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Relational Masculinities and the Gendered values of men in homebirths

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Abstract

More is known about men's experience of childbirth, than homebirth, although questions still remain. Most significantly, theoretical perspectives are lacking that can conceptualise the role between masculinities and fatherhoods and how these crystallise during the birthing period. Drawing on short-term longitudinal data with five South African men who planned and experienced homebirth, this paper presents findings from twenty individual and conjoint interviews before and after homebirth. Men's narrative constructions of homebirths in conjunction with their partners' showcase simultaneous operations of gender as mutually determining. The gendered aspects of men's participation, which have largely been ignored, raise important questions regarding the relationship between masculinity and fathering and how this affects men's experience of homebirth. Utilising a relational gender framework, men's experience of homebirth was impacted on and shaped by relationships to others which constructed idealised ways of being for homebirthing men. Constructing their ideal birthing selves as 'selfless', men's relational involvement in homebirth was threaded through ideas of themselves as men, lovers and fathers. Considering what it meant to be physically, emotionally, psychologically "present" men's narratives rendered rich and thoughtful insights as they struggled towards new gender roles while negotiating the old.

Background

The growing literature on men's experience of childbirth (Gawlik *et al.*, 2015; Johansson *et al.*, 2012; Sapkota *et al.*, 2012; Premberg *et al.*, 2011; Hildingsson, Cederlöf & Widén, 2011; Sengane, 2009), suggests that what men experience in relation to birth remains under dispute. For most Western, middle-class men attending birth is the norm, however there is a tension between men's expected, yet ambiguous role in childbirth (Steen *et al.*, 2012; Longworth & Kingdon, 2011; Bartlett, 2004; Draper, 2003b, Barclay & Lupton, 1999). As Dellman's (2004: 20) review of the literature notes: "Most men find childbirth both wonderful and distressing. They often don't live up to their expectations and are confused about their role". Nonetheless, the most recent meta-synthesis confirms that men experience childbirth as an important, life-changing event with psychosocial and emotional dimensions (Johansson, Fenwick & Premberg, 2015), The overriding

ambivalence expressed by men throughout the literature is thus concerning; men express hopelessness, confusion, exclusion, anxiety and overwhelm resulting from their involvement (Johansson *et al.*, 2012; Genesonit & Tallandini, 2009; Johnson, 2002; Draper, 2003a; Somers-Smith, 1999), which may override the positive benefits long assumed to accompany men's entry into maternity.

The moral uncertainty in men's positioning around childbirth (Ives, 2014) indicates that competing gender discourses are fraught in men's negotiation of birth. Literature has indicated that men experience themselves caught in a double bind where their positioning within the medical establishment and the expectations of themselves are in conflict (Johansson *et al.*, 2012; Bäckström & Wahn, 2011; Reed, 2005; Dellmann, 2004). On top of which Dolan & Coe (2011) have noted that health professionals collude with the marginal, vulnerable position ascribed to men as it serves their own and their institutions interests. Indeed, Premberg *et al.*, (2011) who suggest that gender is implicit in the organisation of hospitals supports this assertion detailing how men are expected to behave as "the stronger sex" (Courtenay, 2000: 1385), even in the woman-centred domain of childbirth. Utilising theory-based conceptualisations of hegemonic masculinity (Connell, 1995) institutional structures reproduced dominant forms of masculinity albeit within a context of marginality unfamiliar to men's every day, constricting their gender role displays (Dolan & Coe, 2011). As a result Draper & Ives (2013) propose that the medicalization of childbirth is itself a contributor in men's marginalization from birth, inadvertently affecting men's identification with their fathering identities.

Moreover, men's increased participation in childbirth, which has been said to benefit themselves, their partners and their babies (Premberg *et al.*, 2011; Fisher, 2007; Bartlett, 2004), has additionally claimed that men's increased involvement in maternity care leads to greater involvement in family life:

"a new, attentive, caring or nurturing father who begins by being present at antenatal classes and at the birth continues by actively participating in the raising of his children and generally shares with his domestic partner commitment to and responsibility for maintaining family life" (Henwood & Procter, 2003: 337).

