

Placing myself in a new normalized life: The process of becoming a first-time father. A grounded theory study

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Abstract

Becoming a first-time father is an important transition period in men's lives that is frequently accompanied by joy and happiness. Engaging fathers has a broader impact on family and community and on fathers' own well-being. This study explores the process of men becoming first-time fathers and the experiences and challenges involved. Seventeen interviews with men in different stages of pregnancy, childbirth, and the postpartum period were conducted. Through a grounded theory design, a novel four-stage theoretical model emerged that represents the journey to first-time fatherhood. These stages are beginning the journey, fatherhood in limbo, facing reality, and settling down. Participants suggested that achieving a new normality was the final stage where they finally felt located with a sense of mastery in their journey to fatherhood. The novel theoretical approach of addressing the process of men's transition allowed more complete access to their perspectives. Men's needs are different at every phase of the transition to fatherhood, and the use of these findings can help care providers in caring for every man according to the stage he is facing.

KEYWORDS

child and family nursing, family nursing, fatherhood, fathers, grounded theory, parents

Key Points

- The novel approach of including men's perspectives on the transition to fatherhood until the children were 1 year old granted access to men's experience in a more comprehensive way.
- The theoretical model provides a way of conceptualizing first-time fatherhood that can guide the design of perinatal interventions. Men's needs are different at every phase of the transition to fatherhood, and the use of these findings can help care providers in caring for every man according to the main milestones that help them move from one stage to another and be able to achieve a healthy transition.
- Men search for a new normality; balancing previous life customs and nostalgia with postnatal changes is a challenge until they feel located as fathers and with their partners.

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1 | INTRODUCTION

Fathering is known to play a significant role in influencing the developmental trajectory of infants, shaping family life (Pilkington et al., 2015), and playing a major role in the lives of men (Volling & Palkovitz, 2021). It has been widely reported that fathers' involvement in their children's lives is associated with positive child development outcomes, parental well-being, and family cohesion (Wilson & Prior, 2011). It is also associated with better physical health outcomes (lower infant mortality, fewer serious accidents, and lower obesity rates), as well as better cognitive, emotional, and social-behavioral development in children (Allport et al., 2018). Fathers' involvement has benefits for both parents, including paternal and marital satisfaction (Cummings et al., 2010), improvement in maternal well-being (Tikotzky et al., 2015), and fathers' self-confidence and self-image (Allport et al., 2018). The literature highlights that men's involvement since the early stages of pregnancy, in addition to promoting their own psychological well-being (Plantin et al., 2011), influences the entire family unit (May & Fletcher, 2013).

The birth of a baby is both an exciting and daunting experience that marks an important milestone for a family (Huang et al., 2018; Venning et al., 2020). It has been reported that the rates of anxiety disorder in men vary between 4.1%–16% throughout their partners' pregnancies and 2.4%–18% during the postnatal period (Leach et al., 2016).

Becoming the parent of a new baby comes with a range of challenges, such as changes in lifestyle and in the couple's relationship. It is necessary to prepare new parents for the transition to parenthood to ensure both positive adjustment for parents and optimum behavioral and developmental outcomes for babies (Mihelic et al., 2018). Fathers want to play an active role in parenting, but often they feel excluded by health care professionals (Werner-Bierwisch et al., 2018). Neglecting this care and not being prepared or experiencing adjustment difficulties may result in negative consequences for the infant's cognitive, social, and emotional development (Bawadi et al., 2016; Edward et al., 2015; Sethna et al., 2015), the father's mental health and well-being, and the relationship between the parents and the child and between partners, as well as on the family as a whole (Silva et al., 2021).

Transition is a time when feelings of success and competence in parenting roles can lead to a healthy adjustment to parenthood, while feelings of failure and incompetence in these roles can lead to poor adaptation to parenthood (Moreno-Rosset et al., 2016). In planning men's care, clinical services and health professionals need to aim to facilitate and support this transition. However, while transition to fatherhood is one of the major developmental transitions in a man's life, it does not seem to be acknowledged to the same extent as the experiences and transitions of expectant mothers (Charles et al., 2018; Ngai & Lam, 2020). Furthermore, research on parenting has often excluded the perspectives of men in the rearing of their children (Volling & Palkovitz, 2021).

Some areas of difficulty that men experience as identified by previous research include a sense of unreality due to the lack of tangible

evidence of the baby, as well as a disequilibrium in the relationship with the partner, involving a divergence between male and female expectations about the relationship and a difficulty linked to the formation of a parental identity, which requires a core identity shift from the role of partner to that of parent (Genesoni & Tallandini, 2009).

