

1 **“Online fathering”**: The experience of first-time fatherhood in combat-deployed troops

2 Background: More than 95% of fathers attend their child’s birth. Each year, thousands of
3 fathers are absent during this important life transition due to military deployment in combat
4 regions. Yet no studies have investigated how this population experiences new fatherhood.

5 Objective: The purpose of this qualitative study was to explore the lived experience of first-time
6 fatherhood from the unique perspective of military men deployed to combat regions during birth.

7 Method: A phenomenological approach was used. Seventeen men who were stationed in
8 Okinawa Japan and had recently returned from a combat deployment participated. Unstructured,
9 in-depth interviews were conducted two to six months after the birth. Interviews were
10 audiotaped, transcribed, and analyzed using Colaizzi’s method.

11 Results: “Disruption of the protector/provider role” was a main theme that encompassed four
12 theme clusters: (1) “Worry: A traumatic and lonely childbirth”, (2) “Lost opportunity”, (3)
13 “Guilt: An absent father”, and (4) “Fear of death and dismemberment: Who will be the father?”
14 While their absence interfered with their ability to fulfill the fatherhood role as they perceived it,
15 this was offset by the theme cluster “Communication: The ties that bind”, which highlighted the
16 role of online communication with their partner (e.g. e-mail, instant messaging, Facebook™,
17 blogs, and chat rooms) in restoring balance to the protector/provider role.

18 Discussion: This study provides insight into the needs of first-time fathers who are combat-
19 deployed during the birth of their baby. Understanding these experiences assists nurses in
20 identifying better ways to prepare and support men in an involved fatherhood role, despite the
21 limitations of a stressful combat environment and geographic separation. This information can
22 set the stage for a healthy reunion, which may take place at military bases and within
23 communities across the globe, and thus is of benefit to all nurses working with military families.

24 Key Words: Paternal role, fatherhood, childbirth, military

1 Over the past three decades, men have become a normative and virtually universal
2 presence in the delivery room. Today, over 95% of fathers attend their child's birth, and the few
3 fathers who are not present are almost exclusively men who are not in a close relationship with
4 the baby's mother (Kiernan, 2006). An exception to this, however, is military men who are
5 geographically separated from their laboring partners due to combat deployment. Over 100,000
6 service members are currently deployed in combat regions; more than half of them are married
7 and below the age of 30 years (Department of Defense, 2009).

8 The preponderance of research concerning fathers' birth attendance has focused on the
9 effects of their participation on the labor process and on maternal well-being, with very few
10 studies exploring the father's perspective of this experience. A handful of studies have shown
11 that men feel excluded and ill-prepared for the birth event (Deave & Johnson, 2008; Fagerskiold,
12 2008; Rosich-Medina & Shetty, 2007). In a theoretical analysis of men's experiences during
13 labor and birth, Draper (2003) observed "Labor was a particularly ambiguous time for men.
14 Although invited into the labor room, most felt out of place, powerless, unsure of what to do, and
15 therefore very vulnerable" (p. 70). However, for many men, incorporation into the new role as a
16 father begins with childbirth. The ritual of seeing the birth facilitates the onset of the social
17 transition to fatherhood (Draper, 2003). In a socio-cultural analysis of fatherhood, Barclay and
18 Lupton (1999) noted that a sense of responsibility and protectiveness frequently emerged
19 immediately after birth. For many new fathers, the birth evoked strong emotions and a feeling of
20 connection with the newborn (Goodman, 2005), as they sought to "claim" their baby by
21 identifying personal or familial features (Jordan, 1990).

22 Although existing research provides important insight into the father's perspectives of
23 childbirth, there are no studies that explore the perspective of men who are absent during this

1 important event. Members of the military are frequently separated from their family, and often
2 these critical life transitions occur during their absence. Furthermore, for many military
3 members, the childbirth event may occur in the context of a combat deployment. Because the
4 vast majority of these new fathers anticipate returning to the family and assuming an active
5 parenting role, it is critical to have an understanding of their needs and perspectives. Better
6 understanding of new fatherhood in this population may inform more helpful and supportive
7 approaches to facilitating fathers' participation in the new role, despite the challenges of a
8 stressful combat environment and geographic separation. The purpose of this qualitative study
9 was to explore the lived experience of first-time fatherhood from the unique perspective of
10 military men who are deployed to combat regions during birth.