However, Reed's (2005) cultural analysis indicates that it is the existing power and gender relations, which are reproduced through medicalised childbirth that result in men's role in childbirth symbolically reinforcing the idea of men as

distanced and disconnected. The corollary is that connection, feeling and relation,¹ essential for the “transformation of men into social beings” gets systematically denied during their rite of passage into fatherhood (Reed, 2005: 3). Men’s invitation into the birth room, premised as it is on constructions of the new, involved father, means that the relationship between fatherhood and masculinity is an important, yet often overlooked factor in men’s experience of birth (Plantin, Olukoya & Ny, 2011).

On the other hand, Waldenstrom, (1999) found that in out-of-hospital settings, fathers reported more positive experiences due to greater levels of involvement. Homebirth, long recognised as one of few sites of resistance to medicalization (Chadwick, 2014; Klassen, 2001; Martin, 1987; Rothman, 1982) offers an alternative view of men’s experience of childbirth. This alternative, already acknowledged to produce an entirely different body of knowledge on women’s experience of childbirth (Cheyney, 2011; Rothman & Simonds, 2005; Beckett, 2005), is clearly as important for men whose experiences are shown to be constrained by social structures in institutional settings. The literature on homebirth, though primarily concerned with women’s experiences nevertheless indicates that homebirth can precipitate a broadening and diversifying of gender (Chadwick & Foster, 2013; Carter, 2009; Cheyney, 2008; MacDonald, 2007; Klassen, 2001). *The aim of this paper is therefore to consider the ways in which gender impacts on men’s experience of homebirth.* Given that women are unlikely to consider homebirth without their partner’s support (Lindgren & Erlandsson, 2011; Edwards, 2005) a relational gender framework was deemed most suitable.

Theoretical Framework

While more research has looked at the gendered aspects of men’s involvement in childbirth than in homebirth (Angelova & Temkina, 2014; Ives, 2014; Dolan & Coe, 2011; Premberg *et al.*, 2011; Reed, 2005; Draper, 2000), none have considered the impact of gender from a relational angle. Although the importance of a relational context has been proposed as a key concept in relation to women’s experience of childbirth (Chadwick, 2013), the focus in the literature on either women, men or couples has inadvertently reproduced the idea of separate, individual selves. Relational selves on the other hand are understood to be inter-dependant rather than independent; embedded in webs of intimate as well as wider socio-cultural relations (Mason, 2004; Mauthner, 1998). Thus a relational approach to homebirth makes it necessary to account for a multiplicity of people

¹ See Dermott, 2008 who argues that the term “intimate” fathering better represents the ‘emotional work’ of (for example) connecting, feeling and relating that is attached to the ideal of the involved father.

and perspectives interconnected with bodies, structures and place, that are bound to broader gender processes (Connell, 2012).

Gender is particularly salient to a relational perspective of men's experience of homebirth. According to West & Zimmerman (1987), doing gender creates and maintains differences between women and men that are central to the gendered organisation of social life. Following on from Ferree (2010), gender is understood to be iterative and interactive on multiple levels. Situating individual gender practices in homebirths within broader social structures, relationality as a theoretical framework requires closer consideration of the processes that bring into being various gender configurations (Connell, 2012) that manifest as situationally specific sets of meaning.

“The inevitable interrelationship” of gendered practice means that “each category draws at least part of its meaning from opposition against as well as alignment with the other” (Lupton & Barclay, 1997: 4). Relationships between masculinities and femininities, which structure social interactions at every day and institutional levels, consequently structure the situated interactional contexts of homebirths, and broader family practices too. This means that the literature on homebirth, which has recognised the set of meanings shaping and influencing constructions of femininity in homebirth (Chadwick & Foster, 2013; Carter, 2009; Martin, 2003), without recognising the corresponding, relational constructions of masculinity, has neglected a significant part of the whole picture. It is specifically this asymmetrical relationship between men and women's gendered experiences of homebirth that makes it necessary to explore men's relational, gender constructions.

The theory of multiple, inter-related hegemonic femininities and hegemonic masculinities developed by Schippers (2007) is valuable in this respect. Schippers specifies that what is pertinent about the differences between men and women is the “complementary and hierarchical” quality of the symbolic relationship that maintains gender hegemony (Schippers, 2007: 90). She argues that these differences, premised on an “idealized relationship” allow for conceptualisation of the qualities embedded in performances of femininity to ascertain the corresponding, performances of masculinity that become the basis for collective gender iterations (Schippers, 2007: 94). Furthermore where the practices and traits of men and women do not prescribe an idealised relationship of domination and subordination, the possibility is created for alternative femininities and masculinities (Schippers, 2002 quoted in Schippers, 2007: 97). This theoretical framework thus offers a way of conceptualising the embodied, symbolic constructions of relational masculinities and their relationship to the better known qualities embodied by homebirthing femininities.

