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Fatherhood, Bereavement and Masculinity: An exploratory study of partner loss

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Abstract

Background: Early life-course partner bereavement is a highly stressful life-event demanding considerable readjustment for surviving parents and their children. Gender and masculinities are highly influential to fathers' experiences; in that they inform labour division, social positioning, and health behaviours. This study aimed to explore the experiences of partner-bereaved fathers in the United Kingdom, to better understand how parenthood and gender influenced and were influenced by bereavement. It asked: What are the transition experiences of fathers (with resident children, aged ≤16 years) around the death of a partner, how do gender and masculinities influence these experiences, and what are their support needs and preferences?

Methods: Thirty-five in-depth interviews were conducted with 18 fathers, from a range of backgrounds and family configurations, whose partners died from non-violent causes between 6 months and 5 years prior to participation. 17 participants took part in two interviews using creative methods to elicit rich narrative data. The first explored men's experiences of bereavement using a 'time-line' method. The follow-up explored their support needs, experiences and preferences using visual prompt cards. Data were analysed using thematic analysis with framework.

Findings: Despite supporting 'new fatherhood' and gender equality discourses, most men described unequal domestic arrangements in childcare and domestic work prior to bereavement. Fathers described significant role change when their partners' health deteriorated and following their death, the majority inherited the primary caregiver role for the first time. This major transition led to deconstruction of gender boundaries between home and workplace. Many fathers' public encounters alternatively brought heightened awareness of borders between gender roles, and perceived scrutiny. Findings show fathers felt their ability to cope as male primary caregivers was under question. They endorsed gender stereotypes around the supremacy of women as parents via 'partner sanctification'. Participants were engaged in multiple forms of 'custodianship', including the performance of 'continuing bonds' between their children and deceased partner, expressing preference for routine over ritualistic remembrance. Decisions to seek, and acceptance of, support from others were highly gendered. While many ultimately accepted support, they often felt conflicted, with desire for self-reliance being a dominant theme. Whilst most men drew on informal support, preference was expressed for formal support. Considerable inequities in UK bereavement support provision across the UK were observed. Ideas for formal support improvement primarily centred on greater facilitation of bereavement support access.

Conclusions: Fathers' transition experiences were found to be dynamic — commonly beginning pre-bereavement and extending over a prolonged period. Findings indicate fatherhood (in terms of both gender and custodianship) plays a significant role in partnership bereavement (and vice versa) leading to unique support needs. Future support should consider these needs with improved facilitation of bereavement support access.

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Author’s Declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Rebecca Phipps

1 Introduction

Experiencing the death of a partner has been reported as one of the most stressful and disruptive adulthood events (Hobson et al., 1998, Holmes and Rahe, 1967). Though the majority of people adapt over time without the need for formal intervention, there remain a considerable number of people who experience negative health outcomes (Stroebe et al., 2007). A significant literature has established an association between marriage and positive physical and psychological health; whilst the dissolution of marriage, particularly through bereavement, has been associated with reduced health and wellbeing (Hewitt et al., 2012, Lamb et al., 2003, Lee and Gramotnev, 2007). In addition, a large body of research has found that the partners of people who die are at increased risk of morbidity and mortality when compared to non-bereaved peers (Hart et al., 2007, Stroebe et al., 2007). In younger populations, bereavement related morbidity risk is significantly higher in relation to mental ill-health, whilst morbidity related to physical ill-health is more strongly associated with older adults (Parkes and Weiss, 1983, Williams and Umberson, 2004). While a number of longitudinal studies have reported longer term (up to 10 years after death) mental ill-health, and others have reported shorter term effects, reduced quality of life is common throughout (Boelen and Prigerson, 2007, Jones et al., 2010, Bennett, 1997, Bennett, 1998). Representative population studies report relative mortality risk to be highest among men under the age of 70; with risk of accidental or violent deaths particularly high in the two years post-loss (Elwert and Christakis, 2008, Hart et al., 2007, Martikainen and Valkonen, 1996, Roelfs et al., 2012, Smith and Zick, 1996). Gender differences in health outcomes following stressful life events have been attributed to differing coping responses; with excessive alcohol consumption, lack of self-care and deliberate risk taking being viewed as contributing toward excess mortality risk among men (Parkes, 2001, Verbrugge, 1985, Verbrugge, 1989). Specific coping approaches traditionally associated with men in western societies (such as concealing emotion, masking depression, externalising anger, socially withdrawing, and not seeking help) have been posited as obstructive to bereavement ‘recovery’ (Brabant et al., 1992, Parkes and Prigerson, 2010, Tudiver et al., 1991).

As women have greater life-expectancy than men and there are larger numbers of partner bereaved women, it is perhaps not surprising that research has focused on women's experiences or that partner bereavement is often considered a "feminine problem" (Bandini and Thompson, 2013, Brabant et al., 1992). However, this has led to a dearth of research exploring men's experiences and even less with a focus on the experiences of younger partner bereaved men ≤ 65 years (Bandini and Thompson, 2013, Yopp et al., 2015, Zinner, 2000). In fact, a significant number of younger men are bereaved by the death of their partner. At the time of the 2011 Scottish census for example, in excess of 14,500 men under the age of 64 were reported to have experienced the death of their marital or civil partner (National Records of Scotland, 2016). This statistic is likely to be an under-representation, as those bereaved by the death of their unmarried or non-civil partner are not reported and figures also exclude those who have remarried. According to estimates, 37% of couples living together (married, civil partnered, and cohabiting unmarried couples) have dependent age children (Sanders, 2019). Nearly a decade ago Penny and Rice (2012) found no official UK statistics to detail the number of surviving partners who are also parents and this has remained unchanged in the intervening years (Penny, 2020). Even outside of bereavement research, methodological failings - such as not distinguishing between resident birth-fathers and stepfathers (Sigle-Rushton et al., 2013) and not capturing non-resident fathers (Poole et al., 2015)) - have led to inadequate data on fathers; leaving them overlooked by policy and practice (Goldman and Burgess, 2017). It is not surprising then that the number of fathers bereaved by the death of their partner is not known. Recent estimates of the number of children born each year in England and Wales who experience the death of a parent prior to 16 years of age, applied to the whole of the UK, suggests as many as 25,000 bereaved children (Stripe, 2019). This intimates that partner bereaved fathers are not insignificant in number.

Considering suppositions surrounding the role of 'masculine' behaviours in men's 'ineffective' coping responses following bereavement, alongside the scarcity of research focussed upon fathers' experiences of bereavement and afterwards; this thesis directly explored the role of gender and masculinities in fathers' experiences around the death of a partner. This PhD research sought to capture qualitative accounts of father’s experiences around the death of their cohabiting partner. Using in-depth interview methods, it sought to gain contemporary insight into the influence of bereavement upon fatherhood; to explore how fatherhood informs bereavement; and to capture fathers’ experiences of support. To this end, it sought to provide understandings into men’s bereavement in the context of daily life; to capture its impact on family life and observe coping approaches employed.

1.1 Thesis structure

This thesis begins with a review of the literature (Chapter 2). It includes findings from two reviews; the first (2.3) a more organic exploration of the theories that are most pertinent to researching fathers’ experiences of partner bereavement — covering bereavement models and gender theory; and the second (2.4) a formal review of the empirical literature involving systematic methods. Over three main sections on Health and Wellbeing (2.4.1), Fathers’ experiences (2.4.2), and Gender and Coping (2.4.3), the second review examines how gender is explored and how theory is applied by studies and contemplates what is known about fathers’ experiences of partner bereavement more broadly. Results of the two reviews are consolidated in 2.5 and culminate in a set of research questions 2.6. Chapter 3 provides a detailed outline of the research methods used; and describes: ethical considerations, the theoretical underpinnings, in-depth interview, individual interview tools, sampling, recruitment, reflections on conducting in-depth interviews, and data analysis. In this chapter researcher positionality is also explored. Research findings and their relevance to existing knowledge are reported in Chapters 4, 5, 6, and 7. The first findings chapter provides rich insights to understand the context of fathers’ bereavement transitions and describes sample characteristics; while the second findings chapter provides an in-depth exploration of the men’s experiences of role transition. In endeavouring to retain the caseness of accounts, illustrative case studies are included intermittently. Chapter 6 explores experiences further, with a specific focus upon fathers’ coping. The last findings chapter (7) reports on fathers’ engagement with support around the death of a partner. The thesis is concluded with an overview of key findings, an exploration of study strengths and limitations, and a description of implications for future support and research.

2 Literature Review

2.1 Chapter overview

This chapter begins with a description of the strategy employed to conduct two separate but related literature reviews and outlines the process of evidence selection undertaken. After detailing review methods, section 2.3 presents theoretical review findings. This first review sought to understand current theories and identify opportunities for theory development. To this end, section 2.3.1 explores bereavement models and 2.3.2 examines gender theory. To address questions raised by the theoretical review and to explore what is known about fathers' experiences of partner bereavement a formal review of the evidence was conducted. In section 2.4 findings from the empirical literature are synthesised. Literature review findings are summarised alongside a description of identified knowledge gaps in section 2.5. Section 2.6 then introduces the specific research aims and questions addressed by this study.