11 METHODS

12 Study design: Descriptive phenomenological methodology was used to further the understanding
13 of first-time fatherhood in combat-deployed troops. The philosophical underpinnings of Husserl
14 guide this research because of its descriptive orientation, whereby individuals are seen as the
15 vehicle through which the "essence" of the phenomenon of interest can be accessed and
16 subsequently described (Sanders, 2003). A phenomenological approach is well suited for this
17 study since the focus is on the lived experience from the perspective of the informants, and
18 because little is known about this experience.

19 Setting and Sample: Purposive sampling was used for recruitment of eligible participants. Men
20 stationed in Okinawa Japan who were attending a post-deployment briefing and self-identified as
21 first-time fathers were invited to participate. Recruitment continued until saturation was achieved

22 Procedure: Approval from the institutional review board of a U.S. university was granted prior
23 to the study. After obtaining informed consent from each father, an open-ended interview was

1 conducted by the researcher at the participant's home. Each participant was asked a single
2 question: "What is it like to become a father while deployed overseas to a combat region?".
3 Follow-up questions were used only as required for clarification of information provided by the
4 participant. All interviews lasted from 40 to 65 minutes, and were audiotaped. Following each
5 interview, field notes were recorded to document observations about the participant and the
6 environment. Audiotaped interviews and field notes were transcribed verbatim within 72 hours.

7 Data Analysis: The interviews were analyzed using the phenomenological process of analysis
8 described by Colaizzi (1978); these steps of analysis are presented in Table 1. Each transcribed
9 interview and field notes were read several times to gain a sense of the whole experience of each
10 participant. Following a line-by-line analysis, 182 significant phrases and statements were
11 highlighted and extracted. Each significant statement was studied very carefully to determine the
12 sense of its meaning, and through an interpretive process, formulated meanings were derived
13 (Table 2). The formulated meanings were then arranged into clusters of themes with common
14 meanings, and the theme clusters were integrated into a description of the essential structure of
15 the phenomenon. At each point, the interpretive decision-making process was shared with a peer
16 researcher to verify the accuracy of the formulated meanings and emerging themes. In general,
17 this led to agreement and confirmation; however, if a discrepancy in interpretation existed, both
18 met and reviewed the data until agreement was achieved.

19 Trustworthiness: The central goal in maintaining rigor in qualitative inquiry is to correctly
20 represent participants' experiences as reported (Streubert & Carpenter, 1999). This was achieved
21 thorough prolonged engagement with the data, verification with participant feedback, using
22 extracts from participants' verbatim accounts, and peer debriefing. Providing evidence of an
23 audit trail and ensuring technical accuracy in recording and transcribing were strategies used to

1 increase the reliability of the procedures and data generated. Consistent with Husserlian
2 phenomenological method, the researcher undertook the process of ‘bracketing’, a common
3 technique used to ensure that rigor is not compromised due to researcher bias. This was
4 accomplished by first identifying any pre-conceived assumptions and beliefs held about the
5 phenomenon, and through journal writing prior to and during the data collection and analysis
6 stages. Additionally, a peer researcher who had no previous contact with the population or the
7 phenomenon of interest served as a mentor.

8 FINDINGS

9 Sample: The final sample size consisted of 17 men who had recently returned from combat
10 deployment in the Middle East. Duration of the combat deployment ranged from six to ten
11 months, and all participants reported the birth of their first child during the deployment.
12 Interviews were conducted within 1 month of their return, at which time the newborns were
13 between two and six months of age. All of the participants were married and had a minimum of
14 a high school education. Nearly 60% (n = 10) had at least two years of college. The mean age
15 was 23 years (SD = 2.3; range 19 to 26 years). Ethnic breakdown was 10 Caucasians (59%),
16 four African-Americans (23%), two Hispanic (12%) and one “other” (6%).

17 Theme Clusters: Five theme clusters emerged that were subsumed under two main themes of
18 “Disruption of protector/provider role” and “Restoration of the protector/provider role”.

19 Together, these two main themes capture the essence of the experience of first-time fatherhood
20 in men deployed to combat regions. Pseudonyms are used in the narrative.