Literature Review – Men and homebirth

‘Being there’ is an important construct in the literature, both on fatherhoods (see Miller, 2011; Dermott, 2008), and men’s experiences of childbirth (Dolan & Coe, 2011; Lupton & Barclay, 1997). While the former emphasises building a relationship with the child based on communication and emotional engagement, in the latter, bonding with the female partner is emphasised (Draper, 2000). The only meta-synthesis focussed entirely on men’s experience of labour and birth (Johansson, Fenwick & Premberg, 2015) established ‘being there’ as a second-order theme, derived from synthesising data across ten studies capturing a world-wide perspective. The development of this theme as presented in a table (Johansson, Fenwick & Premberg, 2015: 14) reaffirmed what Barclay & Lupton (1999) deciphered over a decade ago: That ‘being there’ is a complex term, open to multiple interpretations and subject to a wide range practical applications. Dolan & Coe (2011: 1030) found ‘being there’ was constructed as heroic and in line with dominant masculinity (i.e. “the price men pay ‘to be there’”). However ‘being there’ may be understood entirely differently from a relational, gender perspective. For example, Doucet’s research on fathers’ embodiment found that “fathers connect to the baby partly through caring for their female partners” (2009: 85). She emphasises that men’s caring for their female partners (whose pregnant and birthing embodiment represents both the baby and themselves) offered men a way of anchoring their connection to their baby.

Homebirth, said to allow the father not only to participate but “be in the midst of the birth” (Lindgren & Erlandsson, 2011: 68) was central to the experiences of ‘euphoria’, ‘awe’, ‘wonderment’, ‘beauty’ and ‘magic’ the participants in Sweeney & O’Connell’s study describe (2015). These men understood their role to be in support of women who were in control of the process (Sweeney & O’Connell, 2015), leading to homebirth being described as “a dance with reversed roles” (Lindgren & Erlandsson, 2011: 69). Yet all the studies on men and homebirth indicate joint ownership over the process of homebirth, with men indicating it was “our own birth” and “we did it together” (Hoy & Nilsson, 2011: 3). Suggesting that although it was a female-led decision, men worked hard to find the reassurance and conviction necessary to stand by and support their partners to ensure homebirth became a shared project. Interestingly, this mirrors the couple literature which describes how ‘attitudes’, including the ability to find suitable answers to “existential questions” (Lindgren, Hildingsson & Rådestad, 2006: 22) and the desire to give birth on their own terms (Viisainen, 2001) determined couples’ suitability for homebirth.

Nordic men described feeling reassured and secure during homebirth, their positive emotional and psychological response linked trusting relationships with their partner and care providers (Hoy & Nilsson, 2011). Ultimately men placed

great trust in their partner, which Sweeney & O'Connell (2015) noted deepened trust in themselves, their coupledness, and garnered respect for women's role in childbirth. This meant that homebirthing men were able to realise the ideals that men in other studies stated they strove for, but seldom achieved (see Steen *et al.*, 2012; Bartlett, 2004; Barclay & Lupton, 1999). Ideals that include "being actively involved in their partner's labour, present at the birth and respected for what they could contribute" (Johansson, Fenwick & Premberg, 2015: 9). Again, this was reaffirmed findings in the couple literature. Men possessed confidence in (Lindgren, Hildingsson & Rådestad, 2006) and expressed reliance on women as "master" of the birth process (Morison *et al.*, 1999: 37), which formed the basis of homebirthing couple's achievement of resistance (Viisainen, 2001). These factors contribute to the knowledge, power and intimacy of homebirths (Cheyney, 2008) that challenge relations of power in gendered social life.

While homebirth facilitated men's greater involvement in the childbirth experience (Lindgren & Erlandsson, 2011), their participation did not detract from women's privileged access to an embodied knowing of birth. Instead, men's birthing labour was conceptualised in service to women's birthing agency, (re)presenting women at the centre of the (home)birthing experience (Morison *et al.*, 1998; 1999; Viisainen, 2001). For men especially it seems following and trusting their partners radically reorganised who they saw themselves as and how they saw themselves being (Sweeney & O'Connell, 2015). Men were thus observed going through a similar experience to women, one considered to positively impacts men's emotionality (Hoy & Nilsson 2011). Indeed, Carter's (2009) suggestion that the set of expectations under the midwifery model of care constructs alternate gender roles for men, women and midwives, strongly reinforces the idea gender is pertinent to men's negotiation of homebirth.

