child is unsettled and not well  
 Parents experience frustration when a child is unsettled with teething  
 Parents experience anxiety when a child is hospitalised and has surgery  
 Parents experience fear when a child is hurt  
 Parents experience distress when a child is hurt  
 Parents experience anxiety about taking a child into a different environment  
 Parents experience anxiety at a child's response to a changed environment  
 Parents experience anxiety and stress when a child is distressed in a different environment  
 Parents experience anxiety when a child is distressed  
 Parents experience anxiety and uncertainty when a child is distressed  
 Parents experience anxiety and stress when a child is distressed or unsettled  
 Parents experience distress when a child is emotionally upset  
 Parents experience stress when a child is distressed and demanding  
 Parents experience frustration when in conflict with a child  
 Parents experience fright at the acute distress of a child  
 A parent experiences distress when a child is distressed and inconsolable  
 Parents experience distress at the sight of a distressed child  
 Parents experience distress when a child is uncomfortable and unhappy  
 Parents experience feelings of helplessness in trying to console a child  
 Parents experience frustration when unable to soothe and settle a child  
 Parents experience frustration when unable to console a child  
 Parents experience anxiety when unable to console a child  
 A parent experiences distress when unable to console a child  
 Parents experience emotional distress when unable to settle a child  
 Parents become distraught when unable to relieve a child's distress  
 Parents experience stress and distress at a child's crying  
 Parents experience guilt in leaving a distressed child to continue to cry  
 Parents experience distress when a child's crying is constant  
 Parents experience distress at a child's unrelieved crying  
 Parents experience frustration and distress when a child's crying is unrelenting  
 Parents experience anxiety and uncertainty about the reasons for a child's distress  
 Parents experience stress when a child is distressed and resists sleep  
 Parents experience frustration in a child's resistance to sleep

Parents experience frustration when a child does not sleep well  
 Parents experience frustration at a child's resistance to sleep  
 A parent feels overwhelmed when confronted with difficulties related to a child  
 Parents experience frustration at a child's determined behaviour  
 A parent experiences resentment at a child's demands for attention  
 Parents experience frustration at the clinging behaviour of a child  
 Parents experience frustration at the demands of a child  
 Parents experience frustration in meeting the demands of a child  
 A parent experiences frustration at a child's demanding behaviour  
 Parents experience feelings of stress when a child is demanding  
 Parents experience guilt over their responses to a child's demands  
 Parents experience frustration in a child's unrestrained behaviour  
 Parents experience emotional upset when a child has a painful procedure  
 Parents experience anxiety when their child is subjected to painful procedures  
 Parents experience apprehension about immunisation procedures for a child  
 A parent experiences distress at a child's reaction to immunisation  
 A parent experiences anxiety and distress at the effects of immunisation  
 Parents experience distress in letting a child go into surgery  
 Parents experience anxiety about the development of bad habits in a child  
 Parents feel disheartened about a child's changed behaviour  
 Parents experience anxiety about the changing patterns of a child's behaviour  
 Parents are confused when a child does not respond in anticipated ways  
 Parents experience concern about a child's anti-social behaviour  
 Parents experience embarrassment over their child's behaviour  
 Parents experience reduced levels of tolerance for a child  
 A parent experiences frustration with a child in times of stress  
 A parent experiences frustration at the differing responses of a child to each parent  
 Parents experience anxiety about possible harm to a newborn child  
 Parents experience anxiety about a child's physical function  
 Parents experience anxiety about a child's health  
 Parents experience anxiety when a child is ill  
 Parents experience anxiety and emotional distress when a child is diagnosed with a disorder  
 Parents experience anxiety about the effects of a child's health problem  
 Parents experience anxiety about the outcome of a child's illness  
 Parents experience anxiety about possible findings about a child's health  
 A parent experiences fears about a child's survival  
 Parents experience intense fears about the death of a child  
 Parents experience anxiety when given information that a child's development may not be satisfactory  
 Parents experience anxiety and uncertainty about immunisation for a child  
 Parents experience anxiety about the possible complications of immunisation  
 A parent experiences anxiety about the wellbeing of a child  
 Parents experience anxiety about the safety and wellbeing of a child  
 Parents experience anxiety when a child's wellbeing is uncertain  
 Parents experience anxiety when the wellbeing of a child is threatened  
 A parent experiences anxiety about causing harm to a child  
 Parents experience apprehension about taking a child into a strange environment  
 Parents experience concern about a child in the future  
 Parents experience anxiety about the future with a child  
 Parents experience anxiety about the future of a child  
 Parents feel depressed when contemplating the future for a child  
 Parents feel grief and devastation when contemplating the future for a child  
 Parents experience anxiety about future harm to a child  
 Parents experience anxiety at the thought of future harm to a child  
 Parents experience concern about the need to protect a child in the future  
 Parents feel concerned about the social values a child will confront in the future  
 Parents experience anxiety about the world a child will encounter

### **Feelings in caring for a child: Confidence, anxiety and guilt**

A parent experiences feelings of confidence in managing the care of a child  
 Parents develop feelings of confidence about the care of a child  
 A parent feels greater confidence over time in caring for a child  
 Parents appreciate feeling more confident in the care of a child  
 Parents appreciate feeling more confident and relaxed with a child  
 A parent feels relaxed when confident about breast feeding a child  
 Parents feel relaxed when confident about their care of a child  
 Parents feel relaxed and calm when confident about their care of a child  
 Parents experience pleasure when the care of a child becomes easier over time  
 Parents appreciate feeling less anxious about a child over time  
 A parent experiences anxiety about interpreting a child's needs  
 Parents experience anxiety in being uncertain about the care of a child  
 Parents experience anxiety when uncertain about how to care for a child  
 Parents experience anxiety when uncertain about caring for a child  
 Parents experience anxiety and uncertainty about the appropriate actions in the care of a child  
 A parent experiences a loss of confidence at the advice of others  
 Parents experience a loss of confidence when a child's wellbeing is threatened  
 Parents experience frustration in the number of different opinions about the care of a child  
 A parent experiences distress at the irresponsible promotion of child care products and strategies  
 Parents experience pleasure and pride in having a home for a family  
 Parents experience pleasure in providing for a child  
 Parents experience pleasure in being relieved of the responsibility of a child  
 Parents are taken aback at the reality of the responsibility for a child  
 A parent feels overwhelmed in coming to terms with the responsibility of sustaining a child  
 Parents experience frustration when unable to meet a child's needs  
 Parents experience frustration in maintaining daily responsibilities and meeting a child's needs  
 A parent experiences extreme stress in meeting a child's needs and other responsibilities  
 Parents feel guilty when they have not protected a child from stress  
 Parents experience dismay at the high cost of equipment for a child