Examinations of this topic have most often been undertaken within the context of the mother–father partnership or the mother–father–infant triad, failing to frame the study of the phenomenon specifically with respect to fathers (Cox, 2021).

Specifically, the process itself of men transitioning into first-time fatherhood has not been as researched in terms of men's own experiences or needs during this period (Charles et al., 2018; van Vulpen et al., 2021). In this context, previous grounded theory studies have focused on pregnancy (Sansiriphun et al., 2015; Silva et al., 2021), stages of labor, delivery, and family beginning (Sansiriphun et al., 2010), lacking a broader approach from men's perspective.

This study aimed to disentangle the process of men becoming first-time fathers from their own perspectives and determine the timing of the process independently of the frequently used pregnancy, birth, and postpartum timeline to fill the existing gap in knowledge about this journey.

2 | METHODS

2.1 | Study design

This study used Corbin and Strauss's grounded theory approach. This methodology has its roots in symbolic interactionism, which focuses on the process of interpersonal relationships through social interpretation (Corbin & Strauss, 2014).

2.2 | Study setting

This study took place in an urban area with 200 000 inhabitants in Spain with a fertility rate of 1.44 children per woman. Women's age at the birth of their first child was 31.2 years on average, and men's age was 35.9 (Instituto de Estadística de Navarra, 2021). In Spain, care for pregnant women is provided at Sexual and Reproductive Health Care Centers (SRHCCs). One of these SRHCCs was selected to recruit participants for this study.

2.3 | Participant recruitment

Fourteen men were recruited from an SRHCC. Midwives working at the center were in charge of recruitment and applied purposeful sampling. As initial criteria to be eligible to participate, men had to be aged 25 years or older, be in a heterosexual relationship, be identified by the mother as the biological father, be anticipating a normal birth, and provide signed consent to participate; their partner's pregnancy also had to be a singleton pregnancy at any stage. Midwives provided men

with information about the study, offering them written information where research information and objectives were provided and the consent form. Those who returned the signed consent form were contacted by the researcher to arrange a suitable time for the interview.

Initially, three men were identified by the midwives. Subsequently, theoretical sampling was used to ensure the development of the theory (Charmaz & Belgrave, 2012) and to ensure the depth and richness of the data (Saunders et al., 2018). At this stage, midwives were asked to identify men according to the categories and dimensions identified in the analysis. Recruitment was complete when no new categories emerged and theoretical saturation had been reached (Corbin & Strauss, 2014).

Overall, 14 men were invited, and all 14 agreed to participate in this study. Participants were 31.9 years old on average (range 20–37). The interviews took place at different stages, from pregnancy to 1 year after the baby was born. Participants' partners had conceived their babies naturally or by IVF. All participants except one were in a relationship (see the main characteristics of the participants in Table 1).

2.4 | Data collection

A total of 17 in-depth interviews (Johnson & Rowlands, 2012) were conducted face-to-face by a female researcher trained in research methodologies who was a nurse and a mother. Each participant engaged in one in-depth interview lasting approximately 1 h. All interviews were audio taped. Three fathers were interviewed twice. The decision to conduct these second interviews was based on the categories identified during data analysis. In a research diary, field notes and memos were also recorded during the whole research process to document theoretical notes, operational notes, or notes on coding.

2.5 | Data analysis

Data analysis and data collection were simultaneous and started with the first participant's interview. Data were analyzed with NVivo 10 software and manually. The analysis followed the phases of open coding, axial coding, and selective coding, representing a hierarchical, systematic approach (Corbin & Strauss, 2014). The analysis proceeded using constant comparative analysis by moving back and forth between similarities and differences within the emerging categories in a constant comparative method (Corbin & Strauss, 2014).

In the final step, selective coding was performed to integrate all the emergent categories into a conceptual framework at a higher abstractive level. Analytical tools such as reviewing memos, concept diagrams or waving the red flag (when words such as “never” or “always” arose) were used to facilitate the integration of the different categories into the central category (Corbin & Strauss, 2014). Memos helped to make theoretical connections between categories, as they informed why and how decisions were made related to sampling, coding, producing a category, and identifying relationships abstracted to a higher level of analysis (Chun Tie et al., 2019). Diagrams helped to build a continuum among categories, to explain “what is going on” in the data, and to allow sharing the process identified with other researchers. In the coding process, a literature review was carried out for the clarification of concepts (the concepts of being in limbo, normalization, and nostalgia were reviewed; Corbin & Strauss, 2014).

The final summary was shown to participants so they could validate it and provide nuances in the results presented. Data saturation was reached, resulting in a four-phase theoretical model. These categories formed the emergent central category called “Placing myself in a new normalized life.”

