# Men and antenatal pedagogy: discourse, subject positions and affect

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# Summary

Antenatal education classes are a popular source of learning and support related to labour, birth and early parenthood for pregnant women and their partners. Although in the UK National Health Service (NHS) classes are the most frequently attended, the National Childbirth Trust (NCT), a registered charity involved in political lobbying, teaching and support related to maternity issues, offers a widely available alternative. The involvement of male partners within NCT antenatal education has raised questions, addressed in this study, as to how the male pedagogic subject is produced, recognised and realised within the instructional practice of NCT teachers, and the purpose it serves.

Concepts drawn from Basil Bernstein's theory of the pedagogic device influenced an empirical investigation that involved observing participants at an NCT antenatal course, combined with interviewing three antenatal teachers and analysis of official texts. The analysis helped identify the distinctive voice of the NCT, which sits in opposition to the prevailing medical and technical childbirth discourse. Analysis of the interview and observation data revealed how teachers recontextualised this discourse, in line with their own views and affective influences, to produce individually unique pedagogies, which in turn were found to produce and regulate specific subject positions for men during childbirth and the early days of fatherhood. The men's recognition and realisation of subject positions was found to relate to the relationships and contexts produced by the pedagogy and their own affective coping strategies.

The study adds to existing understandings of the transition to fatherhood and the relationship between discourse, pedagogy and subjectivities, and it proposes emergent theory about potential affective influences during the recontextualisation of pedagogic discourse. The findings also contribute to the development and practice of antenatal education for men.

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# Chapter 1 – Introduction

The National Childbirth Trust (NCT) is a registered charity involved in political lobbying regarding maternity issues, and is a key national provider of antenatal education. Its courses are delivered over several sessions and taught, sometimes in more than one setting, by an NCT-trained teacher. Generally, these classes provide learning and support related to labour, birth and early parenthood for pregnant women and their partners.

This study sought to investigate how men who accompany their pregnant partners to NCT classes were addressed by teachers. It was particularly interested in how male participants were included in the educational process and, as part of this, how subject positions were made available to them during NCT pedagogy. This raised questions about how the male pedagogic subject was discursively produced, recognised and realised within the instructional practice of NCT teachers. According to Bernsteinian theory, this can be explored by viewing men as "ideal subjects" (Bourne 2008, p.46) projected by teachers' pedagogic practice that sets the parameters within which men are invited to participate.

Men's subject positions within NCT classes were explored in part by observing participants and the pedagogy across six classes (see Figure 2) of one antenatal course. Official NCT documents were analysed and interviews with three NCT teachers undertaken. The analysis was informed by theory, including Bernstein's (1990; 1996/2000) work on the pedagogic device, to explain the processes and relationships involved in constructing subject positions for men. The study addressed the following three research questions:

1. What is the NCT's official pedagogic discourse for antenatal education, and how does this relate to men's involvement in an NCT course?
2. How is the NCT's official pedagogic discourse recontextualised by NCT teachers?
3. Within the pedagogy of an NCT course, what subject positions related to labour, birth and early parenthood are made available to, and recognised by, men?

# Chapter 2 – Literature Review

## 2.1 Introduction

The chapter is structured first to explain the discursive origins and development of the NCT, including an examination of the historical roots of childbirth and parenting knowledge. Although this is a brief and selective historical account, it is designed to illustrate how dominant discourses related to antenatal education have emerged and changed over time. This account specifically identifies how the NCT emerged in opposition to the medicalisation of antenatal knowledge, and continued to evolve in response to cultural and political changes. Having examined the general development of NCT antenatal education, the chapter moves on to look more specifically at the involvement of men. It identifies how antenatal education for men is part of broader area of knowledge related to the transition to fatherhood, which itself is linked to theory and empirical work concerning masculinities, new ways of embracing fatherhood and the influence of feelings, emotions and affect. Discourses relating to men's involvement in birth and fatherhood are identified, and examples provided of empirical work to demonstrate how these may be implicated in antenatal education pedagogies and the expectations of men seeking antenatal and parenting knowledge. The chapter explains how the literature influenced the emergence of this area of research and its examination of the relationship between dominant and evolving discourses and pedagogic discourse. This in turn led to the identification and presentation of the theoretical resources discussed in the final part of the chapter, which introduces Bernstein's work on the pedagogic device that, in the context of the study, offered a means of analysing the empirical investigation of the official NCT as well as individual teachers' pedagogic discourse. Selected concepts from Bernstein and Foucault, a key influence on Bernstein, are also introduced.

Prior to establishing a research design and methodology, a series of searches[1] of literature from a range of sources and academic disciplines were undertaken. Literature representing

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[1] Specific targeted searches were undertaken using a university library search engine that enabled access to a range of information sources and databases. These included:  Applied Social Science Index and Abstracts, Blackwell Reference Online,  BMJ Open University Cochrane Library,  Ebook Library,  Education Research Complete,  Educational Research abstracts,  ERIC, Guardian archive, Ingenta Connect,  Intermid,  Internurse, JISC Journal Archives,  Lexis Library,  Maternity and Infant Care Database,  Medline,  Metapress,  NHS Evidence, Oxford Handbooks Online: Psychology, Palgrave Connect ebook collection,  Psych ARTICLES,  PsycBOOKS, PubMed Oxford Journals, Refworks,  Sage Journals Online, Sage Research Methods, Online Scopus,  Social Policy and

an established body of knowledge – both general and specific to men– pedagogy and antenatal education was identified and selected, which helped map and synthesise this broad topic, identify the area of study and establish research questions. The literature was also used to discuss, analyse and evaluate the findings.

## 2.2 Antenatal education

Antenatal education has evolved over many generations (Zwelling 1996) alongside, and in opposition to, social, political and cultural changes relating to the control and construction of childbirth, parenting and their respective knowledge bases. This historic narrative helped contextualise the emergence, evolution and distinctive voice of NCT antenatal education.

### 2.2.1 The institutionalisation of childbirth and parenting knowledge

A combination of changes appeared to create space for the institutionalisation and spread of "expert knowledges on child rearing" (Lupton and Barclay 1997, p.41). First, social and economic changes from the 18th century onwards increased the likelihood that women would be living away from their family (Nolan 1997a), and consequently miss out on opportunities to learn from other women about birth and aspects of mothering (Coffman et al. 1994; Blum 1999). Previously, a "women's network" (Kitzinger 1994, in Nolan and Hicks 1997, p.179) was responsible for transmitting accumulated knowledge about birth and motherhood to peers and future generations of women (Draper 1997). Second, compulsory education, universal health surveillance and child protection policies introduced in the late 19th century regulated families in the interests of the nation and economy, and consequently reduced the autonomy of parents (Thomas 2000). Likewise, early 20th century advice manuals for mothers promoted child-rearing practices using the language of efficiency and rationality more commonly associated with office or factory workplaces (Ehrenreich and English 1979). Members of the medical profession were well-placed to provide this expertise (Nolan 1997a) and fill the void left by the decline of the women's network with their own preferred discourses.

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Practice, Social Sciences Citation Index, SpringerLink, Taylor and Francis Journals online and Wiley Online Library. Combinations of key terms, including "pedagogy", "discourse", "subject position", "fatherhood", "masculinity", "antenatal knowledge", "antenatal education", "National Childbirth Trust", "men" and "fatherhood" were used.

### 2.2.2 The medicalisation of antenatal knowledge

The 20th century saw an increase in the power of the medical profession and the hegemony of the medical discourse in childbirth (Draper 1997; Early 2001). This involved the physical management of birth within hospitals (Lewis 1980; Katz-Rothman 1982; Harcombe 1999) and the increased use of drugs, obstetric techniques and technology to assist birth and control infection and pain (Lindell 1988; Foster 1995). Under such conditions, the expertise in childbirth appeared to have been wrestled away from women, creating hierarchical power positions in which (male) obstetricians' expertise was valued more than the knowledge of midwives and birthing women (Oakley 1979; Savage 1990; Doyal 1995; Harcombe 1999). The power of the medical profession and medical discourse prompted a reaction from interest groups who espoused alternative knowledge and discourses.

### 2.2.3 Alternative knowledge

Resistance to the dominance of the medical model was varied, led first by feminism, second by a growing – and sometimes radicalised – midwifery profession and finally by the emergence of independent organisations motivated by their support for natural, prepared childbirth (Katz-Rothman 1982) and a desire to help control the pain of birth (Cliff and Deery 1997). Each exerted influence over developments within, and criticisms of, antenatal education.

During the 1930s, a desire to promote "psychological or physical, non-pharmaceutical modalities for the prevention of pain during childbirth" (Enkin et al. 1989, p.24) gave rise to an identifiable natural or prepared childbirth movement (Katz-Rothman 1982). Antenatal educators, from this perspective, adopted approaches to challenge the hegemony of the medical model (Katz-Rothman 1982). The teaching of Dick-Read (1933; 2004), for example, was based on the opinion that pain in childbirth could be reduced by removing fear and associated stress from the birthing experience. Dick-Read's approach involved using education to encourage women to surrender to nature and adopt specific breathing and relaxation techniques.

In contrast, the Lamaze approach encouraged women to take control of their bodies during childbirth, and also believed women and their birth partners should attend classes (Greenberg et al. 2006) where educators aimed to empower birthing women to take responsibility, make choices and trust their inner wisdom (Lamaze International, Inc. 2000). It specifically taught birth coaching and relaxation techniques aimed at reducing physical and

emotional stress and minimising the pain of childbirth and the need for medical pain relief (Greenberg et al. 2006).

Feminism also informed developments in antenatal education. Early feminism focussed on male control and female disempowerment within pregnancy and childbirth. However, post-structural feminism contested the hegemonic knowledge of reproduction and helped develop analysis of disciplinary power and the medical and technical management of pregnancy (Marshall and Woolett 2000).

### 2.2.4 Consumer choice

Feminism and consumer activism influenced campaigning, from the 1960s onwards, for changes in how medical staff related to women and for reductions in induction rates (Harcombe 1999). The influential *Changing Childbirth* report (Department of Health 1993) proposed similar goals; it challenged the power of consultants and gave entitlements to women as consumers to individualised information, flexibility and women-centred services. The report encouraged midwife-led antenatal education to prepare parents to make active choices during pregnancy, birth and early parenthood (Hancock 1994). Subsequently, *Maternity Matters* (Department of Health 2007, p.35) proposed a series of "four national choice guarantees" linked to targets and access to services before, during and after birth, and encouraged antenatal education at "convenient times" at "accessible" locations.

The emphasis on consumer choice was associated with a neo-liberal or Third Way discourse and the conceptualisation of "responsible risk takers" (Giddens 1998). Giddens (1998) framed choice as an empowering process supporting reflexivity; however, others have identified the regulatory power of choice as an enforcement of "compulsory individuality" (Cronin 2000, p.273). The availability of choice, some argued, left women under pressure to find a place in the "maternal project", forcing them to negotiate and effectively respond to "class-coded and value-laden approaches" (Thomson et al. 2011, p.156). Others argued that women's choices were constrained by institutional responsibilities to meet the "needs" and "safety" of their babies (Marshall and Woolett 2000, p.364).

Feminism, consumer choice and the prepared childbirth discourse (identified by Katz-Rothman 1982) all contributed alternative ways of understanding and actioning childbirth as a reaction to the hegemony of the medical discourse. These discourses and others continued to influence the development and aims of antenatal education.

### 2.2.5 Varied aims of antenatal education

The aims of antenatal education moved beyond childbirth preparation (Rees 1993) and embraced emotional issues and the skills of early parenting (Wilson 1990), which brought with it a requirement to include expectant fathers within the education process (Friedewald 2007). In the UK, where family was an important target for health education (Evans et al. 2008), the antenatal period was considered an excellent time for intervention (Dumas 2002). Other teaching goals for antenatal education included "open communication, informed decision making, and consumer advocacy" (Lothian 1993, in Diemer 1997, p.283), and "good health habits, stress management, anxiety reduction, enhancement of family relationships, enhanced self-esteem and satisfaction, successful infant feeding, smooth postpartum adjustment, and family planning" (Enkin et al. 1989, p.24). Antenatal education was also used to develop postnatal support networks (Combes and Schonveld 1992).

### 2.2.6 NHS antenatal education

In the UK, most antenatal education was provided free within midwife-led NHS classes. Despite midwifery's apparent distinctiveness from obstetrics, critics of midwife-led and hospital-based antenatal education claimed they were complicit in the creation of "modern pregnant subjects" through the transmission of dominant biomedical knowledge (Ketler 2000, p.142).

The NHS antenatal education was frequently hampered by resource constraints. A shortage of midwives, particularly during periods of increased birth rate, meant they were forced to concentrate on practical tasks rather than developing pedagogic skills (Towler and Bramall 1986; Kelly 1998; Schott 2003). Another consequence was the reduction in antenatal classes by local health trusts across the country (Parkinson 2007). Many first-time parents, including those looking for an alternative to the medical and hospital-based model, turned to independent antenatal providers such as the NCT.

### 2.2.7 NCT: role and historical development

To help contextualise this study, it was necessary to investigate and understand the NCT's historic development. The Trust worked over many years to erode the hegemony of the medical profession through political lobbying and by providing antenatal support and education. Kitzinger (1990, p.113) provided the most detailed historic account of the NCT, "involving constant tension between challenge and compromise, radicalism and reform".

However, she made little reference to the involvement of men in NCT education, an indication that this has only become an issue in recent years.

Kitzinger analysed NCT documents from its origins in 1956 as the Natural Childbirth Association (Trust status was attained in 1959) through to the 1990s, and provided evidence that during this period the NCT evolved in terms of its underlying theoretical base and tactics for promoting natural childbirth. A group of women with a shared interest in Dick-Read's natural childbirth approach formed the original association. However, the perceived passivity of women adopting this approach encouraged a shift towards Lamaze's alternative and its greater emphasis on women taking control over their bodies in childbirth.

During the 1950s, the NCT's message contradicted popular campaigns against high maternal mortality rates and in favour of women's rights to hospital births and pain-relieving drugs. The NCT instead promoted natural childbirth by appealing to more orthodox values, including eugenic ideas associated with race, motherhood and empire (Kitzinger 1990). The original NCA criticised doctors, who it claimed damaged babies with the use of "unnecessary interventions" (Kitzinger 1990, p.100). By the 1960s, however, the NCT was committing itself to working alongside, rather than against, health and medical professionals, and in response to medical suspicions, the word "Natural" was dropped and "National" adopted in its place. Archives reveal attempts to draft and redraft official statements to ensure they were acceptable to health professionals. Issues of power and conflicts of interest were overlooked, and instead the NCT assumed women could get what they wanted by clearly communicating their needs to medical professionals (Kitzinger 1990).

The NCT challenged the medical establishment in the 1970s by campaigning against the high number of medical interventions and inductions, although a split existed on this issue between the NCT rank-and-file and the Trust's teachers. The former were keener to enter the debate than the latter, who "had a more directly dependent relationship with obstetricians" (Kitzinger 1990, p.111). The NCT also found itself contending with feminism. Tensions amongst members emerged, with some upholding childbirth as a family event and others prioritising women's control over their own bodies. New alliances were formed, particularly with midwives who during the same period became more radicalised (Kitzinger 1990), and emerging issues, such as breastfeeding and support for parents with disabled children, became a focus for NCT campaigning and teaching (Durwood and Evans 1990). The Trust's antenatal education also evolved in line with changes in parenting ideology. Hardyment (2007) identified that the NCT presented a child bonding discourse uncritically in parenting literature produced during the 1980s, yet dropped it altogether in its 1994 manual.

In the 1990s, the NCT championed choice and control in childbirth, and were confident enough to undertake research that challenged "the wisdom of many medical treatments" (Kitzinger 1990, p.111). It continued to undertake its own research, advocate for parents and campaign on maternity policy and legislation (NCT 2012a). It contributed to the Winterton Committee on maternity services and the Expert Maternity Group that produced *Changing Childbirth* (NCT 2013), and also delivered practical training sessions and health resources for NHS staff (NCT 2009). The NCT's flexibility, it was claimed, "contributed to its continuing strength, enabling it to incorporate new interest groups rather than seeing them break away as separate organisations" (Durwood and Evans 1990, p.257).

### 2.2.8 NCT antenatal education

The NCT developed a distinctive approach to organising and delivering antenatal education. Unlike NHS antenatal classes, which were delivered by a health professional, the NCT trained its own teachers within a university-validated diploma course and issued them with a NCT License to Practice (NCT 2012b). The Trust prescribed a specific number of hours per course, and allowed teachers' autonomy in how to best use these. Teachers were also supported with ongoing training and periodic observation and review (NCT 2012b). Nolan (1997b) believed the NCT valued the importance of the women's network by recruiting antenatal teachers on the basis that they were experienced mothers rather than medical or midwifery experts, although this meant teachers' "status" and their "power to influence class members" appeared "ambiguous" (Locke and Horton-Salway 2011, p.1222).

The distinctiveness of NCT antenatal education was revealed by Nolan and Hicks (1997), who compared the views of NCT, NHS and Active Birth (AB) teachers regarding their role and tasks. As inheritors of a tradition that focussed primarily on birth issues, it was suggested that NCT and AB teachers had more difficulty in responding to parents' demands for learning related to the postnatal period and early parenting (Nolan and Hicks 1997). They noted how NHS midwives incorporated "a medical model", while NCT teachers used "a social model of support" (Nolan and Hicks 1997, p.186). Two potential types of "indoctrination" were identified; either "encouraging women to accommodate themselves to the system of hospital managed birth" or "encouraging them to challenge without assuming responsibility for the choices upon which challenge insists" (Nolan 1997a, p.1200).

Although NCT antenatal classes have often been described as the gold standard, its work has been criticised for its narrow reach and for working with a predominantly middle-class, older than average (for childbirth) female clientele (Nolan 1995; Bainbridge 2009; Cooper 2005). The NCT's regulative potential and negative affective influence was indicated in

interviews with women during late pregnancy who revealed how the NCT's promotion of "breast is best" created "ripples of self- doubt and inadequacy" (Thomson et al. 2011, p.142). Criticism was also levelled at the NCT for failing to support women who had caesarean sections and for being dismissive of pain relief (Bainbridge 2009). Indeed, the overall belief of the Trust that there is a right and wrong way of giving birth was questioned (Figes 2000), and NCT antenatal education was accused of unwittingly involving its participants in a war against the medical dominance of maternity (Figes 2000).

Critical interpretations of NCT reproduction and pregnancy texts also concluded that these encouraged women to transform themselves into "prepared mothers" by turning to expertise on conception and pregnancy (Marshall and Woolett 2000, p.355). It was argued that it assumed women to be unknowing and unthinking about their bodies, with pregnancy "decontextualized" from their "prior histories and experiences" (Marshall and Woolett 2000, p.357). The analysis of NCT texts was also interpreted as encouraging women and their partners to take responsible actions or lead lifestyles that avoided potential risks – associated with stress, diet and alcohol or drug misuse – to their child.


## 2.3 Men and fatherhood

This study was specifically interested in men's involvement in antenatal education, which is a topic of interest that sits within a much broader area of knowledge related to the transition to fatherhood. In this section, the wider context is introduced using selected theory and research findings concerning masculinities and fatherhood. These highlight issues surrounding the transition to fatherhood, and social, economic and affective issues encountered by men before, during and after childbirth. In particular, it suggests that new ways of being a birth partner and father are important contextual dimensions behind the developments of antenatal education for men. A further section presents selected research about men and the pedagogy of antenatal education, indicating that antenatal education has become one of the sites where discourses relating to fatherhood and masculinity are played out.


### 2.3.1 Masculinities

Men's involvement in antenatal education during the late 20th century emerged in line with cultural changes affecting their role as birth partners and fathers. Changes in expectations and subject positions relating to fatherhood, within both families and wider society, can be linked to socially constructed and fluid cultural understandings of masculinity and gender.

Recognition of the fluidity, and the potential hierarchy of gendered identities and ways of expressing masculinity, helps explain how discourses produce different subjectivities for men.

The family, according to Connell (1995), has historically been associated with the positioning of fathers as protectors and providers. This is an example of how essentialist views of hegemonic masculinity (Connell 1995) pervade society, propped up by institutions, relationships and practices. At different points in history (Connell 1995), in the life course (Hearn 1996) and within specific contexts (Coles 2009), it is possible to find one form of masculinity dominating others. Masculinity "is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture" (Connell 1995, p.71). The articulation of gender occurs "through a variety of positions, languages, institutions and apparatuses", and is constructed from "a complex web of influences" (Berger et al. 1995, p.2) that are never fixed or final (Messerschmidt 1993).

Connell (1995) stated that the number of men who practice hegemonic masculinity is extremely small, but claimed men benefit from the way it subordinates women and are therefore complicit with it in an effort to maintain this advantage. Women and different femininities can resist, but can also be "complicit" in maintaining hegemonic masculinity (Connell 1995, p.77). Resistance has been identified within man-and-woman relationships that organise family life "without reference to hegemonic gendered beliefs or behaviours" (Risman and Johnson-Sumerford 1998, p.29).

The persistence of hegemonic masculinities means "involvement in unpaid nurturing and childcare could be perceived, or experienced, as threatening, or weakening, a sense of self-identity that is contingent on and understood within a framework of hierarchies of masculinities" (Miller 2011, p.42). Consequently, men's subjectivities may be hierarchically organised, with identities linked to paid work and breadwinning valued ahead of unpaid nurturing or childcare roles (Miller 2011). In social constructionist or critical men's studies, it is more common to find reference in the literature to plural or multiple "masculinities" (Lupton and Barclay 1997; Miller 2011). This focuses attention on variability and diversity linked to time, space, context and status positions, including sexuality, social class, ethnicity and age (Whitehead 2002; Robertson and Williamson 2005). Because masculinities exist at the level of both structure and agency (Miller 2011), it makes sense to observe the strategies employed by men to negotiate multiple masculinities related to fatherhood in everyday situations (Coles 2009), which could of course include antenatal education.

### 2.3.2 Masculinities and fatherhood

It has been suggested that some of the pioneering writing on masculinities, such as O'Connell (1995), Morgan (1992) and Mac an Ghail (1996), lacked detailed discussion of fatherhood and the direct experiences of fathers within domestic spaces (Lupton and Barclay 1997). The concept of hegemonic masculinity is challenged for proposing a "monolithic subjectivity that men simply either take up or reject" (Finn and Henwood 2009, p. 549), and because it fails to address the complexity of the sociocultural and economic factors that influence parenting. Contemporary models of fatherhood produce and reflect changing hegemonic ideals to replace those more prevalent in previous generations (Dermott 2003). Furthermore, men's accounts of their own positioning as fathers indicate a complex picture when hegemonic and non-hegemonic masculinities are brought into play (Finn and Henwood 2009; Henwood and Finn 2010; Coltart and Henwood 2011). As the following section illustrates, the involvement of fathers in domestic and childcare practices, including attendance at childbirth, is scrutinised and provokes discussion. This in turn has implications for the content and pedagogy of antenatal education.

### 2.3.3 New ways of embracing fatherhood

The late 20th and early 21st century saw unprecedented interest in fathers and fatherhood from the popular media, policy makers, family and childcare practitioners, social theorists and researchers. A social and cultural transformation (O'Brien 2004) in the way fatherhood was viewed placed expectations on fathers and the people and agencies with whom they came into contact (Henwood and Procter 2003). Such a transformation was attributed to greater individualisation (Beck 1992; Beck and Beck-Gernsheim 2002) within families and social relationships, and has also been associated with a detraditionalisation (Giddens 1990; Heelas et al. 1996) of gendered relationships and intergenerational models and practices of fatherhood.

Men have also contributed to this perception of change. Research has suggested that during the transition to fatherhood, many men want to distance themselves from traditional ways of being a man and a father (Lupton and Barclay 1997; Henwood and Procter 2003; Dermott 2008; Williams 2008). The traditional father was often viewed as a "breadwinning, disciplinarian and authority figure" (Henwood and Procter 2003, p.344), and constructed as "overly authoritarian, disinterested, absent and emotionally distant" (Finn and Henwood 2009, p.548).

Wall and Arnold (2007) suggest that, since the 1980s, fathers' roles have expanded to include family time and sensitivity towards putting children's needs before their own. Henwood and Procter's (2003, p.350) interviews with thirty men in the UK identified "presence, involvement, putting children's needs first, approachability, nurturing and caring" as the key defining qualities of a "new fatherhood model". Williams' (2008, p.498) interviews with forty UK fathers found some articulated "love and emotional support for their children", yet were reluctant to see their approach as particularly new, indicating how their sense of masculinity – like for their fathers' generation – remained tied to expectations of being a provider and paid worker.

Studies have identified a prevailing discourse in which men are looking to become more involved as fathers, bond with their children and share parenting responsibilities (Lupton 2000) and joys (Wall and Arnold 2007) with their partners. Lupton and Barclay (1997) found men were often encouraged through the popular media and expert parenting texts to express affective emotions with their children or partners, and to talk through problems before they become destructive. This discourse was symbiotically interrelated with practice; as more men became actively involved in the birth of their children, it in turn increased the number of textual sources identifying men's involvement as a social norm (Lupton and Barclay 1997).

The perception of a "cultural shift" towards greater involvement by men in the domestic sphere (Pleck and Masciadrelli 2004) resulted in social constructions within policy and expert texts of "caring fathers" (Knijn and Selten 2002, p.170) who practiced "hands-on fathering" (Sanchez and Thomson 1997, p.750) and "shared parenting" (Vuori 2009, p.45). Similar constructions of "new men" or "new and involved fatherhood" (Ranson 2001, p.3) also received popular media attention (Lupton 2000). Schott and Priest (2002) argued that men who were not actively involved in pregnancy, birth and early parenting were seen in a negative light, while Burgess and Beardshaw (2005) quoted research from across Europe suggesting that the vast majority of men and women think fathers should be closely involved in child-rearing.

The popular conceptualisation of new or involved fatherhood has been questioned because of the endurance of the traditional breadwinner discourse (Warin et al. 1999). Lewis and Lamb's (2007) comprehensive review of fatherhood literature showed how involvement often equated to interacting, being there or making care arrangements for children, and generally ignored breadwinning roles despite their importance for children's well-being. Nentwich (2008) identified a distinction between the mother's primary responsibility of supporting children's emotional well-being and the father's role in ensuring the family's financial well-being. Attention was drawn to the qualitative differences between men's involvement in

playing or soothing children and women's role in the domestic work involved in caring for children, such as cleaning and cooking. Consequently, the paid job and domestic and childcare responsibilities form part of "the discursive doing of gender in the context of parenthood" (Nentwich 2008, p.208).

The contrasting ways in which changing fatherhood and masculinity was evaluated and discussed can be linked to competing agendas and value positions. Four frames summarising these contrasting perspectives (Henwood and Procter 2003) are presented here. The first frame was described as "a progressive psychosocial transformation agenda" (Henwood and Procter 2003, p.338), within which men were viewed as having the potential to move away from traditional gendered parenting dynamics and practices towards more flexible and affectionate types of interaction with their partner and children.

A second frame (Henwood and Procter 2003) was built around a conservative perception of social and cultural change, retreating from traditional family values and gender roles for fathers and mothers. A return to traditional family living and gender roles was suggested as the solution to a range of social problems viewed as creating difficulties for men and for children. This frame was a reaction to the influence of liberal and feminist ideas, and was adopted by some fathers' rights organisations, including Fathers for Justice, as it could be used to problematise and blame fathers who cannot "meet traditionally gendered standards of conduct for fatherhood and masculinity (e.g. as financial provider)" (Henwood and Procter 2003, p.339)

A third frame was built around "a mix of optimism and resistance to change in men and fathers' relationship to the gender order" (Henwood and Procter 2003, p.339). This worked from a premise that social and cultural change has been accompanied by a crisis in masculinity. A solution was proposed in which men and boys should be supported in excising "aspects of male subjectivity (denial of pain, suppression of vulnerability, suspicion of intimacy, fear of losing control) that ill-equip them for their fathering role (Henwood and Procter 2003, p.339).

This frame is relevant to antenatal education because it overlaps with the view (found in social policy and public opinion) that the early involvement of fathers in childcare can improve "the developmental outcomes of children" (Beardshaw 2001, p.478). In policy documents, fathers have been viewed as more than simply "providers of economic resources for women and children" (Featherstone 2006, p.300). Early intervention approaches, such as Sure Start and Health Led Parenting Programmes (Department for Education and Skills 2007), targeted the involvement of fathers, believing that prospective and new parents are open to new ideas and learning (Dumas 2002; Evans et al. 2008).

Burgess and Beardshaw (2005) argued that men were an under-mobilised resource with the potential to be put to better use by health professionals seeking to help pregnant women, new mothers and babies. It was suggested, for example, that by attending antenatal classes men could acquire the knowledge required to provide better support for their partners, which in turn could help reduce the number of emergency deliveries (Rosich-Medina et al. 2007).

However, supporting fathers to change has not been straightforward. Research indicated that men were rarely unwilling to provide support, yet they were more likely to be supportive if provided with sufficient opportunities to develop skills, self-confidence and social networks (Burgess and Beardshaw 2005). Despite specifically targeting men, Sure Start only achieved "low levels" of father involvement (Lloyd et al. 2003, p.iii). In response, the government prescribed cultural change within public services to ensure they could "reach and support fathers as well as mothers" (HM Treasury/Department for Education and Skills 2007, p.56). One proposal involved making parenting classes more attractive to men, but targeting fathers' involvement in this way reinforced their distinctiveness from mothers and, as Henwood and Procter (2003) point out, this frame maintained the polarisation between the roles of male and female parents.

The final frame questioned the ability of new or involved fatherhood to improve on traditional hegemonic masculinities that maintained men's privileged position ahead of women (Henwood and Procter 2003). The emergence of involved-father discourses coincided with increased mass participation by women in paid work. It was suggested that while men's involvement in domestic and childcare tasks increased, this did not result in the emancipation of women, who continued to perform traditional roles while also holding down a salaried job (Woollett and Nicolson 1998; Matheson and Summerfield, 2001).

Sunderland (2000, p.257) found twin dominant discourses within an analysis of UK parentcraft literature, described as "part-time father/mother as main parent". This, she argued, drew upon a traditional view of the division of labour between men and women. A distinction was identified, for example, between a father's involvement with children through "fun and entertainment" and a mother's involvement through more practical, care-based tasks (Sunderland 2000, p.262). By combining these discourses, Sunderland drew attention to the relational aspects of gender construction. The performance of fathers as "part-time" both affects and was affected by the performance of mothers as the "main parent". In addition to the dominant "part-time father" discourse, Sunderland (2000, p.261) identified three further discourses associated with involved fatherhood, described as "father as baby entertainer", "father as mother's bumbling assistant" and "father as a line manager". Although these may appear to contradict each other, Sunderland argued that they shored up the hegemonic view of men's part-time involvement in childcare.

Canadian research revealed that some fathers interpret involvement as a willingness to be involved in parenting tasks that they rarely carried through into action (Ranson 2001), and it has been suggested that involved fatherhood does not necessarily coincide with egalitarian partnerships (Dermott 2008). Studies found that fathers in dual-earner households spent less time than mothers with their children (O'Brien 2005), which was more evident in families with younger children (Wall and Arnold 2007). Lupton's (2000) research with Australian women found that despite the presence of the "New Man" discourse, notions of, and expectations upon, the good mother had changed little since the 1970s. Elsewhere, accounts from new mothers indicated that they commonly encountered expectations and assumptions that they are predisposed to "instinctively know and be able to care" for their children (Miller 2007, p.339). Lazar (2000, p.396) suggested that the potentially subversive construction of the "New Man", rather than being the antithesis of conservative discourse, is instead "a hybridised form of masculinity that gets the best of both worlds with little significant cost to men".

### 2.3.4 Transitions to fatherhood

The transition to fatherhood is an established area of research, with the antenatal period identified as a point where men attempt to imagine and make sense of impending change and future identities (Shirani and Henwood 2011). Henwood and Procter (2003) examined how discourses of masculinity and fatherhood interrelated to produce new models of fatherhood, and suggested that attendance at antenatal classes and the birth were one way in which men lived out the model of the caring, affectionate and nurturing father, but in the process also revealed the contradictory pressures and tensions facing them. Fathers frequently described their experiences by drawing upon "discourses of personal transformation and adjustment" (Lupton and Barclay 1997, p.124) centred on the changing relationship with their partner, their work and their sense of contentment as adults.