Methodology

By including the often neglected perspective of men, this paper challenges the preconception that the impact of (home)birth on men is less significant than women's better documented experiences. Drawn from a wider study on relational perspectives of couples' planning and having homebirths, utilising a short-term longitudinal, qualitative approach in which parents-to-be were interviewed separately and together before and after birth. Data in this paper refers only to the men's narratives, drawn from either individual or conjoint in-depth interviews.

Participants were recruited to the study as couples either through homebirth gatherings, or opportunistically. Homebirth gatherings are a unique support group aimed at women and their support-partners that provides a forum for service providers, supporters, and individuals either considering or trying for a homebirth,

plus experienced homebirthers who dialogue together.² Opportunistic sampling occurred when homebirth gatherings had depleted of candidates who met the inclusion criteria (between 6-9 months pregnant, live-in partnership, planning a midwife-led homebirth) and the researcher drew on her insider identity as a fellow homebirther to complete the recruitment. While this may be considered problematic in some regards, namely the heightened risk of coercion given the pre-standing, albeit distant social ties to some of the couples. In another sense it further embedded relationality as a lived concept into the research process. As an active member of the homebirth community³ however, negotiating research-relations, personal-relations and professional-relations was understood to be a troubling, yet unavoidable aspect of the research, not easily resolved.

The core methodological strategy comprised of narrative interviews. Thirty interviews were generated from five couples: ten male interviews, ten female and ten couple interviews covered the homebirth period. A semi-structured interview schedule was used pre-birth that covered the pregnancy, the process of choosing a homebirth, planning and expectations. These were conducted between two and six weeks before due-date. All post-birth interviews began with a single open-ended invitation question to elicit a narrative that spoke to the research question (Josselson, 2013). An unstructured discussion may or may not have ensued (depending on the depth of the narrative rendered) which will have picked up on aspects of the birth story raised in the narrative by the participants themselves. These were conducted between six and thirteen weeks after birth. All the interviews lasted an hour on average, though couple interviews were generally longer.

Three homebirths went according to plan, one transferred to hospital for an emergency caesarean and one for post-partum monitoring. The men's age range is between 31 and 38; the length of time they had been in relationship was between two and eleven years. All were middle-class, two couples had medical aid, three were married, two had other (previously homebirthed) children and four couples were homeowners. Two men were master's graduates, two had bachelor's degrees and one a technical diploma. Only one father had conventional employment, the rest were free-lance, entrepreneurs or artisans. All except one was Caucasian, two were in inter-racial relationships, and all were first-language English speakers.

Ethical approval was granted by the Sociology department at the University of Cape Town. Standard ethical procedures were followed including voluntary

² These gatherings were a site not only for recruitment but for data collection as well, providing an ethnographic supplement to the in-depth interviews, (see Daniels, 2015b for further details).

³ I am a free-lance doula (birth assistant), I've presented my research findings at two out of three, local Midwifery and Birth Gatherings, and I am part of a steering group working with 4th year obstetrics students offering 'compassion' tutorials.

participation in the study, confidentiality was assured, and the right to withdraw at any time was explained. Informed consent was negotiated beforehand and participants were asked to sign consent. All identifying features have been anonymised and pseudonyms are in use. Anonymity, though harder to ensure was strived for across shared and separate contexts. Interviews were arranged at times and places convenient for the participants.

The aim of the wider longitudinal study was to “understand the nature and process of change over time” as participants experienced the transition from expectation to lived reality (Corden & Millar, 2007). As such it was guided by the research question: What are the relational negotiations that take place when couples plan a homebirth, have a homebirth and narrate their experiences, and how are these gendered? Widespread debate has taken place on the merits and pitfalls of interviewing couples together or separately. Utilising both was seen to bridge the divide (Heaphy & Einarsdottir, 2013; Taylor & de Vocht, 2011), with both men’s individual and couple perspectives contributing to the overall picture. Analysis was first conducted on the couple interviews to ascertain how men spoke and presented themselves relationally. Having developed a sense of their shared stories I could dive further into the details of each men’s stories, noting how it diverged from the joint story, what was unique, what was re-emphasised individually and how men constructed their individual identities in ways that may have been differed from their relational-selves. (See Daniels, 2015a, for a description of a ‘common reflexive space’ co-constructed by the dynamic interplay between the research aims and research relationships, shaped meaning).