2.2 Review search strategy and selection

The following paragraphs explain the methods used to conduct two literature reviews. One an informal review of mostly theoretical literature (see 2.3 for findings) and the second a formal review of empirical studies (see 2.4).

The first review was more organic and sought to understand the key theories relevant to the study of fathers' experiences of partner bereavement. To ensure that I engaged with the insights of the most influential scholars I began by reading general reviews on bereavement; published in grey literature (for example: Wimpenny et al., 2007); and in reputable journals (see: Stroebe, 1993, Stroebe, 1998, Stroebe et al., 2007). This review drew upon literature from wide ranging sources. By engaging with broad literatures over several months, I became acquainted with widely cited scholars and those that had made significant contributions to critical debates, along with lesser-known authors.

This first review raised questions which primarily centred on the treatment of gender in bereavement enquiry; and a formal review of the empirical literature was conducted in order to examine how gender is explored by studies, how theory is applied, and what is known about fathers' experiences of partner bereavement. The methods for the empirical review are described in the following paragraphs.

In scoping the literature informally beforehand, several concepts were identified as suitable for guiding systematic literature searches. Intentionally broad concepts were used to produce search results that would represent the breadth of bereavement literature. Three term sets were developed to explore: masculinities, bereavement, and help-seeking. Using Boolean operators, adjacency functions, and controlled vocabulary, search strings were designed to capture synonyms, singular and plural terms, nearby terms, and alternative spellings (US and UK English). Three bibliographic databases (PsycINFO, SocINDEX and Web of Science) deemed most relevant were searched by title and abstract; and results filtered for records published within the last 20 years.

It was anticipated that few studies would focus specifically on fathers, so to avoid narrowing review insights, a more inclusive strategy was employed wherein studies were included in the review if:

- the sample comprised partner bereaved men ≤65 years
- AND studies claimed to explore 'gender'
- OR the sample comprised partner bereaved fathers ≤65 years regardless of whether records claimed to explicitly explore 'gender'
- AND materials were in English language

Records were excluded if:

- they were limited to theoretical enquiry only without empirical basis
- their focus was the feasibility or effectiveness of an intervention
- their focus was people bereaved through violence or suicide

The social processes and features of grief that result from bereavement through violence and suicide are understood to be distinct from the experiences of those bereaved through others causes. This group commonly experiences: stigmatisation by social networks; and feelings of heightened guilt, shame, and anger (Fhaili et al., 2016, Hawton and Simkin, 2003, Jordan, 2001, Mezey et al., 2002, Peters et al., 2016, Pitman et al., 2016). A comprehensive review by Jordan (2001) outlined how those bereaved through suicide specifically are understood to encounter more significant difficulties with meaning-making; and experience distinct feelings of rejection, abandonment, blame, or responsibility for the death. Further, due to this population's discrete experiences it is argued that specialist support is required (Jordan, 2001). Achieving heterogeneity can be an aim of sampling in qualitative research (see 3.4.3), however extreme deviant case sampling can present considerable challenges to data synthesis and lead to superficial findings (Patton, 2002). Given that the experiences of those bereaved through violence and suicide are understood to be qualitatively different from those bereaved by more common causes, and specialised services are recommended for this group, it was concluded that a dedicated study would be more suitable to explore these persons' experiences. Therefore, inclusion of this group was deemed beyond the scope of this PhD study.

From 2972 search results, records were identified 1) by title and handpicked from bibliographies, and all duplicates removed; 2) records were then screened by title and abstract, and plainly ineligible material excluded; 3) remaining records were screened by full text read and exclusions made based on decisions described in Figure 2.1 (process and diagram; an adaption of Moher et al.'s (2009) PRISMA flow diagram for reporting systematic reviews).

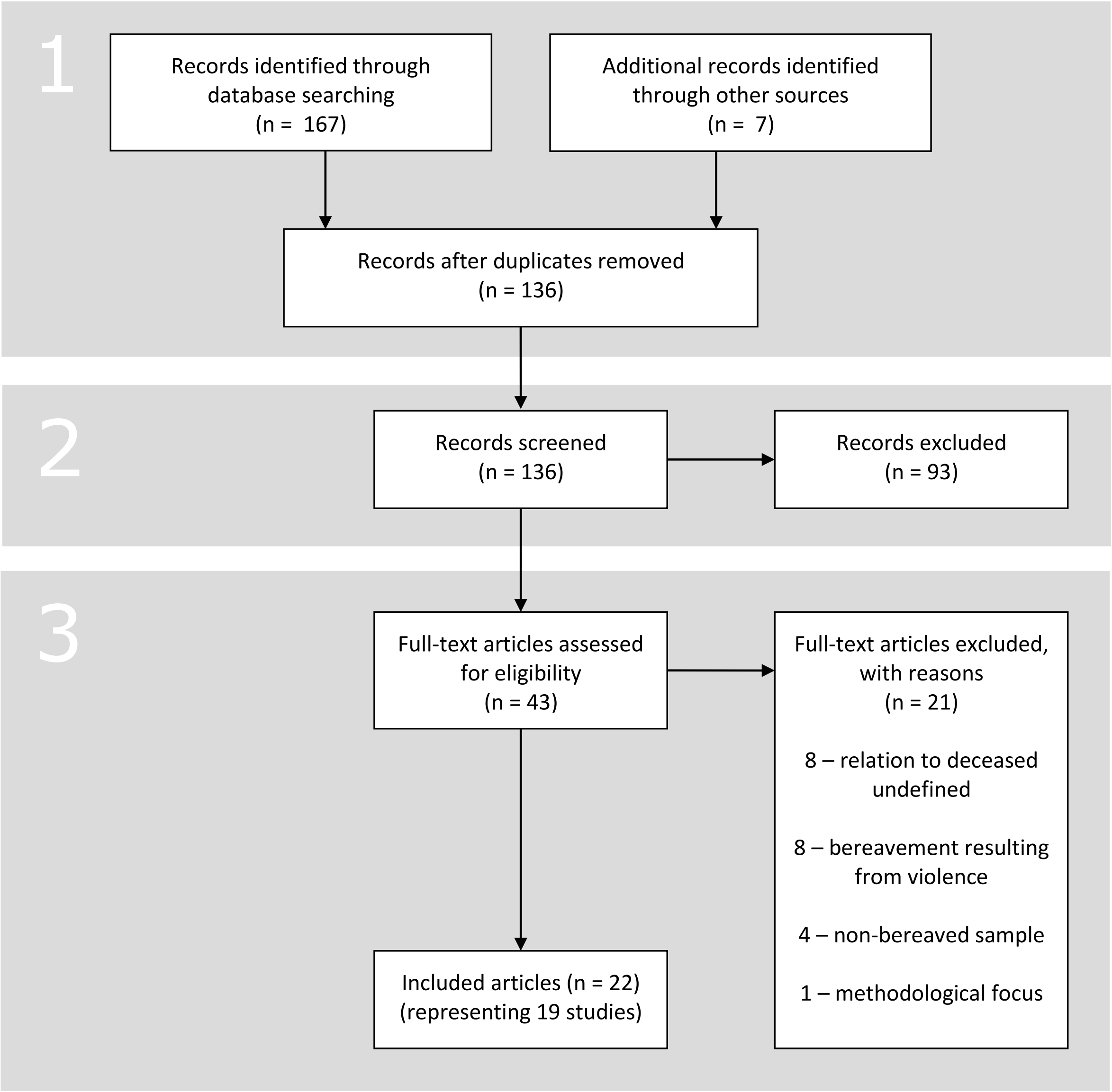


Figure 2.1 Literature screening and study selection flow diagram

Theoretical and empirical literature are largely divorced in the field (Stroebe et al., 2010). From extensive reading, I observed that few empirical studies engaged with theory and those that did rarely did so in-depth. To reflect this, rather than integrating findings of the two reviews, theoretical literature pertinent to the study of bereavement and fatherhood is presented first in section 2.3 and empirical review findings are narratively synthesised in section 2.4. Findings of both reviews are discussed alongside knowledge gaps in 2.5.

2.3 Theoretical Review Findings

The following chapter sections provide an overview of the theoretical underpinnings relevant to bereavement and fatherhood research. A substantial body of literature has established the profound role of culture in shaping grief and bereavement (Rosenblatt, 2008); and since knowledge is always culturally situated, prior to describing the contents of this chapter section, it is important to firstly state that this PhD study approached enquiry from a Western cultural perspective. In mapping the development of key bereavement models, section 2.3.1 starts with an introduction to various stage theories such as: *The Stage* (Kübler-Ross, 1996, 1973); *Phase* (Parkes, 1972, 1986, 1996, 2001, 2010, Bowlby, 1980); *and Task* (Worden, 1983) models. Continuing onwards, *The Dual Process Model* (Stroebe and Schut, 2010, Stroebe and Schut, 1999), *Grief Styles Framework* (Doka and Martin, 2001, Martin and Doka, 2000), and *Continuing Bonds Theory* (Klass et al., 1996, Klass and Steffen, 2017) are then outlined. Discussions around gender are an important feature of theoretical debates on coping and bereavement and these are therefore interwoven throughout the latter half of section 2.3.1. Following critique of bereavement theorists' interpretation of 'gender', section 2.3.2 examines *sociological* theories of gender relevant to this research. A summary of key masculinities literature in section 2.3.2.2 brings the theoretical review findings to a close.