TABLE 1 Main characteristics of the participants

Father's name (ID)	Age (in years)	Marital state	Work outside home		Time of interview
			Father	Mother	
Mikel (ML)	31	Married	Yes	Yes	Fifth month of pregnancy
Darío (DR)	33	Married	Yes	Yes	Pregnancy/baby at 2 months
David (DV)	32	Married	Yes	Yes	Second-month of pregnancy
Daniel (DN)	33	Married	Yes	Yes	Seventh month of pregnancy
Julio (JL)	30	Married	Yes	Yes	Baby at 3 months/8 months
Jaime (JM)	20	Single	Yes (1/2 time)	No	Sixth-month of pregnancy
Jacobo (JC)	32	Married	Yes	Yes	Baby at 1 year
Pablo (PB)	34	Married	Yes	Yes	Baby at 8 months/baby at 1 year
Luis (LS)	37	Divorced	Yes	Yes	Baby at 1 year
Tomás (TM)	34	Married	Yes	Yes	Eighth month of pregnancy
Alejandro (AL)	35	Married	Yes	Yes	Ninth month of pregnancy
Juan (JN)	30	common-law partners	Yes	Yes	Baby at 3 months
Jairo (JR)	33	Married	Yes	Yes	Baby at 9 months
Roberto (RB)	33	Married	Yes	Yes	Baby at 1 year

2.6 | Rigor

Alvesson and Sköldbberg's (2000) model of reflexivity was followed in all phases of the study. The trustworthiness of the data was established following the approach of Lincoln and Guba (1985). Two experts in the grounded theory methodology reviewed the interpretations and findings to confirm their credibility. Sufficient descriptive data were supplied to assist in the evaluation of the transferability of the results to other settings. Regarding dependability, four authors analyzed the interview transcripts, and the extracted content, preliminary categories, and their properties were evaluated and discussed, with more than 95% agreement. The raw data, field notes, data reduction/reconstruction and analysis/synthesis products, and relevant literature were all retained to ensure confirmability. The consolidated criteria for reporting research (COREQ) checklist was used to ensure quality reporting in the study (Tong et al., 2007).

2.7 | Ethical considerations

The SRHCC and each participant were informed both verbally and in writing about the study aims and ensured confidentiality throughout the process. It was highlighted that their participation was voluntary and that refusing participation, at any stage, would not involve any disadvantage. Participants' identities were coded using the initials of their names, and no other member of the team had access to this information. Ethical approval was granted by the Research Ethics Committee of the University of Navarra (035/2015).

3 | RESULTS

The central category of the model developed was "Placing myself in a new normalized life". This theoretical model capturing the process of becoming first-time fathers has 4 phases: beginning the journey, fatherhood in limbo, facing reality, and settling down (see Figure 1). One of the peculiarities of this process is that it is one-way and therefore implies that men will never return to the point from which they started. Participants expressed this in various ways, such as

"We never return to what was before,"

and

"My life now has nothing to do with my life before."

The main categories and subcategories are presented in Table 2 together with quotations exemplifying each.

3.1 | Beginning a journey

This category encompasses the earliest stages of this process, which begins when the couple decides to have a baby and lasts until hospital admission for childbirth. The main characteristic of this phase is men's ambivalence between an active and a passive position.