Parents experience feelings of frustration and stress in the care of a child  
 Parents experience anxiety about the care and responsibility of a child  
 A parent experiences anxiety in the constant responsibility for a child  
 Parents experience a feeling of powerlessness in maintaining control of a child  
 Parents experience stress and pressure in maintaining work and family responsibilities  
 Parents experience stress in providing a home  
 Parents experience stress in obtaining and moving into a new home  
 Parents appreciate the ease and convenience of breast feeding a child  
 A parent experiences pleasure in the easy initiation of breast feeding  
 A parent experiences feelings of satisfaction in persevering with breast feeding  
 A parent experiences pleasure in breast feeding a child  
 A parent has feelings of pride and satisfaction in breast feeding a child  
 A parent experiences feelings of relief when full lactation has been established  
 A parent experiences relief when the difficulties in feeding a child begin to resolve  
 Parents experience excitement and pleasure in introducing solid food to a child  
 Parents experience pleasure in caring for a child  
 Parents experience pleasure in the varied interactions and experiences they have provided for a child  
 Parents experience regret about their early lack of knowledge and skills in the care of a child  
 Parents experience feelings of inadequacy in the care of a child  
 Parents experience feelings of inadequacy in handling a child  
 Parents experience anxiety in giving care to a small baby  
 Parents experience stress in being unprepared for the care of a child  
 Parents experience guilt when they perceive their child's needs have not been met  
 Parents experience feelings of guilt when their care does not meet a child's needs  
 Parents experience guilt about their contribution to the care of a child  
 Parents experience feelings of guilt over not participating in a child's care  
 Parents experience stress and anxiety in caring for a child  
 Parents experience uncertainties about caring for a child  
 A parent experiences frustration in not being able to do more in caring for a child  
 A parent experiences frustration at not being able to determine the reasons for a child's illness  
 A parent experiences anxiety about breast feeding a newborn child  
 A parent experiences the beginnings of breast feeding as trauma  
 A parent experiences distress and frustration in establishing breast feeding  
 A parent experiences the cessation of breast feeding as traumatic and painful  
 A parent experiences feelings of inadequacy when unable to continue with breast feeding  
 A parent experiences a sense of loss following the cessation of breast feeding  
 A parent experiences feelings of hopelessness and inadequacy about feeding a child  
 A parent experiences stress and anxiety about feeding a child  
 Parents experience anxiety and difficulty in reaching a decision about feeding a child  
 Parents experience feelings of guilt about their management of a child's feeding  
 Parents experience anxiety about providing sufficient nourishment for a child  
 Parents experience anxiety about providing adequate nourishment for a child  
 A parent experiences anxiety and guilt about managing a child's crying and sleeping pattern  
 Parents experience frustration when unable to settle a child  
 Parents experience anxiety about the outcome of their soothing responses  
 Parents experience anxiety and uncertainty in making decisions about the care of a child  
 A parent has feelings of regret about not having relaxed time with a child  
 Parents experience anxiety about providing sufficient time for a child  
 Parents experience regret in being unable to spend more time with a child  
 Parents experience frustration when unable to spend time with a child  
 A parent experiences stress in caring for a child over long periods  
 Parents experience stress in caring for a child in a disrupted environment  
 Parents experience anxiety about the effect of their actions on a child  
 Parents experience distress when they have been instrumental in a child's physical hurt  
 A parent feels confident about leaving a child for a time  
 A parent has feelings of greater confidence over time in leaving a child  
 Parents feel more relaxed and confident over time about leaving a child  
 A parent feels confident in leaving a child in the care of others  
 Parents experience a sense of separation when apart from a child  
 Parents experience feelings of loss when apart from a child  
 A parent experiences anxiety at the thought of leaving a child  
 Parents experience anxiety when separated from their child  
 Parents experience feelings of loss when separated from a child  
 Parents experience longing for a child when separated  
 Parents experience anxiety about leaving a child  
 A parent experiences anxiety on leaving a child  
 A parent experiences distress when separated from a child  
 A parent has misgivings about leaving a child in the care of others  
 Parents experience anxiety in leaving a child in the care of another  
 Parents experience anxiety when leaving a child in care for a length of time  
 Parents experience anxiety when leaving a child in the care of unknown people  
 A parent experiences guilt in leaving a child in the care of others  
 Parents experience anxiety that a child will receive enough attention when in the care of others  
 Parents experience anxiety about the care of a child when they are not present  
 A parent experiences guilt about sharing the care of a child with others  
 Parents experience feelings of guilt when a child is upset while in the care of another  
 Parents experience guilt when a child is distressed while in the care of others  
 Parents experience anxiety about a child when they are absent  
 Parents experience anxiety about a child's adaptation to the care of others  
 Parents experience feelings of regret about the socialisation of a child into the wider community

### **Feelings about selves: Joys and disappointments**

Parents appreciate feeling settled and content with their decision to become parents  
 Parents experience great happiness since having a child  
 Parents experience pleasure in being parents  
 A parent experiences joy in being a parent  
 Parents experience enjoyment and fulfilment in being parents