I applied a definition of narrative experience-centred narrative researchers adopt, using the entire interview as data (Squire, 2007). This definition allows the researcher’s role to become clearer in the co-creation of the narrative, which is seen as produced from within a socially constructed research reality (Phoenix, 2008; Mishler, 1986). This was clearly important as my bias towards homebirth would be present whether or not I chose to acknowledge it. Instead I adopted an actively reflexive stance to ensure that my biography, pre-existing knowledge and researcher feelings and reactions were written up as an audit trail. To this end, the listening guide or the ‘voice-centred relational method’ was employed which sees the self in symbiotic relationship to meaning “by acknowledging that people live in relationship, and that language always exists in dialogical context” (Brown & Gilligan, 1991: 46). Although there are four steps to the listening guide, only the first steps is described here.

The first step is made up of two parts: Attending to plot and listening for the ‘voice’ of the analyst, which includes writing up the analyst’s response to the narrative. Attuned to the necessity of tracing my voice as data in its own right (see Holland, 2007; Ribbens, 1998), I conducted these two parts separately. In

part one I listened to the audio in conjunction with reading the transcript, keeping in mind the key question: “Who is telling what story” (Byrne, Canavan & Millar, 2009: 69). Similarly to content or thematic analysis, where the focus is on the narrative as a whole, part one (or ‘who is telling what story’) pays particular attention to the overall plot, main events, characters, metaphors, contradictions, recurrent images and words (Mauthner & Doucet, 1998). Use of a blue highlighter helped me trace the men’s voices as their own. Part two was guided by the question “who is listening”, encouraging me to ‘come clean’ with any emotional responses, questions, thoughts and concerns (Byrne, Canavan & Millar, 2009: 69). This helped both situate my voice as a relational presence within the text, distinguishing any bias towards the narrator and making explicit the interconnectedness of who’s who in the narrative. Application of this technique proved useful, and I used ‘free writing’ to jump from associations within the text to lived experiences, memories, images, and thoughts. Most importantly, it facilitated the “shift from listener/reader to researcher/interpreter” (Byrne, Canavan & Millar, 2009: 69).

Findings: Gendered constructions of relational, homebirthing masculinities

Men’s accounts negotiated the question of ‘how to be’ in a homebirth setting. In their separate discussions, homebirthing men sample spoke of the tensions evident in ‘being there’ and ‘being a man’ which placed different demands on their manhood. ‘Being there’ was seen to encompass an active and inactive dimension, the latter manifesting as ‘the masculine womb’. When embodied, this metaphorical aspect of an emotional and psychological presence in homebirth produced a selfless, paternal/fatherly masculinity. Similarly to the selfless femininity espoused by motherhood, a selfless masculinity was strongly linked to ideal fatherhood. The following section will look at the values contributing to men’s gendered position and its impact on their relational selves.

Being there: Men’s embodied presence

The most important finding gleaned from the men’s accounts, centred on the concept “being there” which all the men in my sample spoke of. In the scholarly literature, this concept has featured widely, however what was different in this study of home birthing men was they distinguished nuances in this concept that have not been recognised in the literature before. They distinguished between ‘being with’ which meant being in attendance physically, from ‘being there’

which was a multi-dimensional concept incorporating both active and inactive aspects.

All the first-time homebirthing fathers were united in their concerns to exhibit a quality of being they deemed necessary for homebirth. Xavier presents himself as someone eager to engage intimately with his partner, “I wanted to be with her anyway, but I just needed to be there”. Xavier’s narrative makes clear the difference in meaning between these two terms as he was living on a different continent when his partner discovered she was pregnant with his baby. ‘Being with’ and ‘being there’, while synonymous in his description with representing and fulfilling his desire for intimate relational engagement are nonetheless constructed differently. Planning a birth in their own home, these men had accounted for their physical attendance; what they considered more important and more difficult to achieve however was the presence they associated with ‘being there’.