Draper (2003) interviewed middle-class men regarding transitions to fatherhood, and found that antenatal appointments, scans and classes were part of the process of making impending fatherhood real for men (Draper 2002; Draper 2002b; Cooper 2005). Although objective technological and medical knowledge was associated with hegemonic masculinities, one of Draper's (2002) interviewees reported that feeling the baby through his partner's tummy was far more rewarding than viewing it during the scan. Most men found pregnancy to be a time of ambiguity, "when they were in-between statuses, which for many was framed by the unfamiliar territory of medical management" (Draper 2003, p.67). Draper

also introduced the term "biological and social fatherhood" to distinguish between men's antenatal and postnatal roles (2003, p.73).

Cooper's (2005, p.20) interviews with fathers before and after the birth of their child revealed how they negotiated themselves through a series of transition rituals, including "pregnancy planning, pregnancy confirmation, knowledge acquisition, scans, parent-craft classes and attendance and assistance at the labour and birth". The roles men took on during these activities represented uncertainties and contradictions surrounding their roles as provider and involved partner/father.

Meanwhile, Lewis (1986) suggested that in being supportive, men became slightly detached, a defensive reaction to protect them from becoming acutely distressed. Men felt trapped between the emotional impact of the pregnancy and the wider societal expectation to be an "unflappable", "confident", "self-reliant" and emotionless "sturdy oak" (David and Brannon 1976, p.161). Lewis found that more men admitted to having fears than were attributed to them by their wives, suggesting they are able to hide their true feelings (Lewis 1986). Men were prepared to acknowledge that they should do more to support their wives, including "grinning and bearing" their "moodiness", making financial efforts and in some cases being more mature or "growing up" (Lewis 1986, p.49). Lewis (1986) found that fathers often stated the belief that they could nourish their offspring through caring for their wives.

Locock and Alexander (2006) interviewed Australian women and their male partners to uncover their experience of antenatal clinic visits. They identified men's involvement as fitting into one or more roles, including "bystanders, protectors/supporters, gatherers and guardians of fact, deciders or enforcers" (Locock and Alexander 2006, p.1352). Some men missed, or were unable to take an active part in, the appointment as it coincided with their paid-work responsibilities. Others reported being made to feel like bystanders by the attending health professionals.

Goodman's (2005) metasynthesis of qualitative studies represented the transition to fatherhood as consisting of different affective characteristics within four phases. The men entered the transition with specific expectations and intentions to be emotionally involved with their child, which eventually gave way to a phase in which they confronted the reality of not being able to fulfil their expectations, along with associated feelings of disappointment and inadequacy. The third phase involved a redefinition of their role, expectations and priorities alongside their partner and children, while the final phase involved reaping the rewards of fatherhood through physical interaction that left the men with feelings of completeness.

Lupton and Barclay (1997) uncovered the view that fatherhood is harder and more stressful than expected, especially at the point of returning to work after paternity leave. Relationships with partners were described as "tense or strained, with men feeling inadequate [and] reluctant to let their partners know this" (Lupton and Barclay 1997, p.125). In some cases, men heroically attempted to live up to "standards of good fathering" (Morgan 2002, p.286), while others lacked the "opportunities provided by new models of fathering and domestic life" (2002, p.286).

### 2.3.5 Fathers and birth

New ways of being a father have been accompanied by changing roles and expectations during the birth of their children. During the 1950s, only 13% of fathers attended a child's birth, and as late as the 1970s, many hospitals actively excluded fathers and other birth partners from the labour and birth (Cooper 2005). The father's attendance is now a cultural norm, as "by the mid-1990s only a very small percentage of expectant fathers in the UK did not intend to be at the birth of their child" (Royal College of Midwives 1994, p.18). Johnson (2002a, p.174) claimed "there are relatively few comparable instances of such dramatic role changes in modern society occurring with little apparent negotiation with the relevant role partners".

Odent (1999) attributed this change to a combination of factors, including demands from women, smaller families and a tendency towards more births in larger impersonal hospitals, while Early (2001, p.161) highlighted factors that had eroded the "medical resistance to paternal attendance". One of these was the influence of consumer choice (see 2.2.4), which constructed the pregnant woman as an autonomous user of maternity services with more control over the birth, including her psychological and emotional support needs. It also "opened up a role for men that could legitimise their presence in the labour ward" (Early 2001, p.161).

Men's involvement in childbirth, as in parenting, was part of the ideal of the good husband/father, and related to the view of these activities as a shared and relationship-affirming experience for couples. Research showed that this is a motivation for both pregnant women and their partners to be together during childbirth and to fulfil discourses of bonding and attachment (Early 2001). Early (2001) also identified that opposition to fathers' attendance at birth has mostly come from the medical profession. Brown's (1982) interviews with doctors revealed that they felt anxious and pressurised when a woman's husband was present. Other concerns voiced were that men's presence might result in increased infection rates, or increase the workload of staff if men fainted or panicked (Draper 1997).

## 2.3.6 Birth roles

The rapid rise in fathers' birth involvement opened up a space within which to debate and define the different types of roles men should have in the labour room. While women's identities as mothers were structured by cultural practices (medical, social and policy), men's involvement in pregnancy and birth lacked cultural precedents. Consequently, feelings of "marginality and vulnerability" amongst men, attributable to "this not-yet-clearly understood role" (Draper 2002a, p.90), were identified. Barbour (1990, p.209) argued that men's involvement at birth was "confirmed with reference to the family sphere rather than to the medical sphere", revealing perhaps the tensions and contradictions that exist when trying to apply the wider discourse of men's involvement in parenting to the very particular – and arguably still medicalised – domain of the labour room.

Chapman's (1991; 1992) observations and interviews with twenty pregnant women and their male partners identified three birth roles for men; as a "coach", "team-mate" or "witness". The coach actively took control and managed or directed breathing and relaxation techniques, while the team-mate followed their partner's requests for physical or emotional support, sometimes leading without taking total control. Men who adopted the witness role viewed themselves as companions providing emotional and moral support and as observers of the birth (Chapman 1991). The witness was by far the most commonly identified role, although according to Draper (1997) coaching was frequently promoted by antenatal education.

It has been suggested that coaching is an unrealistic role for many men to take on, as interviews have revealed that their stress levels during the birth interfered with their ability to coach (Berry 1988). A feminist critique of prepared childbirth argued that the idea there was a need for coaching painted women as passive and compliant, and reinforced the traditional patriarchal role of men (Katz-Rotham 1982; Lazarus 1997). The "coach model tries to ensure that the man's conventional role as the site of authority is not threatened by his presence in the unknown and feminine space of labor" (Mardorossian 2003, p.117). Midwifery literature in the UK promoted active, practical and physical roles for men in the labour room as a way of integrating them into the childbirth experience (Early 2001).

Beardshaw (2001) identified a specific role for men as advocates during childbirth, in line with consumer choice and *Changing Childbirth* (Department of Health 1993). Cooper's (2005) interviews with female antenatal education attendees revealed how their partners were taught advocacy to ensure the mother's wishes, as defined in the birth plan, were adhered to. Fathers' involvement as emotional and practical supporters was embraced by some within the health – as distinct from medical – professions (Goodman 2005), redefining

them as a resource rather than a hindrance or form of unwanted scrutiny (Early 2001). One of the key components of the consumer choice discourse was the enhancement of the psychological and emotional aspects of childbirth; fathers' attendance at the birth was construed as facilitating this, while enabling health professionals to concentrate their energies on the physical and technical side (Early 2001).

### 2.3.7 Consequences of fathers' involvement at birth

One of the potential problems of teaching men about birth roles during antenatal education was that the research base remained inconclusive and contradictory (Draper 1997), and appeared to equate involvement with supporting partners and professionals without necessarily equipping men emotionally. Research indicated that some men found it difficult to witness their partner's pain, an experience that provoked anxiety and feelings of helplessness (Nichols 1993). Interviews with men proposing to attend the birth of their child (Johnson 2002a, p.179) revealed "considerable ambivalence and confusion" about the experience and their role within it. Johnson (2002b) investigated men's levels of reported stress during their partner's childbirth, and found the majority felt pressure "from midwives, partners, family and friends" (2002b, p.180) to be present at birth. Under such coercion, these men were the most likely in the sample to have elevated stress. Johnson (2002b) suggested that prior to birth, many of his respondents revealed a commitment to, and an appreciation of, being involved, yet it was clear that this "masked…feelings of guilt, helplessness and isolation" (2002b, p.180). In addition, a man's inability to fulfil the supportive role expected of him, Johnson (2002b) claimed, may create further stress, with little opportunity to relieve it. Although men were frequently welcomed during birth, in the interest of not upsetting their partners their emotions, including "anxiety, anger, sadness and fear" remained "unwelcome" (Shapiro 1987, p.38).

### 2.3.8 Fatherhood, affect, feelings and emotions

Research has confirmed that the transition to fatherhood, including antenatal education, can be a time of heightened emotion. One way of distinguishing between affect, emotions and feelings is to consider them as a series of layers (Anderson 2006). Affect is the deepest layer beyond cognition; it resides within a body and can flow from one body to another, influencing behaviours and perceptions without individuals' tacit knowledge (Parkhill et al. 2011). The second layer involves precognitive feelings; experienced tacitly at the personal level, they respond to the flow of affects between bodies. The final layer is emotions, which

are a conscious expression of feelings represented through talk and practices (Anderson 2006).

It was claimed that affect cannot be represented (Pile 2010), therefore making it difficult to research. Parkhill et al. (2011, p.328) suggested, however, that "affect encapsulates the idea that through the expression of one emotion (e.g. anger) there may be more emotions and feelings underneath (e.g. anxiety or vulnerability); something more 'going on'". These conceptualisations of feelings, emotions and affect were adopted within the study.

Because they are easily represented, feelings and emotions are frequently associated with events and subjectivities during the transition to fatherhood. Research identified men's fears as being specifically associated with instability and vulnerability (Cooper 2005), coping with change (Draper 2004), balancing conflicting responsibilities (Anderson 2005), the stress of birth (Berry 1988) and the impact of fatherhood on the couple's relationship (Singh and Newburn 2000; Anderson 2005). Men approaching fatherhood also often looked back and reflected on their own experience of being fathered (Williams 2008).

Accounts exist of men's "joy" during ultrasound scans (Locock and Alexander 2006), shock and excitement during birth (Dermott 2008) and profound love (Risman and Johnson-Sumerford 1998), amazement and a sense of great responsibility (Deave et al. 2008) during the early days of fatherhood. Parenthood also produced opportunities for men to form exclusive reciprocal affectionate relationships with their children (Dermott 2008) and share emotions with their partners (Risman and Johnson-Sumerford 1998). Sometimes these involved feelings of failure or jealously (Risman and Johnson-Sumerford 1998). Breastfeeding especially invoked feelings of jealousy, neglect (Pisacane et al. 2005) and social embarrassment (Henderson et al. 2011) amongst some men. A range of emotions have been associated with men's inability to live up to the conflicting expectations placed on them during pregnancy and birth (Locock and Alexander 2006), and how to reconcile a range of continuities and discontinuities in their individual and couple identities. Some men experienced conflicting feelings of "release" and "guilt" about leaving their partner with a new baby when returning to full-time work (Miller 2010, p.371). Antenatal teachers were identified as possessing the ability to affectively influence men; a teaching text aimed at antenatal teachers advised that "your attitudes towards fathers will have a profound influence on your classes, and will affect their tone far more than your teaching techniques or the exercises you use" (Schott and Priest 2002, p.153).

Identifying and interpreting affective interactions is not easy, although some suggest it is productive to interpret non-verbal communication (Routasalo, 1999; Sasamon and Amankwaa 2003) and humour (Billig 2005; Anderson 2006). Humour can simultaneously

"mask and carefully reveal affectively charged states" (Parkhill et al. 2011, p.324), and does not merely provide emotional release or serve as a coping strategy (Neuliep 1991; Wakefield and Elliott 2000); it performs a variety of social and psychological functions through the way it communicates meaning to others (Billig 2005). Gutmann (1996, p.53) suggested that humour "is to be taken seriously…and we can learn as much from jokes, taunts, nicknames, ridicule, puns, and witticisms as from any other genre of human discourse".

Masking feelings is frequently associated with men (Johnson 2002b) who may use humour to build solidarity (Hay 2000) or deal with embarrassment (Page 2002). Analysis of men-only focus groups discussing breastfeeding (Henderson et al. 2011, p.63) identified the importance of "slang, colloquialisms…jokes" and "playful banter" as ways for groups of men to collectively perform their shared sociocultural understanding and cope with embarrassment.

## 2.4 Men and antenatal education

Men and antenatal education is an emerging research topic, as previous research tended to focus on the experiences of couples or women. There were only two specific studies of men's experiences included in a Cochrane Review (Gagnon and Sandall 2007), and both concluded that men were poorly served within antenatal classes by pedagogy that primarily focussed on women's needs. However, the emerging literature reported here provides an indication of what motivates some men to either avoid or attend antenatal education classes.

### 2.4.1 Reluctant men

Although research consistently identified men as unwilling to seek help on health-related issues (Courtenay 2000; Matheson and Summerfield 2001; Addis and Mahalik 2003), there was a mixed picture concerning their antenatal education attendance. Barbour (1990) described them as feeling awkward amongst mainly female attendees, while it was suggested that antenatal education led some men to recoil "in horror at the prospect of having to change a doll's nappy in the presence of others" (Lewis 1986, p.40). In some cases, both men and women avoided classes because they believed the content would cause embarrassment to them or their partners (Robertson 2002). Some men also avoided NCT classes believing that they promoted natural childbirth and involved breathing exercises (Barbour 1990).

During the 1970s and 1980s, men were not made to feel welcome within antenatal services, which might explain their poor attendance in antenatal classes. Some men viewed antenatal

support as irrelevant or even "condescending" (Lewis 1986, p.42), and found the timing of many daytime classes incompatible with paid work (Lewis 1986).

However, since the 1990s, men have participated more actively in maternity services (Draper 1997; Odent 1999) and antenatal education. Singh and Newburn's (2000) UK-wide study of 817 male partners of pregnant women found over a third had attended or were about to attend antenatal classes, with first-time fathers the most likely to attend. The barrier of classes operating at unsuitable times persisted (McElligott 2001), and although research showed that men in employment felt their employers and colleagues offered personal support during their partner's pregnancy, this did not always "translate into practical or policy arrangements" (Singh and Newburn 2000, p.iv).

Some men attended courses because it was expected of them or because they wanted to please their partner (McElligott 2001), and did so expecting the content to be primarily focussed on the mother's needs, not their own (Premberg and Lundgren 2006). Men who had heard of the NCT had learnt about it from their partner (Singh and Newburn 2000). Smith (1999, p.330) established a typology representing the different attitudes of men towards antenatal education, which consisted of "totally committed, passive accepter and reluctant attender". Her UK study of new fathers who had attended antenatal classes concluded that where classes were relevant the men were more inclined to transform from reluctant to committed (Smith 1999). Although most men thought the classes were worthwhile, a minority reported that they were "slow, boring, over medicalised and superficial" (1999, p.330).

### 2.4.2 Motivated men

Some men are motivated to attend antenatal education as a source of cultural capital prior to the birth (Singh and Newburn 2000; Schott 2002; Singh et al. 2002; Svennson et al. 2006). Bourdieu (1986) conceptualised cultural capital to describe the legitimate knowledge (or habitus) applicable productively within specific fields. Men have been found to seek cultural capital from different sources, including websites, books, friends or family, the radio, magazines, television and leaflets (Schott 2003; Prember and Lundgren 2006; Singh and Newburn 2000). Where men were reluctant to approach professionals, they frequently relied on information shared by their pregnant partners (Singh and Newburn 2000; Friedewald and Newing 2006). Antenatal education had a perceived advantage in that it provided access to information "without any effort" (Prember and Lundgren 2006, p.23).

The increase in fathers' active involvement throughout pregnancy, birth and early parenthood created new expectations to be responded to in classes (Schott 2003). Singh

and Newburn (2000, p.iii) showed a third of all the men in their study wanted more information about:

- Maternity care service choices
- Mood swings in pregnancy
- What to expect with, and reasons for, an assisted/instrumental delivery or caesarean section
- Ways that women could help themselves in labour
- Other forms of pain relief
- What to expect in labour
- Moving around in labour
- Postnatal depression
- Money and benefits after birth
- How to cope with baby along with other children
- The baby's crying and sleeping
- Bathing the baby
- The baby's effect on the relationship
- Sex after childbirth
- When to start giving solid food
- Combining breast and bottle feeding
- How men can assist with breastfeeding
- How often/how much to bottle feed

### 2.4.3 Men's satisfaction with antenatal education

A mixed picture emerges concerning men's satisfaction with antenatal education. Galloway et al. (1997), in a questionnaire-based study of antenatal classes held at three teaching hospitals, reported that men found the classes relevant for themselves and their female partners. The classes made them more confident in supporting partners during labour and they enjoyed meeting other couples in a similar position. Such a positive picture may have been influenced by the fact that the questionnaires in this study were given out by and returned to the class teachers.

An Australian study by Barclay et al. (1996) presented a negative picture in which men felt alienated within antenatal classes and resentful of the way in which information was conveyed. Cooper (2005) observed NCT classes and found most of the topics were aimed at the mother and baby; men were discussed, but only in relation to the support they could

offer. A belief amongst some teachers that pregnant women cannot focus on topics beyond the "brick wall of labour" (Wiener and Rogers 2008, p.121) may explain why some participants reported that classes lacked teaching on postnatal topics, and baby care in particular (Smedley 1999; Hallgren et al. 1995; Nolan 1997a). Other failings identified in small-scale surveys included the teachers' lack of focus on men's needs (Smith 1999; 1999a; 2002) and limited preparation for men with regards the emotional impact of parenting (Fletcher et al. 2004). Armstrong's (2000, p.588) research in the US concluded that the primary message to men during antenatal classes was to remain calm and not get in the way during birth. Enkin et al. (1989, p.26) suggested that the adverse effects involved in antenatal classes have not been researched sufficiently, meaning "the extent to which fear is created rather than alleviated by classes…is completely unknown".

Many studies identified antenatal education as a form of social capital, a concept with numerous definitions centring on the creation of relationships and social cohesion (Coleman 1997; Putnam 1994). A distinction has been drawn between "linking social capital", involving connections with formal sources of parental support, and "bridging social capital", a form of informal peer support (Woolcock 2001). Research showed bridging social capital to be a popular expectation that antenatal courses frequently delivered; participants successfully developed peer friendships, overcame isolation, shared experiences and clarified existing knowledge (Leeseberg Stamler 1998; Ketler 2000; Svennson et al. 2006; Armstrong 2000). Research dealing with men prior to attending antenatal classes suggested that they did not consider meeting other parents as important (Singh and Newburn 2000). This contrasted, however, with the views of men who had participated in classes. Satisfaction was felt by men who believed classes had offered them opportunities to listen to, and ask questions of, more experienced parents and attend to their own fears, although some did express concern at hearing other peoples "horror stories" (Premberg and Lundgren 2006, p.24).

### 2.4.4 Men-friendly models of antenatal education

Some NCT classes involve men-only sessions, meaning it was helpful to examine models of same-gender antenatal learning (Nolan 1997b; Diemer 1997; Myors and Mabbutt 1997; Smith 1999; Beardshaw 2001; Schmied et al. 2002; Schott 2002; Symon and Lee 2003; Friedewald et al. 2005; Friedewald 2007). Although research generally supports the view that men are not inclined to share their worries and concerns with other men for fear of ridicule (Dolan and Coe 2011), there is some evidence that men-only antenatal groups enable them to share feelings and report emotions, anxieties and fears (Friedewald et al. 2005; Barclay et al. 2006; Premberg and Lundgren 2006).

Diemer (1997) compared a group of men in traditional didactic, lecture-based, sessions with another group involved in father-focussed discussion groups. Unlike the former, which did not attend to men's feelings about pregnancy, birth and fatherhood, the latter actively prompted fathers to communicate their feelings and talk about caring and giving and receiving emotional support (Diemer 1997). The father-focussed group also encouraged expectant fathers to talk with their own fathers to increase emotion and information sharing. However, no significant increase was shown in the social support provided by fathers to their sons, suggesting that the classes were encouraging a mismatch between "traditional and egalitarian roles for some expectant men and their fathers" (Diemer 1997, p.290). However, the study identified the need for more research to understand how men develop social networks and use role models to help them cope (Diemer 1997).

Two separate Australian surveys (Cooke 2008; Schmied et al. 2002) of facilitated, men-only parenting discussion groups indicated that participants valued the opportunity to talk with other men about shared issues. Another Australian study (Lee and Schmied 2001) evaluated men-only discussion groups facilitated by an experienced father. Such facilitation guided men to discuss concerns about being the birth partner, fatherhood, changes and adjustments in their wider world, parenting styles and relationships with their own fathers.

Gender-specific group work has now become the norm within the NCT (Smith 2011), but most antenatal teachers are female and potentially lack specific knowledge or experience to attend to men's concerns (Nolan 1994). In Scotland, Symon and Lee (2003) compared a midwife-led mixed-gender parentcraft course with a male-facilitator-led session for men. Some antenatal teachers were reluctant to split their groups because it gave them less time to teach the men what they considered important information. It was also noted that the men spoke far less in the mixed antenatal sessions than in the male-facilitated groups (Symon and Lee 2003). Topics discussed in the men-only group included sex after birth, the men's fears and prior experience of babies and children, and one of the conclusions was that men came to the sessions with previous knowledge that facilitator discussions enabled them to explore and clarify (Symon and Lee 2003, p.17).

Friedewald et al. (2005) evaluated expectant father discussion forums led by a male facilitator. Most participants indicated that the sessions helped clarify the role and responsibilities of fathers, and provided strategies to cope with change and deal with relationship issues. Men also learned about "breastfeeding, labour, childbirth…postnatal depression…hospital options, support groups and networks, and understanding the changes…women will experience…" (Friedewald et al. 2005, p.15). These studies indicated a growing interest in gender-specific teaching within antenatal education, but men's needs remain largely neglected in traditional settings because they are rarely encouraged to

express their feelings (Schott 2002). Male facilitators are seen to have an advantage in that they can make men feel comfortable and serve as role models (Barclay et al. 1996). However, others have argued that the skill, rather than the gender, of the facilitator makes the difference in providing a positive experience for all-male groups (Friedewald et al. 2005)

## 2.5 Theoretical resources

Thus far, Chapter 2 has identified that antenatal education has evolved in tandem with social, cultural and political change. It forms a representation of the conflicts of power associated with different discourses pertaining to childbirth and parenting knowledge. Men's involvement in antenatal education is a reflection of changing discourses and experiences linked to masculinities and fatherhood. The chapter has also implied, through for example Kitzinger's (1990) historical analysis, that a dynamic and distinctive NCT pedagogic discourse exists, which is experienced in different ways by the individuals and couples who turn to the organisation for information and support (Thomson et al. 2011; Bainbridge 2009; Figes 2000; Marshall and Woolett 2000).

A review of the available literature led to the emergence of the study's research area, and provided the researcher with a number of theoretical resources or sensitivities (Henwood and Pidgeon 2003) that informed the study. No empirical work specifically examined how alternative or new frames of discourse emerged in NCT pedagogy, or how an NCT pedagogic discourse related to masculinities, fatherhood and the subjectivities of male participants. Therefore, this was identified as a potential emergent area for research. In particular, it provoked an interest in understanding the role of discourse in the institutional culture and values of the NCT, and how this produced subject positions for men within pedagogy. It was noted that Lupton and Barclay's (1997) study of first-time fathers and fatherhood discourses in popular and "expert" texts made use of a Foucauldian perspective to demonstrate how the individual biographies of men and their agency are interrelated to the wider sociocultural context. They draw attention to the way in which institutions intervened to construct or frame certain discourses, and the concept of framing is used here as a way of conceptualising the different meanings that can be applied to a phenomenon by people linked to their different subjectivities. The authors also identified the potential for individuals to pull down, combine or reject particular discourses to communicate and deal with the demands presented by specific events or contexts related to the transition to fatherhood.

To develop this area of interest, additional theoretical literature was identified and presented in this final part of Chapter 2. A significant theoretical resource was Bernstein's work on the pedagogic device, but the section below begins by considering Foucault's work.

## 2.5.1 Discourse

Foucault's work, and its application by others, on power, discourse and disciplinary practices may provide insights into how the NCT discourse, teachers and course participants produce distinctive subject positions for men during antenatal education. According to Foucault (1980), people help produce, and at the same time are shaped by, subject positions from different discourses found at different points in time and space. Foucault examined how social institutions and practices are normalised and regulated through different knowledges or disciplines, such as medicine or psychology (Pennycook 1994). This work is particularly relevant to the study because it proposed that discourse consists of power and knowledge that regulates, creates a sense of order and turns human beings into subjects (Foucault 1980b). As discussed earlier in the chapter, childbirth and parenting knowledge has been discursively produced and controlled at different times by various agents, and this in turn has regulated and positioned parents. The involvement of men in NCT antenatal education, for example, reinforces the dominant discourse and expectation that fathers will attend their child's birth. However, the NCT's opposition to a medical discourse suggests that this would place highly specific boundaries around men's roles and conduct during childbirth.

Research on the transition to fatherhood illustrated how men find themselves dealing with multiple and sometimes conflicting roles and responsibilities. According to Baxter (2002, p.829), the self is not fixed within specific roles but is "constantly positioned and repositioned through discourse". Sunderland (2000, p.249) suggested that discourses can be both complementary and hierarchical, and "supporting specific discourses can shore up a dominant one". O'Brien (2009) argued that particular hegemonic discourses might lead to the suppression of others; however, because discourses can be framed in different ways they become "sites of struggle open to challenge from other discourses" (Lupton and Barclay 1997, p.9). Discourse, according to these views, in addition to being language or text, is also power and action. Foucault (1981) did not identify power as a coercive force, instead arguing that it is through discourses that people are invited and persuaded to conform to norms and expectations. Earlier in the chapter, examples were identified to confirm how an NCT pedagogic discourse reinforced or challenged specific norms and expectations, particularly around women and childbirth. However, the potential influence of the NCT pedagogic

discourse on men's positioning during the transition to fatherhood was relatively underexplored.

Foucault identified the contextual dimension of discourse and used the concept of "discursive formations" to describe the "systems of rules which make it possible for certain statements but not others to occur at particular times, places and institutional locations" (Fairclough 1992, p.40). These rules are responsible for constituting and transforming objects or subject positions, and draw upon combinations of previous discursive and non-discursive elements (Rabinow 1984). The first two rules or "modes of objectification" are dividing practices and scientific classification, which lead to the construction of such concepts and associated knowledge as masculine/feminine (Foucault 1982; Rabinow 1984; O'Brien 2009). A third mode Foucault (1982, p.208) referred to as "subjectification", or the way "a human being turns him- or herself into a subject". Here, the individual takes an active role – mediated by an external authority – within the process of self-understanding and self-formation (Rabinow 1984). Implied in this understanding is a belief that subjectivities associated with fatherhood can be the product of social constructions in which institutions (e.g. the medical profession or the NCT) and individuals (e.g. men) are complicit.

## 2.5.2 Discourse and subject positions

Foucault therefore provides theory that offers an insight into the relationship between institutional discourses, such as that of the NCT, and the positioning of men within antenatal pedagogy. However, the possibility also exists that subject positions for men may also be the result of the practices and discourses found within pedagogy itself. This section will consider this possibility, and is followed by another introducing the work of Bernstein (1990, 1996/2000), who drew upon the work of Foucault to provide a clear framework for examining pedagogic discourse.

Fairclough (1992, p.64) argued that discourse is "shaped and constrained by social structure", yet at the same time "socially constitutive". Discourse both produces and structures a particular order of reality and "makes available specific subject positions" within that reality (Lazar 2000, p.376). In other words, discourse is "central to the production and maintenance of subjectivity" (Lupton and Barclay 1997, p.9). Subjectivity here was understood as "the varying forms of selfhoods by which people experience and define themselves"; rather than being unitary and stable, these can be both "dynamic and heterogeneous" across the life course (Lupton and Barclay 1997, p.8). Fatherhood, as discussed earlier in the chapter, is an example of such a fluid concept that has changed in time. Individuals present themselves by "accessing a pool of pre-established discourses that

circulate in wider society and within a specific social context" (Lupton and Barclay 1997, p.9). This is particularly pertinent to antenatal education, where women and their partners engage with culturally produced discourses relating to roles and responsibilities during labour, birth and early parenthood. For example, Gill et al. (2005, p.43) asked men about their bodies and found "the same expressions and figures of speech would recur in interview after interview", which suggested that the men's discussion was structured by "a limited range of key discourses".

People are also "positioned by others in discursive interactions as particular types of individuals" (Lupton and Barclay 1997, p.9). Shotter (1989, p.145, in Lupton and Barclay 1997, p.9) made the point that "human communication cannot be seen simply as a matter of information transfer from one location to another, it must be seen as ontologically formative, as a process by which people can, in communication with one and other, literally inform one another's being". Subjectivity, therefore, is responsive to changes in discourse and involves both resistance to and acceptance of dominant discourses (Lupton 2000). Within antenatal pedagogy, these theories provide the potential to look beyond the transmission of knowledge to understand how attempts to produce ideal male subjects are played out or resisted. "The increase in knowledge, as attached to subject positions with which one identifies, does not mean solely that one becomes more enlightened but also that one becomes more subordinate to the discourses expectations on what is normal, permitted and serviceable" (Törrönen 2001, p.316).

Törrönen's (2001) suggestion that an analysis of discourse should consider both the internal features and interactional use of subject positions is a justification for observing how subject positions are produced within pedagogy. An analysis of masculinity in different situations and types of interaction, he argued, "is linked to different values depending on what kinds of categories, storylines and perspectives it is articulated in" (Törrönen 2001, p.319). Categories or classifications of self and other enable individuals to place boundaries around and convey their values. These categories are temporally located in storylines linked to obligations, desires, abilities (situational resources) and competencies (internalised know-how) (Törrönen 2001). "The positions and postures into which texts position speakers and audiences always evolve in intertextual relation to other possible positions, voices and viewpoints, on the one hand, and in relation to the categories and story lines on the other hand" (Törrönen 2001, p.322). The use of subject positions can therefore strengthen or weaken particular individual or institutional identities (Törrönen 2001).

A potential way forward has been to make use of concepts introduced by Bernstein to explain how knowledge and discourses are selectively brought together to produce a specific pedagogic discourse, and how this in turn leads to the regulation of course participants and

the recognition and realisation of subject positions. The following sections introduce several Bernsteinian concepts used to inform the study design, selection of research questions and data analysis. These also aided understanding of how antenatal discourses and knowledge are brought together and pedagogised in a process involving the exercise of power and control by different agents and agencies.

### 2.5.3 Bernstein's Pedagogic Device

Through his conceptualisation of the pedagogic device, Bernstein (1990; 1996/2000) provides a means of understanding how NCT knowledge and discourses are communicated within pedagogy. This device helps explain how knowledge is regulated, distributed and transformed into pedagogic discourse and is described as a "principle for appropriating other discourses and bringing them into a special relation with each other for the purposes of their selective transmission and acquisition" (Bernstein 1990, pp.183–184). The pedagogic device helps us understand how the meaning potential of specific discourses, including those identified in the earlier parts of this chapter, are selected for antenatal pedagogy, and how their realisation is restricted or enhanced by individuals within the pedagogic context. Bernstein's theory suggests that whoever controls the pedagogic device is in a position to restrict or enable the legitimate pedagogic discourse.

Bernstein (1990) identified the three separate fields of production, recontextualisation and reproduction as constituting the pedagogic device. Discourses are produced in the first of these fields, but go through a process of recontextextualisation before being reproduced in pedagogy. Regionalisation (Bernstein 1996/2000) involved bringing together categories of knowledge into a specific region (e.g. obstetrics) and pointing it outwards to fields of practice. In the case of obstetrics, for example, it brought together knowledges such as biochemistry, physiology and technology that collectively produced the medical discourse underpinning childbirth practice. As illustrated earlier in the chapter, the NCT produced an alternative childbirth discourse – to challenge the medical childbirth discourse – by bringing together its own selected categories of knowledge and discourse. One of the implications of regionalisation, according to Bernstein (2000, p.9), was "a change in the classification of knowledge". By "classification", Bernstein was referring to the relationship between categories of knowledge and the degree of insulation that existed between each. If a clear boundary existed around a category, it provided strong insulation and therefore the space to provide a specialised identity. In contrast, where the boundaries were less clear and provided only weak insulation, the identity of the category was less specialised. The strength of insulation and the classification were maintained by power relations.