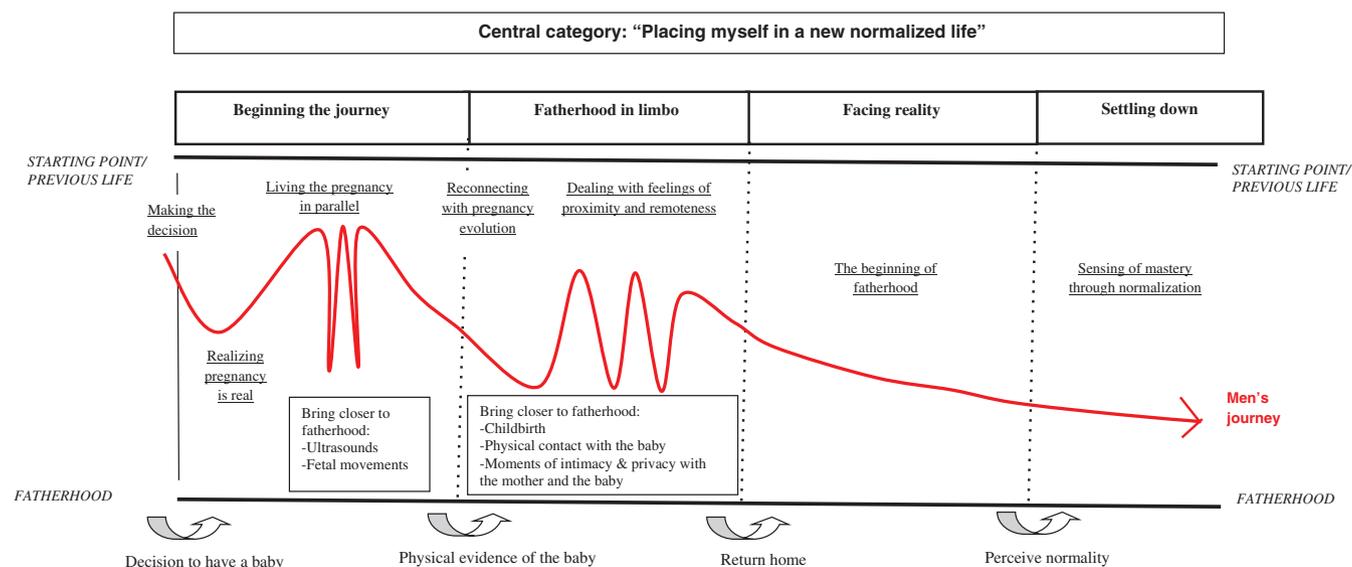


FIGURE 1 Illustration of the model that captures the process of becoming first-time fathers and focuses on the central category of "Placing myself in a new normalized life." Men move toward fatherhood (from the black line "Starting point/previous life" at the top of the figure to that of "Fatherhood" at the bottom) through a series of more or less pronounced oscillations (red line labeled "Men's journey"), depending on the stage they are in. Over time, the oscillations decrease along with the development of a sense of mastery, and normalization occurs. Certain milestones are noted during the intervening stages of this process (the decision to have a baby, physical evidence of the baby, return home, perceived normality)

TABLE 2 Participant's quotations

Central category	Category	Subcategories	Participants' statements	
Placing myself in a new normalized life	Beginning the journey	Making the decision	-ML: We have already lived the previous phase of do not desire to be parents, live our life and now we want to live the next phase, let us have a family! -PB: Deciding to be a father was something more tactical. After being unemployed, I found a job, they made me a regular employee and then I said let us go for it! -PB: There is a bit of insecurity because pregnancy is about two. And if you are not able to put your half, how is she going to be pregnant? The truth is that when you are at this point you think how virile you used to consider yourself and suddenly maybe you cannot conceive ... -DN: Two things can happen, that you have already got it or that you have to keep trying, that is, there is no more.	
		Realizing pregnancy is real	-DV: And then suddenly it [the pregnancy test] comes positive: [sighs with relief] well, it is already here! -ML: Until we saw the first ultrasound, we did not even take the consciousness that it really was there. The moment you see the first ultrasound you realize that not only the symptom, is that the baby is already there!	
		Living the pregnancy in parallel	-PB: When Lucía was pregnant, I noticed that she [the midwife] did not pay any attention to me; it was the mother and the baby. -DV: They do not plan classes for both of us because there is no flexibility in the schedule and the topics are all focused on the mother and the baby. -TM: During the months of pregnancy, the father goes into the background [says emphatically], nobody asks about the father! -PB: In the pregnancy, only my wife existed and my wife's belly! -DV: You continue living a normal life, everything is normal, there are no differences. Life is the same, of course it remains the same, for the moment it remains the same.	
	Fatherhood in limbo	Reconnecting with pregnancy evolution	-JL: The belly is the most obvious, but at the end of pregnancy people ask you more, in the last days my mother called once or twice every day; how are you doing?	
		Dealing with feelings of proximity and remoteness	-JL: I would see the mother and the child and then the father not as a union of 3 people, but $2 + 1$. I see the mother and the child very close, and the father, of course he is the father, but separated from the dyad. -JR: Mentally you know that you are going to be a father, but until the moment comes that you see it there, that is, in your arms or in the arms of your wife, you do not get used to the idea. From birth, the man changes his whole life in a stroke. -DN: It's the moment you have been waiting for 9 months, it's the moment you want to be calm after so much effort, it's like the first moment of fully enjoyment, before that it was a partial feeling, because it was there inside but you did not see it, you did not feel it that much. -JC: I was sitting on the side. -DN: I think the hospital stay is an intermediate step between the before and the after. It is a parenthesis in the process until everyday life starts.	
		Facing reality	The beginning of fatherhood	-JR: In the hospital, you were sure that if something happened to the baby, the nurse came immediately. In the hospital, they do everything to you and you get home and you are not alone, because you always have the support of your partner but you are alone in that I do not already have a nurse who tells me what to do. -DR: Suddenly they leave you there at home, after 2 days of birth, they leave you at home and ... already self-taught right? -JC: Nobody is born with a manual in the brain for how to care for a child in the first days.