Mark (couple, pre): ‘How present can I be with the experience? And that’s ** I, urgh, when I say that I mean, I mean not just physically present as a support for Alessandra. But present ** emotionally present and can I ** find the place to do that?’

Mark claims both his physical and emotional presence are necessary to achieve relational closeness by ‘being there’. As this quote suggests finding the place from which to be present was challenging. It required that men not only be there physically, but be there emotionally, and be there psychologically. Whilst not all the men achieved this, they thought about and conceived this as the way to be in a homebirth.

For Xavier connecting to the pregnancy meant being at as many ante-natal check-ups as possible, meeting the midwife, going with to hospitals, even “looking forward” to the hypno-birthing classes and to talking at homebirth gatherings. Plus the more intimate “hugging, naked touching, feeling the baby growing and kicking”, which required him being fully and actively engaged.

Xavier (indiv, pre): ‘The fact that we’re having a little child is wonderful. I get, I - when I was younger I got so ridiculously excited about coming home and seeing our kittens (N: Ooh) Like, I couldn't think at school. I was like, there’s kittens at home!’

Displays of ‘being there’ were constructed not only as a means of achieving togetherness in relationship, but as a means of embodying ‘being with’. Another first-timer Zachary, qualifies his concerns before the birth in regards to an aspect of masculinity that arises specifically from his relational stance to homebirth.

Zachary (indiv, pre): ‘Yah, it makes you think about yourself, and what you think about, what is important to you, and what is not important. ** Do I have to be like the man, no I don't. But I do have to be a man that is there, and will be there’.

Zachary’s assessment of what is important in fulfilling a masculine role is to be “a man that *is* there, and *will be* there” (my emphasis). This is a different type of masculinity from “the man” who is the dominant gendered model of hegemonic manhood that may be *with* his partner, but is not fully present, engaged or embodied. Joseph’s narrative in particular expounds on being-ness as a presence that doesn’t necessarily accompany doing. Joseph: “I feel like I didn’t really have to *do anything*. I kind of almost had to just, like, *be here* but kind of get out of the way and just *allow it* to, to happen” (my emphasis).

Consistent across all their descriptions of ‘being there’ is a reference to being “present”, which I suggest is the embodiment of ‘being there’. However, various strands related to ‘being there’ work with and against each other in the fullness of this expression. The one relates to ‘doing’ while the other relates to a ‘being-ness’ wherein the need for action is dissolved. “And *** yah so I think there’s, there’s something about masculine sort of creating the, the safe space for the thing to happen but not actually creating the event *at all*” (original emphasis).

Being there was centrally about being present. The emphasis made by men on the emotional/psychological aspects of ‘being there’ refutes a portrayal of men’s role in heterosexual couple relationships (Duncombe & Marsden, 1993) often still assumed to be true. Gabb (2011) points out that while cultural versions of gender scripts speak to men’s lack of emotion, her suggestion instead that is “fathers often *displayed* emotions in ways that were not readily understood and/or recognisable” (original emphasis, pp. 48). The homebirthing fathers in this study narrated the importance of both their physical, emotional, psychological and spiritual presence. The distinction between ‘being with’ as a physical presence from ‘being there’ as an emotional, psychological presence, was made by men themselves. It prompted looking more deeply at men’s gender displays to allow for a more refined discussion of homebirthing masculinities. In turn, metaphoric constructions representing the embodied characteristics of symbolic qualities attached to ‘being there’ discerned a spiritual or metaphysical dimension as well.

Joseph (indiv, post): ‘I think, there’s that sort of nurturing sort of part of the masculine that is very powerful because when it’s gentle and (N: Hmmm) when its alert and aware, it's actually doing its job in a very powerful way, and there’s something very, very subtle about being. Being present, but not actually needing to do anything. But being guided by a bigger force, which is I think, the feminine force in that

particular instance. And *** yah so I think there's, there's something about masculine sort of creating the, the safe space for the thing to happen but not actually creating the event at all. What actually happens in the process is purely a, the, the, the woman sort of coming into her own power and what I was doing was kind of just being there, you know and just holding it, like kind of a container for it in a way. (N: Hmmm) Um, *** yah, providing like a, a sort of [it's not quite a bubble] but yah it's like a container, almost like a womb (Laughs & N too) for that to happen, I mean, paradoxically!