21 Main Theme 1: Disruption of protector/provider role

22 The overarching feeling expressed by the new fathers was one of “not living up to expectations”
23 as they defined the role of fatherhood. They felt an obligation to protect and provide for their

1 wife and child, and their absence interfered with their ability to fulfill this role. The theme
2 clusters subsumed under this main theme include (1) “Worry: A traumatic and lonely childbirth”,
3 (2) “Lost opportunity”, (3) “Guilt: An absent father”, and (4) “Fear of death and dismemberment:
4 Who will be the father?”

5 **“Worry: A traumatic and lonely childbirth”**

6 During the weeks leading up to the anticipated delivery date, the expectant fathers were
7 consumed with worry. The distressing thoughts and emotions were most often focused on the
8 impending birth. The men described very vivid scenarios in which the normal course of
9 childbirth went awry, and events quickly deteriorated into a scene of turmoil, chaos, and
10 bloodshed. Their imagined role was that of restoring order to a chaotic and dangerous situation.
11 However, in their absence, they were uncertain who would perform that role, and were
12 concerned about the safety of their wife and unborn child.

13 *I kept thinking that something would go really bad during delivery. That for some reason*
14 *she wouldn't be able to make a decision herself, like if she was unconscious or*
15 *something. Then the doctor is yelling, 'Where's the father, where's the father?' and no*
16 *one is there for her. No one at all.*

17 While most of the expectant mothers planned to have a support person present with them in labor
18 (generally another military wife), the men worried about whether that individual would serve as
19 an adequate substitute, to advocate for her needs and provide support.

20 *Someone has to speak up for you, make sure that you get the care that you need...that you*
21 *deserve...and not just ignored because nobody is there who is willing to do that on your*
22 *behalf.*

1 Worry was often exacerbated by sporadic and unpredictable access to communication. Lapses in
2 communication spurred anxiety, especially as the due date approached.

3 *Every day I would check my e-mail. She would send little reports each day. Then for two*
4 *days---nothing! I was out of my mind. I imagined the worst, but of course everything was*
5 *fine. But it was a bad feeling, not knowing what was going on, because you automatically*
6 *think the worst.*

7
8 *I guess she tried to call for three days. Finally, Red Cross sent a message. When the*
9 *[Officer of the Day] told me I had a Red Cross message, I almost threw up--- I just knew*
10 *something bad had happened. I never knew anyone who got a Red Cross message, but I*
11 *think they're always bad news, not good.*

12 **“Lost opportunity”**

13 Missing the childbirth event was considered a “lost opportunity”; the men regretted that they
14 were unable to participate in this important life transition. In their idealistic imaginings, they had
15 envisioned a far different scenario, one in which they played an active role in supporting their
16 wife in labor, welcoming the new child, and beginning family life together.

17 *Ever since we found out she was pregnant, I have been thinking about how it would be in*
18 *the delivery room---to suddenly become a father. It's kind of a disappointment that it*
19 *didn't work out.*

20 Another aspect of “lost opportunity” pertained to conceptualization of the birth event as the
21 unique time to forge a bond with the new baby. They worried that their absence would interfere
22 with their ability to “connect” with the baby, and for the baby to connect with and identify them

1 as the father. Raymond worried about how this would influence his daughter's acceptance of
2 him, and he feared rejection:

3 *I wondered how it would be, meeting her for the first time when she was almost four*
4 *months old. All the sudden I show up--- 'who is this guy?' I was worried that she would*
5 *cry, or worse, be scared of me.*

6 **“Guilt: An absent father”**

7 “Guilt” was yet another theme cluster that served to disrupt the protector/provider role. The
8 conflict between duty to their chosen profession, and duty to their pregnant wife formed the basis
9 for these sentiments. As partner to their wife, and father to the unborn child, they felt an
10 obligation to be present during the birth. These guilt feelings were more intensely expressed by
11 men who felt as though they had consciously chosen their career in favor of family obligations.
12 While most had no choice in accepting deployment orders, others actively sought opportunities
13 to deploy---primarily due to enhanced promotion potential, increased pay, or a sense of patriotic
14 duty. Although the selection of career over family was often made with the interest of the family
15 at heart, this still elicited remorse.

16 *It was a really hard decision---should I re-up [re-enlist]? If I re-up, I know I'm going*
17 *back to Iraq. If I get out, I have a pregnant wife, no health insurance, and no job.*

18 *Obviously, I re-up'ed. Seemed like the right decision at the time, but maybe I should've*
19 *taken my chances getting out.*

20 The concept of “guilt” was also expressed in relation to reliance on others. They acknowledged
21 that their absence placed an additional burden on friends and family. While they were grateful
22 for the material and emotional support of others, they felt indebted to them. Additionally, the
23 support from others seemingly diminished their paternal role in terms of their ability to protect

1 and provide for their wife and new child. Often, this sentiment was expressed as a failure to live
2 up to expectations.