TABLE 2 (Continued)

Central category	Category	Subcategories	Participants' statements
	Settling down	Sensing of mastery through normalization	<p>-AL: The father exists, but he is apart, nobody cares about the father, nor does anyone ask how the father is doing; it is how is the mother and how is the daughter, nobody asks how the father is.</p> <p>-JL: It was not normal life because you had a lot of visits, you are on your parental leave that you do not work, that is, it is not life. It is not the day-to-day, everybody wants to visit you and for me normal life will come when people stop coming, when I started to work, being in the normal routine including the baby of course.</p> <p>-Researcher (R): And at some point, does the father exist?</p> <p>JN: Yes, when everything is normalized, I feel that there are two of us already.</p> <p>-JC: I think we have not returned to normal. Now there is a new reality that we want to normalize.</p> <p>-JN: When postpartum issues have been left behind the woman returns and I do feel that now there is father and a mother. In the beginning there was only mother, but now the dyad has changed, it is 1 and 2, but the 2 is now the couple. At this point ["on land"] nobody asks about us [father and mother], my parents call me, and they do not ask how you doing? They ask, how is the baby? Everyone asks about the baby.</p> <p>-JN: you are at home, and you know you have to bathe him... you have already taken the routines and you see everything as more normal</p> <p>-RB: As the days go by and everything is normalized, schedules and good breeding is more regulated, in terms of meals, it gives you a little more time to be a little closer together, to return to normality, to what it used to be, right?</p> <p>-DV: It is hard at the beginning to return to normality again between the couple, be equal parts of the couple and parents. We must do our part and try to come back; it is not just the kid.</p> <p>-PB: In the mornings when I go with the baby for a walk, I have it for myself, I talk to him and I do really need these moments, my baby and me.</p> <p>-DR: Let me learn, let me decide, let me have a little time, let me live it in some way!</p> <p>-LS: She told me "those who decide or those who can decide on the kid are: first, me; then my mother; and then you" – I have no idea what you are talking about with your mother, but do not leave me out, and do not put me behind ... is my son too.</p> <p>-JC: You are not the main actor, you are very necessary, in fact one of the problems is that you are very necessary, but necessary in a way men do not like, because men like to be necessary and protagonists. That many times you have the ability to be necessary and be in the shade without highlighting, but it seems to us that you are nobody.</p>

3.1.1 | Making the decision

Men highlight some material preconditions to beginning the journey to fatherhood, such as having their own house, having a stable job, or even feeling that they had culminated in the previous stage in their lives. This previous stage is predominated by feelings of freedom: living and enjoying life, traveling, and doing things on their own. These are key elements in men's readiness to decide firmly to start the journey to a new life stage and have a baby. Making the decision is perceived as a break, as men anticipate that with childbirth, things truly will change; life will move from a couple-focused life to a baby-focused life. Making the decision leads to a time of uncertainty and questioning related to their capacity to conceive. Men wonder about their virility, which leads

to feelings of insecurity if pregnancy is not achieved. Conceiving a pregnancy is a challenge, and men live this time intensely; they are aware of the objective, which helps them identify what is expected at this stage.

3.1.2 | Realizing pregnancy is real

After a positive pregnancy test and the first ultrasound, the transition process is marked primarily by the subsequent excitement. Men feel like they are already on the way to fatherhood. It is their first contact with a reality that until this moment was uncertainty. The warm responses and joy of close relatives and friends after telling the news about the pregnancy makes men feel reaffirmed in their decision.

3.1.3 | Living the pregnancy in parallel

Once pregnancy is achieved, men begin to feel separated from the process. As they note, "I'm in the back seat." They find themselves in a spectator's position, a feeling reinforced by their environment and by health professionals. This is a smooth and quiet stage of thinking about childbirth but without great expectations. Men continue with their lives, hoping that "everything goes well." This is perceived as a monotonous time.

Nonetheless, the physical changes occurring in the partner's body, the movements of the baby and the ultrasound scans help them feel closer to the baby. These experiences serve as elements of connection.

3.1.4 | Reconnecting with pregnancy evolution

Coinciding with the last month of pregnancy, men begin to feel that the baby will soon be with them. Interactions with family and friends and the imminent birth increase their alertness.