As identified earlier in the chapter, a range of cultural, political and expert discourses and knowledges have been produced in relation to birth, parenting and fatherhood. Kitzinger's (1990) work illustrated how across time the NCT has selectively adopted some of these discourses to form part of its own official pedagogic discourse, and used them to provide support and learning to new parents. This is an example of what Bernstein referred to as recontextualisation, and the NCT's action identifies it as a sub-field similar to Bernstein's (1990) conceptualisation of an official recontextualising field (ORF). Kitzinger (1990) identified that, despite the existence of an official NCT discourse, factions within the organisation occasionally disagreed on its content. Therefore, it is possible, again using Bernstein, to identify a further sub-field, or pedagogic recontextualising field (PRF), consisting of bodies representing the voice of NCT teachers and potentially the people involved in training NCT teachers, who might seek to influence and recontextualise the official NCT discourse.

Recontextualisation therefore explains how as a discourse is moved from its original site of production to another site it can be altered because it is related to other discourses. Two potential transformations can therefore occur, first as the ORF and PRF take discourses from the site of production, and second as these recontextualised discourses are taken by teachers and further recontextualised or reproduced into the pedagogic context or classroom. According to Bernstein (2000, p.32), the process of "taking a discourse from its original site of effectiveness and moving it to a pedagogic site" created a pedagogic "gap" or "space" in which ideology could enter. From a Bernsteinian perspective, this new or recontextualised discourse "no longer resembles the original because it has been pedagogised or converted into pedagogic discourse" (Singh 2002, p.573).

Thus far, Bernstein's concepts have helped explain that NCT antenatal education has its own pedagogic discourse produced by selecting and bringing together other knowledges and discourses (regionalisation). The concept of classification also helped explain how the power of the NCT maintained boundaries around all or part of its discourse to maintain its distinctiveness from other providers of antenatal education. Further concepts presented in the next two sections can explain how the NCT education produced subject positions that may or may not be recognised by men participating within the pedagogy.

## 2.5.4 Pedagogic discourse

Bernstein has provided a theory that can be used to identify an official NCT pedagogic discourse for antenatal education for men, and to understand how this is potentially

recontextualised. Two further concepts of "voice" and "message" can also help mark out the presence and impact of the pedagogic gap. Despite possessing a distinctive pedagogic discourse or "voice", different potential meanings or "messages" can still be produced within the pedagogy of a specific antenatal course. The "voice" is "what could be said and its context", and the "message" is "what was said and the form of its contextual realisation" (Bernstein 1996/2000, p.204). The distinctiveness of the voice can be maintained and regulated by the degree of "classification", or the strength of boundaries, around it (Bernstein 1996/2000).

Bernstein (1996/2000, p.31) also introduced the concept of "pedagogic discourse" and used it to help understand how subjects are created within its "contexts and contents". Pedagogic discourse selectively creates "imaginary subjects" (Bernstein 1996/2000, p.33), which in the context of the study could include men who attend NCT antenatal education. They represent the teachers' ideological views and construction of an "ideal student" (Bourne 2008, p.46) and "who" (these men) "should become" (Ivinson and Duveen 2006, p.109).

The idea that pedagogy can construct particular subjects implies that it is more than a transmitter of knowledge. Bernstein (1996/2000) argued that a pedagogic discourse consists of an instructional discourse embedded within a more dominant regulative discourse. In other words, in addition to teaching men the practicalities of being a birth partner and father, antenatal pedagogic discourse also expounds the type of conduct and moral subjectivities expected of men who take on these roles.

### 2.5.5 Recognition and realisation

Bernstein (1990; 1996/2000) theorised ways in which pedagogic subjects recognised and realised the meanings presented to them within a pedagogic context. Recognition involved pedagogic subjects understanding and orientating themselves towards specific cultural expectations and behaviours. Realisation involved pedagogic subjects publicly communicating the discourses, knowledge and characteristics expected of the ideal student. Recognition shows that pedagogic subjects have inferred the rules and meanings of the pedagogic context however they may not always possess the realisation rules enabling them to put together these meanings as action. For example in NCT antenatal education recognition might equate to participants showing a commitment towards a practice such as breastfeeding, realisation would be equate to the actual practice of breastfeeding with a new-born child.

The literature selected and reviewed in this section contributed to the development of a theoretical frame from which an emerging research area was clarified and research questions formulated.

### 2.5.6 Emerging research area

Despite its broad application in pedagogic research, there was no evidence in the literature reviewed for this chapter that Bernstein's work has been used for investigations of antenatal pedagogy. Empirical work drawing on Bernstein has the potential to examine how and in what way teachers recontextualise the official NCT pedagogic discourse to regulate men and produce "ideal subjects" (Bourne 2008, p.46). More work is required to understand how and in what way men recognise and realise subject positions offered to them as partners, fathers and course participants. The research area was therefore developed using Bernstein and other theoretical resources, to explore knowledge relating to how subject positions are discursively produced within NCT antenatal education. The following three research questions were established to achieve these aims:

1. What is the NCT's official pedagogic discourse for antenatal education, and how does this relate to men's involvement in an NCT course?
2. How is the NCT's official pedagogic discourse recontextualised by NCT teachers?
3. Within the pedagogy of an NCT course, what subject positions related to labour, birth and early parenthood are made available to, and recognised by, men?

# Chapter 3 – Research Methods

## 3.1 Introduction

This chapter introduces the methodology selected to investigate and answer the research questions. Furthermore, it explains the philosophical assumptions that informed the research design and justifies the qualitative research strategy. Each research method is described, together with the practical and ethical steps taken to access, produce and analyse data.

## 3.2 Research aims and design

As noted, three research questions were used to guide the study:

1. What is the NCT's official pedagogic discourse for antenatal education, and how does this relate to men's involvement in an NCT course?
2. How is the NCT's official pedagogic discourse recontextualised by NCT teachers?
3. Within the pedagogy of an NCT course, what subject positions related to labour, birth and early parenthood are made available to, and recognised by, men?

A research design was developed to answer these questions employing three distinct research approaches. The first involved identifying the official NCT pedagogic discourse as projected within NCT texts. The second and third approaches involved observation and interviews to explore how an NCT teacher recontextualised the Trust's pedagogic discourse to produce her own distinct pedagogic discourse and practices, and how these in turn extended subject positions to men within an antenatal course. The second approach also included interviews with two other teachers, and this helped establish the extent to which the observed teacher's pedagogy was typical or different from that of NCT counterparts. Selected theory, as described in Chapter 2, including Bernstein's concepts of recontextualisation, pedagogic discourse, voice and message, helped inform the research design. These and other 'theoretical sensitivities' (Bulmer, 1979 in Henwood and Pidgeon 2003, p.135) were used to generate the research questions and inform (but not restrict) the analysis.

Interpretive approaches were selected, allowing theory to be brought together with empirical data from the NCT, its teachers and the setting of the NCT antenatal course. Interpretivism 'is concerned with how the social world is interpreted, understood, experienced, produced or constituted' (Mason 2002, p.3). As the review of literature identified in chapter 2, NCT

antenatal education is not neutral and can be viewed as the product of discourse and historic, social and cultural changes. Furthermore participation in NCT antenatal education coincides with a frequently uncertain and affectively charged transition to fatherhood. Interpretive along with social constructionist approaches offered the possibility, to help achieve an understanding of how subject positions are made available for men within the pedagogic context and the influence in this process of affectively produced personal narratives and wider social processes and discourses. Social constructionism encourages looking beyond taken-for-granted knowledge and provides a means of focussing attention on the role of social, political and historical factors in constructing social identities, categories and meanings. It helped build understandings using the assumptions that knowledge is sustained by social processes and that specific social constructions and behaviours are linked (Allen 2005). To understand how teachers and men interpreted, understood and experienced these issues, specific qualitative research methods were applied. Qualitative research is positioned epistemologically as interpretive (Smith 2008) and ontologically as constructionist (Bryman 2004).

Qualitative research can involve applying mixed and variable approaches to data collection (Bryman 2004), thus helping to understand talk, subjectivity and the social construction of reality (Gubrium and Holstein 1997). It is particularly adept at making social worlds and situated activities visible, and offering explanations to others about what these mean (Denzin and Lincoln 2000). Qualitative research can also combine different interpretive viewpoints including researcher reflexivity and theory (Henwood and Pidgeon 2003). Unlike quantitative research, which draws upon a positivist deductive approach, qualitative research can be inductive and involve the generation of theory from data (Bryman 2004). However qualitative researchers can also work with explicit theoretical sensitivities and make use of theoretical ideas or concepts as 'useful lines of inquiry' (Atkinson et al 2003, p.151).

**3.3 Methods**

Multiple methods were deemed appropriate to the contexts being studied and the three research questions (Mason 2002). These included the collection and analysis of NCT texts, interviews with three of the Trust's teachers and participant observation during NCT pedagogy. Combining observational fieldwork, with other sources of data collection, including textual materials and interviews, means that the methods adopted were very similar to those used in ethnography (Hammersley and Atkinson 1995). The intention to employ multiple analytic strategies for example examining data for discourses, themes and narratives also showed a resemblance to some ethnographic methods (Coffey and Atkinson

1996). Like ethnography which has roots in both anthropology and social science (Delamont 2002) the selected methods sought understanding through direct contact and immersion in a specific social setting and relatively unfamiliar culture (Mason 2002). The methods main departure from ethnography however was the intention to spend only a relatively brief period of time observing pedagogy, ethnography more commonly is associated with an extended immersion by the researcher in other people's daily lives (Hammersley and Atkinson 1995). Despite not making a claim to be ethnography, methods adopted for the study made use of strategies and skills frequently used by ethnographers.

### 3.3.1 NCT texts

The first research question sought to identify the dominant discourses that influence the official NCT pedagogic discourse. Eleven unsolicited official NCT texts (see Figure 1) were collected and analysed for this purpose. These proved a readily available source of data as official texts, including those produced by the NCT, are increasingly available online. Documents, leaflets and web pages constructed the voice of the NCT for different audiences (Hammersley and Atkinson 1995), and an iterative technique of selecting the most appropriate texts was used. As each specific text was identified, it was read to identify its role and potential relationship to others. These further texts, if considered relevant, were then also included in the sample. To achieve a historic perspective, the Trust's original aims, in textual form, were gathered alongside the NCT's most recently published mission statement. Birth and parenting policies were selected as these covered the two principle areas of knowledge covered by antenatal pedagogy. Individual pages from the NCT's national website were chosen because they covered areas of potential interest related to antenatal courses, namely teacher training and diversity. Meanwhile, the selection of an antenatal resources catalogue was justified because it was aimed at health professionals, and the 2010 Annual Report selected because it contained an official statement reflecting the NCT's response to government ideology.

| Title | Reference | Audience/Purpose |
|---|---|---|
| National Childbirth Association Original Aims | NCA 1956 | The founding principles of the NCA (the NCT's forerunner) |
| NCT Birth Policy | NCT 2002 | States the official NCT position on childbirth |
| NCT Parenthood Policy | NCT 2005 | States the official NCT position on parenthood |
| NCT Mission and Vision | NCT 2007 | Overarching statement about the NCT and its work |
| NCT Resources for Healthcare Professionals | NCT 2009 | Catalogue of resources sold by the NCT |
| Annual Report and Accounts | NCT 2010 | Official NCT document |
| NCT National Website | NCT 2012 a, b, c, d | Documents covering NCT policy, antenatal courses, teacher development and access and diversity |
| NCT Our History | NCT 2013 | Brief summary of the NCT's history |

**Figure 1 – Sample of NCT documents**

### 3.3.2 Analysis of NCT texts

The selected texts were converted into Word documents and imported into NVivo software for analysis. A "rapid but purposeful" reading was conducted to get a sense of the whole (Bazeley 2007, p.61), which involved interpretation of meaning rather than the numerical properties of these texts (Smith 2008). Further line-by-line readings were undertaken within NVivo, and an initial generation, refinement and categorisation of codes carried out. Analysis of the texts, explicitly drawing on the theoretical resources identified in chapter 2, focussed on the use of specific language and statements, and how these represented the classification or recontextualisation of specific discourses. Attention was focussed on the historic evolution of discourses, and how the NCT upheld or opposed dominant and other specific political or cultural discourses. Any section of the text considered significant was coded and named, and each coded item stored as a free node on the NVivo software, enabling multiple codes to be assigned to the same passage of text where appropriate.

### 3.3.3 Participant observation

The analysis of texts was used to identify the official NCT pedagogic discourse. However, other methods were required to understand how the NCT discourse was recontextualised and how, within a specific antenatal course, this and other influences made specific subject positions available to men. The next two sections introduce and explain how participant observation and interview methods were used to produce data relevant to the two remaining research questions.

Participant observation helped to produce thick descriptions (Geertz 1973) of the historical, cultural and social context. In this study, it was used to examine antenatal teachers' pedagogic discourse and practices, and their relationship with the recontextualised NCT voice and other culturally produced discourses. The events were recorded retrospectively by the observer based on field-notes and photos of artefacts produced in the setting. To produce more detailed data, an interview was conducted with Lisa,[2] the antenatal teacher whose course was observed. Finally, to contextualise and understand the typicality of Lisa's pedagogic discourse and practices, interviews with two additional teachers were also undertaken. The interview methods are introduced and explained later in the chapter.

### 3.3.4 Gaining access and working in the setting

The NCT were contacted via email with a request for potential participants to meet the requirements of the study. They responded with the contact details of two teachers, Jane and Beth, who were interviewed, and Beth in turn provided contact details for two other teachers, one of whom, Lisa, agreed to be interviewed and observed. After making initial contact with Lisa, a series of email exchanges took place and she was sent a document outlining the research aims. A face-to-face meeting with Lisa was arranged at a local cafe at a mutually suitable time and, after negotiation, Lisa accepted the plan for observing pedagogy specifically about or for men. It was agreed that the researcher should not reveal the identities of individuals, and prospective course participants were sent a letter via Lisa explaining the research and its purpose.

Entering the field as an observer required decisions about how the researcher should present himself; this was achieved after negotiations with Lisa, and fell in the middle of

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[2] For the purposes of confidentiality, the names of all research participants have been changed.

Gold's (1958) continuum of possible participant observer roles, which ranged from complete participation to complete observation. First, it was agreed that the researcher could introduce himself as a postgraduate student who was also a father and who had, with his partner, previously attended NCT antenatal classes. Second, the researcher could share experiences or views on the topics under discussion if invited to contribute by the course participants or the teacher. Third, in situations where the class was divided into same-gender groups, the researcher would always join the men. Finally, it was agreed that at the end of each session the researcher could take photographs of any artefacts produced during the class to use as data.

### 3.3.5 Observing antenatal pedagogy

The whole of Lisa's antenatal course was observed, which involved sixteen hours of pedagogy over a two-week period. The course was delivered across five sessions, sometimes in different locations (see Figure 2), enabling the interrelationship of context and subject positioning to be observed and interpreted. These changes of location, combined with the use of break-out activities within specific sessions, meant decisions had to be made about what to observe and when. Participant observers have a limited view, and "not all aspects of a situation can be grasped (and noted) at the same time" (Flick 2006, p.221). Internal sampling took place, with the primary goal to observe pedagogy either for men or about men's roles as fathers or birth partners.

| Date and Venue | Session | Course Contents | Observed |
|---|---|---|---|
| 7th June 2008<br><br>Town Hall | Saturday<br><br>10am–3pm | Introductions<br>Hopes and fears<br>Understanding labour and birth<br>The baby in the womb<br>Changes to the pregnant woman<br>"Baby position for birth"<br>Pregnancy, labour and birth symptoms<br>**DVD of "home" labouring woman**<br>**Cervix model activity**<br>Labour pain<br>Massage induction | Yes |
| 13th June<br><br>Maternity Hospital | Weekday evening<br><br>7pm–8pm | **Hospital tour** | Yes |
| 14th June<br><br>Town Hall<br>(and pub) | Saturday<br><br>10am–4pm | Pain relief<br>Natural birth and birth interventions<br>Third stage of birth and placenta<br>Recovery after a caesarean<br>**Pub session (men);** Relaxation (women)<br>**Report back on pub session**<br>**Nappy changing**<br>Reusable nappies<br>Cot death<br>Settling a crying baby<br>Packing a bag for hospital<br>Meeting a couple and their eight-month-old baby | Yes (except the Relaxation session for women) |
| 18th June<br><br>Town Hall | Weekday evening<br><br>7pm–9pm | Breastfeeding counsellor-run session | Yes |
| 25th June<br><br>Town Hall | Weekday evening<br><br>7pm–9pm | Impact of baby on relationships<br>Postnatal support groups<br>Postnatal depression<br>Relaxation activity<br>Evaluation | Yes |

**Figure 2 – NCT course schedule showing sessions observed by the researcher (sessions in bold are presented as scenarios in this study)**

### 3.3.6 Participants in NCT classes

Twelve participants (six couples) attended the observed course. Lisa led all sessions except the breastfeeding session, which was led by a breastfeeding counsellor. It was agreed that to avoid disclosure of participants' identities, only a general list of their professional backgrounds could be reported. This has been incorporated into Figure 3.

| Antenatal Course Participants (with names changed to preserve confidentiality) | | Participants' Occupations |
|---|---|---|
| Female partner | Male partner | |
| Diane | Terry | A general list of the men's occupations in no specific order: |
| Laverne | Tom | • Account manager |
| Sarah | George | • Marketing manager |
| Kristal | Ivan | • Designer |
| Lara | Brian | • Engineer |
| Elise | Mike | • Public transport manager |
| Lisa (Teacher) | | • Security professional |

**Figure 3 – Course participants**

There was almost full attendance throughout the course, although one of the men was unable to attend the breastfeeding session. Tom, Ivan and Mike were initially reluctant, despite Tom having previously attended NHS classes. The levels of active participation

varied in relation to the pedagogic context and the knowledge that individuals brought with them. The men, more so than the women, seemed keen to share their previous knowledge. Tom and Ivan came with knowledge about fatherhood drawn from observing their brothers. Brian lived too far away from his relatives to pick up similar knowledge, but appeared to have undertaken research on the internet. Generally, the men's participation was more animated and jocular during the nappy changing, and there was a greater willingness to share specific anxieties during the men-only pub session than during the rest of the course. Tom, Mike and George were highly vocal and frequently cracked jokes during the course, while Terry notably took the initiative and confidently led the men-only group work.

During the breastfeeding session, it was noticeable that the women engaged far more with the pedagogy than the men. Lara confidently asked questions throughout the course, while the nappy-changing session encouraged Laverne, Elise, Sarah and the generally quiet Kristal to become more animated and involved. Diane was also a relatively quiet participant, although it was apparent from discussions that she and her partner Terry had discussed their learning and its consequences away from the main group.

### 3.3.7 Undertaking and recording observations

Undertaking fieldwork observations was a new experience, although the researcher practiced his recording techniques by gaining consent and observing a training course attended and led by some of his workplace colleagues. This gave some pointers as to how to deal with the practicalities of recording participant observation, even down to having an adequate supply of spare pens.

The most difficult part of the actual observation was the first session, during which the researcher felt a heightened sense of anxiety. However, this soon dissipated, particularly as it became apparent that all course participants and the teacher approached a new course and its dynamics with trepidation. The teacher worked hard to break the ice and make everyone, including the researcher, comfortable. By the mid-point of the first teaching session, the researcher felt relaxed and unobtrusive. There were plenty of interactions to record and, even at this stage, some of the substantive findings began to emerge as he recorded and thought about what was being observed. For example, Lisa projected clearly and consistently her message about the natural straightforward discourse.

There was an area for making tea and coffee in the main teaching hall, which provided a space where before, between and after each teaching session the researcher could engage and chat with the teacher and participants. On occasion, the conversations drifted into unrelated topics, but in all cases a brief record was made in the field-notes, with care taken

to avoid recording confidential information. As discussed under researcher reflexivity (3.5), some of these casual interactions provided data that contributed to the substantive findings.

Field-notes are a form of representation produced during, or close to, the time of observational fieldwork that can be reviewed, studied and deliberated on (Emerson et al. 2007). During the participant observation, handwritten field-notes were used to record impressions of the environment, the body language of participants and the activities. These notes also recorded the "actual words" or "situated vocabularies" of participants to help understand how they perceived and constructed realities and subject positions (Hammersley and Atkinson 1995, p.182). Following Delamont's (2002) suggestion, field-notes were taken both within and around the teaching context.

A balance had to be struck, however, between depth of content and breadth of description. While abbreviations and shorthand note-taking captured key verbal comments and exchanges, it was not always possible to record complete sentences and dialogue or to embellish these with commentary on body language and other visual data. To ensure the concreteness of the recording process, the actual words of participants were represented in field-notes within inverted commas. Photographs of artefacts, such as flipchart and whiteboard work, were also produced.

The main problem encountered during the recording process was time and fatigue. After several hours of recording field-notes it was hard to summon up additional energy to spend several more hours transferring them into Word documents.


### 3.3.8 Analysis of participant observation

At the end of each observation, field-notes were read through and transformed into a Word document. This was an opportunity to tidy up the handwritten notes into a form suitable to import into NVivo software for analysis. The tidying-up process involved elaboration of detail not possible in the field and the correction of errors. Gaps in the original notes were filled in, with care taken to distinguish between the actual words of participants and the researcher's own descriptions. By reducing the "confusion of the social world" into text, the world of antenatal pedagogy was reconstituted into a preserved form of data to "be reviewed, studied and thought about time and time again" (Emerson et al. 2007, p.353). It was possible, for example, to extract scenarios from the tidied-up field-notes for analysis and, as illustrated in Chapters 6–9, present the findings. Although the data was rich and varied, it was not treated as a complete record of the antenatal class. Tidying up involved a certain level of selectivity in terms of how observed events were "framed" or "presented" (Emerson et al. 2007, p.353).

Therefore, the analysis, informed by researcher reflexivity, was viewed only as a partial record, and one of many possible interpretations.

The data was coded using NVivo software. Links were made, sometimes using the theoretical resources identified in chapter 2, to the coded data from the analysis of NCT texts, for example to illustrate a recontextualisation of the official NCT discourse. Codes were also produced for subject positions, pedagogic practices and anything else that appeared of interest. Some codes used pre-existing keywords borrowed from the literature review (e.g. sturdy oak), while others generated from the data were given their own name (e.g. affective self-manager). Codes were also split and renamed to strengthen or distinguish their specific identity. The NVivo software allowed memos to be added as a reminder of emerging ideas (Bazeley 2007) or to capture reflexive comments.

### 3.3.9 Interview methods

Interviews with three NCT teachers helped in understanding how the NCT discourse was recontextualised, and how within pedagogy this and other influences produced specific subject positions for men.

It was recognised that interviews could yield different types of data. In addition to drawing upon discourses, which are open-ended, the study was interested in how the teachers shared meaning and order in their worlds by using fully formed and structured narratives or stories. Qualitative research offered the potential to identify and interpret narratives and the socially constructed meanings that constitute "on-going and often institutionalized patterns of societal conduct" (Gergen 1998, p.9). Narratives are one of many possible ways of telling a story (Pagano 1991), and are discursively produced.

Rather than treat interviews as accurate representations of knowledge, beliefs and attitudes, they were used to provide an insight into the way teachers drew upon different discourses to construct the social world, agency and subjectivities. The interviews were not viewed as a "one way data pipeline", and consideration was given to "dynamic interrelatedness" (Holstein and Gubrium 1997, p.127) and the form and the content of the interview (Coffey and Atkinson 1996).

Semi-structured interviews are commonly used in qualitative research (Mishler 1986) as a means of accessing abstracted and generalised knowledge (Flick 1997). Narrative interviews are considered a useful way of accessing subjectivities, knowledge and memories related to experience held within the storylines of interviewees (Flick 2006); however, this means they can potentially drift away from issues of interest to the researcher. An approach

referred to as episodic interviews (Flick 1997; 2006), which pulled together elements of both semi-structured and narrative interviews, was selected. This allowed the researcher to maintain a focus on the research questions and guide the direction of the interview using semi-structured interview questions that encouraged situation-orientated narratives of specific episodes. Episodes pertaining to situations or issues of interest (e.g. how a teacher became involved with the NCT, or how a specific teaching event occurred) were prompted by the researcher. More pointed questions were introduced to encourage the teachers to construct subjective meanings and generalisations associated with their experiences, and to maintain a primary focus on the research questions (e.g. How does the NCT class compare to other classes? Who are the ideal male subjects of your class?). Examples of these different types of questions are provided in Figure 6.

Episodic interviews with three NCT teachers provided information about practices not open to direct observation, and helped understand how teachers gave meaning to their pedagogy in different contexts, including how they recontextualised the NCT discourse and positioned men. The interviews complemented the participant observation and provided insights into Lisa's values, motivations and justifications for course content and pedagogy. In addition, they helped reconstruct events that occurred across time, contextualising the teachers' current approaches to pedagogy in relation to previous experiences and narratives.


### 3.3.10 Interview participants

A purposive sample was gathered via a mixture of convenience and snowballing to generate the data required to answer the research questions (Bryman 2004). Three teachers made up the sample, providing a mixture of status, experience and qualities (see Figure 4). Two of the teachers were able to provide a historic perspective based on over twenty years of NCT involvement. Jane had national involvement in producing and delivering the NCT antenatal diploma teacher training programme, while Lisa had qualified from the programme.

After being recommended by the NCT, Jane and Beth confirmed they would be willing interviewees and were contacted to arrange suitable times to meet in their own homes. Lisa, at the recommendation of Beth, agreed to be interviewed and observed. Arrangements for her interview were made following observation of her course.

| | |
|---|---|
| Lisa* | An NCT teacher for over five years; Lisa's antenatal pedagogy was observed during the study |
| Jane* | An NCT teacher with over twenty years' experience who also trains other teachers |
| Beth* | An NCT teacher with over twenty years' experience who also runs postnatal groups for women |

* Names changed to preserve confidentiality

**Figure 4 – Interviewees**

### 3.3.11 Interview tools

During the interviews, each teacher was invited to construct a visual timeline to represent the pedagogy and content of a typical antenatal course. This encouraged them to focus on pedagogy as a series of episodes or events across time. The timeline (see Figure 5) was used for the duration of the interview as a prompt and reference point, and afterwards as an additional source of data.
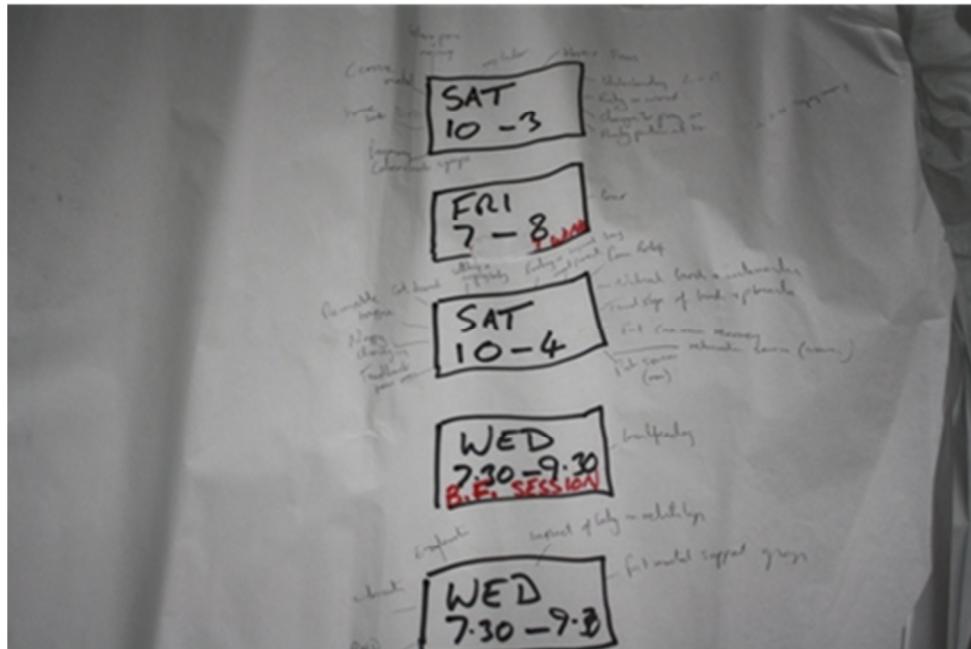


**Figure 5 – Visual timeline**

An interview schedule to use as an aide-memoire during the interviews was produced to ensure coverage of the research questions, which were broken down into mini research questions (Mason 2002), including some providing a narrative incentive (e.g. Describe how you came to be an antenatal teacher and how your role has developed since you first started). Other questions asked for subjective definitions (e.g. From where do you get your authority to teach these classes?) or sought abstractive relations (e.g. Can you tell me about the kinds of men who attend your classes?)

To maintain the informality and fluidity that characterises qualitative interviewing, there was no use of a comprehensive sequence of questions. Instead, the mini questions were condensed into a five-section structure, incorporating an introduction and four general interview topics, represented as a single-sheet aide-memoire, as presented in Figure 6.

| Main Structure/General Topic | Specific Topics of Questions |
|---|---|
| Introduction to episodic interview method | |
| NCT teacher's background, authority and motivation | How and why they became involved<br><br>Authority and sources of knowledge? |
| What an antenatal course look like | Construct a timeline<br><br>Who is involved, how and why? |
| The aims of involving men in an antenatal class | NCT's aims?<br><br>Aims, methods and measurement of success of pedagogy (the timeline)?<br><br>Ideal male subject? |
| Knowledge transmission and recontextualisation | NCT compared to other forms of antenatal education?<br><br>This class compared to other NCT classes?<br><br>Men's involvement?<br><br>Other influences? |

**Figure 6 – Aide-memoire of interview with antenatal teachers**

### 3.3.12 Analysis of interviews

The interviews were recorded as audio files, transcribed into Word documents and then imported into NVivo software for analysis. Codes developed during the analysis of NCT texts that drew upon the theoretical resources from chapter 2, were used to illustrate a recontextualisation of the official NCT pedagogic discourse. New codes were also produced in identifying subject positions, pedagogic practices and personal narratives. The coding of Lisa's interview was specifically linked to analysis of the observation data. The analysis, informed by researcher reflexivity, was viewed as one of many possible interpretations.

### 3.3.13 Analysis of multiple methods

Using multiple methods in qualitative research is regularly viewed as contributing to triangulation both between and within (Delamont 2002) each method. It could be suggested that bringing together data drawn from different sources helped the researcher gain a more complete or authentic picture of the social world. The crudeness of this view is contested by Coffey and Atkinson (1996, p.14), because it implies there is a "single, valid representation of the social world". Their alternative view, considered relevant in this study, suggested it is possible to combine data-gathering techniques, and make use of data drawn from a variety of sources, to "produce versions of the social world" (Coffey and Atkinson 1996, p.15).

After the initial coding of data from the three research methods, the scope of the study was clarified and delimited and data funnelled to establish five broad interrelated areas of interest. The first two areas, corresponding with research questions one and two, focussed respectively on the NCT discourse and how this was recontextualised by teachers. The third research question, however, required breaking down into three distinct areas. The third and fourth areas looked respectively at the positioning of men at the birth and during early parenthood, and the fifth examined how men positioned themselves in an all-male teaching context. These eventually became the five empirical chapters of the thesis (Chapters 4–8).

The theoretical resources (identified in Chapter 2) helped in establishing a deep focus on each of the five areas, in analysing how the power/knowledge of governments and the medical profession constrained or enabled the construction of the official NCT pedagogic discourse and in considering how this was recontextualised to influence the availability, recognition, realisation and regulation of subject positions within different pedagogic contexts.

Although NVivo offered the facility to build connections between the initial codes, at this point a different approach was adopted in which separate Word documents were established

outside of NVivo for each of the five areas of interest. Coded data established in NVivo was transferred into the relevant Word document to build theoretical categories linked to the five identified areas of interest. A process of saturation (Glaser and Strauss 1967) established the relevance and depth of each theoretical category.