Parents experience feelings of satisfaction in being parents  
 Parents experience feelings of happiness, warmth and homeliness on becoming parents  
 Parents experience excitement and delight on becoming parents  
 Parents experience feelings of fulfilment and happiness  
 Parents appreciate the feeling of security which comes with parenthood  
 A parent experiences feelings of renewal and energy following the birth of a child  
 Parents experience pleasure on returning home after a hospital stay  
 A parent experiences a sense of longing for a home environment during a hospital stay  
 Parents experience a feeling of unreality in having a child  
 Parents experience a delay in feeling a child is theirs  
 A parent experiences unease in a child's dependency on her bodily processes  
 Parents experience feelings of regret about their difficulties following the birth of a child  
 Parents have feelings of depression following the birth of a child  
 Parents experience depressed feelings following the birth of a child  
 Parents experience feelings of grief over the loss of their happy expectations  
 A parent experiences feelings of sadness following the birth of a child  
 A parent experiences upset feelings following the birth of a child  
 Parents experience stress when over-burdened with visitors  
 A parent experiences feelings of discomfort and unease in being a parent  
 Parents experience feelings of uncertainty about becoming a parent  
 Parents experience feelings of regret in becoming a parent  
 Parents experience stress in maintaining the roles of parents and partners  
 A parent experiences resentment at the loss of control over a life  
 A parent experiences feelings of entrapment in common with other parents  
 Parents feel trapped and deprived in taking responsibility for a child  
 Parents feel overwhelmed by the number of changes they have encountered  
 A parent experiences a sense of personal disruption on becoming a parent  
 Parents experience feelings of ambivalence about parenthood  
 A parent experiences anxiety at being completely absorbed in a child  
 Parents experience feelings of distress about harm to other children  
 Parents experience distress when children in the community are not given adequate care  
 Parents experience distress in witnessing the distress of children at immunisation clinics  
 A parent experiences apprehension about caring for another child  
 Parents experience anxiety about their ability to be good parents  
 Parents experience feelings of inadequacy in functioning as a parent  
 Parents experience fear and anxiety about the responsibilities of parenthood  
 A parent is dismayed at being relegated the low status of a full-time parent  
 A parent experiences anxiety and regret on becoming a single parent  
 A parent experiences feelings of helplessness on becoming a single parent  
 Parents are happily absorbed in the immediate tasks of parenting  
 Parents experience pleasure in their parenting activities  
 Parents appreciate the positive outcomes of a first year  
 Parents appreciate pleasure in planning family activities  
 A parent experiences a feeling of pride in independently achieving activities with a child  
 Parents experience relief when able to carry out other activities and daily responsibilities  
 Parents experience pleasure in caring for their child in their own setting  
 Parents are happiest about being parents when there are no major problems  
 Parents experience pleasure in the improvement in their parenting over time  
 A parent experiences pleasure in regular contact with other children  
 Parents experience pleasure in learning about other children and their development  
 A parent experiences feelings of regret in being unable to be closely involved with a child following birth  
 A parent experiences feelings of being out of control and distress when feeding a child is difficult  
 A parent experiences feelings of sadness when expectations about breast feeding are not realised  
 A parent experiences feelings of self-blame and anxiety about feeding a child  
 A parent experiences frustration in meeting the needs of a child and accomplishing other activities  
 Parents experience frustration when unable to accomplish other activities  
 Parents experience boredom in being alone with a child  
 Parents experience boredom because of the restraints imposed by a child  
 Parents experience frustration when unable to move easily in the community  
 Parents experience feelings of regret when happiness and joy in a child is replaced by emotional difficulties  
 Parents experience stress in being isolated in prioritising the care of a child  
 Parents experience disappointment in spending time with an unsettled child  
 Parents feel confused when a child is unhappy and unsettled  
 Parents experience a loss of control when a child's distress is unrelieved  
 A parent experiences stress and fatigue in caring for a child  
 A parent experiences stress in caring for a child over long periods  
 Parents anticipate difficulties and problems in caring for a child  
 Parents experience anxiety when a child's routine is disrupted  
 A parent experiences anxiety about breast feeding a child in public  
 A parent feels excluded from the care of a child when a partner gives most of the care  
 Parents experience regret at a lack of information about patterns of behaviour in a child  
 Parents experience uncertainty about the care of a child when they receive differing points of view  
 Parents experience irritation when given messages that their care is inadequate  
 Parents experience discomfort when a child is compared with others  
 A parent experiences frustration at the restrictions imposed by the care of a child  
 Parents feel guilty if they do not carry out their perceived responsibilities  
 Parents experience parenting as a demanding job  
 A parent feels overwhelmed at the demands of everyday life and parenting  
 A parent experiences parenting as being more difficult than anticipated  
 Parents experience anxiety about their future responses to parenting  
 Parents experience anxiety about the adequacy of their parenting  
 Parents experience feelings of sadness and regret at the loss of a child's babyhood  
 Parents regret the loss of a child's early babyhood  
 Parents experience anxiety that others will be disturbed when a child cries  
 Parents experience anxiety about the response of neighbours to a child's distress  
 Parents appreciate a break from the everyday environment  
 A parent appreciates freedom and time away from a child  
 A parent appreciates time away from a child  
 A parent appreciates a break away from the care of a child