3 *Other folks were having to pitch in 'cause I wasn't there. If I were there, she wouldn't*
4 *have to ask everybody else for help. Just doing simple stuff like going to get groceries.*

5 Lastly, expressions of “guilt” were associated with the expectant fathers’ preoccupation with the
6 dynamic combat environment. The periodic and unpredictable exposure to intense danger
7 blunted their awareness of a life and family that was going on without them, a half a world away.
8 According to Ryan, to ruminate on thoughts of family life distracted from “situational
9 awareness” of the combat environment, and could put themselves and others at great peril.

10 *My wife and [unborn] kid were completely off the radar. That really bothered me, that I*
11 *could completely wipe them from my mind. It made me wonder if that was what kind of*
12 *father I was going to be. I don't want to be like that---someone who totally forgets they*
13 *have a wife and baby.*

14 **“Fear of death and dismemberment: Who will be the father?”**

15 Unanimously, the new fathers feared that they would not return home. The specter of death was a
16 continual presence, and a very real threat. The sights and sounds of war were commonplace, and
17 all of the participants had known or heard of other troops who had died during the period of time
18 they were deployed.

19 *I remember when [fellow Marine] died. I starting thinking, 'Holy cow, that could have*
20 *been me.' I didn't sleep all night, thinking about that, worrying. I kept picturing the*
21 *Chaplain going to our house, telling [my wife] that I was dead. Her and the baby---alone.*

1 The overarching concern related to death focused on the fear that they would be abandoning their
2 family who would be left to struggle on alone. Others were fearful that with their death, they
3 would be “replaced”.

4 *I just can't even picture some other guy bringing up my daughter. Seriously, I don't think*
5 *anyone else could love her like I would. It's just a biological thing---you'd always love*
6 *your own kid more than someone else's.*

7 While they all worried about the welfare of their family should they be killed in combat, they
8 also were afraid that they would never have a chance to see or hold their new child, and that their
9 child would never have a chance to know them:

10 *If I died, he wouldn't even know anything about me--- I'm just some guy in a picture, no*
11 *different than looking at some stranger in a magazine.*

12 Fear of dismemberment or disability was also at the forefront of their concerns. To many,
13 returning home disabled was a more heinous possibility than not returning at all. Gruesome tales
14 of life-altering injuries were shared by each of the participants, and they used these as a basis for
15 their belief that death was a preferable alternative. The fear associated with disability focused on
16 three areas: becoming a burden to their family, being incapable of providing a means to
17 financially support their family, and their perceived inability to raise a child if they were “less
18 than whole.”

19 *Dying would be bad---- but what if you got totally [maimed]? Like I'm supposed to throw*
20 *a football to my son with no arms? And then someone has to take care of ME for the rest*
21 *of my life like I'm a baby?*

22 Main Theme 2: Restoration of the protector/provider role

1 Collectively, the participants expressed beliefs that their role as a protector/provider was
2 threatened by their absence. However, this was balanced by a final theme cluster pertaining to
3 communication:

4 **“Communication: The ties that bind”**

5 Experiences related by the participants highlighted the role of communication with their partner
6 in facilitating assumption of the paternal role. Prior to delivery, frequent communication
7 reassured the men that events were progressing normally, and allayed anxiety, particularly as the
8 delivery date approached. Fears were put at ease by periodic updates of the expectant mother’s
9 condition. Generally, the expectant fathers learned of the birth via e-mail or telephone. Reactions
10 ranged from relief, to joy, and disbelief.