It was noted that some theoretical categories were produced from codes identified in more than one research method (e.g. the category of the affective self-manager subject position emerged from coded interview and observation data). Some codes and categories also appeared in more than one area of interest (e.g. affect emerged as a category across all five areas of interest). Codes and theoretical categories that cut across the different areas of interest provided data linked and further analysed using the theoretical sensitivities and resources identified in chapter 2. Care was taken to ensure that these theoretical sensitivities did not blinker the analysis (Henwood and Pidgeon 2003) and where appropriate codes and categories were generated that extended beyond the theoretical resources (e.g. affect was identified as a potential influence on teachers' pedagogic discourse). A sixth Word document was used to bring together this data, producing the analysis presented as Chapter 9 of the thesis.

### 3.4 Ethics

As part of the process of designing the research, an ethical approval form was successfully submitted to the Cardiff University School of Social Science Ethics Committee. The following identifies how the ethical issues were addressed.

All observed course participants were informed prior to booking a place with the NCT that a researcher would be present during this specific antenatal course. To ensure people gave their free consent, Lisa, the teacher, was able to offer an alternative course, at a similar time, for couples who preferred not to have a researcher present.

Prior to undertaking the interviews and observation, all participants were provided with a letter briefly outlining the purpose and methods of the study, the researcher's contact details and a consent form to be signed (see Appendix 1 and 2).

The research was conducted at a time when the participant's levels of anxiety may have been heightened by events in their own life, and it was essential that the research process did not add to or heighten any potential anxiety. It was agreed that, at the request of the participants, the interviews or observation could be suspended at any time. At the beginning of each individual observation and interview, the researcher checked that participants were

happy before continuing. At no point were there any objections or any need to suspend the interviews or observations.

To ensure confidentiality, the names of course participants were changed. In the original observation field-notes, participants were referred to using an initial, and whilst tiding up the notes each participant was assigned a pseudonym; this name was used in all further analysis and reporting of the data. At the request of participants, their places of work and specific positions of responsibility within employer organisations were not recorded.

Three distinct sets of data, in the form of Word copies of the NCT documents, interview transcripts and tidied-up field-notes, were imported and held in NVivo 8 software. Back-up files were also made, and the data stored safely in a password-protected location.

## 3.5 Researcher reflexivity

A Word document was used as a reflective diary to record key events and significant ideas during all stages of the research. This aided researcher reflexivity by producing a space to log memos (including memos recorded in NVivo and jottings from the observation field-notes) concerning the kind of feelings the research provoked for the researcher, together with hunches and methodological decisions and their rationales (Henwood and Pidgeon 1992). A re-reading of specific entries helped maintain a reflexive perspective during the research design, fieldwork and data analysis**.**

Reflexivity helped attend to the researcher's role, personal orientations and socio-historical location within the research. It was noted, for example, that experiences as a father and previous attendee of antenatal education helped in gaining access to the general setting, and provided opportunities in the field (e.g. observing a men-only session) that may not have been open to all researchers.

A potential disadvantage of taking a participant observer role was also reflected upon, where the researcher's attention was occasionally deflected from observing and recording pedagogy. For example, a situation arose where one of the men remembered that the researcher was a new father and asked how he was coping with sleepless nights. Another situation arose during the men-only pub session where one of the men asked the researcher his opinion about the most important item to purchase in preparing for a new baby. These incidents were recorded in the field-notes, and later reflected upon as data that provided an insight into the concerns of male partners at this stage of the transition to fatherhood, and their willingness to learn from other men.

The study also identified how the antenatal and postnatal periods can invoke strong feelings and emotions for the participants and the teacher. This was also the case for the researcher, as the hospital visit brought back powerful memories based on his own experience of being a birth partner and new father. Awareness that the researcher's perspective was only one of many ways of experiencing the world helped ensure that this did not direct the research in a particular direction. Discussions with the research supervisors acted as a reflective sounding board and helped in dealing with a wide range of practical, intellectual and affective issues that arose during the course of the research. The researcher was challenged to look for other possible interpretations of the data that may have existed beyond personal feelings, experiences and theoretical sensitivities.

# Chapter 4 – NCT Discourse

## 4.1 Introduction

The following five empirical chapters work together to address the research questions by presenting the findings of analysis of the data gathered using the three research methods described in the previous chapter. Selected extracts of data from NCT texts, interview transcripts and Word documents produced from field-notes are presented using italics. The analysis incorporated theoretical resources identified in Chapter 2, in particular Bernstein's concepts of pedagogic discourse, recontextualisation, voice, message, recognition and realisation. In Chapter 3.3.1, a method for analysing selected NCT (and NCA) texts was described, and the findings of this are presented here in Chapter 4 and used to identify and understand the official pedagogic discourse or voice of the NCT. Chapter 5 uses the methods employed in interviewing NCT teachers, described in Chapter 3.3.9, to identify how the teachers recontextualised the official pedagogic discourse of the NCT and produced their own distinct message. Chapters 6–8 present findings from the observation, as described in Chapter 3.3.3, of selected areas of pedagogy. Chapter 6 and Chapter 7 identify how Lisa recontextualised the official pedagogic discourse of the NCT in her own practice, and Chapter 8 identifies how the men recognised and realised the subject positions extended to them. Chapter 9 brings together all of the findings, and specifically uses Bernstein's theory to argue – within the context of this specific NCT antenatal course – how discourse and affect influenced the recognition, realisation and regulation of subject positions for men.

## 4.2 A natural straightforward discourse

Chapter 2 identified how the NCT, and its forerunner the NCA, attempted to protect women from the pain of childbirth by producing an alternative birth discourse that rivalled and critiqued the dominant technical medical discourse. The NCA text in the study sample confirmed this with an argument *"that analgesia should not be forced on women in childbirth…nor should labour be induced merely to save time"* (NCA 1956).

The NCA promoted a retreat from the culture and disciplinary practices of medicalised birth towards a normal, straightforward or natural approach: *"…maternity units should be homely and unfrightening and in no way connected with hospital"*, and *"the idea fostered by many*

*medical people today that natural childbirth includes routine internal examination, routine administration of analgesia, routine episiotomy should be dispelled"* (NCA 1956).

During analysis, this was coded as a natural straightforward discourse that also embraced and promoted specific early-parenting practices, such as *"self-regulated breastfeeding"* (NCA 1956) as a natural alternative to bottle-feeding. Early associations of all things natural and straightforward with good health endured, with later NCT texts stating that *"the normal physiological processes of birth and breastfeeding can make a major contribution to the health and well-being of women and babies"* (NCT 2007). Furthermore, *"straightforward vaginal birth"*, defined as *"a birth that starts, progresses and concludes spontaneously, without major interventions, such as a caesarean or an instrumental delivery, or a series of other medical procedures"* (NCT 2002, p.16) was promoted. It was claimed that women *"who have had a straightforward birth have a greater chance to start the next stage of their lives feeling fit and well"* (NCT 2002, p.16).

Unlike the early pioneers, the later NCT appeared more reserved and diplomatic in its direct criticism of medical practitioners (Kitzinger 1990), indicating a recontextualisation of the discourse. Texts acknowledged that medical intervention only had a place in extreme circumstances: *"The primary focus in maternity care should be facilitating normality, with well organised contingency plans in place so that appropriate action can be taken if the pregnancy or labour ceases to be normal"* (NCT 2002, p.17). The recontextualised discourse shifted emphasis from protecting women from medical intervention towards the promotion of good health involving individual and social transformation. Rather than specifically identifying the medical profession as a threat to the natural straightforward discourse, the NCT mission statement made a more general connection to the *"pressures of modern society"* (NCT 2007). This threat encompassed *"the culture within which one lives, the commercial pressures in the system and the political pressures expressed in the way health services and other public services operate"* (NCT 2007).

## 4.3 A discourse of national well-being

Birth and parenting are intimate personal activities that have reoccurred across time as issues of national concern and social, health and economic policy. The association of the natural straightforward discourse with good health was further linked, by the NCT, to a discourse of national well-being, evident through its claim that positive birth and early parenting have key health benefits for both families and society, *"affecting physical and mental health, social relationships and child development"* (NCT 2002, p.16).

Kitzinger's (1990) research uncovered an earlier manifestation of this attempt to fit the NCT natural straightforward discourse within prevailing discourses of national concern: *"Babies born this way are better babies…and we urgently need in Britain a race of good quality men and women"* (NCA Newsletter 2 1957, in Kitzinger 1990, p.99). Although the NCT abandoned eugenicist ideas and notions of empire, birth and early parenting continued to be described as *"the foundation of family life"* and of *"enormous"* significance to society (NCT 2002, p.16). Antenatal education was aligned to the political goals of investing in children and early intervention (Early 2001). The NCT's stated mission was couched in language and ideology that fitted with policies of parental support, children as future and the health and well-being of the nation: *"NCT believes that the way society supports those becoming parents during pregnancy, birth and the first years after birth have major implications for the future health and well-being of the population"* (NCT 2007)

Despite changes of government, the NCT continued to recontextualise its discourse to ensure compatibility with national political discourses. This is evident in the Chair of the NCT, Rob Hayter, calling upon members to embrace the coalition government's Big Society policy: *"Since July 2010 the 'Big Society' has championed empowerment of local people and communities. The NCT has been empowering parents through local branches since 1956 and I call on everyone…to help us reach more parents in the forthcoming years"* (NCT 2010, p.2). The suggestion is that localism is part of the NCT's past and future, and therefore compatible with government rhetoric on "mending" society's big problems from the bottom (i.e. family and communities) upwards. The NCT's status as a campaigning organisation that also sought public funding and commissions from statutory organisations may have potentially guided its alignment with policies and discourses promoting national well-being.

Meanwhile, the NCT garnered legitimacy and respect within the midwifery profession (Kitzinger 1990) at both national and local level, as exemplified in the following account: *"When I go into the hospital we have a certain amount of weight there because we are the NCT…midwifes see NCT as a great source of support because NCT believes in midwifery"* (Beth, NCT Teacher).

Therefore, these data indicated how a discourse of national well-being equipped the NCT with power and legitimacy at local and national level. Antenatal course participants were invited to adopt subject positions of personal responsibility and self-empowerment through education constructed as not only good for them as individuals, but also for their families and society.

## 4.4 A discourse of reflexivity, choice, transformation and preparedness

Both the natural straightforward and the national well-being discourses, as projected by the NCT, invited antenatal course participants to take up empowered subject positions during the transition to parenthood. The Trust's documents reinforced this by drawing upon three further interrelated discourses grouped together here and referred to as choice, transformation and preparedness.

The NCT constructed birth and breastfeeding practices as natural or normal, but assumed they were not necessarily instinctively or inherently practiced. Women were depicted as being in need of education to transform into confident agents prepared for birth and parenting. The idea of natural practices being developed through social learning and support was fundamental to the original "women's network" (Kitzinger 1994, in Nolan and Hicks 1997, p.179). Early NCA documents also reflected this, referring to a *"mother trained for natural childbirth"* (NCA 1956). In the modern era, preparation and transformation through education continued, and one NCT teacher interviewed as part of the study suggested *"breastfeeding is the norm and requires skills that need to be learnt"* (Beth, NCT Teacher).

The NCT appeared mindful not to support one specific birth or parenting practice ahead of others. It offered parents *"information and support in pregnancy, childbirth and early parenthood"*, but this was to ensure they *"are aware of the full range of options and are empowered to make decisions that are right for them"* (NCT 2007). Choice was therefore a multifaceted concept within the NCT discourse, used, for example, in publicity materials to promote an adult education model: *"NCT antenatal classes are tailored to cover the information that is most relevant to each individual group"* (NCT 2012d).

Some texts indicated that pedagogy would help parents make choices: *"Your antenatal course will focus on providing you with the information and skills you need to make your own decisions…"* (NCT 2012d). This covered a range of choices about birth and parenting:

- *Practical skills for labour, including breathing, massage and birth positions*

- *Your pain relief choices*

- *Realistic information on what happens during birth*

- *Early days with your baby*

- *… a session with a qualified breastfeeding counsellor* (NCT 2012d)

In this extract, choice is arguably framed using the natural straightforward discourse. "Realistic" could imply that birth is an area of contested knowledge, and that the NCT discourse will help users see through the misinformation of alternative discourses. At least

three of these topics (practical skills, pain relief choice and breastfeeding) are closely linked to the natural straightforward discourse. In particular, the reference to pain relief emphasised the choice and agency of women in relation to their bodies. Arguably, the NCT recontexualised a government discourse of choice but in a way that opened up the opportunity to teach natural alternatives to medicalised pain relief. Choice, linked with transformation and preparedness, was positively presented and facilitated by the provision of information and support, ensuring that parents were *"aware of the full range of options"* and *"empowered to make decisions that are right for them"* (NCT 2007).

The NCT appeared to follow the government discourse of balancing parental choice with wider policy aims. Support for families, it suggested, should be *"open to parents adopting a range of parenting styles"* and provided to help *"mothers and fathers to develop confidence in their own approaches"* (NCT 2005, p.2). However, choice appeared as a bounded concept that promoted or limited particular types of parental transformation. The NCT expressed a view that *"parents do their best to make choices that are good for their own health and well-being and that of their children"* (NCT 2007). This can be interpreted as choice operating within the clearly classified boundary of healthy lifestyles and national well-being.

The NCT choice, preparedness and transformation discourses therefore related closely to discourses of individual responsibility and reflexivity (Giddens 1998), where individual couples sought out information as part of the project to transform themselves into better parents (Lupton and Barclay 1997). This was evident in a description of parenthood transitions *"as a time of…personal growth"* (NCT 2005, p.1).

## 4.5 Discourses of cultural and social capital

The previous section argued that the field of birth and parenting required parents to make reflexive choices. This in turn demanded cultural capital suited to the contemporary habitus of responsibility, choice and preparedness. The NCT publicity materials reminded prospective participants that *"your antenatal course will focus on providing you with the information and skills you need to make your own decisions about your labour and birth"* (NCT 2012d).

As part of its attempt to legitimise its voice, the NCT linked its pedagogy to research evidence, stating the belief *"that services and information for new parents should be based on the best available evidence, drawing on both quantitative and qualitative research"* (NCT 2007). The Trust acknowledged the contestable and conflicting dimension of research findings; its birth policy, for example, suggested that *"if too little research has been done to show how different options compare, parents should be told"* (NCT 2002, p.17). Another

document claimed to *"enable all parents to make evidence based decisions and reduce the amount of conflicting information and advice to which they are subject"* (NCT 2010, p.7). There was a suggestion, however, that the NCT privileged research favouring a natural straightforward discourse, as in its claim that *"the evidence base will…particularly enable a physiological normal transition to parenthood"* (NCT 2010, p.7).

Another dimension of the cultural capital discourse was an expressed commitment by the NCT, despite its perceived middle-class bias (Kitzinger 1990; Nolan 1995; Cooper 2005; Bainbridge 2009), to ensure all parents, regardless of background, had access to antenatal education. In line with government policy discourses, the NCT stated that *"we want to make sure that everyone has access to our services and activities"* (NCT 2007), and developed a series of initiatives to provide specific support for marginalised groups, such as rural families, young mothers and parents from minority ethnic groups (NCT 2012c).

The development of linking and bridging social capital (Woolcock 2001) was also part of the NCT's pedagogic discourse: *"…parents of a new baby need support and benefit from the opportunity to be involved with a network of parents in their local community, and via telephone and email, to share experiences"* (NCT 2007). A claim that social capital could endure beyond the lifetime of the antenatal course, and be used as a source of cultural capital to sustain the transition to parenting, was also identified: *"Many of our members make life-long friends through their local NCT branch which eases the isolation often associated with new parenthood"* (NCT 2010, p.3).

## 4.6 Discourse of confident and positive parents

The official NCT pedagogic discourse focussed on providing cultural capital and support to deal with some of the potential affects and emotions experienced during birth and parenting practices. Katz-Rothman (1982) identified how childbirth medicine dichotomises emotional and physical needs, but by including a focus on women getting to know their own bodies and supporting couples to prepare for a positive birth, the NCT voice appeared to bring these needs together. A link was implied between positive feelings and the natural straightforward discourse: *"Birth does not have to be a wholly medical event. It can be immensely rewarding for them (birthing women) to be actively involved in coping with contractions and pushing their baby into the world"* (NCT 2002, p.16).

A claim was made that positive feelings during birth influenced future outcomes, reflecting national well-being discourses associated with early intervention and good mental health. Knowledge and support were directed at enhancing positive feelings and helping parents who may have negative experiences and emotions. *"Positive experiences"* at birth, it was

claimed, *"act as a buffer against later physical and emotional stress"* (NCT 2002, p.16). The transition to parenting was described as a *"special"* process creating *"positive memories that last for life and have a positive impact on the family"* (NCT 2007).

There was an emphasis on promoting confidence, a product, it was claimed, of positive experiences, and a call for all parents to be entitled to an *"experience…that enriches their lives and gives them confidence in being a parent"* (NCT 2007). Confidence was also seen as the product of social capital. Women, it was argued, should be *"confident in the birth process"* and this should be as *"gentle, loving and protective as possible"* (NCT 2002, p.16). It was suggested that a supportive carer would help a birthing mother develop confidence *"and confide their anxieties"* (NCT 2002, p.17). *"It is important that women begin motherhood feeling good about themselves, and valued and supported by others"* (NCT 2002, p.16). A need for women to talk with others about their fears was highlighted: *"Many women fear the birth process itself...or have worries about the baby…",* and they *"should have an opportunity to talk through their anxieties with someone who is sympathetic and understanding, as well as confident in the birth process"* (NCT 2002, p.18). However, whilst a subject position of confident knowing parent was made available, little attention was paid to the negative affective impact this subject position may produce.

## 4.7 Subject positioning, empowerment and regulation

Having identified the official NCT pedagogic discourse or voice, the reminder of the chapter summarises the process behind its production and identifies specific subject positions for men implied within it.

The chapter has illustrated how an NCT voice, or official pedagogic discourse from NCT texts, represented both continuity and change, involving a recontextualisation (Bernstein 1996/2000) across time of an ever-present natural straightforward discourse in combination with a number of alternative discourses. It originally filled the gap left by the decline of informal childbirth support and presented the NCT as the protector of normal birth and parenting practices. Yet the voice evolved to accommodate other views and reach a compromise between radical and reformist discourses, ensuring that the NCT could work with, rather than against, medical practitioners and governments.

In terms of the classification of knowledge (Bernstein 1996/2000), the NCT voice maintained a strong boundary that resisted the medical/technical discourse and preserved its distinctiveness from mainstream (e.g. NHS) sources of antenatal support and childbirth. However, the boundaries enabling the recontextualisation of alternative discourses, including

choice, individualism and national well-being, remained weaker, and in turn helped legitimise the NCT as a credible source of antenatal education to a wide audience.

It is argued, therefore, that the construction of an NCT voice played a key role in establishing the context from which specific subject positions for men were made available, regulated or suppressed. A different context, involving antenatal education organised by a different organisation (e.g. an NHS hospital), may have produced enormously different subject positions for men.

The ideal subjects of the NCT discourse appeared to be individuals and couples who, in the interests of national well-being, took responsibility to prepare by developing cultural and social capital, and who protected themselves (or their partners) from any medical, cultural, social and political pressures that might undermine their ability to reproduce the hegemonic natural straightforward discourse. A dividing practice (Foucault 1982) was implied in which these ideal subjects were positioned in opposition to parents who had not attended an NCT course. They were classified as holders of privileged knowledge and cultural capital who were empowered to make choices and to unmask and question the authoritative knowledge of the medical technical discourse. Yet these subject positions may also be interpreted as a form of "compulsory individuality" (Cronin 2000, p.273) and regulation (Marshall and Woolett 2000).

## 4.8 Men's positioning within the NCT discourse

The earliest text in the sample envisioned male partners' potential presence during labour and birth, stating *"husbands should be present during labour if mutually desired"* (NCA 1956). Presence in this instance implied no more than assuming a witness role (Chapman 1992), and was framed as a choice to be agreed between a birthing woman and her male partner. This principle endured into the modern era, until male partners' presence became a cultural norm (Draper 1997; Odent 1999; Johnson 2002b), although in a role that is not universally understood (Draper 2004).

The hegemony within the NCT of a natural straightforward discourse appeared, within more recent texts, to have produced alternatives to the witness subject position. The NCT's birth policy, for example, advocated more resources for home birth and midwife-led birth centres. These *"social"* rather than *"medical environments"* (NCT 2002, p.16) were important because it was claimed they limited the need for drug intervention and promoted breastfeeding. It was indicated that *"the father can be fully involved…"* (NCT 2002, p.16) in these social environments, and texts referring to the birth environment implied ways in which male partners could be involved.

An environment to support natural straightforward birth was advocated in a section outlining specific factors that *"can help labour flow"*. These included *"…freedom of movement, comforting massage, warm water, visualisation and relaxation techniques, a peaceful, unhurried atmosphere, together with support from loving companions"* (NCT 2002, p.16). *"Loving companions"* was far more inclusive than the original 1956 reference to *"husbands"*, implying that although it is a cultural norm for fathers to be birth partners, some women could also opt for a female partner or another close friend or relative. Regardless of the breadth of the term, it can still be interpreted as a potential subject position for male birth partners, and an implication in the term *"loving"* that support could include affective, emotional and physical involvement.

It is also implied that a loving companion (i.e. male partner) can potentially contribute – alone or in conjunction with the midwife – to the birth environment, providing massage and relaxation techniques. The emphasis on a *"peaceful…atmosphere"* suggested a need to remain calm and keep a check on any emotional or affective behaviour that undermined the environment. The emphasis on time (*"unhurried atmosphere"*) and agency and space (*"freedom of movement"*) represents other responsibilities that birth partners can potentially assume.


## 4.9 Men's positioning as fathers

Men's positioning as fathers within the NCT discourse was mostly subsumed under the gender-neutral term *"parents"*. The main exception was the NCT's parenting policy (NCT 2005, p.1), in which *"men"* were specifically referred to alongside *"women"*. The same text discussed *"fathers"*, alongside *"mothers"*, as requiring sensitive support with feelings where *"babies…become sick or die during pregnancy"* (NCT 2005, p.2). It also advocated: *"A culture in which fathers as well as mothers combine paid work with day-to-day care of their children; extended rights to maternity and paternity leave, flexible working and parental leave"* (NCT 2005, p.3).

Despite its apparent commitment to the crisis support needs and workplace rights of fathers and mothers, the NCT's texts largely offered practical solutions aimed only at women. They claimed women *"need opportunities to talk about their changing roles and relationships"* (NCT 2002, p.17), and indicated the availability of *"women-only antenatal courses"* and *"specific women-only sessions"* (NCT 2012d) within mixed courses. There was a lack of detail about meeting the individual emotional and practical needs and rights of men, beyond opportunities to develop social capital in the form of peer-support networks.

## 4.10 Regulating men

The NCT constructed a distinct voice in which a natural straightforward discourse was presented as an empowering alternative to the medical technical discourse. Antenatal education was used to encourage the development of identities through social and cultural capital, that in turn were designed to transform parents into confident agents prepared for the choices, responsibilities and emotions associated with the transition to parenthood. It constructed particular ways of knowing, including a strong emphasis on women understanding and trusting their own bodies, their self-knowledge of emotions and how they might enhance or inhibit birth and parenting. Men as birth partners and fathers were invited to take up subject positions of agency and empowerment linked to this voice.

The onus on transformation, responsibility and personal choices is potentially a form of regulation that enforced "compulsory individuality" (Cronin 2000, p.273). Generally, the NCT discourse failed to address men and their needs beyond involvement in couple relationships or self-organised peer groups. This positioning of men was regulatory, as it potentially overlooked men's individual prior histories and experiences (Marshall and Woolett 2000).

## 4.11 Summary

The texts shed light on the distinctive voice or official pedagogic discourse projected by the NCT. Over time, this voice has evolved in line with social, political and cultural changes to maintain the NCT's status and legitimacy. However, it maintained its foundational commitment to fight against the dominance, within maternity, of the medical technical discourse. The hegemonic natural straightforward discourse, recognisable in the Trust's work involving labour, birth and early parenting, preserved the NCT's distinctiveness from other antenatal organisations. One of the consequences of the NCT's recontextualisation of discourses was that it projected subject positions related to birth and parenting. Potential subject positions for men were limited to transformation, responsibility and personal choice, and regulated first by the hegemonic natural straightforward discourse and second by a tendency to subsume their capabilities and aspirations within couple relationships.

The next chapter presents findings from the interviews with teachers, and examines the extent to which these teachers, during their pedagogy, recontextualised the official pedagogic discourse of the NCT, and other discourses, to produce their own distinct messages.

# Chapter 5 – Recontextualising the NCT Discourse

## 5.1 Introduction

This chapter presents findings from the interviews conducted with three NCT teachers and, by once again drawing upon Bernstein's concepts, examines how they recontextualised the NCT's official pedagogic discourse, in accounts of their pedagogy, to fill the pedagogic gap by bringing together alternative discourses. The chapter will highlight similarities between the teachers in terms of their message and, after observing her teaching, the extent to which Lisa's approach and the subject positions produced for men in her pedagogy were typical or unique. The findings from observing an antenatal course run by Lisa are presented in Chapters 6–8.

## 5.2 Motivations and passions

The interviewees, who were all mothers themselves, fitted the profile of the typical NCT teacher. The findings indicated that they were attracted to the NCT by its aims and values, a commitment strengthened by NCT training and developmental support. They aspired to help pregnant women and their partners develop social and cultural capital, but also harboured individual motivations and background experiences that, it is argued, influenced their talk and thoughts about their work and the official NCT pedagogic discourse. This was illustrated in the following account from Jane:

**Jane**

*"In terms of political and religious views you are not supposed to bring your own beliefs …into your classes…you can't let them impact. …I don't think there is anything to stop people expressing their passion if it's on one particular line and I suppose the obvious one would be birth that is totally unintervened with, you know, sort of natural birth. You don't tend to get people coming into NCT who are passionate about caesareans (laughs)…It worries me if I come across teachers who think they shouldn't be teaching about the other aspects of birth…I shifted on this myself in that I had two very normal, straightforward births, possibly more by luck than anything else, I don't know. You know I had no drugs, I did absolutely fine…I did come into teaching thinking that it was a little bit about attitude, you know, if you wanted to do it you could do it and so on and golly it didn't take me very long to be teaching to realise that this wasn't the case…I don't feel I can use those people in the class as my*

*sort of shock troops to go in and fight the battle…but I really do think balance in classes is important…"*

Jane confirmed the strongly classified boundaries of the natural straightforward discourse by laughing at the suggestion that a teacher might want to promote caesareans and the medical technical discourse. Despite this, she implied that a pedagogic gap existed where teachers can express *"their passion".* Jane's personal narrative relating to the evolution of her pedagogy started as she recontextualised the official NCT pedagogic discourse and used her personal childbirth experiences to promote natural birth passionately. Later, however, she repositioned herself, this time opposing the use of antenatal education as a political tool to *"fight the battle"* against the medical technical discourse. She continued to uphold the natural straightforward discourse but advocated, in line with the NCT voice, that it should be presented as a choice alongside other *"aspects of birth".*

The following narrative from Lisa, whose pedagogy was observed, also illustrated how a teacher can be motivated by her own, and significantly her partner's, experiences:

**Lisa**

*"I did go to NCT classes (laughingly) for my first pregnancy but they were pretty rubbish and they didn't prepare me in any way for what was coming…they didn't prepare my husband in any way for what he was going to witness, what he was going to be asked to do and what those early days of parenting were like…*

*When I got pregnant again…I knew that there was a refresher class going on. …I was pretty inspired by…the teacher and I thought, 'Do you know she's fantastic', because actually she prepared us much better for what was coming and (my husband) felt much more confident about his role and what he was going to be doing.*

*(In the first pregnancy) I laboured (laughingly) for a long time and I threw in the towel… I still believe I should never have been allowed to have that caesarean. …I needed more support and more encouragement and I think because I know that, that's how I can try and inspire, you know, perhaps the men coming to courses, that…their role is to keep… things light-hearted, keep the sense of humour, keep the encouragement going, um, and you know that's really what a lot of women just need is somebody to believe in them."*

Although it is not appropriate to equate caesarean birth with illness, some similarities can be drawn between Lisa's narrative and research involving people with long-term health conditions. The "quest narrative" in particular has been associated with an attempt to make use of individual experiences of illness to make things better for other people (Frank 1995, p.76). Lisa's account took a similar shape to a quest narrative, culminating in her commitment to *"try and inspire"* men within antenatal education to take up involved, supportive and encouraging subject positions.

Lisa identified contrasting feelings (*"pretty rubbish", "fantastic"*) when describing her attendance at two antenatal classes. Her first pregnancy ended with a medical intervention, an outcome attributed partly to antenatal education that failed to prepare her partner adequately. These events appeared to motivate Lisa to give preparedness and confidence – both aspects of the official NCT pedagogic discourse – a lofty status in her pedagogy, and to direct these towards producing supportive male subjects who could protect their partners from medical intervention and uphold the natural straightforward discourse.

Lisa's narrative presented four specific *"prepared"* and *"confident"* subject positions for men as a birth and labour witness, an active agent "doing" something during birth and labour, a guided agent during birth and labour (guided is emphasised by the phrase *"what he was going to be asked to do"*) and as a father during the early days of parenthood. The birth partner role positioned men as responsible for encouragement, emotional support and the maintenance of humour.

Further evidence of a pedagogic gap was clear where Lisa implied that individual teachers differ in the extent to which they help men – and women – build confidence and prepare. Beth, another teacher, identified a number of influences that contribute to this variation between teachers, including personal motivations and the choices of participants:


**Beth**

*"…the men are more perhaps coping-with-the-baby-afterwards-orientated rather…less on the labour. I'm always aware that women are thinking more about 'I've got to get through this labour' than thinking so much beyond… There is…the argument between do we do pregnancy stuff and labour stuff and then postnatal or do we intersperse the postnatal items through doing other things…personally I do intersperse the postnatal bits in there…some might do more relaxation physical skills than I do, I probably do more discussion…nothing is prescribed to us. The emphasis is on what the clients in that group want… I always add things that…they are going to need to know…no one asks me about caesareans but they need to know about this, and postnatal depression I rarely get asked to talk about that… I*

*keep telling myself I am going to do more physical skills but these get pushed out, it may just be skills we bring to the job from previous experience?… If I put an activity in…something else would have to come out. I would like to put in more about parental relationships after birth but have yet to think up an activity that would do this and then what would have to go to fit it in? Because I think the relationship after birth does take a battering.*

*We do debriefing…so hopefully we don't bring too much baggage to our teaching; we are all different people with different emphasis… If you have had a difficult breastfeeding experience for example you are not going to be very positive about breastfeeding unless you have really worked through why it did not go well for you and how it can go right for other people…*

*…I had a period of depression some years back; I would have to be careful not to offload my experience of depression onto the group (nervous laugh), that would be unhelpful. Generally we don't answer questions about our own experiences, because is what I went through relevant to the group I've got with me?"*

Beth's account indicated tension in building pedagogy from a combination of her own passions, experiences, the NCT voice and the wishes of participants. *"Nothing is prescribed to us"* confirmed the pedagogic gap where teachers act as a second recontextualising field. Beth implied external prescription, by the NCT, of a specific number of teaching hours – *"If I put an activity in…something else would have to come out"* – and used this constraint as a justification for not adding more content related to specific topics, such as postnatal relationships. Beth's autonomy and control of course contents, despite constraints, was evident as she restated the official NCT pedagogic discourse of *"client"* choice, but also claimed to have selected specific topics such as *"caesarean"* and *"postnatal depression"* regardless of whether these were chosen by course participants.

Meanwhile, Beth's acknowledgment that *"we don't bring <u>too much</u> baggage to our teaching"* implied that some feelings, emotions and affect, even after offloading or reflection, might still influence pedagogy. Unlike Jane and Lisa, who directly acknowledged the influence of prior experiences, Beth claimed to consciously *"offload"* her experience of depression lest it interfered with her pedagogy. However, her privileging of *"postnatal depression"* as a topic that *"…they are going to need to know"* might be an indication of a deeper affective influence on her teaching.

Beth alluded to a "brick wall discourse" (Wiener and Rogers 2008, p.21), where women are positioned as having little interest in knowledge beyond birth, and a companion discourse in which she positioned men as less interested in antenatal than postnatal (parenting) topics.

She suggested there is a debate within the NCT concerning how to balance these topics. Beth's own preference was to intersperse teaching on parenting alongside other content, but she suggested that other teachers might attach greater importance to teaching antenatal and birth relaxation skills. She acknowledged that her approach to delivering this content using discussion could be at variance with the skills-based approach of some other teachers.