Parents experience pleasure in having time away from a child  
 A parent anticipates with pleasure having breaks from the care of a child  
 A parent experiences pleasure in having a break from the care of a child  
 Parents experience pleasure in activities without a child  
 Parents appreciate being able to achieve activities other than caring for a child  
 Parents appreciate engaging in more activities as a child's behaviour becomes more predictable  
 Parents appreciate having more time for activities as their child becomes less dependent  
 A parent appreciates opportunities to spend time outdoors  
 Parents experience pleasure in spending time outside each day  
 Parents experience pleasure in achieving outside activity each day  
 Parents experience pleasure in being relieved of everyday responsibilities  
 A parent experiences feelings of relief and pleasure when able to sleep  
 Parents appreciate the parenting experience when they are able to have sufficient sleep  
 Parents appreciate achieving more sleep as a child's sleeping pattern changes  
 Parents appreciate opportunities for adequate sleep as their child attains longer sleep patterns  
 Parents appreciate greater freedom as a child requires less sleep  
 A parent feels pleased when breast feeding ceases  
 A parent appreciates with pleasure the completion of breast feeding  
 A parent experiences pleasure and relief when breast feeding is completed  
 Parents experience satisfaction in being able to accomplish daily tasks while caring for a child  
 A parent experiences relief and a sense of confidence in recovering from depression  
 Parents appreciate having a professional knowledge and network  
 Parents experience pleasure in a new home and homemaking activities  
 A parent experiences satisfaction and pleasure in improving a home  
 A parent experiences pleasure in maintaining casual work  
 A parent appreciates the variety in a week with part-time work  
 A parent experiences stress when breast function is impaired  
 Parents experience frustration at the physical limitations following the birth of a child  
 A parent experiences difficulty in adjusting to the relinquishment of work  
 A parent experiences stress in making a decision about returning to work  
 A parent experiences feelings of guilt and unease in not accomplishing household tasks  
 A parent experiences frustration when unable to accomplish household tasks  
 A parent experiences guilt in not accomplishing more in a day  
 Parents experience anxiety in undertaking home ownership  
 Parents experience anxiety in taking on the responsibility of home ownership  
 A parent experiences anxiety about disruptions to home life  
 A parent experiences guilt in staying at home with a child  
 A parent experiences feelings of loneliness, isolation, stress and boredom in being at home with a child  
 Parents experience frustration at their lack of leisure and relaxation  
 A parent feels deprived when unable to undertake outside activity  
 Parents experience frustration about restraints on outside activities  
 Parents experience frustration in not having time away from a child  
 Parents experience frustration at the time spent in community responsibilities  
 A parent experiences anxiety in relating work experiences to a child  
 Parents experience irritation and frustration when confronted by conflicting demands  
 A parent experiences concern about the effect of previous experience on the relationship with a child  
 Parents experience frustration when sleep is interrupted  
 Parents experience frustration when sleep is disrupted  
 A parent experiences stress when unable to achieve sufficient sleep  
 Parents experience anxiety about obtaining sufficient sleep  
 Parents experience frustration when unable to obtain sufficient sleep  
 Parents feel overwhelmed by lack of sleep  
 Parents experience disappointment and stress about the cause of depression  
 A parent experiences depression as a hopeless and painful time  
 A parent experiences feelings of weakness and being out of control when depressed  
 A parent experiences feelings of stress and anxiety about depression  
 A parent experiences feelings of inadequacy and hopelessness in the ability to apply professional skills during depression  
 A parent experiences feelings of being stressed and pressured to recover from depression  
 A parent experiences feelings of despair about recovering from depression  
 A parent is distressed at requiring medical treatment for depression  
 A parent is distressed at relying on medication to sleep  
 Parents experience dismay and frustration at the side effects of treatment for depression  
 A parent experiences fatigue and illness when unable to sleep  
 A parent experiences feelings of being separated from others because of depression  
 A parent experiences sorrow about the loss of self-confidence and happiness  
 Parents experience stress when there is conflict within the family  
 Parents fear their loss of control under stress  
 A parent experiences anxiety when contemplating a future partnership  
 Parents appreciate the efforts of each other  
 Parents appreciate the support of each other  
 Parents appreciate the efforts of a partner  
 A parent appreciates the efforts made by a partner  
 A parent appreciates the care and support of a partner  
 A parent appreciates the help and sacrifices of a partner  
 Parents appreciate the understanding and support of each other  
 Parents appreciate the contribution of each other to parenthood and their relationship  
 Parents value the companionship and commitment in their relationship  
 Parents appreciate the permanency of their relationship  
 Parents experience a sense of consolidation in their relationship following the birth of a child  
 Parents appreciate the freedom to express themselves within their relationship  
 Parents have feelings of pride in their accomplishments since establishing a partnership  
 Parents experience pleasure in spending time together  
 Parents appreciate spending time with each other  
 Parents appreciate spending time and talking with each other  
 Parents appreciate spending time with each other at home  
 A parent experiences feelings of being loved when a partner shares the care of a child  
 A parent appreciates a partner's support for time away from the care of a child  
 A parent experiences feelings of pride in a partner  
 A parent experiences feelings of pride in a partner as a parent

Parents appreciate each other's consideration  
 Parents appreciate each other's contribution to the care of a child  
 Parents appreciate the contribution of each other in the care of a child  
 Parents appreciate the involvement of a partner in the care of a child  
 A parent appreciates the involvement of a partner in the care and responsibilities of a child  
 Parents appreciate a more equitable share in the care of a child  
 Parents appreciate their different approaches to the care of a child  
 Parents experience pleasure in acting as a family  
 A parent experiences feelings of regret in not supporting a partner  
 Parents experience feelings of guilt over the effects of a lack of energy and time on their relationship  
 A parent experiences feelings of loss for an enduring relationship  
 A parent experiences distress in being dependent on a partner  
 A parent experiences disappointment in having to rely on the help of a partner  
 Parents experience annoyance at the inequities in childrearing  
 A parent experiences feelings of resentment about inequities in the care of a child  
 A parent experiences feelings of resentment about inequities in child care and home responsibilities  
 A parent experiences resentment at the inequities in parents' opportunities  
 A parent experiences stress in undertaking the major proportion of the care of a child  
 Parents experience feelings of resentment when a partner is unable to contribute to the care of a child  
 A parent experiences stress in caring for a child without the presence and help of a partner  
 A parent experiences frustration with a partner who does not adhere to a child's routine  
 Parents are displeased when a parent does not respond to the needs of a child  
 Parents experience feelings of mutual jealousy over the affections of a child  
 Parents experience dismay and distress at each others differing views and actions in the care of a child  
 Parents experience frustration at each others differing views about their responsibilities to work and home  
 A parent experiences resentment at a partner's lack of awareness  
 A parent experiences feelings of guilt about the stress of depression on a partner  
 A parent experiences sadness about the differing feelings and experiences of a partner  
 Parents experience anxiety about the wellbeing of each other  
 Parents experience stress and anxiety when one of them is ill  
 Parents experience anxiety and distress when one of them is unable to sleep  
 Parents experience stress when one of them is away from home  
 A parent experiences devastation when a partner leaves  
 A parent experiences a loss of trust when a partner leaves  
 A parent experiences feelings of anger and retribution towards a partner who leaves  
 A parent experiences feelings of disdain at a partner's actions  
 A parent experiences feelings of concern about her anxiety  
 Parents become irritable with each other when anxious about a child  
 Parents experience apprehension about having another child