2.3.1 Bereavement models

This section is titled "Bereavement models" to reflect the preponderance of much theoretical literature to focus on bereavement, rather than widowhood (see Glossary) (Bennett and Soulsby, 2012). Indeed, approaches have largely examined bereavement more generally, rather than partner loss specifically, and much theoretical work has sought to locate components of adaption rather than seeking to describe the complexity of experience. Theories of bereavement are well detailed in a review by Stroebe (2011). For the purposes of contextualising this PhD study, this chapter section will summarise key theories of relevance to the study of bereavement and fatherhood before exploring how gender intersects.

Formative work by Freud (1917) had significant and enduring influence on the development of bereavement theory. In *Mourning and Melancholia* Freud articulated an association between the death of a significant other and the development of depression. Focussed predominantly on the bereaved person's relationship with the deceased, he introduced a theory now known as *grief work*. According to this theory, alleviation from grief, and subsequent adaption, was achieved through the steady withdrawal of attachment from the "loved object" (Freud, 1917, p. 154). The *tasks* of grief work involved accessing hopes and memories in order to emotionally confront the "reality" (Freud, 1917, p. 154) of the decease's absence and of its permanence.

Indeed, the expectation that people must move through various emotional states or complete certain tasks to avoid maladaptation became commonplace into the late 20th century. Numerous models akin to stage theories were developed such as, the *Stage Model* (Kubler-Ross, 1996, 1973), *Phase Model* (Parkes, 1972, 1986, 1996, 2001, 2010, Bowlby, 1980), and the *Task Model* (Worden, 1983). The *Stage Model* was originally developed to reflect end of life experiences and included five stages that people became expected to live out. These were denial, anger, bargaining, depression, and acceptance. When outlining the *Phase Model*, Parkes (2001) described the process of grieving as:

> […] a succession of clinical pictures which blend into and replace one another […] numbness, the first phase, gives place to pining, and pining to disorganization and despair, and it is only after the stage of disorganisation that recovery occurs. (p. 7)

Others who hold stage perspectives similarly assert that grief 'resolution' can only be accomplished by moving through or attending to "essential" (p. 38, Worden, 2010) stages, phases, or tasks (Bowlby, 1980, Sanders, 1989). Though such theorists often claimed to acknowledge the diversity of people's experiences, such sequential and linear conceptualisations of bereavement fail to integrate this diversity. Worden's *Task Model* (1983) for example, drew a distinction between *phases (as proposed by others)*, which treated the bereaved as passive, and *tasks*, which he believed provided the bereaved "leverage" (p. 38) through the prospect of action. However, akin to other models resembling stage theories, Worden’s model involved a specific set of ‘essential’ tasks (accept reality of the loss, process the pain of grief, adjust to a world without the deceased, withdraw emotional energy from the deceased and reinvest it in another relationship), each to be addressed ‘adequately’ and in a specific order.

Rather than providing the bereaved with a sense of agency, such models have been criticised as unhelpful due, in part, to their rigidity (Lopata, 1996). Assertions that people must experience or display specific emotions and behaviours have been argued to problematise divergent experiences (Bennett and Bennett, 2001). Most of the late 20th and early 21st century work on bereavement reflected a distinction between ‘normal’ and morbid grief first characterised by Lindemann (1944, Bennett and Soulsby, 2012). A person’s response was regarded as morbid grief if grief was considered ‘prolonged’ and the reaction more complex than the ‘norm’. In line with this tradition, advocates of stage theory hold the view that there is observable “uniformity of experience” (p. 244, Bennett and Bennett, 2001) that can be adequately represented by such models. Accordingly, aspects of bereavement experiences not featured in such models or that occur outwith ‘appropriate’ timeframes, are believed by proponents of such theories, to denote pathological grief (Maciejewski et al., 2016). So suffused were these concepts, that they became the “conventional wisdom” (p. 8, Walter, 1996) for academics and practitioners alike; and even permeated public understandings of bereavement (Bennett and Bennett, 2001).

Emphasis on the management of grief as a ‘problem to be fixed’ prompted a perceptual shift: from grief being viewed as an accepted public practice, to the expectation that grief be lived-out in private; and with the support of professionals rather than community members (Granek, 2017). Those that challenge stage approaches have argued that pathologising grief has resulted in a reduction in the breadth of emotion considered acceptable; and has constructed unrealistic expectations over the appearance, sensation, and duration of grief (Granek, 2017, Klass and Steffen, 2017). As espoused by Parkes (2001), stage-like theories articulate grief as a process to be completed and from which full recovery is expected; however, others view this as a “distorted picture" (p. 248, Bennett and Bennett, 2001). In an exploration of her own bereavement experience, Footman (1998) stated that expectation of a complete recovery devalued the loss experienced by individuals. Bennett and Bennett's (2001) findings supported this view, where widows described others' judgement around the duration of their grief as hurtful. This conditionality has also prompted shame and embarrassment for those unable to 'get over it' (Footman, 1998, Walter, 1996). Indeed, the temporal expectations asserted by stage theory, in practice, have prompted anxiety for some; with people questioning how normal their experiences are; and even querying their sanity when experiences do not appear to fit the 'norm' model (Bennett and Bennett, 2001, Footman, 1998).

In relation to grief, stage theorists use of the term 'cope' is best understood as meaning "to get over and get back to normal as soon as possible" (p. 275, Granek, 2017) and this is reflected in the positioning of the deceased as entirely lost to bereaved persons. *Grief work's* emphasis on the confrontation of reality and of detachment from the deceased has been criticised as understating the complexity of coping with bereavement and of dismissing the value of a range of coping efforts, including denial (Bonanno, 1998, Wortman and Silver, 1989). Pioneering thinkers, Stroebe and Schut, viewed *grief work* as failing to accommodate respite from grief, and in positioning the bereaved as passive, failed to reflect the "effortful struggle" (p. 275, 2010) that is a fundamental part of grief for many. Because of this, they questioned the use of *grief work* as the central basis for grief models (Stroebe and Schut, 2010, 1999). Stroebe and Schut (2010, 1999) remarked that previous models provided a framework for understanding grief from an intrapersonal perspective but neglected to integrate the interpersonal. Stroebe (1993) states that grief responses are diverse and numerous; and that neither the efficacy of *grief work*, nor the association between non-confrontation and maladaptation, are empirically supported.

Meanwhile, there were major developments in coping theory which later became formative to contemporary theoretical understandings of bereavement and coping. Cognitive stress theory developed by Lazarus and Folkman (1984) articulated the ways in which individuals respond to challenging life strains through a process of cognitive stress appraisal and coping. Differing from prior interpretations, according to stress theory, ‘coping’ referred to efforts made in response to trials or adversity (Gass and Chang, 1989, Lazarus and Folkman, 1984, Pearlin and Schooler, 1978); and in Lazarus and Folkman’s “*Ways of Coping”* checklist (1980) a distinction was drawn between ‘emotion-focussed’ approaches, aimed at managing emotional distress, and ‘problem-focussed’, aimed at changing the stressor (Carver et al., 1989).

In an attempt to reconcile Cognitive Stress Theory and bereavement theory, and overcome the limitations of *grief work*, Stroebe and Schut developed the Dual Process Model (1999, 2010). The rationale for doing so was to provide a framework that more adequately described coping following loss; and to provide greater insight into individual differences in adjustment. The model was also intended to provide a means by which to predict whether adaptation following bereavement would be good or poor. In contrast to previous models, the dual process model was constructed to understand peoples’ ways of managing situations arising from bereavement. This inclusion of bereavement *related* stressors, beyond grief alone, contributed towards correcting the over-emphasis on bereavement in theoretical enquiry; and led to the model being described as a model for both bereavement and widowhood (Bennett and Soulsby, 2012).

Constructed in response to earlier models and built upon these concepts, Stroebe and Schut (2010, 1999) identified two categories of stressors as being significant to the structure of coping following bereavement. These were loss-oriented and restoration-oriented. According to the model, loss-oriented stressors are those that involve engagement with the loss itself (such as yearning for the deceased), whilst restoration-oriented stressors are those that result from the bereavement (such as becoming a single parent). The former involves “a painful dwelling on” (p. 277) the loss; whilst the latter involves a process of applied reorientation “in a changed world” (p. 277). Figure 2.2 details coping experiences ascribed to each category:

Loss-oriented		Restoration-oriented
Grief work	Oscillation	Attending to life changes
Breaking bonds/ties/relocation		New roles/identities/relationships
Intrusion of grief		Denial/avoidance of grief
Denial/avoidance of restoration changes		Distraction from grief
		Doing new things

Figure 2.2 adapted diagram of the Dual Process Model of coping with bereavement (adapted from FIGURE 1. p. 213, Stroebe and Schut, 1999)

The model’s components relate closely to those featured in cognitive stress theory. For instance, how a person attends to loss and restoration-oriented stressors are thought to be associated with emotion regulation and one's inclination toward confrontation or avoidance (Stroebe and Schut, 1999). Loss-oriented and restoration-oriented categories do not *equate* to Lazarus and Folkman’s (1984) taxonomy of emotion and problem focussed coping though, as the authors state, both strategies may be utilised to address different aspects of the same type of stressor. For instance:

> […] some aspects to do with loss orientation maybe better dealt with in an emotion-focused manner (e.g., unchangeable things, such as relating to the fact that the deceased cannot be brought back), but other loss-related experiences can also be dealt with in a problem-focused manner (e.g., to keep the deceased close, one can plant and nurture a tree in his/her memory). (p. 277, Stroebe and Schut, 2010)

Movement between attention to, and avoidance of, loss and restoration-oriented stressors, according to the Dual Process Model, operate as a “dynamic and fluctuating" process, referred to as *oscillation (p. 215, Stroebe and Schut, 1999)*. Acknowledging that coping after loss does not necessarily halt day-to-day living entirely, the dual process model situates coping as embedded in other life activities (such as watching the television, reading a novel, or taking a shower) and these are viewed as neutral spaces (Stroebe and Schut, 1999, Bennett and Soulsby, 2012). A significant departure from models whose central premise was confrontation, the Dual Process Model states that oscillation between both loss and restoration orientation are necessary and that this involves both confrontation *and* avoidance.