These three accounts reveal teachers to be relatively autonomous agents who use a pedagogic gap to recontextualise the official NCT pedagogic discourse alongside individual experiences, motivations and passions. As Lisa's account illustrated, this enabled teachers to make highly specific subject positions available to men.

## 5.3 Men as imaginary subjects

All of the teachers were asked to imagine and describe the ideal male that they would like to see emerging at the end of their NCT course. This provided insight into the meanings teachers give to men's participation in their pedagogy, and the kind of subject positions that they expect them to take up.

The NCT documents analysed in Chapter 4 identified how some women need sympathetic support to deal with their fear of childbirth (NCT 2002), a concern extended by Beth to encompass men:

**Beth**

*"I hope that when they come to the birth…it's a lot less scary for them. So when they come to see someone put on a drip or…monitoring the baby, they understand what is going on and they are in a better position to say, 'Look, I know why you are doing that but why are you doing that?' sort of thing. Instead of, 'Oh my Goodness this is a hospital I want to run away' sort of thing. So yeah, they are well prepared for it and therefore it is a more positive experience…my perfect Dad might have arranged to meet up with other Dads, or the group might have agreed to meet in the pub in three weeks' time or whatever, it's great when groups go on meeting. The women often do, the men sometimes do, sometimes don't, it depends a bit on how the group has gelled.*

*What else? That he is fully involved with the baby as much as he can be around work and as much as they are happy for as a couple, and that is going to vary isn't it…it would be lovely to do more for men, and to have some male support going on, but it needs to be done for men by men really… I think some branches do have sort of men's evenings once a month, I don't know what they do, go to the pub? Play scalextric? I don't know (how to) do the male*

*bonding stuff but I can't set that up as a woman, it's about men saying we want this and sorting it out… I see the women through…my postnatal work, which is great. Later on down the line the women maybe moan about the men, 'They have no idea of what I go through during the day' and things like that. Some postnatal leaders do sessions for men as well."*

Beth attributed fear to the medical technical discourse, and sought to help men overcome fears with confidence, cultural capital and the chance to transform and invest in a subject position of preparedness for a positive birth experience. Cultural capital left men in *"a better position"*, Beth argued, to confidently question medical technical practices (including monitoring and drips) in the interests of promoting a natural birth. She offered men a subject position of responsibility for upholding the natural straightforward discourse by confidently questioning medical authority and aspects of the medical environment on behalf of their partners.

Furthermore, Beth recontextualised the discourse of choice by suggesting that a father's involvement in parenting tasks is an issue for individual couples. She acknowledged that men may have additional responsibilities linked to paid work, but expressed concern that this could result in fathers' non-availability to share childcare, and a lack of awareness of its consequences on their partners. In her view, men's subsequent lack of insight, knowledge and sensitivity could leave mothers requiring postnatal social and emotional support.

Although other NCT teachers apparently had a different approach, Beth expressed a reluctance to provide postnatal support to men. *"I don't know (how to) do the male bonding stuff"* implied her lack of knowledge, skill or confidence. She reinforced this by drawing upon cultural discourses associating men with specific gendered activities, expressed as *"go to the pub? Play scalextric?"* Beth's main justification was that her status as a woman left her unqualified to offer specific support to men; she did not discount the importance of social capital for men, yet did not consider it as her concern. Once again, Beth offered men a subject position involving responsibility, in this case to initiate and enact mutual support with other men.

In answering the same question, Jane, rather than focus exclusively on men, drew upon an equality discourse to express her view that the teaching is available and relevant to both men and women. She identified cultural capital as enabling couples to make decisions and develop confidence:

**Jane**

*"I would like to think that…the man who…walks out of the end of the course…has certainly got a great deal more information and knowledge. … I'm not looking to them to be terribly cold and scientific and understanding…but to be less scared, less frightened, prepared for anything…both for the birth and for afterwards, to know about possibilities…to go away feeling very much as a couple that this is their experience…they can choose, they are the parents, they're the ones who are going to be making the decisions and to be running the show in the end and I suppose also perhaps to never stop learning. …I would feel…arrogant actually if I felt I could say, 'I want a man to get this and this'... I feel that's the same for everyone…the sort of equality I feel in the whole thing is that…I would want the women to go out feeling the same as well. What I would also like them to have felt is that they…their different roles, their different gender roles were respected and that nobody was trying to impose on them a role they didn't want because again that's going to be different for everybody…antenatal teachers are so very different…if you've got someone whose personal agenda is to be very open, to let people find their own way, to give them all the tools…information and skills, the opportunity to just think things through, that's fine, but I suppose if you've got people who have got personal agendas that are a little bit more behaviourist for example…those are the sort of teachers that men sometimes find quite difficult and can feel uncomfortable sitting in a room thinking, 'Oh I think she thinks that I'm dreadful and I ought to be doing something different'…"*

There was an emphasis in Jane's account on participants belonging to and sharing couple identities and transitions – *"this is their experience"* – to parenthood. Although men's feelings are articulated as an object of concern, she made little attempt to distinguish them from their partner's feelings. She was concerned, however, about how the teaching might disrupt or impose on the way gender roles are defined within couple relationships.

Knowledge produced through the medical technical discourse has often been associated with the power and hegemony of men (Oakley 1979). Jane's one direct reference to men, as separate from women, was through using the phrase *"terribly cold and scientific and understanding",* which arguably reflected an awareness of this association. Yet Jane rejected the subject position of men as technical, knowing subjects, preferring to position them as actively engaged and prepared subjects with feelings. Her account suggested men could use cultural capital to lessen their fears in preparation for a wide range of possible scenarios associated with birth and early parenting.

Jane also indicated the presence of a pedagogic gap, and suggested that the message of antenatal education can vary between teachers, some of whom possess their own *"agenda"*. Her concern specifically focussed on attempts to regulate and change men's behaviour, and how this might provoke feelings of discomfort within pedagogy. She implied her own preferred approach, which appeared to involve giving people *"tools"* and helping them *"find their own way"*.

Lisa also answered the question about ideal male subjects (presented here as three separate extracts). She elaborated further on the four *"prepared"* and *"confident"* subject positions identified in the previous section (5.2):


**Lisa**

*"The ones I find the easiest to get involved and that want to do everything are what I'd probably call your touchy, feely men who don't have a problem in expressing their emotions or their feelings and, you know, they're quite happy to give their partner a cuddle and that sort of thing. The ones that are a bit more standoffish, it's difficult to get them involved in doing the massage session because you are asking them to, you know, touch and do those sorts of things and they can find that a little bit difficult to do …I would say I get more of your touchy, feely people, or the ones that tend to melt into being that… I give them no choice but to take part in the massage because I found when I used to say, 'Oh well we'll do some massage now so if you want to kneel down, and guys if you want to stand behind…' it gave them an option not to do it, so now I say, 'Right we're going to do the massage so girls you get down on the floor…' and as soon as you do it in kind of an instruction way they do it and as soon as the girls are down on the floor well then the guys have got to now take part…"*


Lisa provided a typology of men in her pedagogy, the first, described as *"touchy feely men"*, demonstrated an active expression of feelings and emotions, and a second *"standoffish"* subject position included men reluctant to be involved in practical tactile tasks. Here Lisa indicated the potential for this latter group to *"melt"* or transform into being *"touch feely"*, an aim notable in that that it contrasted with Jane's account, where she preferred not to disrupt pre-existing gender roles or behaviour.

In addition, Lisa, unlike Beth, appeared comfortable using practical activities as she revealed her relative control over the pedagogy and class content. In contrast with Jane's approach of equipping participants *"to find their own way",* Lisa attempted to regulate the men by adopting a directive approach (*"I give them no choice")* for the massage activity. A different

kind of regulation is evident in the next extract, where Lisa drew upon culturally available discourses to construct contrasting roles for men during and after the birth:


**Lisa**

*"…I think it's important to recognise that men by their nature want to fix things and they want to make things right and to solve a problem and labour isn't a problem to be solved… I want the man to come out at the end of the course feeling confident in his role during the labour, what it is that he's there to do, how his actions can affect how the labour goes and be aware of that. If she wants her back massaged to be able to do it, and not to run around and flap and to stay calm and be a good, positive, strong influence for the labouring woman, and then after the birth to be sensitive to the woman's needs, to want to be involved in the day-to-day care of the baby and to feel confident to say to his partner, 'I'm feeling a bit excluded', rather than finding excuses not to come home and not addressing it…"*


Lisa positioned men as fixers, drawing upon discourses and masculine subjectivities of men as action-orientated problem solvers (Early 2001). To facilitate the birth partner role, she suggested that they must adopt a subject position that puts this propensity to fix things to one side.

She elaborated on the active *"prepared"* and *"confident"* subject positions identified (in 5.2) above by drawing upon the culturally available sturdy oak discourse in conjunction with aspects of the official NCT pedagogic discourse. Despite favouring *"touchy feely"* men in the classroom, men's active expression of emotions was described as a practice that, depending on the context, should be either selectively shared or hidden away.

Men during labour, according to Lisa, should be encouraged to provide relaxing massages while maintaining calmness in addressing their partner. She also tacitly implied that men's negative feelings could lead them to lose control (*"flap"*) and undermine a natural straightforward or positive birth. Within this context, Lisa suggested that men adopt an affective self-manager subject position in which they project a calm, controlled exterior in the interests of supporting their labouring partner's wishes.

However, within the context of fatherhood Lisa suggested that a different type of affective self-management should be encouraged. Here, unlike during birth and labour, men were expected to be sufficiently emotionally aware and literate to voice feelings of exclusion to their partners. This was used to challenge a discourse in which men avoided home and

childcare responsibilities because they did not wish to discuss feelings. In the next extract, Lisa continued to talk about postnatal relationships:

**Lisa**

*"I think the parenting bit is down to individuals and, you know, men get involved as much as they want to or are allowed to and I think that's the bit I try and address with the women is…back off a bit and let him get involved… I've been on a couple of study days…talking about relationships, so we do lots more about the relationship between...mum and dad and how that's going to change… I feel that there's a huge value in making them look at themselves and how they're going to be as a couple and…not baby-proof their relationship but at least be prepared for the bomb that's about to go off because…women do start to take on a much more traditional role…they do all the housework, they do the shopping…and they look after the baby and they might have gone back to work and for the women the resentment starts to creep in really quickly if she feels that her partner's not doing his fair share… This study by Relate showed…the crunch point comes two weeks after the birth of the first baby…the main reason they split up is because they squabble about who does what. Well, making them think about that antenatally before their baby comes, I think is a really useful exercise."*

The postnatal period was portrayed as a period of change and potential conflict, and Lisa positioned men during this time within individualised couple relationships. She took the view that men's involvement is an issue for couples to resolve contingent on the power dynamics within their relationships (*"allowed", "back off a bit"*). Lisa constructed couples during the early days of parenthood as aligned closely to a "traditional" demarcation of domestic and paid-work roles. She indicated how this could manifest itself through feelings of resentment by mothers and, drawing on research from Relate, a national marriage counselling organisation, how this in turn may impact on relationships. There were two unmistakable links here to the NCT voice. First, she argued in favour of the antenatal period being used as a point of intervention – in line with national well-being discourses – to pre-empt and address affective and practical issues that may result in family separation and divorce. Second, she promoted a form of individualised reflexive couple or relationship work drawn from the official NCT pedagogic discourse of choice, transformation and preparedness.

The final part of Chapter 5 presents some key themes, including three subject positions identified in the teachers' accounts

## 5.4 Course contents and pedagogy

The NCT voice appeared to have shaped course contents by providing broad categories of knowledge and ideology. Chapter 2 indicated how teachers can operate as a second recontextualising field, and this appears to be the case with these three teachers; their accounts reveal them selecting certain discourses and transforming them into course contents and pedagogy. This indicated the presence of a pedagogic gap and the distinction between voice and message (Bernstein 1996/2000). Teachers had relative control over selecting course contents, but made decisions as to what could feasibly be covered during their NCT-imposed time-frame. All interviewees described their pedagogy using the NCT's natural straightforward discourse and discourses of choice and preparation (prepared for all birth eventualities, including caesareans and other forms of medical intervention). Variation between the teachers was evident, with some favouring specific aspects of the NCT voice above others. The uniqueness of each teacher's message was reinforced by them incorporating alternative socially available discourses linked to individual feelings and experiences.

Although the teachers indicated concurrence with the discourse of choice and their desire to base course contents on participants' wishes, there was limited evidence that they specifically offered and provided men with choices. As discussed above, Lisa explicitly identified a situation where she directed the men (*"I give them no choice")* into the massage activity. Lack of choice was also evident in relation to the selection and rejection of specific parenting and postnatal topics identified as popular with course participants (Nolan 1997; Cooper 2005), such as fatherhood, postnatal depression (McElligott 2001), lifestyle change, relationships and the positives of being a parent (Fletcher et al. 2004), or those less popular, such as breastfeeding (McElligott 2001). Based on the teachers' accounts, men appeared to have little influence over course contents. Breastfeeding was the only significant postnatal topic that recontextualised the natural straightforward discourse and consequently always featured, regardless of the men's wishes. Lisa's account indicated that the NCT encouraged teachers to concentrate more on relationships, yet because teachers had the final say on course contents some, like Beth, opted not to. Postnatal depression was included by Beth, yet as was suggested (in 5.2), this may have been more to do with Beth's prior experiences and affective influences than the explicit choices made by men.

It was unclear how men could express choice and influence course contents. This may be attributable to findings from other research indicating that men may have difficulty talking about sensitive topics in mixed gender groups (Friedewald et al. 2005). However, it may be put down to a simple lack of opportunity to express choices due to structural constraints and teachers' agency. The teachers appeared constrained by the restricted time allocation and

the firmly classified natural straightforward discourse. Giving men space to raise and suggest their own topics could potentially restrict opportunities to cover other course contents. As Beth (in 5.2) argued, *"what would have to go to fit it in?"*

The conclusion is that where men's choices for course contents were not linked closely to the natural straightforward discourse, or the individual preferences of teachers, they had little chance of inclusion. Teachers' maximised their relative control, and in the process restricted the potential wishes of male participants.

## 5.5 Emotions, feelings and affect

Within the official NCT pedagogic discourse, affective concerns appeared to be forward-looking, and the class participants – men and women – were invited to prepare for a positive experience of labour, birth and parenting. Some negative feelings were acknowledged, notably fear, but these were still closely aligned, albeit as barriers, to a positive experience. The interview accounts highlighted the generative power of emotions, feelings and a potentially unspoken affect to either wittingly or unwittingly influence the selection of course content and pedagogy. These in turn produce subject positions for men.

As argued previously (in 5.2), Beth may have specifically included teaching about postnatal depression because of her own first-hand experience and affective response to mental health issues. Jane and Lisa also positioned their own and other teachers' pedagogic practices with reference to emotions, feelings and affect. Jane initially promoted her own use of self-confidence as a birthing strategy for course participants to follow. Lisa's motivation (a quest) to prepare couples to uphold the natural straightforward discourse corresponded with her own feelings of regret concerning her caesarean, and the mixed experience she and her partner had of attending antenatal education.

Men's multiple fears during the transition to fatherhood were recognised in the teachers' accounts (in 5.3). Beth's account attributed men's fears to the medical technical discourse, while Lisa suggested men could *"flap"* and lose control during labour and the birth. Both highlighted men's fears during the postnatal period, and all interviewees promoted the discourse of preparedness, claiming their pedagogies build confidence and understanding to support a positive, less *"scary",* transition between pregnancy and parenthood. Lisa positioned men as affective self-managers, placing different expectations upon them during labour and birth than during the early days of parenting. Through participation in the class, men were invited to use the available cultural and social capital to address their fears.

Jane identified passion as a desirable quality for teaching antenatal courses, and passion has a clear affective dimension. As Jane (in 5.3) indicated, teachers can leave course participants feeling uncomfortable, especially if they promote their own *"personal agenda"* or *"use"* people in the class to *"fight"* against the medical technical discourse. Jane also attributed men's discomfort to teachers who take a more directive approach in encouraging behaviour change, as opposed to others who *"let people find their own way".* The promotion of subject positions involving transformation, responsibility or contradictory expectations could all potentially have produced negative responses from the men, especially as the only strategy offered to them beyond dealing with these issues as a couple was to manufacture their own peer support. It is feasible that directive pedagogy (similar to that described in 5.3 by Lisa) could arouse men's feelings, and Jane was the only teacher who acknowledged that expectations placed on men during pedagogy can invoke negative feelings. Discomfort could be exhibited in a range of behaviours that some teachers might misinterpret as disinterest or even aggression. Potentially, Lisa's construction of some men in her class as *"standoffish"* may be her interpretation of behaviour linked to these men's affective response to her teaching style, her *"personal agenda"* or even simply being involved in an antenatal course.

## 5.6 Subject positions for men

In the remaining sections of this chapter, three subject positions extracted from the teachers' accounts are identified and explained. The struggles over course content and pedagogy had a bearing on the shape and availability of subject positions for men; for example, a strong emphasis on labour and birth appeared to favour antenatal ahead of postnatal subject positions. The range of subject positions identified in the accounts suggested a recontextualisation of the NCT and culturally available discourses, combined with the teachers' personal feelings, emotions and affective influences.

## 5.7 Being there

Being there is an overarching subject position built on a culturally produced assumption that men have a responsibility to be present and involved in labour, birth and parenting. Jane asserted that men's role during birth must be closely associated with the choices made within their couple relationship, and Lisa reinforced the importance of couple relationships during the postnatal period. Each represented togetherness and the good husband/good father subject position (Early 2001), and the loving companionship identified in the NCT's official pedagogic discourse (see Chapter 4.8). Being there embraces a number of roles

identified in the literature as being specifically for men at the birth. Of these, the least active is the "witness role" (Chapman 1991), constructed as an expression of men's status and responsibility within the family sphere (Barbour 1990) and as a form of emotional support for their partner.

Discourses promoting active, practical and physical responsibilities for men in the labour room (Early 2001) were drawn upon by both Lisa and Beth. This could include implementing and upholding birth plans (Cooper 2005), performing as a team-mate (Chapman 1991) and advocating on behalf of their partners (Beardshaw 2001). These potentially cover Lisa's positioning (in 5.2) of men during the birth as both *"active"* and *"guided",* and as being responsible for understanding how their actions impact on labour and birth. Only Beth (in 5.3) went as far to suggest that men could directly challenge medical authority by asking, *"Why are you doing that?"*

Being there also positioned men using discourses of involvement as fathers, although in the teachers' accounts this specifically focussed on the early days of parenthood. The emphasis on choice in this subject position ignored contextual socio-economic factors (Morgan 2002) that might shape what is considered within different relationships to be a good level of involvement in partnering or fatherhood. This left open the possibility, for example, of couples choosing to reproduce subjectivities produced by a culturally available, part-time father/mother as main parent discourse (Sunderland 2000).


## 5.8 Affective self-manager

The teachers demonstrated some emotional sensitivity, despite the fact antenatal education has generally been criticised for not addressing the emotions associated with birth and parenting (Fletcher et al. 2004). Jane expressed concerns about putting unnecessary pressure or responsibility onto participants, while affect potentially influenced Lisa's positioning of men as requiring preparedness, confidence and self-awareness. She also identified a specific subject position for them in protecting the birth environment by not transferring their own fears and stresses onto their partner. This recontextualised the natural straightforward discourse and drew upon subjectivities of selflessness, self-control (Courtenay 2000) and the sturdy oak (David and Brannon 1976) associated with hegemonic masculinity. During the postnatal period, rather than fulfilling the sturdy oak role, Lisa positioned men as needing to be open and honest with their partners about feelings and emotions.

## 5.9 Peer supporter

In line with the NCT's social capital discourse, there was an understanding from all three teachers that men may wish to form their own peer relationships; however, no consistent model or approach to help men develop bridging social capital (Woolcock, 2001) was proposed. Beth depicted men as needing to take responsibility for the emotional and practical work necessary to give and receive peer support. She appeared reluctant or lacking in confidence to initiate this, but acknowledged that other teachers may actively form peer group support for men.

## 5.10 Summary

These teachers' accounts provided an insight into the different ways that the discursive objects of antenatal education, such as pedagogy, course contents and parenthood, were constructed and given meaning. The teachers, despite working for the NCT, all appeared to have relative control over pedagogy and the selection of course contents. This indicated the presence, and their use of, a pedagogic gap. Each teacher recontextualised the NCT's official pedagogic discourse and drew upon a range of socially and culturally available discourses (e.g. men as fixers and active agents, couples in "traditional" domestic and paid-work roles) and personal narratives (e.g. based on experiences of childbirth or participation in antenatal education) to construct and create meanings. These demonstrated subjectivities linked to individual values, motivations, experiences, feelings, emotions and potential affect. The teachers also indicated that they worked within boundaries and constraints; the relative power of different elements of the NCT voice is evident, with the natural straightforward discourse appearing to maintain its hegemonic status. These accounts suggested that despite the existence of a single NCT voice, there would always be space for a different message within and between pedagogies.

The chapter has shed light on how discourses and affect underpin the actions and positioning of men by teachers in their classes. Three specific subject positions for men were identified: "being there", underpinned by a culturally produced discourse expecting fathers to be present during childbirth; the "affective self-manager", linked to discourses of men as sturdy oaks; and "peer supporter", linked to discourses of male responsibility. Lisa provided a narrative indicating her affectively influenced pedagogical quest to involve men in her teaching using these subject positions. This will be demonstrated in more detail in the following chapters, using findings presented as scenarios encountered during observation of Lisa's pedagogy and her participants.

# Chapter 6 – Positioning Men as Birth Partners

## 6.1 Introduction

The previous chapters identified the NCT's official pedagogic discourse, or voice, and demonstrated how this was recontextualised by antenatal teachers in the accounts of their own pedagogic discourses and practices. Chapters 6–8 continue the examination of recontextualisation and the production of a specific message through detailing findings obtained from observing the pedagogy of Lisa, one of these teachers. The teaching took place in the main setting of the Town Hall and, during a guided tour led by Lisa, a maternity hospital (see Figure 2). The findings were taken from the Word documents (described in Chapter 3.3.8) produced from the original participant observation field-notes. Extracts from the Word documents are presented here, in italics, as scenarios describing specific events that occurred during Lisa's pedagogy. They are supported with further findings from the interview conducted with Lisa. Chapter 6 illustrates how Lisa produced her own pedagogic discourse and message relating to labour and childbirth by recontextualising the NCT's voice or official pedagogic discourse. Discourses, affective influences and specific pedagogic contexts appeared to contribute to the way Lisa extended four distinct labour and childbirth subject positions to men in her teaching.

## 6.2 Attending labour and birth

The teachers' accounts, as shown in Chapter 5, illustrated how they recontextualised the NCT's official pedagogic discourse or voice. The following scenario describes how Lisa recontextualised a natural straightforward discourse, the hegemonic mainstay of the NCT voice, in opposition of the medical technical discourse:

*The participants were shown a DVD presentation about a labouring woman in a birthing pool in her home. It presented a relatively relaxed and pain-free birth. A male birth partner prepared himself pizza during the labour and did not appear actively involved or supportive. The midwife was relatively unobtrusive but involved. The partner returned from the kitchen and said, "I feel ill, I've eaten too much pizza", producing gasps and laughter from the course participants.*

*These emotions changed as the labour scene progressed. I could see in the faces of most of the class participants that they were emotionally moved by the birth scene. As they listened*

*and watched, the couples held hands or touched. There was silence at the end, Lisa switched off the DVD and invited comments. There were blank and nervous looks before George broke the ice, ironically commenting, "it's a piece of cake". His partner, Sarah, looked less convinced. Lisa asked, "What seems to be the role of the birth supporter?*

*Brian, with a critical tone in his voice, pointed out that the partner "wasn't helping his wife with her breathing or anything". There were nods of agreement from some of the other men. Lisa picked up on the criticism and defended the man in the DVD by saying: "But if that's what she wanted him to do that's fine. The husband was there; being there is sometimes all that is asked for. The kids were upstairs so he was on hand to deal with them if required."*

*Lisa also asked the group what they thought the midwife was doing. George didn't think she was doing "a lot". Lisa defended the midwife, pointing out how she was spending time keeping her notes up to date and occasionally encouraging and positively reinforcing the mother without having to perform any internal examinations. She emphasised that birth is a natural process and that the relationship mothers develop with medical practitioners can lose sight of this reality. "Women continue to feel they need to be rescued or saved by the doctor," she said. She asked the group to identify who in the scene was telling the "mother to push?" Several of the group replied, "nobody".*

*"Exactly!" Lisa exclaimed, and went onto emphasise how the woman was listening to her own body. She added how the woman was given time and space and the opportunity to relax knowing that support was around her if she needed it. "Imagine if we stood outside the toilet like cheerleaders with the doors open telling one of you guys to push!" she joked, accompanied by howls of laughter.*

*…Lisa produced a model of a cervix. She used it to demonstrate how the baby puts pressure on the cervix, which in turn can be influenced by the woman's position during labour. Lisa emphasised that it is better to be forward facing than lying down. Several people looked sceptical and Lara asked, "Why? In hospital they ask women to lay on their backs." Lisa, with a cynical expression, responded, "Because it suits the hospital staff."*

*Lisa asked Mike and Brian to put a doll through the cervix along with a balloon that represented the bladder. It demonstrated the complexity of the baby's journey and why the woman's position could aid this journey. It also showed how emptying the bladder could make it easier for the woman and the baby. Lisa directly addressed the male partners: "Guys, your first job will be to take her to the toilet on the hour every hour to empty her bladder; she will moan but she is still going!"*

*Lisa went on to discuss vaginal examinations. "Every four hours the midwife might ask to do a vaginal examination. If you agree, you may be asked to get on a bed – in which case you*

*could decline this and ask to have the examination in a different position. Maybe the birth partner could help prop you up in a more comfortable position."*

The pedagogy was built around the DVD presentation of what Lisa described as a natural, straightforward and stress-free home birth. She emphasised how the environment and relationships can lessen a birthing woman's dependence upon medical staff and enable her to trust her own body. The cervix activity that followed was used to contrast how a medical technical discourse can lead to relations and an environment dominated by discomfort and bodily stress. Lisa used humour (the *"cheerleader"* outside the toilet door analogy) to reinforce time, space and privacy as prerequisites for a relaxed, natural birth environment. She indicated her personal mistrust of hospital staff and the medical technical discourse by responding to Lara's question about birth positions cynically and sharply.

### 6.3 Preparedness and reassurance

Lisa suggested, in this scenario, that a "being there" subject position, framed in a particular way, might be appropriate for male partners during a natural home birth. It was suggested that a home context provided the couple, and especially the woman, with sufficient control to prepare the environment and minimise any potential problems related to childcare and domestic responsibilities. At home, being there for men was framed less as an active role, rather one that involved an emotionally reassuring presence and preparedness to react if needed.

### 6.4 Proactive fixers

Almost all of the course participants were planning hospital births, and the scenario indicated a subject position for men, to cope with this potentially stressful medical technical environment. It was linked to Lisa's view in the interview (see Chapter 5.3) that *"men by their nature want to fix things"* and involved adapting the hospital environment to facilitate the natural straightforward discourse. Lisa encouraged men to attend to their partner's physical comfort proactively (*"prop you up in a more comfortable position", "take her to the toilet on the hour every hour"*).

**6.5 "Doing this one good thing"**

In the same scenario, Lisa encouraged men's emotional control through active involvement and implied in the instruction *"she will moan but she is still going!"* that men could take action to override their partner's wishes. This could be interpreted as being similar to the birth coaching role identified by Chapman (1991). However, the following extract, taken from Lisa's interview, indicated that it was a strategy designed to help men deal with stress and fears:

*"I've seen men (in birth situations) like rabbits in the headlights and they can't remember what on earth they're supposed to be doing, then it'll click, 'Ah, Lisa said take them to the toilet on the hour every hour, right that's my job'…they…cling on to doing that one thing and they know…'If the rest of the time I'm rubbish it doesn't matter because I'm doing this one good thing.' So I do try and give them…that kind of role."*

Lisa's strategy of *"doing this one good thing"* was an attempt to facilitate men's emotional well-being and sense of achievement, and so reduce the likelihood that they would *"flap"* and transfer their negative affects during labour and birth.

**6.6 Managing emotions**

There was a reminder in the scenario that experiences and events during the transition to parenting, although constructed – as they are by the NCT voice – as a shared couple experience may invoke individual and potentially unwelcome (Shapiro 1987) emotional responses from men. The tactile and facial response of couples during the DVD presentation, and the powerful reflective silence as it ended, were interpreted as affective displays of potential pleasure, fear and uncertainty. There was, however, a contrast between George's verbal response to the birth DVD (*"it's a piece of cake"*) and his partner Sarah's non-verbal indication that she was less convinced. Within couples, the potential exists for unspoken affects to bubble beneath the surface, with the tendency for men to mask important feelings (Johnson 2002b) suggested by this extract. It indicated recognition and realisation by the men of the affective self-manager subject position identified (see Chapter 5.8) in Lisa's pedagogy. Affective behaviour, such as hand-holding, reproduced the expectation of being an attentive, emotionally reassuring, presence. It was accompanied by recognition of the importance of keeping any individual negative feelings out of the antenatal class.

In the next scenario, Lisa recontextualised the natural straightforward discourse during a tour of a maternity hospital. A direct confrontation with the power of the medical technical discourse was used to produce specific subject positions for men during labour and birth.

## 6.7 Exploring the delivery room

This scenario involved an evening guided tour (by Lisa) of a maternity hospital. The participants had previously met in the hospital foyer, where Lisa ran through some basic information about car parking and access. The group had to wait to receive permission from a hospital manager before being granted access to the delivery suite:

*After a long wait, the participants were allowed into the delivery suite. They were followed by a busy-looking expectant father who quickly disappeared into one of the delivery rooms. The light level was very low and several nursing staff sat around behind a reception counter talking and doing paperwork. Lisa reminded everyone to wash their hands with the alcohol dispenser provided on the wall. She pointed out the desk and described that from here women and birth partners would be directed to a labour room on admission. After chatting to a member of staff Lisa returned, smiling to the group, saying: "We are lucky, the water birth room has just been freed up, so we can have a look in there in a minute; first I want to show you the parent room." She was followed into a small room containing a TV, some chairs and a drinks machine. "You can take a break here guys and get the footy scores. It's important that you relax and use this room as often as you need it. Remember, you don't want to be stressed and transfer your vibes to your partner." The men looked around the room and discussed how often they might need to take a break.*

*Lisa led everyone into the labour room. There was a swishing noise as the modesty curtain was pulled back to reveal a small room filled with equipment and furniture. It was divided into two sections; the front containing a bed, some machines and a large cupboard, the back section contained the birthing pool, a rubber plant and a CD player. Lisa drew attention to the layout and how the bed was dominating the room. She explained this would not normally be in this position; she thought they had probably just finished using it.*

*Lisa explained how the pool was filled, asking people to look at the size and its location. One of the men reached in and touched the side, another picked up a sieve. Lisa asked if anyone knew what it was for. There was a mixture of laughter and noises of disgust as Tom quipped, "It's to catch the little brown fish in." It was hastily thrown to one side. There was a brief discussion about what you might wear for the water birth and the importance of respecting privacy; members of the class spread out to examine different parts of the room.*

*Lisa beckoned and the group followed her as she moved back into the front section of the room containing the bed. "Guys, this is an important place; the scary cupboard. It contains the birth pack, when they get this out you know you are almost there. Guys, you need to locate these" (pointing to sick bowls). The doors shut on the cupboard to hide all the medical items. Lisa directed attention to the bed and some of the equipment around it, including the gas and air pipe and the suction for when the waters break. As a couple of the men handled these items, Lisa reminded the men specifically that they could move the bed if necessary to make a more comfortable birthing position for their partner.*

*"Guys, it is your job to protect the environment. If there is an unused monitor in your way, get it out. Take the clock down off the wall if you don't want to think about time passing. Change the lighting, its bright in here now, make it dim, like it was when you made the baby, you wouldn't have sex under these lights would you?" "...you should also make sure the modesty curtain is pulled across the door. This means if someone comes into the room they don't show your partners chuff to the people outside in the corridor. We had to campaign, very hard, at the NCT to get these curtains put in."*

*…Lisa then took the group up a flight of stairs to the postnatal wards. Once again, the group were asked to wash their hands. It was more brightly lit than the antenatal ward, a number of visitors and women with newborn babies were milling around. Lisa directed the group into a medium-sized empty room containing a bed and shut the door behind…*

*Lisa hushed her voice, saying, "One thing ladies; if you can get away with it, don't have a bath here." She went on to explain how the baths are cleaned three times a day, yet not after every bath and that most women using them would normally still be discharging some blood. Continuing in almost a whisper she went on, "I'm obsessed with cleanliness myself and would bring some antiseptic wipes with me even for the loos; I'm a bit of a hoverer on the loo" (lots of laughter).*

*Lara asked about visiting hours for fathers. Lisa explained, "She could have the baby at 8pm and guys by 9pm you are out!"*


## 6.8 Symbolic power and the medical technical discourse

Lisa used the hospital context to contrast the natural straightforward discourse with the medical technical discourse. She interpreted and drew attention to some of the temporal and spatial constraints, but also let the environment convey its own messages. A number of symbolic representations and practices reinforced the hegemony of the medical technical discourse, such as the long wait before entry to the ward and the hand-washing ritual. Power

was reinforced inside the ward when Lisa sought permission from the front desk staff before revealing *"we are lucky"* to have access to the water birth room.