3.2 | Fatherhood in limbo

3.2.1 | Dealing with feelings of proximity and remoteness

Childbirth and the usual hospital stay after delivery constitute a period of mixed feelings. In this stage, men realize that childbirth is not the destination they expected during pregnancy. Rather, it is a liminal period that is neither where men were before nor where they expect to be afterward. Delivery occurs, but men feel still distanced from fatherhood. They think that they cannot do very much, so the feelings of not fitting in that emerged during the months of pregnancy continue to occur. Men experience another reality as they come closer to fatherhood. At childbirth, despite being present, they feel that they are not a part of it. They see the mother-child dyad that has been formed, with the mother and child joined by an exceptional bond, but this bond excludes them. Men's expectations surrounding childbirth are not fulfilled, and to a large extent, this is due to the context. They express the feeling of not really existing to either the professionals or the people who visit them in the hospital; the focus is on the mother and the baby but not the father. They describe it as living in a "2 + 1" situation, with the mother and the baby on one side and the father on the other. A few factors do allow them to connect directly with their fatherhood, such as the birth itself, physical contact with the baby and moments of intimacy and privacy with the mother and the baby. Men want to be able to intimately experience their partner giving birth. They want to be present and involved. The birth of the baby helps men to again feel that "the baby is here" with more intensity than in the previous stage by being able to touch and see the baby. Nevertheless, for some men, the hospital stay is described as a parenthesis. The hospital represents for them a period of transition between their previous lives when the two partners were at home alone and the future life of all three being together. They see this stage as an intermediate, transitional step.

3.3 | Facing reality

3.3.1 | The beginning of fatherhood

Once at home after discharge, men feel "alone in the face of danger." They realize that they were under the protection of professionals during the hospital stay, but feel less safe after returning home. Losing that protective environment and the consequent need to adapt to the institution's daily routine for the baby leaves them having to learn how to handle those matters on their own. Dealing with confusion, stress, or chaos is common in the first days at home.

Men are willing to cope with their feelings and the new situation in an atmosphere of intimacy with their partner and the child. The novelty that they perceive is due not only to the addition of a new member to the family but also to the fact that the focus is no longer the couple but the baby. At the beginning of this stage, men still perceive that most of the attention continues to be given to the mother and the child.

However, men expect that their role will become more prominent as everything becomes normalized in the daily life of the couple. Normalization is something that men expect to achieve, as they realize that they are currently not in their expected normal lives.

3.4 | Settling down

3.4.1 | Sensing of mastery through normalization

For men, this stage is the destination. A new stage of settling down and normalizing daily life begins. At the beginning of this stage, men link normalization with feeling that the 2 + 1 dyad becomes a new dyad, with them and the partner taking care of the baby together.

Establishing schedules and routines with the baby also make them feel that their lives are becoming normalized and recovering the stability they had lost. This also helps them to become more aware of what it means to have a baby in terms of day-to-day activities.

Normality is also related to the available time for leisure and time for the couple's relationship. Men emphasize that "the woman becomes a mother," pointing out that their partners are almost exclusively focused on the baby. They fear that their relationships with their partners will change if their partners continue to devote themselves to the child. In parallel, feelings of nostalgia become apparent, with men describing a wish to return to the first stages when the connection with their partners was greater. Specifically, they focus on the desire to recover that relationship (as well as sexual intercourse) they had before with their partners.

Growth and development of the baby are seen as offering opportunities to build a father-infant bond when introducing food other than breast milk or, in the long term, sharing hobbies with the child, such as games or sports. To strengthen that connection, fathers need to be allowed to take care of their babies and to be included in the decision-making process of their child's life. They also want to spend time alone with the baby, without the mother being there or

mediating. However, this is not always possible due to mother-baby interactions and the mother's preferences.

Men find their role important, even if they are not the protagonist. In fact, they note that this is not a position that they are used to being in. This poses challenges, as they feel as though they are relegated to a secondary position to which they are not accustomed and where they do not always feel comfortable.

4 | DISCUSSION

This study provides a contemporary perspective on men's experiences and contributes to the existing evidence available on the experience of becoming a first-time father.

"Placing myself in a new normalized life" is a four-phase model describing this life transition of becoming a first-time father that includes "beginning the journey," "fatherhood in limbo," "facing reality," and "settling down."