## **Theme: Living with new perceptions: Thinking and knowing as parents**

### **Thinking and knowing about a child: Learning and understanding**

Parents experience a sense of ownership of a child  
 Parents acknowledge a child as the most important factor in their lives  
 Parents acknowledge the great pleasure their child has brought to all his family  
 Parents acknowledge that having a child is more satisfying than expected  
 Parents acknowledge a sense of purpose in having a child  
 A parent acknowledges having no regrets in having a child  
 Parents acknowledge the influence of their family life in their decision to have a child  
 Parents conclude that the experience with a first child is unique  
 Parents acknowledge a sense of unreality about having a child  
 Parents acknowledge absorption in a child over the first year  
 Parents acknowledge a preoccupation with a child  
 Parents recognise their preoccupation with a child  
 Parents acknowledge the development of attachment to a child  
 Parents acknowledge that their lives revolve around a child  
 Parents are surprised at the intensity of joy experienced when a child is responsive  
 A parent acknowledges an increasing involvement with a child over time  
 Parents acknowledge that they have become engrossed in a child  
 Parents are surprised at the strength of loving feelings for their child  
 Parents acknowledge that their love for a child differs from their expectations  
 Parents appreciate the beginnings of the relationship between themselves and a child  
 Parents acknowledge an individual and unique relationship with their child  
 A parent recognises the attainment of a loving relationship with a child  
 Parents place importance on the development of the relationship with a child  
 A parent acknowledges the effect of previous experience on the relationship with a child  
 Parents have a conscious desire for a child to have a secure and happy relationship with them  
 A parent acknowledges that bonding to a child is not immediate  
 A parent recognises that emotional attachment does not take place with there are feeding difficulties  
 Parents have ideas and beliefs about the place of a child in their lives  
 Parents accept the differing responses of a child to a parent  
 Parents acknowledge a child's need for contact with a parent  
 A parent forms the view that a young child requires the constant presence of a parent  
 A parent has a determination not to be deprived of a child  
 Parents acknowledge an inability to maintain interaction with a child  
 Parents anticipate greater interaction with a child over time  
 Parents recognise the importance of spending time with a child  
 Parents anticipate stimulating experiences with a child  
 Parents anticipate participating in mutually enjoyable activities with a child  
 Parents anticipate greater enjoyment with a child over time  
 Parents are required to accept differing responses of a child  
 Parents acknowledge that a child's response to each of them is similar  
 Parents acknowledge their differing responses to a child  
 Parents hold the view that a child is part of their lives but does not dominate them  
 Parents are uncertain about how to respond to a child's behaviour  
 Parents anticipate that a child will participate in their activities and interests

Parents acknowledge the hope that a child will adopt their interests and activities  
 Parents imagine the distress in future difficulties in their relationship with a child  
 Parents appreciate the increasing reciprocity in their relationships with a child  
 Parents are surprised at the length of time taken to get to know a child  
 A parent acknowledges that a relationship with a child is influenced by a child's responses  
 Parents view a newborn child as fragile and vulnerable  
 Parents are unable to imagine a child in the future  
 Parents acknowledge they are not able to predict how a child will respond  
 Parents interpret and understand a child's behaviour  
 Parents accept the different behaviours of a child  
 Parents acknowledge the constant attachment to a child  
 Parents acknowledge that a child has preferences  
 Parents acknowledge a child's preferences and joys  
 Parents accept that a child cries from time to time  
 A parent determines that a child's protesting behaviour must be accepted  
 Parents experience uncertainties about the reasons for a child's behaviour  
 Parents identify experiences that bring enjoyment to a child  
 Parents appreciate the limits to a child's ability to be content and remain alone  
 Parents acknowledge a child's growing ability to spend time alone  
 Parents acknowledge that a child exercises choices and preferences  
 Parents anticipate that a child will become more settled over time  
 Parents are required to evaluate a child's level of security and contentedness  
 Parents are required to accept a child's need for a routine  
 Parents anticipate that a child will adapt well to being cared for by others  
 Parents anticipate that being cared for by others will be good for a child  
 Parents are surprised at a child's responses to directions  
 Parents are surprised at the persistence of a child  
 Parents acknowledge a developing view of a child as an individual personality  
 Parents acknowledge a growing independence in a child  
 Parents acknowledge the need to accept a child's future choices and values  
 Parents acknowledge their confidence in a child's ability to have a good future  
 Parents acknowledge that they hold assumptions about a child's approach to education  
 Parents appreciate the transmission of values to a child  
 A parent acknowledges that the main care-giving parent develops an acute understanding of a child  
 Parents empathise with and interpret a child's experience  
 Parents acknowledge their view of a child is unique  
 Parents acknowledge traits similar to their own in a child  
 Parents acknowledge that a child responds differently to each of them  
 Parents adopt the view that a child's good prognosis is more important than their future plans  
 Parents draw on a positive view about the future care of a child  
 Parents refer to the experience of other parents in forming conclusions about a child's behaviour  
 Parents acknowledge their expectations of a child are influenced by their experience with other children  
 A parent acknowledges expectations about the influence of a child  
 Parents mentally intersperse their child into observed experiences involving other children  
 Parents have aspirations for a child's pathway through life  
 Parents acknowledge hopes for a child's future  
 Parents acknowledge their hopes for a child's future  
 Parents acknowledge desires for their child's future opportunities  
 Parents anticipate with hope that a child will develop as a happy well balanced individual  
 Parents wonder about their child's future development  
 Parents have hopes and dreams for their child's development and happiness  
 Parents acknowledge a hope that their child will be happy  
 A parent believes a child is deserving of a good life  
 Parents look ahead with hope for their child's happiness and wellbeing  
 Parents acknowledge the range of influences on a child in the future  
 Parents form hopes for a child's future through reflecting on their own experience  
 Parents acknowledge a child's right to choose in the future  
 Parents hope that they are able to give a child the guidance he will need in the future  
 Parents hope for a good outcome in a child following comparison with the development of other children  
 Parents foreshadow that the future with a child will hold challenges

### **Thinking and knowing about selves: Realising and accepting**

Parents experience a sense of commitment to their child and to being a parent  
 Parents have hopes and plans for a family life  
 Parents have hopes and dreams for their family life  
 Parents are resolved to adopt new ways in the family life  
 Parents are convinced they want to maintain their parenting experience  
 Parents acknowledge a commitment to their child's future opportunities  
 Parents are resolved to set goals and make plans for the future  
 Parents acknowledge their realisation about the responsibilities of a child  
 Parents acknowledge an acceptance of their responsibility for a child  
 Parents acknowledge that a child takes priority over everything else  
 Parents acknowledge that their responsibilities take precedence over their preferred activities  
 Parents acknowledge a long-term commitment to a child  
 Parents acknowledge the large responsibility of a child  
 Parents acknowledge that a child is a large responsibility  
 Parents acknowledge differing levels of responsibility in the care of a child  
 Parents acknowledge differing levels of responsibility and involvement  
 Parents hold the view that the cost of caring for a child is warranted  
 Parents acknowledge the need to provide a child with freedom in the future  
 Parents accept a child's need for independence in the future  
 Parents acknowledge that their responsibilities are influenced by a child's gender  
 Parents have a need to know how a child has fared during their absence  
 Parents acknowledge the demands on them to manage their finances and their future  
 Parents experience difficulty in describing the full-time care of a child  
 Parents acknowledge that the care of a child takes priority over other experiences with a child  
 Parents acknowledge mistakes in the management of a child's care