During the visit, Lisa used the environment's power relations to convey her opposition to the medical technical discourse. By closing the door of the ward and lowering her voice, Lisa was free to challenge medical power, and using the preparedness discourse, she promoted subject positions of responsibility to self-protect against perceived environmental and hygiene risks. The relative power of the NCT was also conveyed through Lisa's revelation that the modesty curtain was in place as the result of their campaigning. It symbolically reified and conveyed the discourse and power of consumer choice (Early 2001), demonstrating that even within the sanctity of a medical technical space the NCT can successfully advocate for privacy on behalf of birthing women. The NCT's ability to "fix" the environment in this way was successfully harnessed by Lisa as a model that the course participants, and specifically the men, could follow.

The wards time limits were used to convey how the medical technical discourse positioned male partners as extras in the birth and early-parenting process. The emphasis in Lisa's *"guys by 9pm you are out"* indicated dissatisfaction with the hospital's policy and practice. Feelings associating birth with fear were alluded to with reference to the *"scary cupboard"*; Lisa did not dwell on what these fears might be, although by drawing attention to the *"sick bowls"* she suggested one possible cause – the unpleasant bodily effects of birth. Affective responses from men around the birthing pool, such as looks of disgust and the humorously described *"little brown fish"*, indicated discomfort with these topics. The opening and closing of the cupboard to hide away the birth packs and medical equipment was interpreted as a symbolic representation of the need to shut away anything that might hinder a positive natural straightforward birth.

## 6.9 "Take a break"

An imperative to hide away stress and anxiety was also conveyed when Lisa identified (in 6.7) the family room as a potential space in which men *"take a break"*. An affective self-manager subject position was implied in using this space to relax, manage stress and prevent the transference of feelings, emotions and affect into the birth environment. The reference to checking *"footy scores"* conjured up a culturally available subjectivity associating men and sport; it normalised the practice of getting away to a room with a television as a bridge out of the unfamiliar world of maternity into a world that Lisa assumed men occupy.

A subject position involving management of the environment was promoted, and men were encouraged to explore the room and its contents. This was consistent with Lisa's assumptions (in Chapter 5.3) that men naturally want to fix things and (as indicated in 6.5) need to be occupied, as stress relief, during labour and birth. It built first on her pedagogy during the birth DVD, where she introduced the idea that men should attend to their partners' physical comfort. Second, during the hospital visit she reinforced the power and potential risks presented by the hospital environment, and the responsibility of couples to prepare accordingly. Lisa brought these together into a specific proactive subject position for the men. It included taking responsibility for protecting their partners' privacy and modesty (*"don't show your partner's chuff to the people outside in the corridor"*) and for attending directly to their partner's comfort (*"move the bed", "make a more comfortable birthing position", "change the lighting"*). In addition to the physical environment, there was a suggestion to manage the temporal environment (*"take the clock down"*) and where possible limit the influence of the medical technical discourse (*"...an unused monitor in your way, get it out"*).

## 6.10 Labour and birth subject positions for men

In this section, four subject positions related to labour and birth are identified from the scenarios and Lisa's accounts of her pedagogy.

### 6.10.1 Being there

Chapter 5 identified being there as an overarching subject position for men, consistent with cultural expectations of birth presence (Royal College of Midwives 1995), the "good husband/father" discourse (Early 2001) and "new fatherhood models" (Procter and Henwood 2003, p.350). It related closely to the loving companion (see Chapter 4.8) projected by the NCT discourse of confident and positive parenthood.

The home birth DVD (in 6.2) was used by Lisa to project a passive yet attentive subject position consistent with the natural straightforward birth discourse. In contrast, within the context of a medical-dominated hospital birth, Lisa offered being there as a proactive subject position where men protect their partner and, in line with her choices, help create a positive birth environment. Lisa produced a similar subject position for men as both *"active"* and *"guided"* during her interview (in Chapter 5.2).

Being there also appeared to be guided by Lisa's personal quest and previous affective experiences. Her occasional off-guard body language and cynical or forceful verbal

expression (*"Because it suits the hospital staff", "Guys, it is your job"* in 6.2 and 6.7 respectively) suggested a deep-level response involving the communication of unspoken affect representing her dissatisfaction with the medical technical discourse and her birth partner. Lisa's narrative invoked her negative experience to positively prepare and inspire men to being there as supportive birth partners.

### 6.10.2 Affective self-manager

The affective self-manager subject position built on a key assumption of the natural straightforward discourse that stress can undermine a positive birth. Lisa's pedagogy encouraged men to control and manage the feelings, emotions and affect associated with stress. Her strategy involved bringing men close to the realities of labour and birth and their own affective responses. The DVD presentation (in 6.2) of a labouring woman, and the opportunity during the hospital visit to handle the props of childbirth and examine the contents of the *"scary cupboard"* (in 6.7), appeared to achieve this.

Lisa promoted strategies for creating a relaxed, supportive birth environment. She advocated keeping *"things light-hearted"* (her interview in Chapter 5.2) and modelled this within her pedagogy, potentially to ease the participant's anxiety (Neuliep 1991) and build solidarity (Hay 2000) against the medical technical discourse. Colloquial, socially available, reference points and expressions (*"cheerleaders", "chuff", "hoverer on the loo"*) were used humorously to deal at a distance with issues that potentially might have invoked feelings of embarrassment (Page 2002; Henderson et al. 2011) or stress. Several possible indications of the men's recognition and realisation of this approach were observed, as they frequently made light of serious, sensitive or embarrassing issues through quips (*"it's a piece of cake", "little brown fish"*) accompanied by nervous laughter, indicating possible ways of coping (Hay 2000) with deep-level affects (Anderson 2006).

The affective self-manager was closely related to the more outward-looking environment fixer subject position (described in 6.10.3 below), which sought to take control of the birth environment and ensure that it remained free of unwanted stressors. Lisa promoted self-care strategies, including eating pizza and catching the *"footie scores",* each encouraging time out of the birthing environment to manage and control emotions, feelings and affect. It was noticeable that the peer supporter subject position (identified in Chapter 5.9) was not promoted as part of the pedagogy of labour and birth, which suggested that the responsibility to deal with feelings at this stage in the transition to fatherhood was an individual one.

### 6.10.3 Environment fixer

The environment fixer complemented the affective self-manager subject position and built on Lisa's assumption (in Chapter 5.3) that men like to fix things. It offered men the responsibility for taking control of the immediate birth environment, and ensuring their partner's comfort and choices, by hiding away or reducing the influence of anything pertaining to the medical technical discourse.

In Chapter 5.2, Lisa constructed each male birth partner as an active agent guided by what *"he was going to be asked to do".* It was not clear who was doing the asking, but during the natural birth DVD discussion (in 6.2) Lisa qualified this by using the phrase, *"if that's what she [the labouring woman] wanted him to do, that's fine."* Implied in these statements is a subject position in which the male birth partners have prior knowledge of their partner's wishes for labour and birth. There are elements of the advocacy role (Beardshaw 2001), although Lisa never suggested that the men should directly question medical authority. Instead, Lisa offered men an active subject position that indirectly challenged medical authority by transforming the birth environment in accordance with their partners' wishes.

### 6.10.4 Temporary involvement

This subject position drew upon a "part-time father/mother as main parent discourse" (Sunderland 2000) and was reinforced by the hospital's practice of sending men home at 9pm. Temporary involvement was a bounded spatial and temporal activity that existed in relation to men's, and women's, other lived and discursively constructed responsibilities, choices and subject positions. Research shows some men view involvement during parental leave as a temporary diversion from the norm (Miller 2010).

Although Lisa showed disdain for the hospital's ejection of men, she still offered men the option of temporary involvement. Unlike labouring women, who are physically, emotionally and culturally bound into birth and motherhood, Lisa emphasised that male partners could take time out within the safe haven of the family room. This implied that being there was not a permanent subject position but conditional on the men's ability to manage their emotions. They were offered the chance to escape the stress of labour and birth (and a situation where they might transfer negative affects to their partners) via a bridge back to what was seen as a more permanent, unchanging, masculine subjectivity (using the TV to access *"footy scores"*).

## 6.11 Summary

Chapter 6 has identified how Lisa produced her own message and pedagogic discourse specifically related to labour and childbirth, and how she achieved this by recontextualising the NCT voice, or official pedagogic discourse, and by making use of environmental and affective resources within her pedagogy. It was noted that Lisa's affectively informed personal quest, to use her own negative experiences productively for the benefit of others, influenced the message projected during these scenarios. Pedagogic contexts that brought the men close to the realities of a birth environment appeared to offer opportunities for them to affectively and practically imagine and engage with a significant element of their transition to fatherhood. This combination of context and affects were used by Lisa to fill the pedagogic gap and extend specific subject positions to the men. The pedagogy focussed attention on the being there subject position and reinforced the power and affective consequences for women and their birth partners of the medical technical discourse during a hospital birth. By conducting her pedagogy in a hospital context, Lisa was able to reinforce the dividing practice between the medical and natural straightforward discourses. The men were reminded that in such a context their involvement was likely to be of a temporary nature, constrained by hospital rules and practices. However, in response, the men were encouraged to identify and develop potential strategies and responsibilities that could help them cope and successfully support their partners. These rested on acceptable modes of agency and relationships, such as preparedness, controlled emotions and selfless support. One strategy, relating to recontextualised culturally available discourses of masculinity, involved a subject position of environment fixer. The affective self-manager subject position, identified in Chapter 5, was also extended to the men as a strategy that recontextualised the natural straightforward discourse central to the voice of the NCT. The process of extending subject positions to men that involve specific forms of agency and affective self-control indicated how Lisa recontextualised the official NCT pedagogic discourse and used the pedagogic gap to promote a regulative discourse designed to produce imaginary ideal subjects in line with her own personal quest.

# Chapter 7 – Positioning Men as Fathers

## 7.1 Introduction

Chapter 7 continues the examination of how Lisa recontextualised the NCT voice and produced her own specific message and pedagogic discourse. Pedagogy, discussed below, took place in the main teaching setting of the Town Hall, and focussed on the postnatal topic of nappy changing (see Figure 2). As in the previous chapter, the findings were taken from the Word documents (described in Chapter 3.3.8) produced from the original participant observation field-notes. Extracts from the Word documents are presented here, in italics, as scenarios describing specific events that occurred during Lisa's pedagogy. They are complimented with further findings from the interview conducted with Lisa to illustrate how she produced her own pedagogic discourse and message about nappy changing by recontextualising the NCT's voice or official pedagogic discourse. During a nappy-changing role-play, gendered discourses and affective influences filled the pedagogic gap and contributed to the way Lisa produced specific subject positions for men. Bernstein's work on pedagogic discourse is used to show how although this was an instructional activity it served to regulate men into taking up a narrow range of subject positions involving couple relationships, baby care and preparation for fatherhood.

## 7.2 Justifying course content

Identifying Lisa's justification for balancing postnatal and antenatal topics was important, as in Chapter 5 this was highlighted as a decision that each teacher made autonomously within the NCT-imposed time constraints. Despite the widely reported suggestion (Ketler 2000; Nolan 1997) that women might not be interested in postnatal topics, Lisa included several in her pedagogy. It was her view that baby care (including nappy changing) was a popular postnatal choice for participants:

*"...the parents coming are very interested in the early days of parenting and they know they have to get through the labour and the birth…I don't think they're asking for parenting particularly…or relationships…they want basic baby care."*

Although this could be interpreted as responsiveness to participant choice, the scenarios presented in this chapter indicated that Lisa used pedagogy to promote thinking about the

dynamics and subjectivities of postnatal partner relationships. At the instructional level, she encouraged a disruption to traditional gender subjectivities (i.e. nappy changing could be the men's job). However, this was framed by regulating and encouraging men to take up subject positions representing temporary involved fatherhood.

### 7.3 Nappy changing 1: creating a learning space

*The women were seated in a horseshoe shape around the men who stood beside two tables (three men to each table). The men were asked to choose a baby doll from a basket. Each baby was clothed and wearing a nappy. From another basket, men had to locate what they would need to perform a baby bath and nappy change (e.g. wipes, creams and soaps).*

The role-play was structured to enable the men to use the dolls to replicate babies. A clear spatial and gender demarcation was introduced when the women were invited to sit round the edge, enabling them to observe the men's performance in the middle. During her interview, Lisa was asked specifically about her aims for the nappy-changing role-play, and what she encouraged the men to do:

*"[The men can] be part of it and be allowed to be part of it, and some of that is actually to rein the women in saying, 'He might not hold the baby how you would hold it but leave him alone. Let him do it himself and let him learn himself', and that's why I do the bathing and the nappy-changing exercise, the dads do it because, you know, all right the women sit back and have a little bit of a laugh because the men are standing the dolls on their heads and they can't work out how a babygro goes on so it is very light-hearted, but actually for a lot of men this is the first time that they've actually changed a nappy on a doll or anything and they're working out which way round a nappy goes and they're working out how on earth do you put a wriggly baby into a babygro (laughingly) and then pop her out, how do you do that? So I give them the opportunity to do that and also underline the point that bath time can be dad's job, that can be your job to do that and, you know, and changing nappies, well you should expect to do your fair share of those in the first few weeks."*

Her interview indicated that Lisa wanted to show both men and women that *"bath time can be dad's job"*. The phrase was suggestive, using *"can"*, rather than directive, and implied a recontextualisation of the NCT discourse where transformation, responsibility and personal choices regarding men's involvement in baby care are something to be considered and

negotiated by the couples themselves. *"You should expect"* was not directive, but clearly suggested that the men would be called into action during the early days of parenting. The active agent calling the men into action was not identified, but could be interpreted as men themselves taking the initiative. An alternative interpretation was that men would be encouraged by their partners to do their *"fair share".* Although presented as something for the couples to work out for themselves, Lisa went to great lengths to get men changing nappies, and therefore provide an important lead for the men and their partners as to how fathers could be actively involved.

The scenario could be interpreted as encouraging relationship work and subject positions for men, and disrupting traditional gender subjectivities and roles. However, a temporal and spatial dimension cast some doubt on this. First, the expression *"the first few weeks"* implied a temporary involvement subject position (identified in Chapter 6.10.4). Lisa placed temporal boundaries around the potential for men's involvement, sticking closely to the NCT discourse that, as Chapter 4 identified, dealt primarily with issues of early parenting. The temporal boundaries were a tacit acknowledgement that active fatherhood and being there co-exist alongside the breadwinner and paid-work roles for many men.

Second, Lisa's interview concurred with the nappy-changing pedagogy, where space and relations were used to create a gendered demarcation with men as performers and women who *"sit back"* as passive (*"rein the women in'*) and amused observers. Women, in line with traditional subjectivities, were being positioned as the main, dominant and knowing parent, while men in contrast were their novices permitted (*"be allowed to be part of it", "leave him alone'*) to learn by trial and error.

Lisa's account implied that the men's participation in the activity was conditional on receiving consent from their partners (*"let him do it himself").* This demonstrated Lisa regulating the learning space to share control with the female partners while, as indicated in the next scenario, the men were positioned as the learners.


**7.4 Nappy changing 2: giving direction**

*Lisa requested that the men initially undress the baby down to the nappy. "Clothes off, hold the baby under your arm like a rugby ball, I'm trying to use language that you blokes will understand."*

*Lisa then instructed the men to use the cotton wool to clean the baby's eyes, and asked "How warm should the water be?" George suggested that it should be "tepid". In response, Lisa raised her voice critically. "Tepid?! How would you feel if you got into a tepid bath? If it*

*is too hot, the baby will be red; if it is too cold, the baby will be blue. Babies like a warm bath." A sheepish George continued to clean the doll.*

Lisa positioned men as lacking familiarity with baby care. George was openly criticised for not knowing the correct temperature for bath water, and appeared ashamed by Lisa's put-down. Lisa humorously introduced the rugby ball analogy, positioning men as sport lovers, and positioned herself as the teacher and the men as the students. However, the next scenario demonstrates that the female partners were her co-teachers.

## 7.5 Nappy changing 3: sharing the teaching

*As the men performed the task, the women round the edge laughed and joked; Kristal pointed at her partner: "Look, he is putting the nappy bag over the baby's head." Sarah urged George to "be serious" and not "shake the baby upside down". Laverne joked: "I should get him to do this in the living room in front of everyone for a laugh." Elise (in fits of laughter) said it reminded her of* The Generation Game.

The pedagogy invited the women to be co-appraisers of the men's performance, and a clear interpretation of the spatial layout and demarcation of roles was recognised by the participants. It was evident from the laughter that most of the participants entered into it with humour, and the activity reminded Elise of *The Generation Game*, a popular family TV entertainment show from the late 20th century. The learning space, given these associations, signified a socially situated activity within which specific social languages and subject positions were recognised. The course participants were involved in both co-constructing a familiar context and selecting the discourses through which the meaning of the activity could be recognised and realised and specific subject positions produced for both men and women.

## 7.6 Bumbling assistants

The relative power shared by Lisa with the women contributed to the production of a highly specific subject position for men. *The Generation Game* traditionally included a segment in which an "expert" would perform a specific task or skill, such as icing a cake or juggling balls. Contestants in front of a live TV audience would then compete against each other to recreate the skill they had just seen demonstrated. The audience would derive pleasure from

observing the contestants' embarrassment and failure to perform the skill or task. Lisa's spatial configuration and pedagogy recreated a similar dynamic, with women as the audience and the men as incompetent performers. The gender demarcation was recognised by some of the participants as an invitation for laughter and social language linked to ridicule and embarrassment. The men were consequently positioned, and positioned themselves, as "bumbling assistants" (Sunderland 2000), one of the ways in which a father as part-time parent is constructed in relation to full-time motherhood.

The use of the space discouraged women from actively helping their partners, yet invited them to participate from the sidelines as co-teachers and possessors of authoritative knowledge. Lisa's pedagogy drew upon and reinforced gendered subjectivities concerning the relationship between motherhood and fatherhood, while the differential positioning of men and women conveyed assumptions and beliefs about their knowledge bases. Lisa's approach corresponded with the good-mother discourse (Lupton 2000; Miller 2007), where women were judged in relation to their performance caring for children. Women's knowledge may be presumed to be instinctive or culturally acquired; in contrast, men's opportunity to become a "good" father (Lupton and Barclay 1997, p.136) involved, in this scenario, learning from their partners and the antenatal teacher.

The final scenario highlighted the use of humour during the session.


## 7.7 Nappy changing 4: fun and incompetence

*Mike looked startled as he removed the nappy from the doll. This attracted the attention of the other men who gathered around him to look; their faces turned to disgust. "Yuk!" exclaimed Terry, looking away. Mike suggested it must be a "Snickers bar", and reached his fingers down to taste, exclaiming, "No it's not, yuk!" The room erupted with laughter, although his partner Elise looked very embarrassed, urging Mike to stop.*

*George pointed inside his nappy, which contained a yellow sticky substance, and asked Lisa for an explanation. Lisa responded, "Its meconium – babies first poo", elaborating that George had a breast-fed baby and Mike's was bottle-fed. She asked them to notice how the breast-fed was lighter with no lumps, "like a chicken korma! It's mayonnaise and English mustard really!" she added. Lisa looked over to Brian, urging him not to wipe his girl baby from back to front as it could spread infection. "With little boys you have to lift it up to clean behind it," she added.*

*There was a sudden shriek from Sarah, instructing her partner George not to hold the baby by its head. Sarah stepped in to help him change the nappy.*

Humorous behaviour, such as Mike tasting the "Snickers bar" in the baby's nappy, may be serving as a window – or a mask – for specific feelings, emotions or affects (Gutman 1996; Billig 2005; Parkhill et al. 2011). One interpretation is that this was Mike's way of coping with feelings of disgust invoked by the realism of the activity, in particular bodily functions (Draper 2003). It could also be interpreted as rebellious humour (Billig 2005), temporarily subverting a carefully prepared activity. If this was the case, it may have been Mike's way of rejecting the positioning of the men within the pedagogy. Alternatively, by refusing to take the activity seriously, Mike and the other men may have been realising the bumbling assistant subject position. Adopting this position potentially reframed men's incompetence as an acceptable cultural expectation and confirmed their recognition of the part-time father discourse (Sunderland 2000).

## 7.8 Embarrassment and knowledge

By realising the bumbling assistant subject position, the men positioned their partners, in line with Lisa's expectations, as knowledgeable subjects and protected their integrity as mothers-to-be. The women's behaviour also indicated recognition and realisation. Sarah, embarrassed by George's incompetence, stepped in, despite instructions to remain on the sidelines, to help him change the nappy, and in the process realised her own position as a "good mother" (Lupton 2000; Miller 2007).

When asked in her interview about the nappy-changing role-play, Lisa showed awareness of, and concern about, the potential embarrassment to new mothers in being perceived as incompetent:


*"…to get a man to do the changing of the nappy and to get it all wrong, the guy makes a joke of it himself because he thinks, 'Oh I'm hopeless at this, I'm absolutely useless', and that isn't so detrimental as…I don't think, to give a doll in a nappy to a mother and say, 'Here change this nappy', because if she can't do it that undermines her completely."*


Lisa's selection of the word *"mother"* implied that nappy changing is an essential expectation and defining quality of motherhood itself. She appeared to indicate that a woman exposed as unable to perform baby care tasks would have her credibility as a mother completely undermined. Lisa was drawing upon the "good mother" and "mother as the main parent" discourses (Lupton 2000; Sunderland 2000; Miller 2007) when she offered women the

subject position of co-teacher, enabling them to share their existing baby care knowledge. By offering an alternative subject position of observer, Lisa provided protection to any woman who lacked this knowledge and the opportunity to learn more by watching the men make mistakes.

In contrast, rather than the term *"father"*, Lisa used the terms *"guy"* and *"man"* to make reference to the men who in her view, drawing upon the sturdy oak discourse, could potentially laugh off any embarrassment. She appeared to believe that being laughed at in a nappy-change role-play was unlikely to have a major impact on the men's status as prospective fathers.

A distinction can therefore be made between disciplinary (laughing at someone's incompetence) and rebellious (mocking the activity) humour (Billig 2005). Conventional wisdom would suggest that these are polar opposites, but Billig (2005) argued that both can work together. Fear of embarrassment has been theorised as a social force that when internalised can ensure compliance with social codes (Billig 2005). Both men and women in this activity appeared to respond to the embarrassment that it created by positioning themselves using dominant gender subjectivities.


## 7.9 This "can be Dad's job"

By involving men within antenatal education, the NCT responded to contemporary cultural expectations that fathers should be involved at birth, and it also opened up possibilities for teaching about parenting and relationships (Friedewald 2007). In particular, the nappy-changing scenarios illustrated how a number of subject positions related to involved fatherhood and postnatal relationships can be made available within pedagogy.

Lisa recontextualised the NCT's preparedness and national well-being discourses identified in Chapter 4. The nappy-changing session can be interpreted as a site of early intervention, capturing men at a time considered beneficial to learn about fatherhood and children's well-being (Dumas 2002; Burgess and Beardshaw 2005; Evans et al. 2008).

Regardless of their personal histories, Lisa positioned the men as "blank slates" (Marshall and Woolett 2000) that lacked knowledge or experience of baby care. One of the consequences of positioning fathers as temporarily involved, and, by definition, mothers as full-time carers, is that it overlooked the inherent childcare gender inequalities that more often than not involved mothers rather than fathers sacrificing career aspirations and pension entitlements (Dermott 2006). Although Lisa actively promoted couple work geared towards exploring ways of maximising a father's involvement, at no point during this

research was she seen to position women outside of the full-time mother discourse (Sunderland 2000).

Lisa utilised her pedagogy as an opportunity, regardless of participants' wishes, to build connections between the instructional activity of baby care and a desire, stated during her interview (in Chapter 5.3), to make couples *"look at themselves and how they're going to be as a couple".* It appeared as an early intervention opportunity to highlight that nappy changing *"can be dad's job"* and to help couples avoid *"squabble(s) about who does what"*, especially where the father is *"not doing his fair share".* What constituted a fair share was not defined, and deliberately so, by Lisa, who in line with the NCT discourses of choice and national well-being expressed that this was an issue for couples to decide for themselves.

Although Lisa (in Chapter 5.3) expressed a view that men should be *"involved in the day-to-day care of the baby",* she also indicated that women need to *"back off a bit and let him get involved"* and (in 7.3) a requirement to *"rein the women in".* This suggested that Lisa believed some men lacked the space and confidence within parenting relationships to speak and become involved. To rectify this, Lisa arguably used the nappy-changing activity to open up spaces that facilitated men's confidence and involvement.


## 7.10 Affect and nappy changing

In her interview (in Chapter 5.2), Lisa expressed her belief in the importance of women having partners who support and *"believe in them".* This implied a potential emotional fragility for women during the antenatal period that could undermine positive emotions and faith in their own bodies, as projected by the natural straightforward discourse. The discourse encouraged the provision of positive relationships and environments to negate this fragility, and potentially explained Lisa's concern not to undermine or embarrass the women during her teaching by exposing their potential lack of baby-care knowledge.

Lessons on nappy changing have a number of negative connotations for men. It was cited as a source of fear (Lewis 1986) or amusement (Smith 1998), deterring men from participating in antenatal education. The nappy-change role-play was one of the sessions in the class that brought participants face-to-face with the material reality of parenting by using a range of sensory modalities including touch, smell and even taste. Affective influences and feelings associated with shame, self-consciousness and disgust were identified in the observation, both between the men and within relationships. Despite the pressure of being asked to perform a task that potentially involved disgust or discomfort, the men still realised the being there subject position. The potential masking or containment of their true feelings also suggested that they were realising the affective self-manager subject position.

## 7.11 Summary

Chapter 7 illustrated how Lisa recontextualised the official NCT pedagogic discourse to produce her own message and project her ideal imaginary new father. As in Chapter 6, it was evident that Lisa's recontextualisation was influenced by culturally available discourses, relationships within the pedagogic context and her own affectively influenced quest. In addition, she developed a pedagogic discourse that was sensitive to the feelings and emotions of the women in her class. Therefore, the instruction in changing baby's nappies was subordinate to a regulative pedagogy in which men were encouraged to recognise and realise specific subject positions of affect and responsibility, not only towards the care of their child but also their partner.

Lisa's pedagogic discourse, as highlighted in the previous chapter, projected a subject position of being there, although here it was extended beyond labour and childbirth to include practices and affects during the early days of fatherhood. Although framed as part-time involvement, it was nevertheless consistent with Lisa's quest to ensure mothers were supported by their partners during the early days with their new baby. She positioned fathers firmly within a heterosexual relationship in which mothers were portrayed as their full-time and instinctively knowledgeable partners. This demarcation of status appeared to be influenced by Lisa's desire to encourage practical support from the fathers, in line with culturally available discourses, but also to protect the feelings and emotions of new mothers. Positioning women in this way had consequences for their male partners who were first, in contrast, viewed as coming into antenatal education as blank slates that lacked previous knowledge or experience. Second, the men were positioned during antenatal education as keen but sometimes bumbling assistants who, in line with the affective self-manager subject position, protected their partners' feelings and emotions while containing their own.

# Chapter 8 – Down the Pub: Men Together, Men Apart

## 8.1 Introduction

This is the last of three chapters (Chapters 6–8) that present, in italics, the findings from an observation of an antenatal course led by Lisa; as before, the scenarios are taken from the Word documents (described in Chapter 3.3.8) produced from the original participant observation field-notes. Chapter 8 focuses on the pedagogy relating to men-only group work that took place in a pub (see Figure 2). The men were directed by Lisa, who was not present, to perform a series of tasks away from their partners.

The men completed three group-work activities. The first is presented below as the "Down the pub 1" scenario, where they were directed to discuss a magazine article titled *Keeping Men out of the Delivery Room*. A further activity, presented as "Down the pub 3", asked the men to select, from a long list, the three most important items they would consider buying as preparation for a new baby. They were also asked to draw up a "job description" for an ideal birth partner, a scenario presented below under the heading "Back from the pub". During, between and after completing the three activities, the men initiated their own discussions on a range of alternative topics, which are presented as the remaining "Down the pub" scenarios.

These scenarios were selected because they illustrated meanings and discourses used by the men, in an all-male environment, to construct their understanding of antenatal education, birth partnering and the transition to fatherhood. In particular, they illustrate how the men recognised and realised the subject positions projected by Lisa's pedagogic discourse. This part of the antenatal course was also selected because it brought into view subjectivities and affective issues that had not been apparent elsewhere in the course. To help understand the significance of the men-only session to Lisa and her pedagogy, the chapter also includes findings from her interview.

## 8.2 Down the pub 1: privileged knowing partners and peer supporters

*Raised eyebrows and uncomfortable sighs accompanied Terry, who read out an article by Michel Odent. It argued that a female relation or friend would provide better birth support than a male partner. Mike provocatively asked, "Is this doctor a woman?" Terry argued that it is not a black-and-white issue and put the article back on the table, suggesting, "It depends on the personality of the man." Mike pointed out that the NCT course left them better informed than other men and they should therefore be able to provide the best possible*

*support to their partners. Brian agreed, pointing out that 90% of men haven't been on an NCT course. Ivan chipped in, "In a way, we are more informed and can interpret her pain." There were nods of agreement from some of the other men. One of these suggested that "men" must know their "wives" better than anyone else and pointed out that a female relative is going to join him as the second birth partner, and "she flaps at anything". Another man raised his voice in agreement, angrily confirming he is also going to have a female relative present (who "takes charge of everything") at the birth. There were nervous laughs as he added, "She'd be saying 'you don't want to be doing that on all fours you should be laying on your back'. That will probably get her kicked out – I hope she gets kicked out."*

The activity challenged the men to justify and explain their reasons for being birth partners, and they appeared threatened that an experienced woman might make a better partner. Mike's reaction, *"Is this doctor a woman?",* simplified the debate by introducing a gender-conflict discourse. Terry suggested that some men could be better birth partners than others, which prompted the men to position themselves as educated, *"informed"* and, within the context of birth, privileged knowing partners. These positions appeared to be built on a claim to know how to support their partners that came from attending an NCT course, an experience they believed set them apart from other men and potential birth partners.

### 8.2.1 Staying calm

The men agreed that the NCT course prepared them to *"interpret"* their partner's pain. This showed recognition of the being there subject position and the men's claim to an active supportive role during a potentially painful experience. The idea of interpreting could be seen as a variation on an advocacy subject position (Beardshaw 2001), where men are responsible for requesting pain relief on behalf of their partner. There is little evidence to support this however.

A more likely interpretation is a shared subjectivity and belief that, after attending the NCT course, they had a better understanding of the physiological and emotional dimension of childbirth. As Mike indicated, course attendees are *"better informed"* and *"able to provide the best possible support to their partners".* Although they may witness their partner in pain, they have the knowledge, presented to them by Lisa, to interpret, rationalise and overcome any fears inherent in this experience. This in turn will enable them to realise Lisa's sturdy oak-inspired expectation (see Chapter 5.3):

*"…not to run around and flap and to stay calm and be a good, positive, strong influence for the labouring woman".*

One man's comment supported this interpretation as he compared privileged knowing men to his female relative; who he claimed *"flaps at anything".* The comment implied that he and other partners would, due to interpreting and understanding their partners' behaviour, remain calm, which, in the context of the men's discussion, affirmed realisation of both the being there and affective self-manager subject positions.