Where others had associated problem-focussed coping with men and emotion-focussed with women (Pearlin and Schooler, 1978, Stone and Neale, 1984, Lazarus and Folkman, 1984), in a precursor to developing the Dual Process Model, Schut et al. (1997) sought to test such hypotheses by devising an intervention study to explore whether there were gender differences in coping with bereavement. Considering the "conspicuously lacking" (p. 64, Schut et al., 1997) examination of gender's relationship to grief, the authors examined the effect of two differently inclined (emotion-focussed or problem-focussed) counselling interventions on widows compared with widowers. Findings showed that men gained more from attending emotion-focussed counselling, whilst women benefited more from problem-focussed sessions. For Stroebe and Schut (1999), these findings confirmed the need for greater capacity to acknowledge diversity in conceptualisations of bereavement experiences. Where previous (*grief work* centred) models had privileged 'female grief', according to the authors, the Dual Process Model provided an inclusive framework for the description of "male and female ways of grieving" (p. 218, Stroebe and Schut, 1999). Informed by ostensible expressive differences between the genders, Stroebe and Schut argued that males were viewed as more avoidant; while females more confrontive (p. 203). In formulating a bereavement and widowhood model that uniquely treated *both* confrontation and avoidance as "central mechanisms in adjustment" (p. 279, Stroebe and Schut, 2010) greater accommodation was made for diversity of experience.

Coinciding with the publication of the Dual Process Model, Martin and Doka's (2001, 2000, 1998) work on grief styles was similarly concerned with developing a model able to represent heterogeneous responses to bereavement. In a significant departure from earlier works (such as the Stage, Phase, and Task models described page 21), which largely overlooked the role of gender in shaping bereavement experiences, Martin and Doka treated gender as a central influencing factor. Their work conceptualised grief patterns as a continuum wherein two distinct styles emerged: 'instrumental' and 'intuitive' (Martin and Doka, 2000). Doka and Martin (2001, 1998) stated, that whilst *instrumental* grief patterns could be displayed by women, they were more predominantly exhibited by male grievers. Consequently *instrumental* grief became referred to as 'masculine grief' and while the authors asserted that grief patterns are not determined by gender, they viewed grief patterns as being closely informed by traditional gender roles (Doka and Martin, 1998). Table 2.1 provides a summary of the defining features of *instrumental* and *intuitive* grief styles:

Instrumental	Intuitive
Internal experience is cognitive; thinking dominates feeling	Internal experience is affective; feeling dominates thinking
Pain is expressed through anger	Pain is expressed through crying
Activity oriented, mastering feelings and environment	Reduced activity, experiencing and expressing feelings
Reluctance to talk about feelings	Open sharing and support seeking

Table 2.1 Summary of 'instrumental' and 'intuitive' grief styles (Doka and Martin, 1998)

The authors proposition was not that individuals' grief would entirely match either of these categories; but would instead lean towards or away from either extreme (2000). Mirroring Stroebe and Schut's (1999) assertion of the benefit of oscillation, the authors suggested that individuals with a more *blended style*

(2000, p. 32) - employing a greater range of coping efforts as part of their adaption process - may be somewhat advantaged in adaption when compared to people whose grief is more rigidly fixed at either extreme. It is suggested that those who strictly conform to dominant masculine ideals may encounter significant psychological barriers to adjustment, after bereavement, due to dissonance between the emotional demands of grief and the sense of masculine self (Thompson, 2001). Thompson described this as an ontological crisis; where grief and loss are experienced as a threat to identity.

Martin and Doka’s enquiry is the most substantial theoretical examination of gender and bereavement to date. Despite significant developments in gender and masculinities scholarship in the decades prior to writing, the authors did not engage with contemporary gender theory. Instead the authors drew upon earlier conceptualisations which uncritically accepted gender polarity. Martin and Doka’s theory of grief styles had discernible links to Jung’s interpretation of emotional life and his concept of ‘animus’ and ‘anima’ (Jung, 1953, 1969). Wherein *animus* refers to the masculine existing in the female unconscious and *anima* the feminine in the male. Martin and Doka accordingly treated masculinity and femininity as instinctual traits that exist within a person. Jung viewed gender as both developed in relation to the social environment, also termed ‘persona’, and inherited as ‘archetypal’ images of men or women. *Persona* and *animus* or *anima* were thought to be more oppositional than harmonious and this is reflected in Martin and Doka’s interpretation that as a result of external expectations more often men will employ a grieving style that is incongruent from their grief inclinations (2000, p. 58). It was suggested that masculinity acts as “artificial barriers” (p. 32) to acknowledging one’s grief and in turn engaging with the reality of the bereavement (Thompson, 2001). ‘Narrow’ development was thought to result in a reduced emotional repertoire. According to this essentialist perspective all that can change is the equilibrium between masculine and feminine. In positing this, such theories fail to reconcile gender as a social construction. The assumption that individuals have no agency in constructing, reframing, or dismantling ‘masculine’ barriers and that these rigid structures suppress a natural core inherited femininity, problematically presents gender as unchanging and cannot account for structural changes over time (Connell, 1995, Connell, 2019).

A theory with abundant promise for exploring how gender, as a construction, intersects with bereavement is Continuing Bonds theory (Klass et al., 1996). Decades on, Lindemann's (1944) work to codify the grief work model began to be seen as "removed from either scientific or human truths" (p. 5, Klass and Steffen, 2017, see also critique by Stroebe, 1993). For instance, researchers found it unable to account for the full range of bereavement experiences; including how people were frequently found to maintain strong and lasting connections with the deceased whilst appearing well-adjusted (Klass and Steffen, 2017). Countering earlier models that presented grief as linear, one-directional and ending with the termination of ties with the person who died, Klass and colleagues (1996) developed the concept of Continuing Bonds.

Rather than grief being conceptualised as a task of disengaging from the deceased, Continuing Bonds theory postulated it as a process of meaning-making; wherein a "durable biography" (p. 7, Walter, 1996) is constructed that integrates the historic bond with the deceased into the ongoing life of survivors. According to Klass et al. (1996) grief is an intersubjective experience, lived out between individual and bonded community. As such, continuing bonds are viewed as interpersonal (living-to-dead, and living-to-living), culturally situated, socially constructed interpretative activities. Continuing bonds are described as interactive; where inner representations influence how the living world is engaged with and representations themselves are influenced by the living world. In formulating Continuing Bonds theory, the authors sought to disentangle the complex and diverse manifestations of discontinued and continued ties; and in doing so produced a markedly inclusive framework of understanding. Table 2.2 provides a summary of indicative continuing bonds phenomena:

Indicative *continuing bonds* phenomena (Klass et al., 1996)
• Belief in the role of the deceased in influencing continued events or thoughts
• Living out the experiences of the deceased
• Sense of the deceased’s presence
• Memories of the person and the connected emotional states
• Conscious integration of the deceased’s values or characteristics into self

Table 2.2 Summary of indicative continuing bonds phenomena

The theory was never intended as another “prescriptive medical model” (p. 5, Klass and Steffen, 2017) to define adaptive versus maladaptive grief; and was instead developed as a descriptive theory which sought to illuminate complexity. Despite this, as *continuing bonds* are now widely accepted as a core tenet in understanding bereavement (Klass and Steffen, 2017), this led some to revisit earlier models in an attempt to consolidate knowledge and theory. Worden (2010) for example, changed his fourth task from ‘Withdrawing emotional energy from the deceased and reinvesting it in another relationship’ to ‘establishing continuing bonds with the deceased’. Unfortunately, the simplistic synthesis is problematic. Fundamentally, Worden’s Task Model treats transition as linear, with an anticipated end-point, whilst Continuing Bonds theory treats transition as a dynamic and ongoing process. Consolidation of such incongruous readings inevitably undermines both perspectives. Other authors have sought to integrate the model with attachment theory to formulate predictive models of the adaptiveness of *continuing bonds* to bereavement outcomes (see: Stroebe and Schut, 2005, Field et al., 2003, Stroebe et al., 2010). Klass and Steffen (2017) have rejected this reappropriation of *continuing bonds* as incompatible with the theory’s critical stance on pathologising grief. Some models are seemingly more suitable for consolidation with Continuing Bonds theory and in an analysis of the Dual Process Model (Stroebe and Schut, 1999) Bennett et al. (2010) drew parallels between what had ordinarily been called ‘intrusion of grief’ and *continuing bonds* and viewed replacement of this term to be appropriate.