Parents carry the hope that a child will have no memory of a parents distress or loss of control  
 Parents appreciate the need for two parents to care for a child  
 A parent acknowledges the need to prioritise the care of a child and the care of oneself  
 Parents identify their need for patience and humour in caring for a child  
 Parents experience a change in their understanding of the care of a child  
 A parent forms the conclusion that caring for a child should be uncomplicated  
 Parents are uncertain about the effects of responding to a child's crying  
 Parents accept there are limits to their ability to soothe a child  
 Parents are surprised at the difficulties encountered in feeding a child  
 Parents experience surprise at the nutritional needs of a child  
 Parents acknowledge the benefits of breast feeding a child  
 A parent acknowledges a determination to breast feed a child  
 Parents acknowledge a strong commitment to breast feeding a child  
 A parent acknowledge surprise in persevering so strongly with breast feeding  
 A parent acknowledges a greater comfortableness about breast feeding over time  
 Parents acknowledge their expectations of breast feeding to be very different from their experience  
 Parents accept that a child's ability to feed well improves over time  
 Parents experience doubt about the use to controlling strategies in helping a child to sleep  
 Parents conclude that a child's sleeping pattern is dependent on their actions  
 Parents hold the view that a child should have a sleeping routine  
 Parents experience uncertainty about the irregular sleeping patterns of a child  
 Parents recognise the futility of physical punishment in the management of a child  
 Parents acknowledge the relationship between constant care-giving and confidence  
 Parents accept each other's choice in participating in the care of a child  
 Parents acknowledge the need to be flexible in the care of a child  
 Parents resolve to create an unrestricted environment for a child  
 Parents are surprised at the amount of time required to care for a child  
 Parents acknowledge that caring for a child is time consuming and tiring  
 Parents acknowledge that caring for a child can be tedious  
 Parents acknowledge that caring for a child becomes more time consuming over time  
 Parents acknowledge that caring for a child becomes easier over time  
 Parents anticipate that the demands of caring for a child lessen over time  
 Parents acknowledge that the demands of caring for a child change over time  
 Parents acknowledge that the care of a child differs from their expectations  
 Parents acknowledge that caring for a child is a very mixed experience  
 Parents conclude that there are limits to their efforts in caring for a child  
 Parents are surprised at their acceptance of the unpleasant aspects of caring for a child  
 Parents acknowledge that they need to feel confident before that can leave a child  
 Parents are uncertain about how to teach a child expected behaviour  
 Parents acknowledge ideas about teaching a child to be independent  
 Parents acknowledge their goals in providing a child with a sense of security  
 Parents recognise that they are unable to direct a child's behaviour  
 Parents are resolved to care for a child in ways which differ from their own parents  
 Parents are resolved to help their child in ways they were not able to be helped  
 Parents acknowledge the influence of cultural beliefs in the care of a child  
 Parents reflect on and accept the difficulties in caring for a child over a year  
 Parents recognise coming home from hospital as a beginning  
 Parents acknowledge unrealistic expectations on returning home from hospital  
 A parent acknowledges ambivalence about the early experience of parenthood  
 Parents acknowledge their difficulties in coming to terms with their early experiences following the birth of a child  
 Parents are unable to conceptualise themselves as parents in the early months of a child's life  
 Parents acknowledge a settled acceptance of parenthood after the activity surrounding the birth of a child  
 A parent acknowledges a sense of unreality about being a parent  
 Parents are unable to think of themselves as parents following the birth of a child  
 A parent acknowledges that the perception of being a parent is related to a child's responses  
 Parents have a sense of surprise in being parents to a child  
 Parents acknowledge their gradual conscious adoption of the role of parent  
 Parents acknowledge a re-direction of their time and energy following the birth of a child  
 Parents accept parenthood as a natural part of living  
 Parents reach the conclusion that they would not have wanted to miss the experience of parenting  
 Parents acknowledge being unprepared for and needing to learn parenting  
 Parents acknowledge that adjusting to parenthood is more difficult than anticipated  
 Parents conclude that parenthood is a very mixed experience  
 Parents acknowledge their adjustment to having a child  
 Parents acknowledge the adjustment in caring for a child to be greater than anticipated  
 Parents acknowledge their ability to be parents  
 A parent acknowledges a lack of confidence in caring for a healthy child  
 Parents place a high value on the creation of a family  
 Parents identify themselves and their child as a family unit  
 Parents appreciate a sense of family continuity following the birth of a child  
 Parents appreciate the importance of family continuity  
 Parents place value on family centred activities and interests  
 Parents acknowledge difficulties in foreseeing their future family life  
 Parents experience changes in their views and responses since becoming parents  
 Parents acknowledge that the changes following the birth of a child are greater than expected  
 Parents acknowledge their expectations about a child and parenting to be different from their experience  
 Parents acknowledge parenthood to be very different from their expectations  
 Parents acknowledge that their experience of parenting is different from their expectations  
 Parents acknowledge that the experience of parenting exceeds all expectations  
 Parents acknowledge that their experience of parenting differs from their expectations  
 Parents acknowledge the importance of parenting  
 Parents accept that parenting is understood through experience  
 Parents acknowledge that parenting is a learning experience  
 Parents acknowledge that the demands of parenting are understood through experience  
 Parents acknowledge that the care of a child is learned through experience  
 A parent concludes that sharing the care of a child with others improves parental care of a child  
 A parent acknowledges that caring for a child is different from other responsibilities  
 Parents acknowledge that the happiness of a child compensates for the times when a child is unsettled