### 8.2.2 Privileged knowledge and second birth partners

This particular privileged knowledge claim was based on NCT course attendance and a perceived hierarchy of relational ties. The man's comment drew upon a discourse positioning his own status of partner, and its associated privileged knowledge, above that of a female relative, who is relegated to *"second birth partner".* This illustrated the possibility that attendance at NCT classes offered some men opportunities to develop cultural capital as affirmation and protection of their status in gendered familial or cultural contexts.

A second man also revealed his discomfort at being joined as birth partner by a female relative. Unlike him, he implied, the relative lacked privileged NCT knowledge and was consequently unprepared to support a natural straightforward and positive birth. The energy and volume used during this interjection may indicate deeper affective anger towards his relative, and the nervous laughter from the other men suggested they may also have detected his latent anger.

It is unknown whether the men came into antenatal education with expectations of using it to realise subject positions involving privileged knowledge, cultural capital and peer support. However, the following extract indicated that the men began the course with a range of expectations, mixed in some cases with reluctance.

### 8.3 Down the pub 2: reluctance transformed

*The men were sitting round two pub tables drinking. Tom and Mike were discussing birth videos they had viewed on YouTube. The conversion then turned to motivations for coming. Mike wasn't sure about coming, as most of his "mates" didn't want to do "a course like this". Tom's (male) "boss", however, had recommended the class. Ivan chipped in that at first he was sceptical about attending but in his view it had "been worth it". Tom agreed, indicating*

*that it was better than the much larger NHS class he had attended with 40 other people. Terry said he also liked being in a small group. Tom pointed out that some of the issues discussed in the NCT class had not been mentioned in the NHS class. However, he was still waiting for the teacher to talk about birth plans. Terry said although they had considered it as very "New Age", the NCT class had made him and his partner Diane think seriously about "using a water birth".*

The men discussed their motivations for attending the NCT course. Initially sceptical Mike, Ivan and Tom positioned themselves as "reluctant attenders" (Smith 1999, p.330). Mike appeared conscious of peer disapproval and admitted that his attendance ran counter to behaviour within his circle of *"mates".* Tom, on the other hand, was following his workplace manager's recommendation. It is evident that men also came with preconceptions (Barbour 1990) about content (*"very New Age", "waiting for the teacher to talk about birth plans"*). However, the relevance (*"been worth it"*) and structure (*"being in a small group"*) of the course appeared to transform the reluctant men into committed and enthusiastic participants. Couple reflexivity and choice-making in light of course attendance were evident in Terry's comments about potentially *"using a water birth".* Tom's enthusiasm was also based on comparing his *"better",* more intimate, experience in the NCT course with a much larger NHS antenatal course.

Attending an antenatal course offered the men a chance to reflect with others on ambiguity (Draper 2003) and change (Shirani and Henwood 2011), and make decisions about the future. The men appeared to recognise and realise aspects of a peer supporter subject position in a relatively safe and intimate space away from partners and the teacher. This remained evident in the following scenarios, where the men discussed and sought solutions to anxieties and concerns relating to a number of topics associated with the transition to fatherhood, including financial issues, disciplining children and balancing childcare with paid-work responsibilities.

## 8.4 Down the pub 3: discerning financial providers

*Lisa provided cards on which were written items that parents might want to buy as preparation for a new baby. The men were asked to select the three most important items. During the discussion, the primary focus was on getting value for money. There was some debate about the difference between a Moses basket and a cot, leading to a general agreement that they did the "same thing". Terry convincingly argued that "to save money" it would be cheaper to keep the Moses basket and discard the cot. George revealed that he*

*and Sarah had bought a grow bag with built-in thermometer, but was sceptical that it would work. Terry agreed, adding, "There are so many things out there you can waste money on. We are not buying anything at first; we are going to borrow from other people." Ivan agreed, adding that he was using second-hand items from his brother's children. There were nods of agreement to Tom's suggestion that "eBay is a good place to get things for the baby". The men returned to the task, and finally agreed that the three most important items were blankets, a Moses basket and a car seat.*

The men positioned themselves as responsible, both individually and within reflexive relationships, for their children's basic needs and their family's financial well-being (Henwood et al. 2010). They appeared to be resourceful and discerning agents who offered suggestions and reported their own solutions for getting value for money. They demonstrated the value of bridging social capital (Woolcock, 2001) with other men as a source of knowledge to help them cope with the uncertainties of the transition to fatherhood (Singh and Newburn 2000; Premberg and Lundgren 2006). This was illustrated further in the following scenario where they discussed brothers and friends.

## 8.5 Down the pub 4: doubtful fathers doing their best

*Ivan moved the conversation towards children, identifying himself as an uncle to his two brothers' children, who reluctantly he saw very little of. Tom said he only saw his family a couple of times a year. Brian (with regret in his voice) said he never saw his brother's children because they live in Australia.*

*Brian wondered why "they call it the terrible twos". Ivan suggested that it was because the children are walking and talking and answering back. He added, "I've seen it at my brother's house." Tom nodded in agreement, and explained how his four-year-old nephew laughs at everything, even when he is sent to the "naughty step", adding, "He's an obnoxious little toad; it's good I can just hand him back, this one (referring to his own unborn child) I can't." Ivan philosophically suggested, "You just do your best, that's all you can do." George pointed out that at school "they always control them with rules, with your own it isn't like that".*

Paralleling the decline of the women's network, this scenario suggested men's opportunities to learn fatherhood practices via sustained and direct contact with close family could be restricted by geography and socio-economic circumstances. However, it also indicated how other sources of knowledge, including peer friendships, could be used to fill this gap

(Premberg and Lundgren 2006). Although contact was minimal and irregular, Tom and Ivan both appeared to glean knowledge from observing their siblings' children. Reference to concepts including *"terrible twos", "naughty steps" and "lack of sleep"* showed familiarity with contemporary parenting issues. Tom's comment about not being able to hand back his own child, and George's observation about school rules, indicated awareness about levels of responsibility and contextual difficulties that new fatherhood might present.

The importance of involved fatherhood to the men was reinforced by their use of a discourse that constructed commitments to one's own children as qualitatively different from commitments to other people's children. Implied in the discussion about controlling children's behaviour was fear, or even doubt, about their ability to take on disciplinarian subject positions. Earlier in the course, a short group-work activity saw the men identify and share, with Lisa and their partners, fears about fatherhood. This particular fear had not been raised on that occasion. Instead, the men expressed fears about being able to bond with their child or settle a crying baby. There was also a fear that their child might wander off in the shopping centre, and a specific fear from one man that he would not be able to cook for his child. These fears suggested the men were doubting their ability to fulfil other people's expectations of them as fathers. Ivan offered a more optimistic variation of this with a subject position to *"do your best"*.

Further doubts were revealed in the following scenario by Tom, who shared intimate details about his past and his experience of being parented.


## 8.6 Down the pub 5: breaking free from parents

*Tom revealed that he had been brought up by his grandmother, and therefore didn't know what his own father was like. His grandmother, however, disciplined him by smacking. George asked Tom whether this worried him. Tom replied, "My gran used to lose her temper; I'll just get angry then walk off."*

*Ivan suggested that there would be times when "we get pushed too far; my brother shouts at his kids, it depends on your mood". George suggested that emotional responses might depend on how much sleep a father gets. Tom nodded in agreement, and said that because he worked shifts it was likely he would be suffering from lack of sleep.*


New fathers frequently adopt reflexive approaches (Coltart and Henwood 2011) and seek ways of emotionally engaging with their children that break free or move on from their own parents' – particularly a father's – behaviour or attitudes (Lupton and Barclay 1997;

Henwood and Procter 2003; Williams 2008). The men-only session in the pub produced the only occasion in the course where one of the men (Tom) was observed disclosing personal experiences of being parented in revealing that he lacked contact with his birth father.

The brief discussion about controlling and disciplining children prompted Tom into a revelation about being smacked by his grandmother (his main parent). Tom appeared to imply from George's response (asking whether he was worried) a concern that a father's experience of being physically chastised may influence his own parenting behaviour. Tom countered George by attributing his grandmother's behaviour to a loss of control over her personal anger. He claimed his strategy to manage angry feelings would be to walk away. Although his revelation about being smacked prompted no further comment, there was recognition of the affective dimension of fatherhood. Ivan's observation of his brother *"being pushed too far"* appeared to confirm to him that feelings, emotions and affect (*"mood"*) might be represented through behaviours such as shouting at children. This again led Tom and George to adopt a doubtful father subject position, expressed through concerns about managing emotions associated with sleepless nights and paid-work responsibilities.

This group of men had only recently met, and consequently the depth of disclosure and response was limited. However, it contained sufficient indications that some of the men were troubled by the contradictory expectations associated with new fatherhood. In the next extract, they are more specific in detailing the contradictions of balancing paid work with father and partner responsibilities (Henwood and Procter 2003).

## 8.7 Down the pub 6: balancing responsibilities

*Brian asked whether anyone would be taking leave, as a website confirmed he would get six weeks unpaid leave. Tom said he would be taking two weeks paid leave, plus annual leave, so he could go back to work in stages. Ivan was taking annual leave, as he did not think he would be entitled to paternity leave; however, because he worked from home he was expecting to be around to help. Terry said he also worked from home and would be taking some leave. Because Mike had only recently started a new job, he believed he was not entitled to parental leave. His company, he reported, had also laid off his wife after she became pregnant.*

*The previous week there had been disruption on commuter trains into London. Tom shared anxieties that his partner might give birth while he was stuck at work in London with no trains running. Brian, Ivan and Terry, who all worked or attended meetings in London, shared Tom's concern; Ivan hoped his baby would arrive during the night. George works in another town but appeared less concerned, as he believed the contractions during labour would be*

*sufficient warning and enable him to return in time. He did, however, fear that his boss might not grant him permission, although he said he would be there regardless, stating, "My boss can sack me later."*

The scenario identified the individualised nature of fatherhood transitions (Goodman 2005). Regardless of the men's wishes, their ability to take up birth partner and fatherhood subject positions were unequally distributed (Morgan 2002). The geographical and temporal restrictions of paid work, combined with uncertainty regarding transportation and the timing of labour, undermined some men's intentions and choices. It was evident from George that birth presence had a greater importance than supporting his partner through labour. He believed that, even though he might not be present at the beginning of labour, he would have sufficient warning to be able to travel from his workplace to arrive in time for the birth.

It has been identified that a father's ability to provide for his children sometimes "gains prominence or recedes in relation to his current employment circumstances" (Shirani et al. 2012, p.279). Here, for example, it was evident that the men's entitlement to parental leave varied depending on the length of time they had been in their jobs. There was also an indication that home workers may experience specific anxieties (Shirani et al. 2012), perhaps due to the expectations, identified here, resulting from their presence within or in close proximity to the domestic environment. Consequently, some of the men developed individualised and creative plans to be involved during the early days of parenthood based on their specific entitlements or circumstances.

The final extract identified how the men reported back on their pub activity to Lisa and the female partners.

## 8.8 Back from the pub: realisation of the ideal pedagogic subject

*The men returned from the pub and joined Lisa and the female partners (who had just completed their own relaxation activity) in the main classroom. Lisa asked how the pub session had gone. Tom, on behalf of the men, briefly reported back that they found the Odent article "a load of rubbish" because we "are now educated, informed men". Lisa nodded in agreement with Tom's comment, acknowledging that this was exactly what she had wanted the men to discuss. The men showed (but did not read out) the birth partner job description they had collectively drawn up in the pub (presented below as Figure 7).*

*Having glanced through the list, Lisa nodded with approval. There was no discussion or interrogation of the contents; she just reinforced the importance of men helping their partners*

*relax by being prepared and self-aware, suggesting that "women during labour will pick up on your body language, facial expressions and voice".*

*Reasonable salary*

*Supportive*

*Ability to listen*

*Keep calm, especially when there's lots of blood and swear words*

*Tolerant of verbal abuse*

*Good communication*

*Don't expect thanks*

*Selflessness*

*Massaging, stroking*

*Aware of options*

*Must know when to keep silent*

*Eat pizza, feel sick, don't say a word*

*Liaison with hospital*

*Invisible*

**Figure 7 – List of tasks identified and recorded by the men in response to the men-only 'job description for a birth partner' activity**

Tom summed up the men's defence of the birth partner role by claiming an educated, *"informed"* subject position, although he avoided mentioning the discussion of second birth partners (in 8.2.2) or the doubtful father (in 8.5) subject position.

The *"job description"* can be interpreted as recognition and realisation of subject positions offered during the course by Lisa. They positioned themselves as knowledgeable *("aware of options")*, responsible for reducing stress (*"massaging, stroking"*) and managing the impact of their own emotions *("keep calm")*. The humorous suggestion to *"Eat pizza, feel sick, don't say a word"* was a reference to the male partner observed in the birth DVD (in Chapter 6.2). Its inclusion may be an indication of some difficulty or resistance to adjusting their original imaginings of the birth partner role to fit the subject positions offered by Lisa.

The men humorously drew upon a sturdy oak discourse and positioned themselves as attentive *("listen")*, non-intrusive (*"invisible", "don't say a word"*) and prepared to put up with unreasonable demands (*"swear words", "verbal abuse"*) without any pay back (*"selflessness", "no thanks", "reasonable salary"*).

Lisa did not attempt to learn more about the men's discussions; instead, she confirmed that it was the outcome she had hoped for. She appeared to interpret educated informed men and the job description as confirmation that the men had realised the being there and affective self-manager subject positions, and were therefore the "ideal subjects" (Bourne 2008, p.46) of her pedagogy.


## 8.9 Justifying the pub session

The pub session produced findings not found in the other pedagogy, so it was considered appropriate, during the teacher interview, to seek Lisa's perspective and motivation for sending the men off by themselves:


*"So they go to the pub and I have an hour-long relaxation session with the women. If I was to have to cut anything out of my course, that would be the bit that I would never cut...it doesn't really matter that they haven't done it. What I wanted them to do was spend some time as dads together, so that should one of them have a traumatic experience, they would feel perhaps able to ring one of the other men and say, "Well I've just been through this, do you fancy a pint and we can have a chat?" I just think I give them the opportunity to do that without the women hanging around. So it doesn't matter if they don't do the tasks that are there; but some of them find them quite fun to do."*

Lisa viewed the pub session as indispensable, where men could learn *"without the women hanging around".* She indicated it did not matter whether the men completed the tasks; her motivation appeared to be providing a space for men to develop bridging social capital (Woolcock 2001). As highlighted in the teacher interviews (in Chapter 5.9), this was a different approach to Beth, who believed it was the men's responsibility to find a time and space for peer support. As with her suggested strategy in the hospital to *"take a break"* (in Chapter 6.7) during labour and birth, Lisa recognised how space could be utilised by men to support the affective self-manager subject position. Lisa offered a family room complete with a TV where men could connect and emotionally unwind with, what she assumed to be, the familiarity of *"footy scores".* The pub, likewise, was offered as a bridge for the men away from, what she assumed to be, the unfamiliar antenatal world. Both spaces were consistent with her quest to encourage men into supportive subject positions for their partners, aligned to the natural straightforward discourse. The relative freedom that men had to opt in and out of these spaces also reinforced subject positions of part-time fatherhood.

## 8.10 Different talk

Lisa was correct in her assumption that the men had their own issues to discuss, and she offered the pub as a potential way of protecting the female partners from the anxiety that some of these issues might arouse if shared in their company.

In addition to realising subject positions projected by the pedagogy, the men used the pub to convey and examine additional feelings and subject positions. Some feelings were directly conveyed by posing questions (e.g. about taking annual leave or relationships with extended family), and some by indirectly opening up topics containing fears or anxiety (Premberg and Lundgren 2006; Dolan and Coe 2011). These modes of interaction could be interpreted as adjustments to new (peer) relationships and an attempt to test the boundaries of what is and is not permitted within a relatively new forum.

Another interpretation is that the men were attempting to self-facilitate the session. Facilitation of men-only antenatal groups has been identified as productive in getting men to speak (Smith 1999a; Lee and Schmied 2001; Symon and Lee 2003). Lisa indirectly scaffolded the session with stimulus material to help direct a collective discussion (Friedewald et al. 2005). As discussed (in 8.2 and 8.8), the Odent article became a focus that enabled the men to realise specific subject positions, including being there, the affective self-manager and the privileged knowing partner.

Even without formal facilitation, the men set their own agenda in discussing and reflecting on topics that were not previously raised. Feelings of rivalry concerning second birth partners, and potentially deeper level affects, such as anger, that had been hidden during the main

pedagogy were revealed. They affectively shared concerns about future identities and the contradictions facing them during the transition to fatherhood (Henwood and Procter 2003; Shirani and Henwood 2011).

It has been suggested that men are likely to hide away fears and anxieties from their partners concerning birth and parenthood (Lewis 1986), and that this attitude can be reinforced by antenatal classes (Shapiro 1997). By offering the men the pub session, Lisa provided a space where they could contain their feelings and protect their partners from issues that, if discussed in the main teaching session, may have provoked stress and anxiety. By protecting their partners in this way, whether by design or default, the pub session offered the men the opportunity to realise the affective self-manager subject position. However, as the next section indicates, some of the key troubles faced by the men related to a fear that they would not be able to take up the subject positions offered to them.

## 8.11 Troubled men; more going on?

The subject positions promoted for men within the pedagogy were experienced in relation to intergenerational, familial, social, cultural and economic circumstances. Some of the men's conversations directly indicated contradictions and difficulties in taking up these subject positions. Affect, projected during the session, was identified and interpreted as an indication of more "going on" (Parkhill et al. 2011, p.329).

It was evident that the men had mixed feelings about the birth partner role and the subject positions made available to them by Lisa. Coping with the transition to fatherhood can involve imagining the future and working towards "clearly defined anticipated trajectories" (Shirani and Henwood 2011, p.65) drawn from the many sources of information about birth and parenting accessed outside of antenatal education. There was a suggestion that Lisa disrupted some of these imaginings by offering a range of alternative subject positions to the ones the men may have anticipated. This was observable, for example, through the humorous reaction (Billig 2005) to the male birth partner in the DVD (in Chapter 6.2). Although the men satisfied Lisa by projecting back (in 8.8) their intention to promote a stress-free birth and manage their own emotions, their use of humour left the possibility that they possessed fears about witnessing their partner's labour (*"blood and swear words"*) and feelings of injustice about the selflessness of the birth partner role (*"reasonable salary"*).

## 8.12 Extended family troubles

As discussed (in 8.2), some of the men revealed concerns and anxieties about being joined as birth partners by a female relative. Childbirth as the site of potential interfamilial conflict had not been raised during the course, even though here, for these men at least, it appeared to be a source of anger and potential disruption to the way they intended to take up the being there subject position.

## 8.13 Children troubles

Experiential resources were called upon as the men discussed concerns and frustrations with the task of managing children's difficult or challenging behaviour. Tom's anecdote (in 8.6) about being smacked as a child unlocked deeper levels of shared anxiety and concern around *"being pushed too far"* and not wanting to reproduce the authoritarian disciplinarian models of previous generations (Henwood and Procter 2003). The response of George in asking Tom *"whether this worried him"* may indicate a concern with the challenges and constraints that inhibit transformational models of fathering from one generation to the next. Tom's commitment to a different approach from that of his grandmother was evident as he confidently claimed a strategy of controlling his temper and walking away. None of the men departed from an assumption that it was their responsibility to be involved in child-rearing, reinforced by an agreement that looking after a brother or friend's child is qualitatively different from your own child (in 8.5). Venomous language, such as *"obnoxious little toad"*, may be an outward expression of the feelings aroused as the men imagined how they might have to cope with a child who could not be handed back. This anger may also mask a deeper affective fear that impending fatherhood will place men in situations where they may struggle to fulfil personal or social expectations of involvement. It may also indicate dissatisfaction that the NCT class had only provided learning about the early days of parenting, and nothing specifically about the long-term problems and emotional impact (Fletcher et al. 2004) that these findings suggest were of interest to this group of prospective fathers.

## 8.14 Work troubles

A final example replicated findings from interviews with new fathers that illustrated problems with balancing a range of expectations concerning relations with their partner, work, leisure and domestic responsibilities (Henwood and Procter 2003). In particular, it appeared that the

men were troubled by the process of balancing paid employment responsibilities with those of being an involved partner.

The men, in their imaginings of labour, birth and early parenting, identified employers and employment as a defining factor in their attempt to take up involved subject positions. Relationships with employers varied considerably; Mike, for example, stood out as somebody whose employer appeared unsympathetic towards providing parental leave. Tom, in contrast, had an employer who recommended that he attend antenatal classes. Mike's position illustrated a more complex set of circumstances. Not only as a new employee was he lacking entitlement to annual leave, but because of his partner being laid off he was now positioned as the sole breadwinner. Unlike some of the other men, he did not appear to have a strategy for being involved, which illustrated the extent to which involvement with parenting is harder to achieve for some men.

The importance of clearly defined temporal trajectories (Shirani and Henwood 2011) was again highlighted through concerns associated with the uncertainty of labour and its timing. This was particularly an issue for men whose work roles involved long-distance travel or inflexible working hours. Some of the men appeared to have a solution. George's humorous bravado (in 8.7) about risking the loss of his job used a form of hegemonic masculinity potentially to mask a deeper concern about whether he will make it to the birth. He already indicated through his logistical thinking a scenario where he might be able to make it to the birth, but miss the opportunity to support his partner for the duration of labour. It is highly likely that George had sat through much of the NCT course, learning how to support his partner, with these fears at the back of his mind.


## 8.15 Summary

In Chapter 8, the findings based on Lisa's interview account confirmed that her decision to conduct a separate men-only session was part of her distinctive message that involved recontextualising the official NCT pedagogic discourse. This helped the men develop bridging social capital with their peers and at the same time offered them a way of managing some of their affective concerns away from their partners. Chapter 8 also identified how Lisa's pedagogic discourse, and the subject positions projected within it, were recognised, realised and, in some cases, resisted by the male antenatal course participants.

These scenarios supported the view that men are comfortable discussing some male-specific antenatal topics in all-male groups (Symon and Lee 2003), and actively avoid embarrassing or upsetting their partners (Friedewald et al. 2005). They illustrated that much can be learned by listening to men's feelings about birth and parenting away from partners

(Schott 2002). The use of an observational approach enabled the interpretation of a deeper level of unspoken affect.

In the pub, the men confirmed their recognition of the being there subject position. However, there was also recognition that realising this subject position was dependent on other factors related to their paid-work roles and responsibilities. Similarly, they recognised subjectivities of wanting to be involved as fathers as being shaped by discourses linked to their relationships with family, friends and workplaces. To *"do your best"* (in 8.5) could be interpreted as recognition of the part-time father subject position, but equally can be an articulation, shared by the men, of a subjectivity designed to cope in the short term with the multiple contradictory expectations and affective demands produced by their felt and imagined experiences of the transition to fatherhood. The return from the pub produced a situation where the men, in front of the teacher and their partners, realised the subject positions that were expected of them in this context. The educated informed man subject position satisfied Lisa that the men had made good use of their time together. By not mentioning their discussion regarding second birth partners or the doubtful father subject position, the men protected their partners' feelings and so realised the affective self-manager subject position.

These scenarios illustrated the contextual dimension of men and the availability of subject positions. In time, in different locations and in different company, a range of subject positions can be taken up or rejected. Unforeseen events, like the loss of a job, or social changes, like home working, produce variations in the subject positions on offer. Subject positioning is therefore fluid, dynamic and linked closely to pedagogy, discourse, feelings and affect.

The findings in Chapter 8 helped establish how the voice of the NCT, the message of NCT teachers and the recognition and realisation of pedagogic subjects worked together in producing and sustaining specific subject positions for men. Chapter 9 pulls together the empirical findings from the previous four chapters and the theoretical concepts of Bernstein identified in Chapter 2.

# Chapter 9 – Pedagogic Discourse and Antenatal Education

## 9.1 Introduction

This chapter pulls together the empirical findings presented in Chapters 4–8 and uses selected theoretical resources, including Bernstein's concepts, identified in Chapter 2. It demonstrates how recontextualisation influenced pedagogic discourse, first at the level of the NCT voice and second at the level of NCT teachers' message. The chapter also examines an area not addressed directly by Bernstein's theories, about how Lisa, an NCT teacher, managed a number of affective influences within her teaching practice and in the construction of her distinctive message. Bernstein's work on pedagogic discourse is used to examine the extent to which Lisa's instructional discourse for men was embedded within a more dominant regulative discourse. His theory also helped in examining how pedagogy worked to produce Lisa's ideal imaginary male subject by projecting, or closing down, subject positions related to labour, birth and fatherhood. The chapter finally considers influences, including affect, within Lisa's pedagogic discourse and practice that enabled or encouraged the men to recognise, realise or reject these subject positions.

## 9.2 Men's positioning within the voice of the NCT

The findings reported in Chapter 4 identified the NCT's official pedagogic discourse or voice, and how it set up the context from which specific subject positions for men were made available, recognised and regulated. The chapter identified how the Trust brought alternative complimentary discourses together to produce a unique NCT voice that ensured and maintained the NCT's status and identity in relation to maternity issues and as a provider of antenatal education. Over the years, the voice of the NCT has spoken to, in language suited to, the contemporary social and political context. In the past, for example, it briefly flirted with eugenic ideas (Kitzinger 1990), but more recently this official NCT pedagogic discourse has echoed the political rhetoric of choice, preparation and national well-being. Therefore, the official NCT pedagogic discourse exhibited weakly classified boundaries that allowed for the bringing together or recontexualisation (Bernstein 1996/2000) of different knowledges and discourses in the interests of embracing social change, without abandoning its commitment to a hegemonic, and tightly classified, natural straightforward discourse. This contributed to a practice (Foucault 1982) that maintained a clear division between the NCT's own identity and that of other organisations (e.g. the NHS) influenced by a medical discourse (Nolan and Hicks 1997).

Historic NCT texts, identified in Chapter 2, showed that the Trust originally positioned men within its pedagogic discourse as predominantly passive birth partners. More recent texts, identified in Chapter 4, showed how, because of cultural changes, the NCT went on to position men as active agents in childbirth and parenthood. However, compared to women, babies and the needs of the nation, men continued to have a marginal status within the NCT pedagogic discourse. The subject positions that it projected were less about men as individuals in the here and now, and more about their current and future relational responsibilities towards children, partners and society.

Men, for example, were subsumed and positioned within reflexive couple relationships. By aligning itself to a consumer choice discourse, the NCT encouraged "compulsory" couple-orientated "individuality" (Cronin 2000, p.273) and a commitment to doing what was right for the nation. The findings in Chapter 4 highlighted how individual couples were viewed as responsible for identifying and selecting birth and parenting choices that were "right for them" and the "future health and well-being of the population" (NCT 2007). A division between the official NCT pedagogic discourse and the medical technical discourse was apparent, with couples informed that the best choices were the ones that upheld "the normal physiological processes" of birth and early-parenting practices, such as breastfeeding (NCT 2007). Couples were encouraged to use NCT antenatal education as preparation for these responsibilities, the Trust's voice here interpreted as a form of regulation positioning men as good partners, fathers and contributors to national well-being, consistent with the hegemonic natural straightforward discourse.

The official NCT pedagogic discourse positioned men as requiring cultural capital – gained from NCT antenatal course attendance – to support preparation, confidence building and the self-management of emotions. In contrast to NHS courses, it encouraged them to develop social practices that questioned and protected their partners and baby from the medical technical discourse and cultural, social and political pressures. Such regulation left little scope for men to develop cultural capital that attended to their own issues and feelings outside of couple relationships. The NCT documents indicated sensitivity and support for better social and economic policies to support both mothers and fathers with achieving a work life balance. However, the official pedagogic discourse fell short of offering anything to address this, beyond the provision of social capital to support parents during the postnatal period.

It is argued, therefore, that the official NCT pedagogic discourse regulated and positioned men by bestowing responsibilities and placing boundaries around how, and in what form, transformations and personal choices could be made. It also overlooked prior histories and

experiences, and restricted the availability of subject positions that men might bring into antenatal education.

## 9.3 From voice to message

With reference to Bernstein's concepts, it was possible to distinguish between the voice of NCT education and the message conveyed within each teacher's pedagogy. The official NCT pedagogic discourse created the context within which antenatal pedagogy could be developed and delivered. However, the findings in Chapter 5 indicated that teachers possessed relative autonomy, enabling each to produce their own unique message and distinctive pedagogic discourse. The regulation, recognition and realisation of subject positions for men appeared specific to any given pedagogy, reflecting a complex interplay of discourses and relationships. This was explained using Bernstein's (1996/2000) conceptualisation of a pedagogic gap. Within this gap, the pedagogy and course contents of antenatal education were constructed, shaped not only by the NCT's official pedagogic discourse, but also by the ideology and motivations of teachers and, where encouraged by the teachers, the course participants.

Therefore, NCT teachers operated as a second recontextualising field, each using the pedagogic gap to potentially construct their own message and produce a unique "imaginary subject" of antenatal education (Bernstein 1996/2000), within which they positioned an "ideal" male partner (Ivinson and Duveen 2006; Bourne 2008, p.46).

The findings from Chapter 5 considered teachers' awareness of the official NCT pedagogic discourse, and how this distinguished the NCT from NHS antenatal education. Jane (in Chapter 5.2), for example, admitted it would be highly unlikely for the pedagogic gap to be filled with advocacy for *"caesareans"*, *a* topic influenced by the medical technical discourse. However, each teacher's message still varied in relation to their selection and emphasis of specific parts of the official NCT pedagogic discourse. Beth, for example, was particularly keen to promote breastfeeding, while Lisa appeared highly motivated to encourage the partners' involvement in developing a positive birth environment. Jane indicated how over time a teacher's prioritisation of specific parts of the discourse could also change, as she had abandoned her advocacy of a specific approach to birth in favour of greater emphasis on couple choice.

Variations in the message opened up the possibility that men may be positioned differently by individual teachers and their pedagogies. For example, the bridging social capital (Woolcock 2001) identified in the NCT discourse was supported in different ways. Men attending Beth's course were positioned as responsible for forming their own peer group relations with men outside of the antenatal course. Lisa, in contrast, encouraged peer

relationships by initiating a men-only session (see Chapter 8). It is argued, therefore, that the pedagogic discourse and practices of individual teachers can produce variation in the availability and regulation of subject positions for men, although only within the well-classified boundaries of the dominant natural straightforward discourse. In some cases, the variation between teachers appeared to be the result of specific affective influences.

## 9.4 Affect, values and pedagogy

The analysis of teacher's accounts of their pedagogic practice in Chapter 5 suggested that variation between each teacher's message might be related to individual feelings, emotions and affective influences. Within the context of the study this finding represented an extension to Bernstein's work which did not specifically make reference to affective influences on pedagogic discourse. Affects appeared to be an aspect of pedagogy, confirmed by Beth (in Chapter 5.2) when she indicated that antenatal teachers are encouraged within NCT teacher training to reflect upon and limit the transference of personal emotional *"baggage"* in their teaching. Despite reflection and affective self-control being part of the official NCT pedagogic discourse, it was evident that teachers still allowed elements of their past to influence their pedagogic discourse and practice. Beth and Lisa's accounts contained negative experiences, involving lack of support and postnatal depression, which left them with strong feelings and potentially deep-level affects. These in turn appeared to either directly or indirectly influence their selection of course contents and pedagogy. The presence of a pedagogic gap therefore increased the likelihood that their teaching would be subject to affective influences, including, in Lisa's case, an affectively influenced personal quest.

## 9.5 A personal quest

The findings outlined in Chapters 6–8 illustrated how a combination of recontextualisation and affective influences determined the way in which Lisa positioned men within her pedagogic discourse. During her interview (in Chapter 5.2), Lisa described a *"rubbish"* experience of antenatal education that failed to adequately prepare her husband for his role as a supportive birth partner. Lisa produced a "quest narrative" (Frank 1995, p.76), suggesting that this lack of support and encouragement resulted in a caesarean birth, and her quest informed the way she recontextualised the NCT voice to produce her own pedagogic discourse. Her distinctive message involved redirecting her disappointing experiences of antenatal education and childbirth to help other parents by encouraging them to adopt behaviours consistent with the natural straightforward discourse.