In consolidating models there are implications for understanding the role of gender in *continuing bonds* practice. If loss and restoration orientation are associated with confrontation and avoidance inclinations, which are viewed as gendered; situating continuing bonds within the Dual Process Model, as loss-oriented coping, might infer that men are less likely to perform continuing bonds. Despite theoretical compatibility between the features of *continuing bonds* and contemporary sociological understandings of gender construction, no theoretical framework has yet examined how *continuing bonds* praxis intersects with doing gender.

Having given an overview of relevant bereavement, grief, and widowhood models; and having focussed upon the role of gender in the latter part of this section, 2.3.2 will now outline relevant sociological theories of gender and masculinities. The study of fatherhood, and the field of ‘men’s studies’ (p. 66, Whitehead, 2002) more generally, tend to fall within a broader body of literature; that of gender studies. Gender performance is intrinsic to coping behaviours and in order to gain real insight into fathers’ bereavement experiences it is vital to first explore what is meant by ‘gender’ and ‘masculinities’.

2.3.2 Gender theory

As will be apparent from the previous section, consideration of gender’s influence on the form and structure of grief and coping has been key to the development of recent bereavement models. In this section I pause from my examination of bereavement to fully examine the sociological theories of gender relevant to fatherhood and bereavement. This is followed by section 2.3.2.2 which provides a brief summary of pertinent masculinities literature.

2.3.2.1 Sociological theories of Gender

Despite the omnipresence of gender in shaping social and individual experiences, the topic received scarce critical attention, until feminist scholars positioned the spotlight upon sex and gender in the 1960’s (Whitehead, 2002, Miller, 2011). Prior to feminist enquiry, men’s and women’s positions were thought to reflect biology and genetics (West and Zimmerman, 1987, Whitehead, 2002). The difference between men and women was viewed as fixed and universal and a result of discrepancies in hormones, genes and brain function (Whitehead, 2002) Whitehead referred to this as the “biology-as-destiny thesis” (p. 11, , 2002) and this has elsewhere been termed ‘essentialism’ (Hepburn, 2003).

In the context of parenthood particularly, gender is often central in how lived experience is configured (Miller, 2011). Coinciding with discourses on the essentialism of gender, there were debates on the structure of family life and member roles. These largely drew on ‘functionalism’ (Parsons, 1951), which posited gender roles as the result of a socialisation process to produce complementary gender configurations (Parsons and Bales, 1955). Like essentialists, the functionalists also viewed men and women as naturally distinct, but viewed this as resulting from social obligation towards societal stability. Task and role allocation was thought to occur along gender lines as a consequence of the ‘effective functioning’ of society; where stereotypically, men (as rational and distant) made most effective breadwinners, whilst women (seen as compassionate and emotional) were better placed as caregivers (Whitehead, 2002).

Essentialism and functionalism both sought to explain the status quo, overlooking both power imbalances and ensuing inequalities. Their assumptions were subsequently - and robustly - challenged (Whitehead, 2002, Oakley, 1981). West and Zimmerman (1987) described gender “as a means of legitimating one of the most fundamental divisions of society” (p. 126) and argued that gender structures supported the subordination of women for the benefit of men.

A key distinction that emerged out of the essentialist–functionalist debate was between ‘sex’ and ‘gender’. Whereas these terms had previously been used interchangeably, ‘sex’ became the term to define biological characteristics, whilst ‘gender’ became understood as socially derived (Connell and Messerschmidt, 2005). Towards the end of the twentieth century West and Zimmerman (1987) published an important paper in which they proposed that gender is constructed through social, cultural and psychological means. According to the authors, gender as performance is routinely, methodically and repeatedly accomplished, in an active process described as “doing gender” (p. 126). Therefore, gender is not viewed as a “property of individuals” (p. 126) but rather as an emergent aspect of interaction. While the authors state that gender is done by individuals, they also assert that it is institutionally situated and is enacted in relation to others. Women and men, as members of society, perform gender displays in accordance with beliefs around societal expectations placed on their gender. While women and men are believed to have ‘choice’ of actions and behaviours, they are also accountable, and are therefore judged based on how their performances uphold genders production. Choice then, is constrained by concepts of gender acceptable practice at that time and place. Performances are cast as expressions of ‘masculine’ and ‘feminine’ constitution, with some displays gaining higher status than others.

‘Borderwork’ is a term used by Thorne (1993) to define times and spaces where the gender dichotomy is rigidly and intensely experienced and perceived; producing an “illusion of opposition” (p. 42, Doucet, 2018) between men and women. An example of borderwork in action could be a male partner’s sense of alienation in trying to support their female partner on a maternity ward, where most care-workers are women. Certain contexts of interaction are thought to build boundaries along gender lines, and both produce and reaffirm gender opposition. Though such interactions may be brief, their impact on gender construction may be significant:

> […] occasions of borderwork may carry extra perceptual weight because they are marked by conflict, intense emotions, and expression of forbidden desires. (p. 85, Thorne, 1993)

A theoretical preoccupation with borderwork however, without adequate attention to the presence of inter-gender interactions has led to an exaggeration of the gender dichotomy and has strengthened stereotypes. Most gender stereotypes perpetuate dualism; for example: strong/feeble, irrational/rational, submissive/assertive, emotional/distant (Edley and Wetherell, 1995). Thorne (1993) argues that where borderwork exists, so too do looser gender boundaries that are virtually unnoticeable. These spaces and times in which mixed gender encounters occur are referred to as ‘border crossings’. An example of this could be a group of mixed-sex peers enjoying a takeaway together. By capturing border crossings, Thorne’s framework reflects genders “fluctuating significance” (p. 61) on lived experience and represents gender as an unfixed contextual and adaptive construction. Thorne’s study of significant gender division, their meanings, and the inter-gender doings that disrupt gender borders have great relevance to the study of ‘fathering’ and ‘mothering’ (Doucet, 2006, 2018).

Parenthood is understood to be a “traditionalizing [*sic*] force” (p. 752, Sanchez and Thomson, 1997) upon gender role arrangements within partnerships, and partnership dissolution through bereavement often requires surviving parents’ engagement in non-traditional labour. Parallels have elsewhere (Bennett, 2007) been drawn between widowhood and job loss. When writing about men being made redundant from paid work, Robinson and Hockey (2011) described how as the gender order collapsed, certain settings/environments that had previously been occupied without difficulty became problematic due to new engendered meanings. Following bereavement, parents encounter various settings, some of which may be entirely new; and men may find themselves more frequently in settings (such as the school playground) wherein “gender differences ignite” (p. 44, Doucet, 2018) and borderwork is required. These notions are of relevance to the study of fathers’ experiences of partner bereavement and afterwards.

Building upon themes introduced here, section 2.3.2.2 describes masculinities theory relevant to the exploration of fathers’ experiences of partner loss.

2.3.2.2 Masculinities theory

Early conceptions of masculinity theory have at their root an understanding of gender as sex roles; where masculinity (and femininity) are seen as behaviours that are socially scripted (Messner, 1998). According to proponents of sex role theory (developed from functionalism) (see: Pleck, 1976, 1981), ‘masculinity’ involves conforming to the ‘appropriate’ gender role. This is articulated by the influential work of David and Brannon (1976) who described the male script as being underpinned by four rules: "No Sissy Stuff, Be a Big Wheel, Be a Sturdy Oak, and Give 'em Hell." (p. 12). For men to be considered masculine then, there is expectation to: distance from the ‘feminine’; reject and conceal vulnerability; emit success and achieve high status; show toughness and demonstrate self-reliance; and radiate vehemence, violence and risk-taking. Whilst critics mostly acknowledged these traits as being associated with masculinity, the central assumption of sex role theory; of symmetry, was otherwise dissented (See critique by Messner, 1998). Although David and Brannon (1976) did acknowledge the male sex role as oppressive to women, they also argued it was detrimental to men; and according to Messner (1998) this notion that both sexes were limited by their roles was adopted by others to claim that women and men were equally oppressed.

While Carrigan et al. (1985) cautioned against feminist vilification of men, arguing that too great a focus on violence and sexual exploitation would lead to a simplification of “all men as agents of the patriarchy in more or less the same degree” (p. 552); they also argued that sex role theory had a “characteristic blindness about power” (p. 551). In their highly influential article “Toward a New Sociology of Masculinity”, Carrigan, Connell, and Lee (1985) first introduced the concept of “hegemonic masculinity” (p. 587). Rather than viewing masculinity as a sex role, the authors alternatively conceptualised masculinity as a dynamic structure of social gender relations. Drawing upon the theoretical work of gay liberation movements, Carrigan and colleagues viewed hegemonic masculinity as one form among multiple masculinities; and the form to which groups (homosexual, and young men for example) are subordinated. Connell (1987) explains:

> ‘[H]egemony’ does not mean total cultural dominance, the obliteration of alternatives. It means ascendancy achieved within a balance of forces, that is, a state of play. Other patterns and groups are subordinated rather than eliminated. If we do not recognize this it

> would be impossible to account for the everyday contestation that actually occurs in social life [...] (p. 298)

As masculinities in their plurality are constructed in interaction, practices and meanings are believed to differ within and across settings (Hearn and Morgan, 1990, Connell, 2000). While masculinities are diverse in pertaining to community, place and time; Connell asserts that hegemonic masculinity is consistently constructed in relation to women and is always the opposite of femininity (Connell, 2000, Connell, 1987). Therefore, whilst masculinity is not viewed as a fixed set of traits, ‘manhood’ according to hegemonic masculinity is characterised by “a man in power, a man with power, and a man of power” (p. 125, Kimmel, 1994) and as such, is associated with qualities that sustain male power. As the culturally exalted form, hegemonic masculinity may not strictly correspond with lived experiences of the majority. Individuals play an active role in the production of masculinities and people of both genders will be complicit in supporting hegemonic masculinity, but also in transforming and contesting it (Courtenay, 2000b, Connell, 1987).