Parents acknowledge changes in their understanding of parenting  
 A parent forms the opinion that parenting is best carried out without the presence of others  
 Parents examine their own responses in seeking to understand the responses of a child  
 Parents reflect on and acknowledge the qualities of their responses to a child  
 Parents wonder about their influence on a child's behaviour  
 Parents acknowledge the influence of their responses on the behaviour of a child  
 Parents acknowledge that constant contact with a child increases awareness of a child's needs  
 Parents are aware that their ideas about caring for a child change over time  
 A parent experiences a change in ideas about childrearing over time  
 Parents experience being exposed to new ideas  
 Parents reflect on their ideas and hopes over time  
 Parents experience changes in their ideas about everyday events  
 Parents experience an understanding about parental responses to stress  
 A parent acknowledges optimism and confidence about managing stress in the future  
 Parents experience conflict over the demands of a child  
 Parents are surprised at their ability to adapt to the demands of caring for a child  
 A parent acknowledges surprise at developing control and feeling more relaxed in the care of a child  
 Parents recognise the need to be relaxed in the care of a child  
 A parent acknowledges that a child becomes the major part of a parent's day  
 Parents acknowledge difficulty in accepting the demands of a child on their personal time  
 Parents are conscious that time passes quickly  
 Parents are conscious of the rapid passage of time and the transitory nature of experience  
 Parents are surprised at the rapid passage of time  
 Parents are surprised at the rapid passage of a child's first year  
 Parents are conscious of the rapid passage of time in a child's life  
 Parents acknowledge that the rapid passage of time requires them to appreciate their time with a child  
 Parents have a sense of undertaking the most important experience of their lives  
 Parents recall their own childhood in forming ideas about parenting  
 Parents form ideas about parenting through reflecting on their parents  
 Parents form conclusions about their parenting through reflecting on their childhood and their parents' experience  
 Parents refer to their own family experience in forming ideas about a child's development  
 Parents acknowledge a lack of knowledge and understanding about a child's needs  
 A parent acknowledges a lack of awareness of the need to participate in the care of a child  
 Parents acknowledge the effects of changes in their routine on a child  
 Parents acknowledge the need to maintain control over a child's routine  
 Parents acknowledge that it is not always possible to maintain a child's routine  
 Parents acknowledge the contribution of a same-gender parent to a child's experience  
 Parents acknowledge ideas and beliefs about their future parenting  
 Parents place value on the community environment that a child will experience in the future  
 Parents acknowledge that the reward outweighs the effort in having a child  
 Parents conclude that maturity and a settled state are advantageous for parenting  
 Parents acknowledge the self-giving nature of parenting  
 Parents acknowledge the influence of cultural beliefs on their approach to parenting  
 Parents acknowledge they hold beliefs about their future management of a child  
 Parents draw on their own experiences in anticipating the future of a child  
 Parents acknowledge their own values in planning the future for a child  
 Parents are unable to imagine the stress in having a seriously ill child  
 Parents are resolved not to become competitive parents in the future  
 Parents acknowledge the increasing influence of a child over time  
 Parents acknowledge amazement at the influence a child has on them  
 Parents acknowledge that a child blends into and becomes part of their lives  
 Parents acknowledge the futility in making plans while caring for a child  
 Parents acknowledge the demands of a child on their relationship and lifestyle  
 Parents are required to be aware of the effects of parenting on their relationship  
 Parents acknowledge that parenthood places strains on their relationship  
 Parents acknowledge that their relationship is closed since having a child  
 Parents accept each other's responses to the stresses in caring for a child  
 Parents acknowledge the risks of becoming inactive and housebound  
 A parent acknowledges the difficulties in getting out with a child  
 Parents appreciate the need for activities and contacts out of the home  
 A parent accepts the need to be independently mobile  
 Parents accept there are restrictions on their activities  
 Parents acknowledge there are restrictions with a child  
 A parent concludes that activities other than the care of a child are limited  
 A parent acknowledges difficulty in accepting the restraints on time away from a child  
 Parents need to spend time away from a child  
 A parent acknowledges the need to have a break from caring for a child  
 A parent recognises a need to have time away from caring for a child  
 Parents acknowledge each other's needs  
 Parents are required to empathise with each other  
 Parents acknowledge the importance of investing time in their relationship  
 Parents acknowledge the importance of their relationship  
 Parents appreciate the influence of experience in adjusting to the birth of a child  
 Parents acknowledge changes in themselves  
 Parents perceive changes in their emotional states following the birth of a child  
 Parents acknowledge their heightened emotions since the birth of a child  
 Parents acknowledge that parenting brings a large amount of new learning  
 Parents acknowledge personal enrichment from their difficult experiences  
 Parents become more confident in their own ideas over time  
 Parents are required to accept change  
 Parents are required to accept changes following the birth of a child  
 Parents conclude their lives would be lacking without a child  
 Parents are unable to imagine their lives without a child  
 Parents acknowledge their inability to imagine life without a child  
 Parents acknowledge that their lifestyle has not changed markedly since the birth of a child  
 Parents acknowledge the requirement to accept lifestyle changes  
 Parents acknowledge the need to make changes in their lifestyle  
 Parents acknowledge the need to adjust to changes in lifestyle  
 Parents acknowledge the requirement to make adjustments to changes in their lifestyle