11 *We were three days without e-mail, so I was nuts the whole time. Sure enough, as soon as*
12 *I logged on I saw about 10 e-mails. ‘I’m in labor’ or ‘My water broke’, then finally an e-*
13 *mail from her mom telling me [my son] was born and everyone was just fine. Then, I was*
14 *kind of glad we were offline for those three days, because if I would’ve known she was in*
15 *labor, then I think it would’ve made it worse. So it was kind of a nice surprise to log on*
16 *and find out he already arrived! It didn’t really sink in until I saw him. [My wife] sent*
17 *some e-mail pictures right after delivery. Then it was, like, ‘Wham! I’m a dad!’*

18
19 *I knew she was in labor. I asked the [Officer of the Day] to come get me as soon as she*
20 *called. I tried to go to sleep to make the time go by faster, but I couldn’t doze off. I was*
21 *really glad when the [Officer of the Day] finally came to get me. It was so good to hear*
22 *her voice. I could hear the baby in the background.*

1 Following delivery, communication played an essential role in acquainting fathers with their
2 babies, not only detailing mundane day-to-day happenings, but also involving them in important
3 child care decisions.

4 *Sometimes something wouldn't be going right, and she'd ask me [via e-mail] what should*
5 *she do. Like right at the beginning, she was having trouble [breast] feeding the baby, and*
6 *she says, 'Maybe I should just switch to bottle---what do you think?' So, it made me feel*
7 *like even though I wasn't there that I had some say in the decision, you know, like I was*
8 *included.*

9 While e-mail was the most commonly used communication strategy, couples sought increasingly
10 creative means to stay in touch. Antonio watched a video of his son's first bath on You Tube.

11 Spontaneous, real-time communication often occurred through instant messaging. This
12 synchronous, text-based communication allowed both parties to exchange messages, since they
13 were able to send messages back and forth privately if both were online simultaneously.
14 Frequently, the time difference made this difficult, thus couples would plan a time to be online
15 together so that communication could occur.

16 *Sometimes she would be up in the middle of the night, like if the baby was awake or*
17 *something. Then suddenly 'bing' she pops up on my buddy list [indicating she is online].*
18 *So I chime on, find out how she's doing, how did her day go. See what [my daughter] is*
19 *doing. It was nice to know what was going on over there---it made me feel a little less like*
20 *an outsider.*

21 Couples also used free-access social networking websites such as Facebook and MySpace to stay
22 connected. Jeremy described how his wife expanded her personal profile to include photos and
23 amusing anecdotes about his daughter. She also included links to several websites that were

1 geared toward new fathers, with the intent to better prepare him to assume father-related duties
2 upon his return. Although Jeremy expressed concern that when he returned home that he would
3 be “a real novice”, these links to fathering and baby-care websites spurred his confidence.
4 Kenneth also felt that the extensive communication made him feel prepared for his return home,
5 for his eventual first introduction to his son.

6 *I think if I was just going home ‘cold’ ---you know, if I didn’t get to talk to her all the time,*
7 *I would’ve been really nervous..... not knowing what to expect. But talking to her online*
8 *and on the phone really helped both of us. You know, we kind of figured stuff out on our*
9 *own together, just like we would’ve if I had been home. Plus, I got to know my son a little*
10 *bit, even if it was just pictures. It wasn’t so bad.*

11 DISCUSSION

12 In the eyes of these participants, separation from their spouse during childbirth disrupted
13 what they considered to be their primary role as a husband and father--- that of protector and
14 provider. Worry, loss, guilt, and fear all interacted to disrupt the fulfillment of this role.
15 Psychological distress in expectant and new fathers is not a new concept. Johnson (2002) found
16 that fear is a strong tenet of men’s experience of childbirth, with 80% of men reporting fears
17 associated with witnessing the partner’s pain, fetal birth injuries, helplessness, and
18 powerlessness. For the men in this study, worry focused on their inability to control events and
19 ensure the safety of their wife and baby during childbirth. Interestingly, several of the
20 participants imagined very vivid and gory “near-death” childbirth scenarios---whether this can be
21 attributed to their lack of knowledge about the realities of childbirth (none had ever witnessed a
22 birth) or their continuous exposure to a brutal combat environment is worthy of further
23 exploration.

1 Participants also lacked confidence in health care providers and neighbors to serve as
2 adequate “substitutes” in their absence, and believed that they alone could see to the welfare of
3 their loved one. However, a Cochrane review of 16 randomized trials involving over 13,000
4 women in 11 countries demonstrated that continuous labor support *by other women* led to
5 positive birth and psychosocial outcomes for the laboring woman (Hodnett, Gates, Hofmeyr, &
6 Sakala, 2007). In response to the unique needs of military wives during childbirth, a number of
7 home-grown doula organizations have evolved to serve this population. Anecdotal evidence
8 about doula services for military wives suggests that they confer the same maternal benefits, yet
9 no studies have examined how utilization of doula care impacts the deployed father.