Over time there has been increased examination of the interplay between hegemonic forms and other forms of masculinities within settings (Doucet, 2018). When viewed as a social construction, masculinities and femininities are not exclusively the product of male or female biological bodies respectively; they are instead understood to be produced by all bodies. Therefore, it is “common for a [biological] man to have elements of ‘feminine’ identity, desire and patterns of conduct” (p. 16, Connell, 2000). In progressing these assertions, some have argued that in particular settings the ‘hegemonic’ form of masculinity has come to integrate facets of traditionally subjugated forms (Anderson, 2007, Anderson and McGuire, 2010, Brandth and Kvande, 1998). In their qualitative work with university fraternities and all-male sports teams Anderson and McGuire (Anderson, 2007, 2010) found that misogyny, homophobia, and undue risk-taking were contested; whilst emotional intimacy between men was accepted practice. They termed this ‘inclusive masculinity’; and argued that rejection of principles seemingly viewed as fundamental to ‘orthodox’ masculinity, particularly in such settings, signal a challenge for hegemonic status.

The work of Goffman (1963, 1969, 1972) on the relationship between bodies and space, tells us that intersubjective performances are both practical (movement in space is done in accordance with particular public expectations and established norms) and moral (people as embodied agents identify with and stigmatise others based on whether bodily performances uphold or disrupt social and public norms) (Goffman, 1963). Gender and masculinities are understood to be accomplished and symbolised through social practices that have a substantively corporeal dimension (Connell, 1995, Connell, 2019). Connell writes:

> “[…] the physical sense of maleness and femaleness is central to the cultural interpretation of gender. Masculine gender is […] a certain feel to the skin, certain muscular shapes and tensions, certain postures and ways of moving, certain possibilities in sex. Bodily experience is often central in memories of our own lives, and thus in our understanding of who and what we are.” (pp. 52-53, Connell, 1995, Connell, 2019)

Bodies, as receivers of cultural meanings, are not featureless and stationary; they weaken, excel, endure, and age; and bodies matter in gender performance and doing masculinities (Connell, 1995, Connell, 2019, Messerschmidt, 1999). While bodies do have a material and biological form; they are altered, diversely enacted, and experienced according to social setting (Doucet, 2006, Doucet, 2018, Nettleton and Watson, 1998). As such, bodies and accomplished masculinities (and femininities) are thought to vary over the life course; and this is of particular relevance when exploring experiences of transition (Doucet, 2006, Doucet, 2018, Robinson and Hockey, 2011).

Having introduced relevant theoretical literatures, findings from an empirical review (methods outlined in section 2.2) are synthesised in the following chapter sections. Theoretical themes discussed in this section will be summarised alongside a summary of empirical findings in section 2.5.

2.4 Empirical Review Findings

This chapter section synthesises findings from the empirical literature identified through a series of systematic searches and screening steps described in Figure 2.1 (page 20). Of all included records (N=22) the majority utilised datasets from the USA (N=17), while a further five from the UK (N=3), Denmark (N=1), and cross cultural (N=1, combined UK, Canadian, and USA cohort). Though systematic searches were filtered for results published in the last 20 years; by including handpicked records, articles reviewed were published between 1992-2019. As the reviews primary aim was to explore what is known about fathers' experiences of partner bereavement, half of included articles focussed on parent samples (described in greater detail in Table 2.3).

Reference/location	Data/Sample characteristics	Method/Timing (number of months after partner death)
Bandini and Thompson (2013) USA	Secondary analysis (data collected 1964-1969: see Glick et al., 1974) N=19 fathers (aged 21-45 years) majority had ≥3 children (≤ school-age) all religiously affiliated 16 white, and 3 black Cause of death (CoD) sudden and following illness	Interviewed <1, 2, & 13 14/19 participated in follow-up 24-48
Boerner and Silverman (2001) USA	Reanalysis (Harvard Child Bereavement Study (HCBS) data collected pre 1990: see Silverman and Worden, 1992, Worden and Silverman, 1993) N=10 families (5 fathers, and 5 mothers) all had ≥1 teenager diverse socioeconomic, religious, and ethnic backgrounds (not described) CoD long illness (undefined)	Interviewed 4, 13, & 24
Burgess (1994) USA	Undisclosed	Undisclosed
Daggett (2000) USA	N=8 fathers (aged 41-54 years) 'Children' aged 18 months-30 years culturally diverse though predominantly white CoD sudden and following illness	Interviewed in-depth twice 8-72 (~1 week between 1st & 2nd interviews)

Glazer et al. (2010) USA	N=6 (4 mothers & 2 fathers) (deceased age 34-56 years) 50% had 1 child; 50% had 3 All religiously affiliated CoD sudden and following illness	Interviewed once (timing undisclosed)
Holmgren (2019) Denmark	N=4 father-headed families (fathers aged ~40-55 years) 9 children (7 interviewed) (aged 5-21 years) CoD sudden and following illness	Interviewed in-depth once 12-24
McClatchey (2017) USA	N=10 fathers (aged ~30-60 years) 22 children (aged 2-16 years) Ethnically diverse CoD sudden and following illness	Interview once 11-24
O'Neill and Mendelsohn (1996) USA	Data collected 1994 N=46 fathers (aged <35 and ≥35 years at the time) 114 children (aged 7 months-25 years) 27/46 had 1-2 children & 19 had ≥3 Diverse occupations, all religiously affiliated, 98% white CoD sudden and majority following illness	Surveyed once 14/46 <12 32/46 >12
Saldinger et al. (2004) USA	Data collected 1993-95 N=41 (30 mothers & 11 fathers) (aged 31-55 years) Children 6-16 years socioeconomically diverse, 90% religiously affiliated, 95% white CoD 17 sudden and 24 following illness	Surveyed & interviewed once 8-36
Silverman and Worden (1992) USA	Analysis of HCBS data N=70 families (50 mothers & 20 fathers) (30-57 years) 125 children (1-5 children per household) (aged 6-17 years) Reasonable socioeconomic spread. CoD 11% sudden and 89% following illness	Interviewed at 4, 12, & 24
Yopp et al. (2015) USA	N=259 fathers (aged 28-69 years) 33% had 1 child, 46% had 2, & 21% had 3-5 'Children' aged 1-19 years Socioeconomically diverse, majority religiously affiliated, 90% white CoD cancer only	Surveyed online ≤6-60

Table 2.3 Studies of fathers' bereavement experiences

It is important to comment on the quality of design and reporting of records reviewed as there were significant methodological limitations. A handful of studies gave sparse details (for example: omitting number of participants, participant age, time since death, duration of illness, and sample attrition in longitudinal studies) making it difficult to decipher to whom findings relate to. A considerable proportion of father studies utilised decades-old data despite notable shifts in gender roles in the time since collection (see: Crompton and Lyonette, 2008, Gambles, 2006). In this time, family configurations have also changed; seeing increased numbers of blended families and overall reductions in the average number of children per household (Office for National Statistics, 2015). Further, not reflecting contemporary trends toward increased unmarried cohabitation, most studies captured marital loss only – and some actively excluded unmarried partner bereaved individuals from analyses. Only one study (Piatczanyn et al., 2016) included same-sex partner bereaved men. A significant proportion of studies utilised non-community samples and recruiting participants through support services introduced significant bias to analyses of support-seeking behaviour. Two records utilised data derived from ethically dubious recruitment strategies, that involved bereaved individuals being approached by funeral homes (Boerner and Silverman, 2001, Silverman and Worden, 1992).

To provide context, the following section first synthesises descriptions of how bereavement effects men’s health and wellbeing. To explore the treatment of gender in bereavement enquiry, all sections in this review refer to gender at some time. Section 2.4.1 first summarises affective responses to partner loss, followed by section 2.4.1.2 exploring depression, before turning to mortality in section 2.4.1.3. To address the primary research question guiding the review (which was: what is known about fathers’ experiences of partner bereavement?) fathers’ experiences are then specifically explored in section 2.4.2. To more closely examine how gender is explored by studies, and whether/how theory is applied, gender and coping is explored in section 2.4.3.