## 9.6 Dividing practices and subjectivities at birth

By focussing on the process of recontextualisation and affective influences, it was possible to identify how Lisa's pedagogic discourse and practice within the hospital environment promoted specific discourses and subject positions for men. By setting part of her teaching within the hospital environment (see Chapter 6), normally associated with the transmission of dominant biomedical knowledge, Lisa was able to produce a distinctive message that recontextualised the official NCT pedagogic discourse and addressed her own personal quest.

As part of her message, Lisa drew attention to a range of negative affective experiences that the hospital environment could produce for men and their pregnant partners, which was reinforced by highlighting objects of stress linked to the medical technical discourse (*"the scary cupboard"*). Another element of the message involved promoting the official NCT discourse as an alternative. The modesty curtain symbolically conveyed the power of the official NCT pedagogic discourse to work within, and against, the technologies (Foucault 1982) of the medical technical discourse.

Lisa also stated that men were welcomed into the hospital birth environment, but their feelings were not (Shapiro 1987). She did not challenge this view, but instead recontextualised men's affects as part of her message, and offered strategies to help them manage their feelings and emotions, not in deference of the hospital but as a way of promoting the natural straightforward discourse. She introduced the family room – a familiar environment with a TV and access to "*footy scores*" – and conveyed that men have a responsibility to seek sanctuary here rather than allow their feelings and affects to interfere with a natural straightforward birth. Lisa promoted modes of agency and relationships that were considered either acceptable (prepared, controlled emotions, selfless support) or unacceptable (unprepared, *"flapping"*). The message, in line with her personal quest, therefore focussed men's attention on strategies and behaviours that would be best suited to the provision of support to their pregnant partners.

Lisa used the environment to construct the medical technical discourse as an "anti-subject", or a threat of what could happen if the "proper values" of the official NCT pedagogic discourse were not taken up and acted upon (Törrönen 2001, p.322). It became the basis for the production of different subject positions for men. A dividing practice (Foucault 1982) offered two possible roads for men as birth partners, one in which they could succumb to the

medical technical discourse, and another in which they could fight against it to promote the natural straightforward discourse.

Within Lisa's pedagogic discourse, a process of subjectification (Foucault 1982) occurred in which the natural straightforward discourse was presented as the default option, or norm, and men encouraged to recognise subject positions consistent with it (being there, affective self-manager, part-time father and environment fixer). Lisa's message asked the men to physically and affectively imagine themselves transforming the hospital birth environment into a space conducive to a natural, stress-free and positive birth. She encouraged the men to prepare and develop their confidence by engaging directly with an environment and process of medical management that they might otherwise not encounter prior to birth (Draper 2003). They were invited to follow the lead of the NCT (e.g. the modesty curtain) and take action, informed by the natural straightforward discourse that could undermine the power of the medical technical discourse.

## 9.7 Dividing practices and subjectivities of parenting

The findings from Lisa's interview in Chapter 5, and from the observation of her pedagogy in Chapter 6, confirmed that her message positioned fathers primarily within couple relationships. The official NCT pedagogic discourse appeared to subsume fathers (see Chapter 4.9) under the label of "parents". Lisa seemed to recontextualise the NCT voice and create a clearer demarcation within couple relationships by drawing on culturally available discourses of fatherhood as part-time (Sunderland 2000) as opposed to an instinctive (Miller 2007) full-time motherhood (Sunderland 2000). Subjectification (Foucault 1982) occurred where Lisa, within her pedagogic practice, distributed different types of agency to men and women. The spatial and interpersonal layout of the teaching activity positioned the women as experts and the men as their novices or bumbling assistants (Sunderland 2000), which served to shore up the view of men's part-time involvement in childcare. Although some of the men's behaviour indicated a potentially resistant affective response, their willingness to perform was interpreted as a temporary coping strategy.

## 9.8 Regulating men

Using Bernstein's (2000) concept of pedagogic discourse it was possible to interpret Lisa's pedagogy (observed in Chapters 5–8) as not only the transmission of skills and knowledge for labour, birth and fatherhood, but also as a process that enabled or denied men specific subject positions. Regulation occurred in different ways. The men were denied agency and

voice in the selection of pedagogy, which in turn overlooked discourses and related subject positions that they may have preferred to realise. They were regulated into taking up subject positions that reflected discourses selected by the NCT, the teachers and their partners.

Chapter 5 indicated, in line with adult education principles (Nolan and Hicks 1997) and the NCT discourse of choice, that teachers were generally committed to being responsive to the wishes and expectations of course participants. The interview and observation findings, in contrast, indicated that teachers downplayed certain content popular with course participants. For example, there was limited teaching on postnatal topics, even though these have been widely reported as being of great interest (Nolan 1997b; Singh and Newburn 2000). Beth (in Chapter 5.2) confirmed there was variance between NCT teachers regarding the inclusion and coverage of certain postnatal topics, such as parental relationships. It has been suggested that because the historic roots of NCT discourse centre on labour and birth preparation (Nolan and Hicks 1997), teachers are able to neglect or marginalise postnatal topics. In Chapter 5, even where teachers expressed intentions to be responsive to course participants' choices, they identified pressure to produce pedagogic content to fit into the limited time-frame. The official NCT pedagogic discourse and the allocated teaching hour in combination appeared to create circumstances where men's wishes and expectations for course contents were not prioritised.

McElligott (2001) found that male participants in antenatal courses, when asked out of earshot of their partners, wanted to learn about sensitive topics, such as postnatal depression. However, similar steps to ensure confidentiality were not evident within the pedagogic discourse or practices of the three NCT teachers in this study. This might explain why Beth reported that she rarely received requests for postnatal depression, and why men never asked for it during Lisa's course. Furthermore, Beth (Chapter 5.3) indicated that she had no awareness of the types of issue men would like to discuss, which implied that she had never asked them to voice their requests confidentially. The men-only pub session (Chapter 8) was the only occasion during the study where the men discussed topics of a sensitive nature, although nothing about postnatal depression.

By promoting the being there subject position (in Chapter 5.7) and the loving companion (in Chapter 4.8), the teachers implied that good husbands and good fathers (Early 2001) made choices within the context of individualised reflexive couple relationships. Inviting men to focus primarily on their role in supporting their partner and making joint parenting decisions was potentially regulative, as it restricted their opportunities to influence pedagogy and request other topics specifically related to their concerns or subject positions as individuals.

Regulation within pedagogy also occurred by marginalising the feelings and emotions of fear associated with the transition to fatherhood (Johnson 2002b; Draper 2004). The teachers' accounts focussed primarily on fears centred on labour and birth, and in Beth's case (see Chapter 5.3) fears specifically attributed to the medical technical discourse. While Beth acknowledged that men might need different types of support to women in dealing with these fears, a much broader range of issues or contexts invoking men's fear were identified during the pub session (e.g. not being able to make it to the hospital in time and doubts about their ability to discipline children). These were not fully addressed or acknowledged by teachers in the accounts or observations of pedagogy.

The most extreme instance of regulation was observed during the nappy-changing session (in Chapter 7.4), where the men were compelled to participate regardless of their wishes. In this instance, Lisa's positioning of the men as affective self-managers and bumbling assistants was a response to a situation and interaction where her primary concern was to protect and strengthen the identities, feelings and emotions of the female participants (Törrönen 2001). The men in this context appeared to recognise a need to put their partner's feelings ahead of their own, and in turn accept and realise the subject positions made available to them within Lisa's pedagogic discourse and practice.

Observation findings supported the view that although a pedagogic gap invited new knowledges and discourses, it was managed by Lisa in a way that regulated and minimised men's control over pedagogy. She recontextualised the NCT discourse to pursue her specific quest, regulating men into realising specific subject positions in which particular kinds of agency and affective behaviour were encouraged ahead of others. It was only during the pub session away from Lisa and their partners that the men, free from this regulation, recognised and realised alternative subject positions.


## 9.9 Recognition, realisation and time

The timing of antenatal education for these men played a part, alongside regulation, in their recognition and realisation of subject positions. It occurred during the third trimester of pregnancy, a time of great uncertainty, anticipation and change for men (Lupton and Barclay 1997; Shirani and Henwood 2011), when the realities of fatherhood and its responsibilities are felt (Draper 2002a; Draper 2002b; Draper 2004; Cooper 2005). It is also a time when male partners of pregnant women are known to position themselves as interested in knowledge (Singh and Newburn 2000). By attending antenatal education, the men confirmed their recognition and realisation of the being there subject position, and a desire to cope with

the responsibilities and expectations placed upon them by society and their partner (Smith 1998; McElligott 2001).

Although the men came to antenatal education with pre-existing knowledge and experiences, Lisa positioned them as blank slates, thus constructing their transition to fatherhood as a discontinuity. In the nappy-changing activity (see Chapter 7) for example, they were viewed as "bumbling assistants" who lacked any previous knowledge of baby care. Opportunities for men to reflect were bounded within a temporal frame that projected their responsibilities as future-orientated, temporary and conditioned by the negotiated agreement and choices of couples. The main continuities offered by Lisa were coping strategies that encouraged recognition of the affective self-manager and environment fixer subject positions, and which drew upon specific stereotypical gendered practices linked to hegemonic masculinities, such as "fixing" things and an interest in sports.

The pub session (see Chapter 8) indicated that the men already accepted fatherhood as part of their life trajectory (Lupton and Barclay 1997) and had started, and were willing to continue, seeking strategies to help them cope with the future (Draper 2004; Cooper 2005; Goodman 2005; Shirani and Henwood 2011). The men carried with them a broad range of knowledge, experiences, interests and concerns, suggesting that the transition to fatherhood involved continuities and links to their respective pasts. They appeared to be using the past as a resource to help them cope with the future.

Time appeared to be a resource that enabled the men to come to terms with their present and future positions. Two broad strategies were identified, involving reflecting on the past (Williams 2008) and focussing on future imagined temporal trajectories (Shirani and Henwood 2011). Most of the men could draw upon experiences of observing other parents, or of being parented, which helped position themselves – despite hegemonic masculinities – as a new generation with their own ideas and ways of approaching fatherhood (Lupton and Barclay 1997; Henwood and Procter 2003).

It was evident that the men had problematic thoughts about some aspects of their future (Shirani and Henwood 2011), which required them to adopt specific strategies. Staying quiet was a strategy utilised by some men, designed to protect them, or their partners, from becoming acutely distressed. During the mixed teaching session, they failed to mention that they might be unable to realise the being there subject position. This strategy was sanctioned indirectly by Lisa because it appeared to realise an affective self-manager subject position.

A related strategy may have involved taking each day as it comes, avoiding facing up to longer term issues by devoting energy to achieving short-term goals of involvement

(Charmaz 1997, in Shirani and Henwood 2011). Success could be demonstrated in different ways, including attending the antenatal course as a step towards becoming affectionate nurturing fathers (Henwood and Procter 2003), and by moving from being a "reluctant attender" (Smith 1999, p.330) to a privileged knowing partner (see Chapter 8.2). The men's willingness to show recognition and realisation of subject positions offered to them by Lisa could also be interpreted as a short-term coping strategy. Receiving feedback from Lisa in front of their partners (see Chapter 8.8) affirmed their realisation of these subject positions, and that they were doing a good job.

## 9.10 Recognition, realisation and affect

As Chapter 5 discussed, antenatal teachers' emotions, feelings and affects appeared to influence the way they recontextualised discourses to produce distinctive messages and a range of subject positions for men. A further finding was that men's feelings, emotions and affects also potentially played a role in their recognition and realisation of the different subject positions offered to them by Lisa. Men are known during the antenatal period to hold powerful feelings concerning their current and future identities (Henwood and Procter 2003; Shirani and Henwood 2011). The anticipation-of-birth presence is known to provoke feelings of helplessness, anxiety and confusion (Nichols 1993; Johnson 2002b), while the anticipation of new fatherhood also potentially creates feelings of anxiety and stress (Lupton and Barclay 1997; Draper 2004; Cooper 2005). The pub session confirmed that the men had kept hidden a range of similar feelings and doubts about their role as birth partners and fathers. Lisa, who recognised that the men might have unresolved feelings, offered them coping strategies to protect their children and partners, which included the suggestion to use the family room during birth to restore calm, and the chance to use the men-only session during the antenatal course to offload feelings. The men appeared to recognise these strategies, perhaps because they were reinforced by a culturally available sturdy oak discourse. By positioning themselves as *"privileged knowing partners",* in contrast to course non-attendees like the second birth partner, who *"flaps at anything",* the men could imagine themselves calmly realising the affective self-manager subject position in the birth environment.

## 9.11 Resistance to subject positions

Although the men recognised and realised subject positions projected within Lisa's pedagogic discourse, a number of potential strategies that rejected or deflected subject

positions were identified. This was clearly suggested in the findings based on an interpretation of the men's affective responses. Following Bernstein, this illustrated how a pedagogic gap might be a site of ideological conflict.

The environment manager subject position was offered by Lisa to keep the men busy and reduce their potential to *"flap"* during the birth. It also encouraged the men to *"fight the battle"* (Jane's comment in Chapter 5.2.) against the medical technical discourse. There is little evidence, however, that the men intended to realise a position that potentially involved challenging the authority of the hospital staff and environment. Instead, their recognition of this subject position was limited to interpreting their partner's pain (see Chapter 8.2). This appeared more co-operative than confrontational, akin to a "team-mate" role in which men worked alongside their partner and the hospital staff (Chapman 1991).

The contrast between the men's relative openness and willingness to express their anxieties and fears during the pub session compared to the other learning contexts – and therefore realising the affective self-manager position – should not be overstated. Limitations to the way in which the men engaged in the pub session were evident, as they on occasion depersonalised concerns by posing indirect questions (Dolan and Coe 2011), or cited observations about what they had seen in other families. Rather than an outward statement of his anxiety (i.e. not being able to attend the birth), George (in Chapter 8.7) positioned himself using bravado *("my boss can sack me later"*) akin to that found in some hegemonic masculinities. The nervous laughs accompanying one man's angry tirade against the second birth partner indicated uncertainty about how to handle affective issues. Even in the pub session, the men potentially masked a range of other concerns and anxieties.

Humour may also have been an expression of hidden affect (Gutman 1996) or feelings of discomfort produced by the pedagogy and how the men were being positioned. During the feedback from the pub activities (in Chapter 8.8), the men selectively projected back parts of their conversations to Lisa that confirmed their realisation of the being there and affective self-manager subject positions. As discussed earlier (9.10), this may well have been a short-term coping strategy. The collective humour contained in the feedback from the birth partner job description hinted at some potential dissatisfaction about taking up this subject position (*"reasonable salary", "keep calm, especially when there's lots of blood and swear words"*). This raises questions as to whether stated intentions to realise subject positions were consistent or in contradiction with internalised feelings or unresolved affect, and whether the process of actually recognising subject positions of involvement simply masked other negative feelings of "helplessness", "guilt" and "isolation" (Johnson's 2002b, p.180). The possibility that there was more "going on" (Parkhill et al. 2011, p.329) for these men could not be discounted.

## 9.12 Summary

Using the empirical findings presented in Chapters 4–8, this chapter applied Bernstein's theory to illustrate the process that contributed to the availability of subject positions for men, and their recognition or realisation of these within the pedagogic discourse and different pedagogic contexts of an individual NCT antenatal course. It was evident that subject positions were related to the distinctiveness of the NCT and its voice, and the teachers' recontextualisation of this discourse. The pedagogic gap enabled teachers to project their own message, and in the process regulate subject positions for men related to fatherhood and birth partnering. In an extension to Bernstein's framework, emotions, feelings and affect were identified as key contributory factors that influenced the production and take-up of specific subject positions for men. First, a link was identified between teachers' affective influences and their use of the pedagogic gap. Second, affect was associated with men's specific temporal trajectories, and within different physical contexts was seen to influence their recognition, realisation and resistance to specific subject positions.

# Chapter 10 – Conclusions and Implications

## 10.1 Introduction

This final chapter presents the conclusions and identifies the strengths and limitations of the study in relation to the methods, the wider literature and the selected theoretical resources. This first section brings together the empirical findings from Chapters 4–8 to show how these addressed the research questions. In the final part of the chapter, the implications of the findings for existing and further research and pedagogy are discussed.

## 10.2 Addressing the research questions

The research questions were:

1. What is the NCT's official pedagogic discourse for antenatal education, and how does this relate to men's involvement in an NCT course?

2. How is the NCT's official pedagogic discourse recontextualised by NCT teachers?

3. Within the pedagogy of an NCT course, what subject positions related to labour, birth and early parenthood are made available to, and recognised by, men?

The first research question was addressed using data gathered from an analysis of the NCT texts discussed in Chapter 4, and by applying Bernstein's concepts of voice, classification and recontextualisation. It was evident that the selected official texts recontextualised discourses related to birth and parenthood, and these produced a distinctive NCT pedagogic discourse or voice. Through the support, advice and learning provided by the NCT, this voice projected an ideology and values regarding labour, birth and parenting. The findings suggested that to maintain the NCT's status and legitimacy, this voice evolved in line with social, political and cultural change. However, the organisation from the outset was influenced by a strongly classified natural straightforward discourse and this, despite other changes, has endured and has maintained the NCT's distinctiveness from the NHS and other antenatal education. The NCT voice largely subsumed men within couple relationships, and, in combination with the hegemonic natural straightforward discourse, it produced a limited range of male birth partner and fatherhood subject positions involving transformation, responsibility and personal choice. The findings from the analysis of NCT texts therefore identified the official NCT pedagogic discourse and how, in a marginal way, it addressed men.

The second research question was addressed using the findings from interviews with teachers and from an observation of pedagogy, discussed in Chapters 5–8, combined with the analysis of NCT texts. The findings were explained using Bernstein's concepts of recontextualisation, message and a pedagogic gap. In answering the first research question, it had been apparent that the NCT was, using Bernstein's term, a first recontextualising field, and pulled together discourses within its official texts that projected a distinctive official NCT pedagogic discourse. In answering the second research question, it was apparent that although the teachers recognised the NCT voice, especially its strongly classified natural straightforward discourse, they operated as a second recontextualising field in producing their own pedagogic discourse and message. Chapter 5 identified how each teacher differentially recontextualised the official NCT pedagogic discourse, drawing upon culturally available discourses, personal motivations, ideology and affective influences to fill a pedagogic gap with their distinctive message. The interview with Lisa was interpreted as conveying a personal narrative or quest to help others benefit from her own negative experiences of antenatal education and childbirth. It was argued that this produced feelings and affects that in turn influenced the way she talked about, selected and delivered pedagogy. The study has presented findings to suggest teachers recontextualise discourses to produce their own distinctive messages, in response to personal affective influences, independent from the NCT voice. Therefore, a combination of findings from the analysis of texts, interviews and observations answered the second research question and identified how teachers recontextualised the official NCT pedagogic discourse.

The third research question was addressed using findings from the interviews and observation discussed in Chapters 5–8, combined with the analysis of NCT texts. The findings were explained using Bernstein's concepts of recontextualisation, the pedagogic discourse and recognition and realisation. They indicated how pedagogic discourse, context, time and affect produced subject positions for men related to both birth attendance and fatherhood. The teachers' accounts in Chapter 5 indicated how the NCT discourse was recontextualised to produce three specific subject positions for men, those of being there, affective self-manager and peer supporter. Findings from the observations of pedagogy in Chapters 6 and 7 highlighted how Lisa, an NCT teacher, recontextualised the official NCT pedagogic discourse and used specific activities and contexts to facilitate men's recognition and realisation of subject positions. Teaching relating to labour and birth in Chapter 6 produced four distinct subject positions for the men, those of being there, affective self-manager, environment fixer and temporary involvement. Pedagogy about parenting in Chapter 7 identified an overarching part-time father subject position in which men were positioned as blank slates and bumbling assistants. The findings from the interviews and

observation indicated that these subject positions were consistent with Lisa's affectively produced personal narrative or quest.  By extending these – but no alternative – subject positions to men in the transmission of antenatal knowledge and skills, it was suggested that Lisa's pedagogic discourse regulated men by denying their individual identities and histories and placing expectations on them to contain their feelings, emotions and affects during the transition to fatherhood, and indeed during their participation in the antenatal class.

In addition, in response to the third research question, Chapters 7 and 8 indicated that the recognition by men of subject positions appeared easier if these were linked to familiar culturally available discourses, such as the sturdy oak or the part-time father/full-time mother discourse. In contrast, the men's apparent unfamiliarity with discourses that questioned medical authority appeared to explain their lack of recognition of the environment fixer subject position. A further explanation was offered that suggested men were more likely to realise specific subject positions if these could help them cope with the affective demands of the transition to fatherhood.

The findings of Chapter 8 also helped answer the third research question relating to men's recognition of subject positions. The findings strengthened the argument suggesting that Lisa's pedagogic discourse regulated and restricted the availability of specific subject positions for men. Generally, the findings indicated that the men recognised the need to position themselves during the pedagogy in ways that confirmed to Lisa and their partners that they were the ideal pedagogic subjects. The exception to this, as reported in Chapter 8, occurred when the men interacted in an all-male context without Lisa. Here they recognised and realised subject positions not previously identified during the observation. It is suggested, therefore, that although these subject positions were important to the men, they remained hidden in response to the regulation produced by Lisa's pedagogic discourse and practice. The all-male pub session produced a brief, yet revealing, window into what was potentially going on for men at this time, with some doubting their abilities to fulfil the being there subject position or specific fatherhood responsibilities. The findings suggested that the men produced subjectivities that helped them cope in the short term with the multiple contradictory expectations and affective demands of the transition to fatherhood. This was exemplified by one man who used cultural capital from the course as a vehicle for asserting his status as birth partner above that of a rival family member. For the same purposes, the men produced (in Chapter 8.5) their own version of the part-time father subject position, indicating that it was sufficient to *"do your best".*  Later, on their return to the mixed-gender class, the regulatory power of Lisa's pedagogic discourse was revealed as the men confirmed themselves to be the imaginary subjects projected by her pedagogy. Here, in the presence of their partners, they realised the affective self-manager subject position by

masking the full extent of the doubts, concerns and anxieties shared in the all-male context. Therefore, the study argued that subject positions for men were produced within a pedagogic gap created by teachers recontextualising the distinctive NCT pedagogic discourse in combination with their own discourses and affectively informed motivations. Men were consequently regulated into taking up birth and fatherhood subject positions, yet their recognition, realisation and resistance to these within different pedagogic contexts appeared related to cultural discourses and expectations, combined with their own specific temporal trajectories and affective coping strategies. A combination of the analysis of texts, interviews and observation therefore helped answer the third research question.

## 10.3 Implications for existing research and theory

The implications and findings of the study were limited by the specific research questions, methods, contexts and sample. While no claims were made concerning the representativeness of the findings, it was intended that they could push forward theoretical and substantive understandings of men's involvement and positioning within NCT antenatal pedagogy. Some implications related to existing research and theories, and possible future research, are presented here.

The findings confirmed existing understandings, outlined in Chapter 2, that subject positions of masculinity and fatherhood are fluid and open to the influence of discourse. Empirical and theoretically driven literature on fatherhood transitions illustrated how specific discourses, affects, expectations, events, relationships and contradictions impact on fathers' subjectivities. The study complemented this work, identifying similar findings but within the specific context of an individual NCT antenatal course. It also offered an empirical approach, supported by theory, which helped explain the relationship of discourse, affect and subjectivities within this context. The study indicated how pedagogy produced subject positions that reinforced an enduring part-time father/mother as main parent discourse. It consequently affirmed research that questioned the extent to which constructions of new or involved fatherhood have disrupted more deep-rooted gender differences.

Bernstein's theory was selected as a resource because of its wide application within empirical work across different educational contexts; here, it was uniquely extended to examine the pedagogy of an NCT antenatal course. Although previous research has investigated and compared discursive influences on antenatal and parenting knowledge, including different models of antenatal education, this study identified how an approach using Bernstein's theory of the pedagogic device can push forward knowledge of the impact

of a macro-level official NCT pedagogic discourse within the micro-level context of a specific NCT antenatal class.

The study produced an understanding of how the macro-level official NCT pedagogic discourse was implicated in the projection of subject positions for men within antenatal teaching. The literature reviewed in Chapter 2 identified how the NCT emerged in place of previous networks of informal childbirth knowledge and promoted, through education, alternatives to the medical discourse. The study updated this work by analysing more recent NCT texts. The findings illustrated that the highly distinctive NCT voice has continued to evolve, reflecting subsequent cultural and political changes, while maintaining its division from, and opposition to, the medical technical discourse. It was identified that, although the official NCT discourse projects specific subject positions for men as birth partners and fathers, these, because of the hegemony of the natural straightforward discourse, mostly marginalise men's specific needs and subsume men's role within couple relationships. This is a significant extension of the existing literature, which does acknowledge men's dissatisfaction with aspects of NCT antenatal education, yet fails to investigate or comment on how this might be produced discursively.

The study also provided an insight into how, at the micro level of antenatal pedagogic discourse and practice, subject positions were made available to men. Like other empirical work that applies Bernstein to pedagogy, the findings illustrated the process of recontextalisation and how ideology can be brought into play within a pedagogic gap. The findings utilising Bernstein's work on the pedagogic discourse also illustrated how an instructional discourse was embedded within a more dominant regulative discourse, but that space still existed where the learners may reject, recognise or realise the subject positions made available to them by antenatal teachers. The empirical and theoretical work generated findings that may add to existing understandings of participant expectations of, and satisfaction with, antenatal education, and to discussions comparing different models and styles of antenatal pedagogy.

The literature identified in Chapter 2 generally focussed on men's dissatisfaction with the support offered by existing models of antenatal education pedagogy, and the failure of these to address their specific needs. A section of the identified literature also evaluated and promoted alternative models of pedagogy designed to improve men's satisfaction. The study contributed to both these areas of knowledge. For example, the findings from the teacher interviews revealed that some teachers focussed on providing specific support to men as part of their pedagogic discourse and practice. This was not a universal practice however, and even amongst those teachers who did offer support, due to recontextualisation there was great variation. Lisa, for example, included an all-male teaching session, while Beth,

another teacher, believed it best to let men organise their own peer support. The findings from observing antenatal pedagogy confirmed that some men have an active interest in developing antenatal knowledge and value NCT antenatal classes as a way of addressing a range of needs and concerns. However, these men's active participation in classes was found to be influenced by the dynamics and context of pedagogy. During the mixed gender sessions in Lisa's pedagogy, for example, the men were found to mask their true feelings in the interests of protecting their partners. These affective concerns appeared to be reinforced by Lisa's pedagogic discourse and her quest to regulate men into realising an affective self-manager subject position. In contrast, the findings supported a view that men felt more at ease to talk freely and share affective concerns in a pedagogic context away from their partners in the company of other males. This concurs with studies discussed in Chapter 2 that found men respond well to the support offered within all-male antenatal groups. This empirical work mainly focussed on facilitated male groups; presented here, in contrast, is a unique insight into a group of men sharing experiences without a facilitator.

The study produced emergent theory extending Bernstein's ideas. The findings identified the role of affective influences within antenatal education on the recontextualisation of official pedagogic discourse and the regulation, recognition and realisation of subject positions for men. First, teachers were found to develop their unique pedagogic messages and fill the pedagogic gap not only by recontextualising discourse but also in response to personal motivations linked to affective influences and experiences. Second, the findings concurred with empirical work identifying the transition to fatherhood as a time when men encounter social expectations (linked to a sturdy oak discourse) to hide away certain feelings relevant to their past, present and imagined futures. Although the sturdy oak discourse was addressed within the antenatal literature, the study filled a gap by demonstrating how it, combined with a natural straightforward discourse, regulated men during instructional pedagogy into recognising and realising specific subject positions. In addition, the study presented emergent theory to suggest that men's affective behaviours may produce alternative subjectivities that resisted or recontextualised these dominant discourses.

## 10.4 Implications for further research

A number of areas for further research have been identified, building on the findings from the study, which could potentially push forward theoretical understandings and help develop new antenatal pedagogies.

The study has illustrated how researchers can potentially use Bernstein's work to understand pedagogy in educational contexts outside of formal education. Antenatal

pedagogy is one such context, and the study has made headway in demonstrating the potential for NCT antenatal education, in one specific context, to disrupt and at the same time co-construct masculinities and subject positions associated with birth partnering and fatherhood. Similar theoretically informed research methods with larger samples focussing on different teachers, organisations and models of delivering antenatal education would help contextualise and confirm the reliability of these provisional findings.

Longitudinal research, incorporating interviews with men attending antenatal courses, would help shed further light on whether subject positions recognised and realised during the course were temporary coping strategies or long-term realisations. This could potentially provide a deeper understanding of the finding that men realised the part-time father and the affective self-manager subject positions, but appeared to reject the position of environment fixer.

Although teachers appeared to share a commitment to the natural straightforward discourse, variations were identified in the messages transmitted by individual teachers. Consequently, teachers appeared at variance with each other regarding the balance between antenatal topics and postnatal topics, and the extent to which course attendees should be encouraged to *"fight the battle"* against the medical technical discourse. Differences were also identified in teachers' confidence and willingness to teach men. It was apparent that although NCT training encouraged teachers to offload emotional baggage, some of the variations in pedagogy were the result of teachers' individual affects and motivations. This highlighted the potential for longitudinal research with a larger number of teachers, first examining the impact on pedagogy of personal experiences and affect, and second, how these endure or change across time.

A related issue concerned some of the affective responses of the men, which were interpreted as an indication of their discomfort with how they were positioned by the pedagogy. The potential of antenatal education to create, rather than alleviate, fear through regulation and positioning is therefore an area inviting more detailed research. Interviews with men could shed light on the extent to which antenatal pedagogy addressed or even contributed to the negative feelings, emotions and affect associated with the transition to fatherhood. In turn, this is an issue that may help inform the training and development of antenatal teachers.

If the goal of NCT antenatal education is to promote a positive birth that involves male partners who are in control of their feelings, the study suggested that pedagogical approaches offering space for men to interact with peers, away from partners and teachers, would appear to have value, even without the involvement of a formal facilitator.

Observations and interviews with men could assist in developing methods of integrating male-only activities within the pedagogy of antenatal education.

## 10.5 Summary

It is likely that, for the foreseeable future, antenatal education will continue to be a way for many parents to prepare for parenthood. Organisations like the NCT are attempting to make these classes relevant to male partners, and so reflect cultural changes and the social expectations for men to be involved as birth partners and fathers. Therefore, the pedagogy of antenatal education is an area that will continue to interest researchers. This chapter has identified how empirical work can extend beyond investigating the transmission of specific skills and knowledge to men, and alternatively seek to understand how pedagogic discourse and practices position and regulate men. The latter was achieved in this study using specific research methods and theoretical resources, including Bernstein's work. In addition to confirming knowledge relevant to an understanding of fatherhood transitions and men's involvement in antenatal education, it has identified an emerging area of study concerning affective influences that may be worthy of further investigation.

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# Appendix 1 – Letter to Participants

**Cardiff University School of Social Science Research Project on Men and Antenatal Classes**

Dear Course Participant

I am a research student from Cardiff University undertaking a Doctorate in Education. I am also a father of a one year old son and like you I also attended National Childbirth Trust (NCT) antenatal classes with my partner during her pregnancy.

My research project is examining how men are involved in NCT antenatal classes. For this purpose I am proposing to observe your antenatal course. This will involve me sitting in all the classes and making written notes. No audio or video recording will be undertaken.

For the purpose of confidentiality the names of course participants will not be revealed at any stage.

My notes will be stored securely and shared with my academic supervisors at Cardiff University for use as data in my research.

At the beginning of each individual session of the course I will check that you and the teacher are happy for me to continue observing. I will uphold requests from yourself or other course participants to suspend my observation at any point during the course.

Best wishes

Stephen Leverett

If you have questions regarding this please contact Stephen Leverett xxxxxxxxx or
xxxx@btinternet.com

If you have any concerns about this research you can contact Professor Soren Holm at Cardiff University:xxxxx

# Appendix 2 – Consent Form

## Cardiff University School of Social Science

Research project undertaken by Stephen Leverett for a Professional Doctorate Education Thesis

Title of Research Project: <u>Men and Antenatal Education</u>

| I give my permission for: | Yes | No |
|---|---|---|
| Stephen Leverett to observe the NCT antenatal class in xxxxxcommencing 7th June | | |
| research notes to be anonymised, stored securely and only used for the purpose of the research project | | |
| | | |
| **I understand that:** | Yes | No |
| my name will not be revealed by the researcher | | |
| I can request an end to the observation of the class at any point | | |
| | | |

Signature of antenatal class participant:

Signature of researcher: