

Why Are We Trying To Turn Men Into Women?

Amy Gilliland, Ph.D., BDT(DONA)
AASECT Certified Sexuality Educator

Introduction: Fathers influence birth outcomes indirectly because his relationship with the mother affects her decision-making. His labor support also affects her labor coping, which in turn affects labor and neonatal outcomes. However this does not happen in the way that you might assume.

For a long time, doulas and midwives have been focusing on increasing the father's skill and involvement in labor support. We see the father's involvement as important and apply subtle and overt pressure on his involvement. We have not questioned this cultural mandate. But major involvement in labor support may not be the best thing for a man's emotional development, the course of the labor, or long-term for the couple's relationship. Given the option, some women and men would rather keep his involvement at a minimal level.

My work is profoundly influenced by my studies of sexual and gender related behavior, my research on labor support, and years in the labor room supporting families. In the next hour I'd like to examine some of our cultural assumptions and relevant research that leads me to provoke your thinking. Then I'll review the mechanisms for influencing outcomes of importance.

I. How did men get into the labor room anyway?

- A. Influence of childbirth education methods – Russian/French Lamaze and American Bradley
- B. Nursing literature documents negative attitudes of many nurses
 - 1. fear of another patient to take care of
 - 2. work load shifted from group wards to individual rooms
 - 3. one on one nursing demands
 - 4. Prevailing attitude – “If you're going to be here, you better be useful!”
- C. Culminated in 1980's FCMC movement
 - 1. Institutionalized role of “coach”
- D. But, no one ever asked a MAN what was best for him. His emotional development, needs as a father, how he could be best supported, etc.

II. Research on Fathers and Childbirth

- A. It begins in pregnancy – loss, disequilibrium and change. “Demanding psychological reorganization of the self” (Genesoni)
- B. Birth is overwhelming, stressful, with joyful moments. Most men feel incompetent which colors their postpartum experience. (Johnson, Draper, Chandler)
- C. Fatigue masks anxiety (Tzeng)
- D. Men like epidurals (Capogna, Chapman)

III. Women's Culture and Men's Culture (Tannen)

- A. Communication styles –power structures, hierarchy
- B. Evolutionary survival mechanisms of community and individuality

- C. Male and Female Emotional Needs are Different
 - D. Women are often the emotional caretakers in the relationship. She often needs to hand over that role to someone in order to give herself over to laboring. He also needs someone to be in that role as this is an incredibly difficult and stressful time for him. Who on the birth team can fulfill this function? (Gilliland)
 - E. The Midwifery realm is dominated by female cultural rituals.
Does that make males foreign visitors?
 - F. Women and Men's Biobehavioral Responses to Stress are different
 - 1. Hormones affect behavior (Taylor)
 - 2. Relevance to the Labor Room and Birth Outcomes
- IV. What Men Say About Their Needs in the Labor Room (Gilliland)
- A. Possible paternal Roles: Partner, Protector, Constrained by their Gender Role
 - B. Preferred Involvement in Labor Support: Fully engaged, Less than fully engaged, Partially engaged, Disengaged (Most men were not fully engaged but all men and women were comfortable with the man's level of engagement.)
 - C. Some women said they did not want primary labor support from their husbands but that the men felt obligated to serve in that role. They related to his touch sexually rather than in a caretaking manner.
- V. Sex Matters (Williamson, Safarinejad, von Sydow, Olsson)
- A. Childbirth is most often desexualized and stripped of intimacy in order to increase the comfort levels of disengaged medical professionals. What are the possible consequences for male partners of desexualizing childbirth?
 - B. What messages does he receive about his partner's body, verbally and nonverbally, during labor and birth?
 - 1. Her private parts aren't private anymore
 - 2. Birth events may be distressing & associated visually with her body
 - 3. Depersonalization of his mate's body may affect his desire
- VI. What Men Really Need For Their Optimal Birth Experience
- A. Speak in his own tongue – understand why and how males talk
 - B. Emphasize that his experience is your third priority (after mom and baby)
 - C. Explain that our culture pressures men to have an active role in labor support without any experience or adequate training for that role
 - 1. allow him and his partner to choose disengagement without your judgment
 - 2. doula support for him may be just as vital as for the mother
 - D. Show respect for and accommodate male stress coping patterns
 - E. Realize he will likely not reveal his emotional needs and may even deny having any. You may need to observe his behavior to discover his best labor support role
 - F. Treat them as a laboring couple not as “a laboring mother with a partner present”
 - G. Acknowledge overtly the sacredness and primacy of their sexual bond.
In very primal terms, her body is his familiar and intimate territory.

VII. How Men Influence Outcomes

A. During labor

1. When men are stressed by birth, they withdraw or confront.
2. Men want solutions and answers, which may mean they favor interventions.
3. Men may influence or suggest epidurals to relieve their own distress.
4. His distress and withdrawal to cope with it may increase her tension and anxiety, leading to labor difficulties.
5. His ineffective labor support may decrease her ability to cope.
6. A partner may not correctly interpret the mother's response to labor sensations, which may increase his anxiety and stress.

B. Women are attuned to their mate's distress.

1. Women may not allow themselves to labor fully because they are concerned about their mate's welfare.
2. Women may choose pain medication or an intervention to alleviate their partner's distress

C. During birth

1. Men may not feel free to change positions or pay attention to their own emotional state.
2. Men may not understand what they are seeing or feel they can express their concerns, which increases their distress and may lead to traumatic memories.
3. Without an understanding of their relationship, we may not know how to most effectively support his needs and experience. He may not be able to articulate it either.

D. Postpartum (Koppel, de Montigny)

1. Men report their experiences with pp nursing care set the stage for health care interactions and feelings of confidence with their newborn.
2. Men feel perceived as auxiliary parents, as second to the mother by health care professionals.

Conclusions: Male involvement with birth rarely begins with an honest assessment of the individual's needs for support. Information about the history of men's attendance at births, encouragement for introspection, and adequate emotional support for men during pregnancy and birth may positively influence male behavior during labor. Birth professionals who understand male cultural communication styles and stress coping patterns may interpret the male partner's behaviors more effectively. Labor and birth events may be positively influenced when adequate support and understanding for the male experience is provided and men are free to choose their preferred level of engagement with labor support.

Contact information:

Amy L. Gilliland, Ph.D.
amyLgilliland@charter.net
www.amygilliland.com
608.257.1968

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