2.4.1 Health and Wellbeing

2.4.1.1 Affective response to partner loss

Within the literature, grief is described as an intense experience (Daggett, 2000, Holmgren, 2019, Piatczanyn et al., 2016, Saldinger et al., 2004). According to Daggett (2000) grief was experienced by widowers as a sadness that was "unremitting" (p. 76); and for some, enduring intense grief over a period of months manifest feelings of physical sickness. Indeed participants used embodied language such as "pain" (p. 79) to describe their emotional state in the time after their partner's death. One study by Piatczanyn and colleagues (2016), of gay widowers, found that men experienced grief so intensely it led to an abandonment of hegemonic masculine performance; wherein men felt overcome by grief and out of control (p. 178). Losses of control were also common among younger widowers (41-54 years) (Daggett, 2000). Both (Piatczanyn et al., 2016, Daggett, 2000) found that anger was commonly experienced. Seemingly unique among gay men though, Piatczanyn et al. (2016) observed survivor guilt and significant stigma related by authors to the cause of death being HIV/AIDS related. Fathers in Daggett (2000) and Holmgren's (2019) studies expressed feelings of confusion in the time after their partners death; having described their state of mind as being in a "fog" (p. 76, Daggett) or "haze" (p. 12, Holmgren).

Being in ongoing employment and having child caring responsibilities were acknowledged as posing particular challenges following the loss of a partner who was also a parent (Lund and Caserta, 2001). In a study of Danish fathers (Holmgren, 2019), participants discussed how heavy demands following their partners death meant they felt stretched and mentally drawn-out. Saldinger and colleagues (2004) found that fathers commonly maintained daily routines without grief being debilitating, whilst mothers encountered significant interference with the delivery of everyday tasks. In contrast other studies (Holmgren, 2019, Burgess, 1994) identified grief as similarly challenging for fathers. These studies found that fathers' own grief depleted their mental resources; and made everyday tasks such as supporting their children difficult.

Those with younger children were particularly under strain (Holmgren, 2019). According to Burgess (1994), thoughts of lone child caring prompted overwhelming fears for most widowers.

Loneliness was described as “a prominent concern” (p. 9, Holmgren, 2019), the “single greatest difficulty” (p. 148, Lund and Caserta, 2001); and as a feeling most survivors struggled with (Daggett, 2000). Primarily this took the form of emotional loneliness, wherein bereaved men expressed a need to talk; yet had few people to whom they could confide in. ‘Male grief’ was perceived by men as difficult for others to “deal with” (p. 181, Piatczanyn et al., 2016), and men were largely left to experience their grief in solitude (Daggett, 2000). Consistent with men experiencing loneliness, rather than isolation, *fathers* missed adult company yet struggled to socialise as they felt alone even among friends (Holmgren, 2019, Daggett, 2000). In a secondary analysis Bandini and Thompson (2013, data from the Harvard Bereavement Study: see Glick et al., 1974) observed, that regardless of the size of bereaved fathers’ networks many of the men described feeling a void after the death of their partner; where there became an emotional cavity between them and others. Participants disclosed feeling frustrated by their loss of companionship and, consistent with Holmgren’s (2019) findings, stated that having children did not alleviate this void. Whilst women were either not concerned with re-partnering or viewed it as in impossibility, the majority of men in Hustins’ (2001) study wished to re-partner. Although many wished to achieve sexual satisfaction with a partner once again, men’s primary motives for wanting to re-partner were their desires for companionship. Men viewed re-partnering as offering the chance to gain a confidant once more to fill the void left by their deceased partner. Fathers expressed recognition of their previous dependence on their partners for both emotional security and social connectivity (Bandini and Thompson, 2013).

As an outcome of their bereavement, according to Piatczanyn et al. (2016), men became more withdrawn and experienced a reduction in their levels of self-confidence. Drawing upon David and Brannon’s (1976) rules of masculinity, the authors viewed the secondary loss of “Big Wheel roles” (p. 185, Piatczanyn et al., 2016) as contributing to changes in self-concept. This is further substantiated by Lund and Caserta’s (2001) findings. For example one participant who elsewhere described himself as becoming a “very small human being” (p. 164, Lund and Caserta) post-bereavement stated:

> “I've been a business executive all my life […] People look up to me, or did. Now they don't even look at me. […] to be the head man for years and years. And then all of a sudden you're not even the foot. You're nothing, you know, you don't exist.” (p. 161, Lund and Caserta, 2001)

As his bereaved status altered his standing with others, these encounters impacted his self-esteem and eroded his sense of identity as the ‘Big Wheel’. Indeed Piatczanyn et al. (2016) described how bereaved men experienced dual faceted identity crises, occurring privately and publicly. Cohering with the loneliness men described, many felt othered by those around them; as illustrated by one participant who spoke of feeling like a “wounded animal at the edge of the herd" (p. 181, Piatczanyn et al., 2016). Respondents described no longer having a sense of belonging and of experiencing a liminal sensation (Holmgren, 2019, Piatczanyn et al., 2016). Further contributing towards a loss of belonging, role loss and a loss of purpose were also expressed by men following bereavement (Piatczanyn et al., 2016).

In a study exploring gay men’s experiences of bereavement, a lack of formal acknowledgement of gay partnerships was associated with disenfranchised grief. Being disallowed involvement in duties most commonly performed by a partner, such as occupying the carer role or organising the funeral led to a loss of agency for some (Piatczanyn et al., 2016). Disenfranchisement in the private sphere led some to assert the legitimacy of their relationship elsewhere though, prompting feelings of personal growth. Many gay men became more open about their sexuality as a result of their bereavement; for example one participant spoke of re-evaluating his life and subsequently coming out as gay publicly despite his "very masculine […] very hetero" (p. 176) workplace (Piatczanyn et al., 2016). Personal growth as a result of partner bereavement was also expressed by heterosexual men; for instance taking responsibility for child caring made some fathers feel good about themselves (Burgess, 1994); and in absence of their partners, many men learnt of their ability to perform new skills which brought them pride (Lund and Caserta, 2001).

2.4.1.2 Depression

Despite a commonly held belief among bereavement practitioners and researchers that women experience greater depression than men after bereavement (Stroebe, 1998); this is not supported empirically. Among a mixed gender sample of 531 bereaved adults, Lund and Caserta (2001) found more commonalities than differences between men's and women's grief responses; and observed similar incidences of depression among women and men. A small scale qualitative study by Glazer and colleagues (2010) described how participants experienced grief as an “all-consuming depression” (p. 534) and did not report any gender differences amidst their mixed-gender sample. Supporting others’ findings that men too experience depression as result of bereavement, among all-male samples participants in Daggett’s study (2000) spoke of living with depression, and Starek (2001) found that most participants experienced depression.

Eight waves of a nationally representative US prospective panel study (reflecting 14 years data from 1994), captured the long- and shorter-term depressive symptoms of 929 adults (aged 52-63 at baseline) among a mixed-gender cohort. Following bereavement of a marital partner, Sasson and Umberson (2014) found no significant gender difference in change in depression over time. Timing in the life-course was found to be most influential, with those widowed early (bereaved at baseline) found to have the highest mean depression scores (according to Center for Epidemiologic Studies Depression (CES-D) scale). The authors compared case changes in depressive symptoms between the bereaved group and a continuously married control group and whilst depression remained stable for the control, they found that widowhood was associated with increased depressive symptoms for women and men; and that these reduced over time. Those widowed early however, and those whose statuses remained constant (those who remained widowed and did not remarry), had the worst outcome; with effects on psychological wellbeing being substantial and spanning decades after loss. Despite findings of no gender differences, in their conclusions Sasson and Umberson asserted that widowhood *was* in fact “a gendered story” and caveated findings by stating that “the conclusion of no gender differences in psychological adjustment to widowhood is conditional on becoming widowed under similar circumstances” (p. 144). Due to the higher age criteria of Sasson and Umberson’s sample, participants were less likely to have been responsible for delivering care of dependent age children – and parenthood is thought to present particular challenges.

A US web-based survey (Park et al., 2016) of 344 widowed fathers (mean age 46.4 years) found that elevated maternal worry among respondents partners at end of life was associated with increased depression among survivors. Yopp et al.’s (2015) analysis of a sub-sample (259 fathers) from the same survey, indicated that partner bereaved men with dependent children may experience prolonged distress for years after the death of their partner. Researchers used several standardised instruments: CES-D, Texas Revised Inventory of Grief, Psychological Adaptation Scale and the Kansas Parenting Satisfaction Scale to measure fathers’ psychological wellbeing and levels of parenting satisfaction. Most participants were their child’s sole primary caregiver and reported being satisfied with their parenting and care delivered. However, 75% of fathers reported feeling overwhelmed by the demands of being a lone parent and two thirds of participants surpassed the CES-D threshold for clinical depression. Younger men were reportedly more depressed than older. The authors speculated that, due to the self-selecting nature of recruitment, findings of such high incidences of depression and low adaptation scores might reflect the most distressed members of this population. However work by Maguire et al. (2016) has found that higher education level aids overall adaptation during bereavement; hence, as Yopp et al.’s (2015) study cohort was educated to a higher than average level, findings are more likely to represent the contrary; the least distressed.

Yopp and colleagues suggested that the considerable demands of parenthood influence a more intense and distressing appraisal of partner death. They speculated that fathers may prioritise caring for their children and preserving the family, to the detriment of their own health and well-being. Furthermore, the authors suggest that raising younger children, who might have difficulties in recalling memories of their mother, may present these bereaved fathers with a greater burden when trying to sustain the memory of the deceased parent. To address considerable knowledge gaps in understanding the interplay between bereaved fathers' childcare and self-care practices further research of a qualitative nature is required. Such research should specifically explore how continuing bonds (see Bereavement models 2.3.1) expressions operate in interaction between family members.