10 A sense of loss was universally expressed by the participants. Missing the birth of their
11 first child was an important event, and they felt that their physical absence precluded an
12 important opportunity to “bond” with the newborn. The evidence of any beneficial effect of
13 men’s birth attendance on father/infant bonding is dated, limited and contradictory. One study
14 (Bowen & Miller, 1980) found that fathers who attended the birth of their child displayed greater
15 attachment behaviors toward their child in the first 72 hours after birth than men who were not
16 present. Conversely, Palkovitz (1982) suggested that fathers who were excluded demonstrated
17 more physical contact with their child than birth-attending fathers, perhaps demonstrating
18 compensatory behavior due to feelings of guilt from non-attendance. An alternative view
19 proposed by Palkoviz (1985) was that men who feel closer to their child because of attendance at
20 the birth may be experiencing “one of the most widespread placebo effects in history” (p. 397).

21 The loss and guilt expressed by the participants included the pre-conceived notion that
22 they would be present to share in this monumental life-changing event. Societal pressure for men
23 to participate in childbirth exists, and may have been a contributing factor to the guilt

1 experienced by these men. These findings are congruent with those of LaRossa (1988), who
2 postulated that men who do not live up to their wives' or their culture's expectations of involved
3 fathering may be plagued by feelings of ambivalence or guilt for not being a "good father".

4 Consistent with other studies, the prominence of the provider role was central to these
5 participants. Premberg, Hellstrom, and Berg (2008) noted that to become a father meant to gain a
6 new responsibility, including giving the child a secure upbringing and providing for a family.
7 Similarly, the fathers in this study were more aware of their vulnerability, avoided risky
8 situations and took precautions for their own safety.

9 Fatherhood carries culturally prescribed behavioral requirements and some consensus
10 regarding paternal role expectations (Knoester, Petts, & Eggebeen, 2007). Primarily, men are
11 expected to be engaged, accessible, and responsible fathers (Lamb, 2003). Despite the extended
12 geographic separation of the men in this study, they attempted to fulfill this role through online
13 and telephone communication with their spouse. Not only did frequent communication allay
14 some of the psychological distress they experienced as a result of their absence, but it helped to
15 restore balance to the protector/provider role. The participants extolled the merits of
16 communication with their spouse---- primarily that it gave them a sense of "being there" and
17 made them feel like an involved and contributing partner. The impact of maternal influence on
18 fathering behaviors and attitudes is an area of evolving research. Jordan (1990) stressed the
19 importance of a supportive context as crucial to the new father's development, and noted that the
20 recognition that a father received served to promote or hinder his role development. Other
21 corroborating studies have demonstrated the salience of the mother's role in defining and
22 shaping the paternal role: mothers strengthen the father- infant relationship by providing
23 informational and emotional support (Anderson, 1996); sharing information about infants' daily

1 events and developmental progress while fathers were working outside the home helped working
2 fathers get to know their infants better (Barclay & Lupton, 1999); and mothers provided
3 emotional support by encouraging fathers' involvement with their infant (Goodman, 2005).
4 Clearly, the men in this study felt a connection to their newborn that was achieved through
5 communication with their spouse. Whether this connection then translates to increased paternal
6 involvement and sharing of child-care duties remains to be seen. Father involvement has positive
7 consequences for children's development (Pleck & Masciadrelli, 2004), so it is hoped that this
8 early and frequent communication facilitates paternal role transition and sets the stage for of a
9 favorable father-child relationship.

10 LIMITATIONS

11 While the first-time fathers who participated in this study reflected the diversity of the military in
12 terms of ethnicity, age, and education, all of the participants belonged to a traditional 'nuclear
13 family'. This study does not focus on different kinds of families despite the fact that there are a
14 myriad of other family constellations. The author makes no claims of generalizability beyond the
15 participants in this study, since lived experiences differ for individuals according to context and
16 time. Instead, these findings may be used to contribute to theory development and practice.
17 Lastly, the interviews were conducted two to six months after the child was born, thus the
18 possibility exists that their recall of events and feelings was diminished through time delay.