From a theoretical view, some of the processes and issues identified in this study are also referred to in Meleis et al.'s (2000) transition theory. The pregnancy test, the first ultrasound scan, childbirth, and the return to home bring men closer to fatherhood. As identified by Meleis et al. (2000) in her theory, *critical points and events* are associated with an increase in awareness and engagement with the transition experience. Additionally, to make the decision of having a baby, men need to have a stable job, have a house or have enjoyed a life characterized by freedom, which were identified as relevant issues to start considering becoming a father. These were some *personal conditions* identified by men in their transition processes, and as Meleis (2010) pointed out, this can be an important factor because planning can be conducive to a smooth transition. The final stage of the process of becoming a first-time father is characterized by control, a sense of normality, and feeling situated with a new identity as a father. This is reflected in Meleis's theory (2010) as *process and outcome indicators* of a healthy transition, indicating that individuals under transitions need to feel connected to family and health providers, recognize and experience an increase in self-confidence, and integrate new identities (Barimani et al., 2017). However, men identified some difficulties in being recognized due to the people around them and how health professionals treated them. Family members and friends are mainly focused on the mother, and prenatal education and care focus only on women's needs and are tailored to their schedules (Buist et al., 2003). While Meleis's transition theory is helpful in identifying the essential components to which attention must be paid in any transition, to understand how the actual transition of men into fatherhood happens, further exploration is needed so that the key concepts and relations among them can be studied.

Other theoretical approaches to vital processes (Bridges, 2009; van Gennep, 2013) have identified a general three-stage journey. These three stages are "separation or ending," "limbo or the neutral zone," and "incorporation or the new beginning." However, this study identified a fourth stage according to the men's accounts. The last stage involves mastery of childcare and parenting skills and is

achieved after the incorporation phase and the subsequent achievement of confidence and control through the normalization of life.

From a grounded theory perspective, a few studies have shed light on men's experiences of pregnancy and the postpartum period. Sansiriphun et al. (2010) focused on the pregnancy stage, and as the findings of this study highlighted, they also showed how important the woman's belly was for the man's process of making the pregnancy real and for his building of a relationship with the unborn baby. Subsequently, Sansiriphun et al. (2015) explored the process of transition into fatherhood from the first moments of the woman's labor process until late postpartum at home. This period was also examined in this study, with the difference that the focus was not on pregnancy events but on male stories and what underlies their stories. Villamor et al. (2016) showed that the B.R.I.D.G.E., a theoretical approach, also shows the different stages men go through during the transition to fatherhood. Three stages are identified: pregnancy, childbirth, and several weeks postpartum. This theory suggests an ambivalence (euphoria and anxiety) in men's feelings during the early period of their partners' pregnancy, similar to the fathers in this study and others (Schumacher et al., 2008). Additionally, in line with the findings of this study, the authors highlighted feelings of not knowing what to do after childbirth and a sense of insufficient preparation.

The findings showed that becoming a first-time father involves the experience of being relegated to a secondary position or even becoming invisible. Men in other studies expressed similar sentiments, describing feeling as if they were spectators at a game (Bäckström & Hertfelt Wahn, 2011), feeling disbelief and distance (Finnbogadóttir et al., 2003), feeling "left out" (Fenwick et al., 2012), or in a "backseat role" (Roberts & Spiby, 2020). Men may feel this way because they do not experience physical changes themselves. Physical aspects are important for men, who establish a relation with the baby in an indirect way or by proxy, namely, through their partner's body (Draper, 2003). Aspects such as listening to the baby's heart beating during an ultrasound, observing the growth of the mother's belly, or feeling fetal movements in their partner's body are key to making the baby more real. These have been called "reality boosters" (Jordan, 1990) or "body-mediated moments" (Draper, 2003). Men included these aspects in their accounts, describing how they helped them realize that the child was real and decreased the feeling of unreality, which was also described in previous studies (Chin et al., 2011; Solberg & Glavin, 2018).

The men in this study noted that the mother was the focus. In parenting culture, this is called *mother-centrism* (Ball, 2009). This term refers to the general tendency that exists in parenting programs, support groups, and the attitudes of healthcare professionals to focus on the needs of women but unintentionally sideline those of men and prolong their unsureness about their role in raising children and acknowledging their own needs. The *mother-centrism* pattern coexists with the social reality of *male centrism* prevalent in patriarchal systems, where men have power and women are discredited (Widarsson et al., 2015).

The innovative fourth stage is characterized by the achievement of normality and a feeling of control and being situated. Men want to

recover their sense of control, and normalization is necessary. Normalization is a social construction that defines reality as it is adopted by a social group and at the same time it is a process (Protudjer et al., 2009; Seligman & Darling, 2007). To normalize their condition, men need both to realize that this condition has changed and to acknowledge the changes needed to manage it (Deatrick et al., 1999). Men's normalization process includes the attributes described in other contexts in the literature (Morse et al., 2000): the desire to fit in, the identification of norms, emphasis on the abilities and developing context-specific strategies to assimilate what it means to be a father. Penrod (2002) pointed out that in processes where uncertainty is experienced, the establishment of a new normality is essential because when a new situation becomes normalized, greater confidence and control are perceived, and transitions therefore become more manageable. The reference point for men is their previous life in terms of free time, routines, schedules, or the couple relationship. Comparison with one's previous life is one of the attributes of normalization (Morse et al., 2000). Other studies have found that men need to remain the same person they were before the child's birth, but as in this study, they also find that they have to make several adjustments with respect to their routines or their hobbies (Márquez et al., 2019).