In this metaphorical description, Joseph tries to make sense of an “undecidable experience” (Chadwick, 2014: 53). Words like “job” confuse what Joseph is struggling to find the right words to express, which is to do with embodying a “womb” like space for a woman’s “own (birthing) power” to come into fruition. Gender relations in this description favour an active feminine as the driving force. Joseph’s narrative implies that greater flexibility in the gender role of homebirthers blurs the lines between men and women’s productive capacity. The masculine womb suggests that men too can actively embody their experiences of homebirth as “lived bodily-emotional experience” (Chadwick, 2014: 54), in much the same way as homebirthing women have been known to. Interestingly, for the queer couples in Walks (2007: 59-62), most of whose births were “all-female” the role of the “non-birthing mother”, thought to trouble traditional gender relations was similarly configured to the birthing men in the present homebirth study. The claim that this sort of containing or womb-ing can be done by a “part of the masculine” suggests that a more feminine “gentle”, “subtle”, “nurturing” capacity is also present in men. The masculinity is conceptualised here, is a receptacle for a powerful “feminine force”.

Fathering as a key aspect of masculinity realised during homebirth

Homebirthing men were looking to fulfil on ‘being there’ by being the “best” they could be, which in the rich descriptions presented here, included psychological presence in addition to physical, emotional and spiritual aspects already discussed. These subtle nuances are discernible in the quotes below as complexities across men’s discussions of ‘being there’.

Zachary (indiv, post): ‘There was, it’s, for me it was very much just about, just about being present, you know, for me I felt that the most and the best I could do, which was just to be there and to hold her hand and to - whatever was wanted or needed, to provide that’.

Mark (couple post): ‘Um, the best was just to kind of be present * as best as possible really. Um, uh, we kind of, you know, support Alessandra as I knew how and that kind of looked like, very much just being with her but also like holding her and pressing her and kind of like um, trying to comfort her as much as possible’.

Joseph (couple, post): ‘For me it was like, okay, like, okay - I’ve never done this before – I’ve never been in this situation. Um, lets, let me just deal with it the best way I can and just sort of try and stay present and um, yah and just really be here (own emphasis)’.

The men’s assessments of their capability to find ways of “being there” were bound into their assessments of themselves during the birth. Previous literature has only demonstrated how women’s performance in birth is linked to their assessments of themselves and their maternal capabilities (e.g. Malacrida & Boulton, 2012; MacDonald, 2006; Klassen, 2001). The opposite has not yet been established in relation to men, so although motherhood is socially and theoretically acknowledged as the ultimate expression of femininity, fatherhood has not been constructed as a comparably fundamental aspect of masculinity.

Third time homebirther Rayne, says “until you’ve had children, you don’t really know what it means to be a man”. In his discussion fathering is constructed as a key aspect of masculinity: “You really grow into a full person, man or woman” when “you’ve had children”. He makes the same associations between men and fatherhood that Malacrida & Boulton (2012) found between women and motherhood where childbearing was thought of as a “transition from selfish child to selfless adult” (2012: 767). Rayne’s narrative links experiences of the birth to particular notions of responsible fathering. In Rayne’s view, being involved “at the birth” is the “first” step or catalyst in “the process” of becoming and owning the role of selfless adult.

Rayne (indiv, pre): ‘I dunno how they father – men who don’t want to be at the birth, how they can uh, there’s a kind of selfishness there as well, if you’re really gonna be selflessly serving that child you need to be there for their first moments here, that’s part of the process’.

Although Rayne does not claim men have to be at homebirth per se, it is crucial to remember that Rayne’s three experiences of “birth” were homebirths. As he describes it, “having children is like doing, the Indians call it, *seva* – that’s selfless service to, to the divine”. In Rayne’s description of “selfless service” he believes that parents are “caretakers” of their children. Pointing to his own experience, he says that having children has “pulled me out of my-self... it dissipates your ego...

it teaches you service as well... when you're a parent you have to give unconditionally". Rayne lays claim to notions of fatherhood and parenthood that are brought to light in the context of narrating homebirth. The quote above exemplifies this connection by claiming that "be(ing) there for (child's) first moments here, that's part of the process" of "selflessly serving that child" in the capacity of a "father". His illustration of a paternal/fatherly, relational masculinity is thus an affective quality of men's involvement in homebirths.