Parents acknowledge their adaptation to the lifestyle changes following the birth of a child  
 Parents are required to undergo lifestyle changes  
 Parents are required to accept and undergo lifestyle changes  
 Parents acknowledge changes in their lifestyle following the birth of a child  
 Parents acknowledge the adjustment to be made following the birth of a child  
 Parents recognise the need to forgo previously shared activities  
 Parents acknowledge competing demands between their parenting activities and work commitments  
 Parents acknowledge there are conflicting responsibilities to work and family  
 A parent acknowledges the restraints imposed by breast feeding and other activities  
 A parent acknowledges the benefits of sufficient sleep  
 Parents conclude that overcoming sleep deprivation is the greatest difficulty in early parenting  
 A parent acknowledges a desire to remain with a child and a reluctance to return to work  
 A parent is surprised when expectations about returning to work change  
 A parent acknowledges an unwillingness to return to work  
 Parents acknowledge stress in full-time parenting  
 A parent is required to decide between full-time care of a child and a return to work  
 A parent acknowledges difficulties in the decision about returning to work  
 Parents acknowledge the importance of maintaining a balance between work and home responsibilities  
 Parents experience a sense of separation when apart from a child  
 Parents acknowledge anticipatory thinking about separating from a child in the future  
 Parents anticipate devoting time and effort to activities with a child  
 Parents acknowledge a new awareness of children in the community  
 Parents acknowledge a new awareness about the care of children in the community  
 Parents are motivated to contribute to an improvement in the care of children  
 A parent acknowledges a heightened interest in other children  
 Parents acknowledge a heightened emotional response to children's matters  
 Parents acknowledge new understanding about the behaviour of other parents  
 Parents acknowledge a new interest in other children and families  
 Parents acknowledge changes in their attitudes about parenting and children  
 Parents acknowledge a greater awareness of environmental issues  
 Parents acknowledge that their lives have more of an everyday quality over time  
 Parents recognise the changes in their experience in caring for a child over a year  
 Parents acknowledge a decrease in their levels of anxiety over time  
 A parent is unable to accept a diagnosis of post-natal depression  
 A parent acknowledges the need for an acceptance of a diagnosis of post-natal depression  
 A parent acknowledges the difficulty in accepting depression and its effects  
 A parent searches for an explanation for an inability to sleep and for depression  
 A parent reaches the conclusion that sleeplessness and difficulties have been self-induced  
 A parent acknowledges that achieving sufficient sleep can become a pre-occupation  
 A parent acknowledges an inability to cope with sufficient sleep  
 Parents acknowledge that anxiety about a child is a factor in becoming depressed  
 Parents acknowledge that anxiety and depression are related to meeting a child's needs  
 Parents acknowledge that professional knowledge can contribute to stress and anxiety  
 A parent recognises the effects of depression on the capacity to experience enjoyment  
 A parent recognises the processes and experience of post-natal depression  
 A parent concludes that coping requires an acceptance of difficulties  
 A parent acknowledges that some factors related to depression will remain  
 Parents acknowledge that medical treatment is necessary and effective for recovery from depression  
 Parents acknowledge that help and treatment offer hope for recovery from depression  
 A parent is convinced that recovery from depression is dependent on the relief of stress  
 A parent is convinced that recovery from depression is dependent on obtaining sleep  
 A parent acknowledges negative thinking about recovery from depression  
 A parent acknowledges the place of positive thinking in recovering from depression  
 A parent reaches the conclusion that overcoming anxieties is an individual responsibility  
 A parent resolves to maintain hope for recovery from depression  
 A parent acknowledges a strong desire to recover from depression  
 A parent acknowledges that a partner and a child help in coping with depression  
 A parent reaches the conclusion that recovery from depression takes a length of time  
 A parent acknowledges a need to be affirmed and encouraged rather than receive advice and criticism  
 Parents acknowledge their immediate environment causes stress  
 Parents acknowledge extra events and changes to their routine create stress  
 Parents perceive themselves as a family following the birth of a child  
 Parents acknowledge a consolidation of themselves and a child into a family unit  
 Parents perceive themselves to be partners in a team  
 A parent acknowledges a need to be cared for  
 Parents acknowledge their growing dependence on each other  
 Parents act according to individual characteristics and style  
 Parents acknowledge that they act in biologically and culturally determined roles  
 A parent speculates that parental age influences the experiences of parenthood  
 Parents acknowledge that the main care-giving parent is bound to a child  
 Parents acknowledge the influence of a child on their responses  
 Parents recognise that their feelings are influenced by their child's behaviour  
 Parents accept that they each have different experiences with a child  
 Parents acknowledge the differences in the experiences that each of them have with a child  
 Parents acknowledge differences in their adjustment to being parents  
 Parents acknowledge differences between themselves in their approach to difficulties  
 Parents acknowledge differences between themselves in their experience with a child  
 A parent recognises the strength of a partner's feelings about a child  
 Parents acknowledge differences between themselves in emotional response to a child  
 Parents accept that each of them has different emotional responses to a child  
 Parents acknowledge their different responses to a child  
 Parents acknowledge their different responses to a child's behaviour  
 Parents acknowledge differences in each other's activities with a child  
 Parents acknowledge differences between themselves in caring for a child  
 Parents acknowledge their different contributions to the care of a child  
 Parents recognise the differences between themselves in interacting with a child  
 Parents acknowledge the difference in adjusting to parenthood for each of them  
 A parent is uncertain about achieving the adjustment to parenthood  
 A parent acknowledges the difficulties in the experience of a partner



Parents acknowledge that parenting has different effects on each of them  
Parents acknowledge each other's attributes in parenting  
Parents acknowledge differences between themselves in the need for support  
Parents accept different points of view between themselves  
Parents acknowledge that they hold differing views on the care of a child  
Parents acknowledge that they compete for the attention of a child  
Parents acknowledge they have differing views about their responsibilities to work and home  
Parents make an agreement about each other's contribution to their financial income  
Parents acknowledge their different values about the use of time  
Parents acknowledge the importance of spending time with each other  
A parent acknowledges a new status on becoming a parent  
Parents acknowledge a widening in interests as a child grows  
Parents acknowledge changes in their behaviour and attitudes since the birth of a child  
Parents acknowledge that their values have changed through experience  
A parent acknowledges changes in cognitive function  
Parents acknowledge changes in their behaviour and attitudes since the birth of a child  
Parents experience changes in their view of a desired lifestyle  
Parents experience a change in their priorities for lifestyle and social activities  
Parents acknowledge changes in their needs and priorities since the birth of a child  
Parents acknowledge their changed priorities following the birth of a child  
Parents acknowledge changes in their values and lifestyle  
Parents acknowledge changes in their lifestyle since the birth of a child  
Parents acknowledge an increase in their levels of tolerance since becoming parents  
Parents acknowledge changes in their ability to be tolerant  
Parents acknowledge a sense of personal growth and responsiveness  
Parents acknowledge feeling more relaxed over time  
Parents anticipate that the pleasure in being parents increases over time  
A parent recognises changes in a partner following the birth of a child  
Parents accept inequities in the sharing of the care of a child  
Parents acknowledge inequities in their caring for a child  
Parents acknowledge inequities between themselves in caring for a child  
Parents acknowledge different levels of participation in the care of a child  
Parents experience a perception of gaining greater maturity  
Parents reflect on the differences in their lives since the birth of a child  
Parents acknowledge the differences in their lives since the birth of a child  
Parents accept the changes in everyday life following the birth of a child  
Parents, with hindsight, experience doubt about their decision to become parents  
A parent takes the view that it is preferable to anticipate the future than to reflect on past difficulties  
Parents experience a new awareness of a parent's capability for physical abuse of a child  
Parents respect others who parent without a partner  
Parents compare their experiences with those of other parents  
Parents form ideas about parenting by observing the parenting of others  
A parent acknowledges a different attitude about the parenthood of others  
Parents acknowledge the differences in their experiences of parenting with that of earlier generations  
Parents recognise their favourable parenting situation in comparison with that of others  
Parents acknowledge a sense of restraint in their responses to a child in the presence of others  
Parents appreciate the importance of supporting each other's strategies in the care of a child  
Parents acknowledge ideas about a second child  
Parents acknowledge ideas and hopes about another child  
Parents acknowledge anticipatory thoughts and feelings about having a second child  
Parents acknowledge the value of their experience when contemplating another child  
Parents resolve to be well prepared for another child  
A parent experiences doubt about a further child because of the discomfort which follows the birth of a child  
Parents acknowledge resistance to the idea of another child

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