Men expressed certain feelings of nostalgia for the way life had been before, characterized by freedom, the availability of time for the couple, leisure, sport, and above all, the centrality of the couple; this was also identified in other studies (Fenwick et al., 2012; Finnbogadóttir et al., 2003). Memories of their previous lives provide a certain security for fathers by mentally transporting them to earlier times where the environment was known (Merchant & Rose, 2013). Nostalgia allows people to avoid their present problems and return to an oasis of happiness (Marchegiani & Phau, 2011).

This qualitative study had several limitations that should be considered. First, the sample size may be considered small. However, theoretical sampling is determined by theoretical saturation (Corbin & Strauss, 2014), which was achieved with 17 interviews. Second, the findings reflect the views of men whose partners were undergoing a singleton pregnancy without risks; thus, the experiences of other men, such as those expecting twins or experiencing other situations associated with health risks for the mother or the baby during pregnancy, might not be captured by the model. However, this study adhered to trustworthiness principles, which are basic in qualitative research (Korstjens & Moser, 2018). Furthermore, the explicit data collection and analytical process that has been carried out results in a well-documented theory that is based on fathers' accounts, contributing to its credibility. In addition, participant quotes were provided to make informants' experiences and voices explicit. The triangulation of investigators, peer debriefing and the inclusion of extreme cases contribute to the credibility and confirmability of the findings. The research diary notes helped to practice reflexivity to ensure transparency and quality.

The theoretical constructs identified could be explored in other contexts and help design "stage-specific" services tailored to promote a healthy transition. As the fathers in this study reported that couples' relationships are an important aspect for men in terms of spark, intimacy, and connection, future studies can be done to analyze the

perspectives of mothers and fathers together with the couple perspective to gain further insights into men's and women's transition processes.

5 | CONCLUSION

The findings of this grounded theory study contribute to the field of first-time fatherhood, proposing a dynamic process that involves four stages: beginning the journey, fatherhood in limbo, facing reality, and settling down. These findings indicate that rather than birth being the final stage, it is a sense of mastery through normalization that makes men embrace the concept of fatherhood fully and manage to settle down. This transition has different flow rhythms, and several connection points (ultrasounds, fetal movements, childbirth, physical contact with the baby or moments of privacy and intimacy with the couple and the baby) are identified in each stage.

6 | RELEVANCE FOR CLINICAL PRACTICE

The theory provides a way of conceptualizing first-time fatherhood that can guide the design of perinatal interventions. Men's needs are different at every phase of the transition to fatherhood, and the use of these findings can help care providers in caring for every man according to the stage he is facing. Thus, during the first stage, involving men during pregnancy check-ups and prenatal education courses can help increase their sense of reality regarding pregnancy. During the second stage, health professionals could promote visual and physical contact of the father with the baby. This would encourage them to feel important and feel equally responsible for the infant. In the third stage, attention could be devoted to preparing fathers for arrival at home and feelings of chaos and addressing aspects related to their relationship with their partners. It could be useful at this stage to develop interventions aimed at improving communication between the members of the family and recognizing each member's needs, as well as setting up routines. During the fourth stage, men would benefit from talking about couple relationships, including intimacy issues, and spending time alone with the baby.

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CONFLICT OF INTEREST

No conflicts of interest exist for any of the authors.

AUTHOR CONTRIBUTIONS

Study design: A. Mujika, M. Vidaurreta, O. Lopez-Dicastillo. Data collection: E. Bermejo-Martins, M. Belintxon, M. Vidaurreta. Data analysis: A. Mujika, E. Bermejo-Martins, I. Serrano-Monzó, M. Belintxon, M. Vidaurreta, O. Lopez-Dicastillo. Manuscript writing: A. Mujika,

M. Vidaurreta, O. Lopez-Dicastillo. Work on the advanced version of the manuscript: A. Mujika, E. Bermejo-Martins, I. Serrano-Monzó, M. Belintxon, M. Vidaurreta, O. Lopez-Dicastillo. Final approval of the version to be published: A. Mujika, E. Bermejo-Martins, I. Serrano-Monzó, M. Belintxon, M. Vidaurreta, O. Lopez-Dicastillo.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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