Selfless, paternal, relational masculinities

An effect of men's involvement in homebirth, selfless masculinity is representative of what it means to be an intimate partner, husband and father. The construction of the 'selfless man' as a particular paternal/fatherly masculinity gleaned through homebirths, views giving and service in the context of fatherhood, as integral to being an adult man. Selfless masculinity as presented in these homebirth narratives is an ideal representation of a particular form of masculinity associated with men as fathers. "You know it's a gift that you get to give everything to the person you love for however long it takes. Throughout the birth, it's just an absolutely wonderful thing".

In Xavier's description, his positioning at the homebirth was of the 'selfless man'. Xavier's participation and engagement in birth was of the utmost importance to himself first of all, his relationship with Laura and his future relationship with his son. Giving of himself so completely to the task at hand meant it "was important to me that everything was to do with [wife] and [child]. Every single second of everything". During the birth 'being there' transpired into "a hundred percent concentration and effort" where his experience of "being there" became central to what was personally meaningful and fulfilling in the encounter with homebirth.

Xavier (indiv, pre): 'I would like to be there for the birth as much as I'd like to be there as a father for the child afterwards. I mean give your all, and give love, and give support and encouragement, and the, the birth could be a micro of - of the future, your life with your wife and child, hopefully, uh, yeah'.

His approach to homebirth is one that mirrors his approach to parenting. In this context he sees 'being there' for birth to be connected with 'being there' for the life of his child in his capacity as a father. The selfless man, while an important moral representation of men's involvement at homebirths, is also an important representation of selflessness for "the person you love". Zachary's assessment that "a father is born the day the child is born", means that men's performance in homebirth is premised on an ideal form of a selfless, paternal/fatherly masculinity

that is constituted in relationship to significant others, specifically the birthing mother and baby.

In the accomplishment of homebirth, the ‘selfless man’ seems to be weighted with gender implications. The ‘good mother’ (Carter, 2009; Marshall, Godfrey, & Renfrew, 2007) is a well-recognised symbol of maternal femininity, who is cast as “ethically and morally superior” (Chadwick & Foster, 2013: 331). Cultural framings of selfless femininity embedded in prescriptions of ideal mothers have been well described in the literature on homebirths (Chadwick & Foster, 2013; Malacrida & Boulton, 2012; Klassen, 2001a); while a corresponding selfless masculinity, ascribed to a ‘good father’, has not.

Conclusion

Weighing up what matters most, these men found themselves questioning internalized masculine roles and reinterpreting new ways of being before, during and after homebirth. Differentiating ‘being with’ from ‘being there’ the latter was associated with an embodied presence that offered a more nuanced understanding of men’s emotional display and accompanying vocabulary. The meanings gleaned from men’s homebirthing narratives suggests that being physically, emotionally and psychologically ‘there’ is parcelled with the practice of “selfless” parent and partner. Being there as a relational stance was thus conceptualised as much in relation to the woman and child as it was an important aspect of men’s offering at homebirths.

In homebirth narratives men actively positioned themselves and were positioned by their partners as key participants in the homebirth process. Understanding themselves as situated in relation to women’s experience of homebirth these men constructed their role as being there for the sake of another. This gave rise to selfless masculinity as an ideal representation of men’s role in homebirth. Men’s embodiment of a relational stance to homebirth which incorporated their own direct relationship to the foetus thus included their emergent fatherly identities.

As such the findings provide insights into the relationship between homebirthing masculinities and fatherhoods. Homebirth needs to be seen as both an event and as part of wider gendered, life processes that shape discourses of and relationships to fathering identities.

Gendered attributes of feminine selflessness were seen to apply to homebirthing fathers who appealed to a selfless masculinity as an ideal or proper form of masculinity in relation to fatherhood. In men’s narratives, selfless masculinity resulting from men’s relational involvement in homebirth was linked to the

involved/intimate father. Although the selfless mother has been well recognised in the literature on childbirth, there has been little recognition of an accompanying gender imperative for men. The selfless man was the favoured representation of the men's gendered values in homebirths.

Relationally it was found that the work of the male partner - to embody a selfless masculinity - was most likely to fulfil the birthing women's desire for a relational, bodily-connection in homebirth. That approach to the work of labour on the part of men ensured the birthing mother's fulfilment in her primary role, facilitated relational engagement, and enriched their shared sense of having done it together. Men's selfless involvement in homebirth was thus expressing a socio-cultural expectation that was intimately connected to the emerging family unit and men's fathering identities.

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