19 IMPLICATIONS

20 Few men make the transition to fatherhood under intense conditions of both a combat environment
21 and geographic separation from their spouse. The stories of these 17 men help us better understand the
22 fears and anxieties they experienced, as well as the ameliorative effects of communication with their
23 spouse. These findings have unique implications for nurses working with military populations, and
24 particular relevance for military nurses who are deployed into combat settings. Military nurses are well-

1 equipped to manage both physical and psychological health problems that arise from combat trauma.
2 However, the myriad of feelings experienced by expectant and new fathers is likely to be overlooked
3 within the context of a chaotic combat environment. Because many military men are reluctant to seek
4 advice about mental health issues, proactive efforts to assess their psychological well-being are
5 paramount. Focused educational interventions may also be beneficial: deployment obligations
6 precluded these men from attending childbirth courses; therefore, many had exaggerated conceptions
7 of the dangers of childbirth, and had unwarranted concerns about both labor support and father-infant
8 bonding. Facilitating communication access is critical, as communication between partners in this study
9 served to alleviate some of the men's psychological distress, and promoted a connection with the
10 newborn. Allowing time and a means of communication is the obvious necessary step. The relevance of
11 these findings is not limited to the combat military nurse. Understanding new fathers' experiences and
12 perspectives assists nurses in identifying better ways to prepare and support men in an involved
13 fatherhood role, despite the limitations of a stressful combat environment and geographic separation.
14 This information can set the stage for a healthy reunion, which may take place at military bases and
15 within communities across the globe, and thus is of benefit to all nurses working with military families.

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Table 1: *Steps of data analysis* (Colaizzi, 1978)

Table 2: *Examples of significant statements and corresponding formulated meanings leading to the theme cluster "Fear of death and dismemberment: Who will be the father?"*

Table 1

Steps of data analysis (Colaizzi, 1978)

1. Read each participant's verbatim transcript to form an overall impression and acquire a sense of the whole.
2. Extract significant statements by focusing on those aspects seen as most relevant to the phenomenon.
3. Formulate meanings from each of the significant statements, in the context of the participant's terms. Repeat Steps 1-3 with each interview.
4. Organize the meanings from the collective interviews into themes; these themes evolve into theme clusters, and eventually into theme categories.
5. Create an exhaustive description of the phenomenon by integrating the participant's feelings and perceptions of each theme category.
6. Formulate the fundamental structure of the phenomenon.
7. Conduct a member check by taking the findings back to the participants to see if the researcher has adequately captured the essence of the phenomenon.

Table 2

Examples of significant statements and corresponding formulated meanings leading to the theme cluster “Fear of death and dismemberment: Who will be the father?”

Significant Statements	Formulated Meaning
I remember when [fellow Marine] died. I starting thinking, “Holy cow, that could have been me.” I didn’t sleep all night, thinking about that, worrying. I kept picturing the Chaplain going to our house, telling [my wife] that I was dead. Her and the baby---alone.	When his friend was killed, he thought about his own mortality. He worried about how his wife would receive the news and the prospect of her and the baby being alone.
I worried every day. I was afraid I would not make it back. Sure, money-wise they would be okay--- I have plenty of [military life insurance]. But who would raise him? Make sure he stayed out of trouble? I am his father--- that is MY job. I need to get home, I need to get home---that is all I could think about.	Although his death would leave them financially secure, he worried that others would assume his role as father.
Dying would be bad---- but worse than that---what if you got totally [maimed]? Like I’m supposed to throw a football to my son with no arms? And then someone has to take care of ME for the rest of my life like I’m a baby?	He felt that a serious injury would be worse than death, and that he would be unable to engage in physical activities with his child, and would be dependent on others for his physical care.
One of the biggest things I worried about was getting a serious injury, you know, like a major head injury or losing both your legs. If something like that happens, you are worse off than dead. You have to depend on other people, and have no way to support your family.	He worried about serious injury. He felt that it was better to die than to become seriously maimed. If he was maimed, he would be dependent on others for financial support and physical care.
Being a father is about supporting your family—financially, I mean. If something happens, if I get my arms or legs blown off, there is no way I can support my family. In fact, I would be a burden to them.	His role as financial provider was threatened by the prospect of a serious injury. He would be a burden to his family if he experienced a serious physical injury.
If something happens to me, you know, like lose my legs----how would I support my family? I couldn’t be a Marine anymore with no legs. I worried about that constantly.	His role as financial provider was threatened by the prospect of a serious injury. He worried that he would lose his job and be unable to support his family if he was seriously injured.