2.4.1.3 Thoughts on continuing to live

Numerous studies (Bennett, 2005, Glazer et al., 2010, Piatczanyn et al., 2016, Daggett, 2000) reported that participants gave thought to whether they should continue to live after their partner's death. Among a sample of older men (N=60, mean age 79 years) Bennett (2005) found that a third of respondents disclosed having consciously engaged in considerations around living or not. Notably, this theme arose spontaneously during interviews and was not their focus. As the topic was discussed so openly and frankly by men, decisions on continuing to live were described by the author as a seemingly fundamental feature of men's experiences of bereavement. While some studies did not explore the topic beyond reporting participants' passing remarks about not wanting to live (Glazer et al., 2010), others captured how thoughts progressed onto having self-destructive thoughts (Piatczanyn et al., 2016, Bennett, 2005). These took the form of acting carelessly with a disregard to life or being without care for survival. Although several thought about ending their lives, none disclosed having 'made a plan' or made any attempts. However, others stated it seemed more natural to just keep going; and some were more positive in outlook; adopting a firm position on their decision to live (Bennett, 2005). Taking back control in making the decision to live on however, was often fraught with perceptions of further loss of their partner (Daggett, 2000). Men made objective assessments of the value of life and decisions to live were, at times, interpersonal decisions based on responsibilities to others (Bennett, 2005). This is of interest when considering bereavement in the context of fatherhood, however fathers' decision making around survival and whether decisions are informed by parenting responsibilities have yet to be empirically examined in-depth.

2.4.2 Fathers' experiences

2.4.2.1 Role transition

As several analyses were based on longitudinal datasets (Silverman and Worden, 1992, Boerner and Silverman, 2001, Bandini and Thompson, 2013) and another study employed a follow-up design (Daggett, 2000) one might expect studies to provide detailed insight into fathers' transition experiences following partner loss. Insights are limited, however. Though studies (Glazer et al., 2010, Boerner and Silverman, 2001) reported that survivors “take on more” (p. 535, Glazer et al.) or take over household tasks and parenting responsibilities during their partners illness, more often, these themes were not explored further. Though studies reported more profound disruption among father-headed, versus mother-headed, bereaved families (Boerner and Silverman, 2001, Silverman and Worden, 1992); little could be ascertained around the scale of disruption as findings were not contextualised with adequate details of prior household and familial involvement.

Described by Silverman and Worden (1992) as "concomitant losses" (p. 102), children in father-headed families described a more acute loss of childhood; wherein they experienced increased chores and greater responsibilities related to the everyday running of the home (Boerner and Silverman, 2001, Burgess, 1994). This was particularly the case among daughters. Authors (Boerner and Silverman, 2001) recognised children's behaviour as "filling a gap” (p. 209) left by the mothers absence but infrequently interrogated the gendered aspects of this finding, to ask whether children's labour involvement stemmed from fathers' lack of motivation, ability, or willingness to perform traditionally ‘feminine’ duties. Bandini and Thompson (2013) found that domestic labour and childcare were viewed as feminine by many and performing these duties brought fathers discomfort. Survey studies (O'Neill and Mendelsohn, 1996, Yopp et al., 2015) found that most fathers communicated having difficulties adjusting to the domestic responsibilities inherited following their partner's death. Despite high rates of full-time employment among deceased women prior to death, data indicated role overload; where most women had worked full time and performed most domestic labour (O'Neill and Mendelsohn, 1996).

Participants communicated the importance of their partner’s previous role in affirming their masculinity, which Bandini and Thompson (2013) referred to as a *“paradox of masculinity”* (p. 131) wherein fathers inadvertently identified their previous dependence on another. For many, being married was part of their identity and the authors stated that some participants re-partnered to try to reclaim normalcy. Re-partnering was seen as the “preferred solution” (p. 133, Bandini and Thompson, 2013) to tackle difficulties with housework and childcare (Daggett, 2000). Further, several fathers were in fact 'advised' by their partner to remarry after their death so to ensure their children’s care (Boerner and Silverman, 2001). The authors speculated whether these wishes underscored fathers’ under-confidence in their ability to perform sole parenting. Studies (Boerner and Silverman, 2001, Saldinger et al., 2004, Silverman and Worden, 1992) described bereaved fathers as: ill prepared for the nurturing parent role, unfamiliar with its emotional demands, and inexperienced in childcaring. Authors did not evidence fathers’ lack of prior parental involvement, however, and understandings of fathers’ involvement appear largely presumed based on disparities between mothers’ (lesser) and fathers’ (greater) hours in paid work; though this has elsewhere been established as an inadequate measure of parental involvement (Lamb, 2000).

In contrast to these assertions, Burgess (1994) recognised that some fathers will have had significant parental input prior to their partners death and stated that childcaring did not pose “an insurmountable problem” (p. 455) to these men. Though not explicated, the most recent study (Holmgren, 2019) found that prior to bereavement, decision making and parental responsibilities had been shared between partners. As described in Table 2.3, a significant number of analyses (5/11) utilised data collected between 1964-95 and yet in the ensuing decades there has been notable movement towards greater egalitarianism in domestic chore division (Crompton and Lyonette, 2008); and fathers have progressively become more present and nurturing (Johansson, 2011). Disparities between earlier assertions and Holmgren’s (2019) findings of higher father involvement prior to bereavement could signal gender role changes having occurred over time; although the scale of this adjustment is unknown.

2.4.2.2 Fathers’ priorities

According to Burgess (1994), following the death of a mother, the surviving father undertakes a process of transition from the ‘normative’ provider role to nurturing parent, expected to be entirely responsible for child protection and care. Among fathers with older children though, children tend to be less dependent on their surviving parents’ presence and Daggett (2000) found that whilst some men made gradual returns to paid work, others gained a sense of structure and accomplished distraction from grief by making an immediate return. Other studies (McClatchey, 2017, Holmgren, 2019), with a greater number of fathers of dependent-age children however, found that many reduced hours in paid work or changed their job entirely in order to facilitate their transition. Though significant employment changes were not unique to fathers (see Starek, 2001), fathers’ changes were described as a result of feeling forced to choose between their children and paid work; and feeling that prior employment arrangements alongside childcaring were not sustainable (McClatchey, 2017). Though comparisons may be drawn between bereaved fathers’ role conflicts and the everyday role burden that has become commonplace for mothers, fathers’ transition challenges during bereavement and afterwards are yet to be explored through this gendered lens. Due to the increase of women in paid work *and* women’s sustained delivery of the bulk of care work, the balancing act between labour demands is quite typical of mothers’ employment experiences but remains less typical for fathers (Hansen et al., 2010, Craig and Sawrikar, 2009). As the performance of ‘breadwinning’ remains a principal aspect of men doing masculinity (Henwood and Procter, 2003), encroachment of ‘feminine’ labour as a result of bereavement seems an important phenomenon in understanding fathers’ lived experiences; nonetheless this has yet to be adequately explored.

Silverman and Worden (1992) found that children of widowed father-headed households, <12 years, were more likely to describe experiencing a transition in care following the death of their mother, involving care by other relatives rather than their surviving father or children cared for themselves (Silverman and Worden, 1992). The authors speculated whether this was due to fathers' paid work commitments away from home. Boerner and Silverman's (2001) analysis found that men's autonomous actions, such as dating or returning to work, were problematic for children who perceived fathers as unavailable. Elsewhere evidence suggests fathers have a great awareness of their need to be available to their children following events. For instance, McClatchey (2017) observed "tremendous devotion" (p. 315) where fathers committed entirely to the lone parent role and restructured their lives around their children. Burgess (1994) found that fathers' outside activities/hobbies which once took them away from the home were discarded in favour of more time spent with their children. This is corroborated by McClatchey (2017) who found many fathers in their new role had little-to-no time for themselves and a "dead" (p. 315) social life. In this way fathers' sacrifice of avenues for self-care (through socialising or doing sport) provides support for Yopp et al.'s (2015) theory that fathers prioritise their child caring to the disadvantage of their own health and well-being.

As such, what occurred was a realignment of priorities wherein other people became fathers' focus. Participants described being more attentive to others' feelings and they themselves being more emotional (Holmgren, 2019). Setting new priorities was not exclusive to fathers experiences though, with Starek (2001) finding that a change in values towards focussing on other relationships was a widely used strategy, among a parent and non-parent cohort, to help set grief aside. Notwithstanding support for Yopp et al.'s (2015) assertions, prioritising others and having a firm sense of place in the family during bereavement were identified by Bennett (2005) as potentially lifesaving (see 2.4.1.3).

2.4.2.3 Fathering (and mothering)

The gender of the surviving parent was identified as influencing the structure of parenting and approaches to sole parenthood. Parenting tasks are thought to hold even greater importance following bereavement, as after the death of a partner who was also a parent, there is likely to be increased pressure on the surviving parent to be attuned to their children’s needs and maintain the family’s wellbeing (Yopp et al., 2015, Saldinger et al., 2004). Findings showed that prior to bereavement mothers had been entrusted with the family’s affective life (Saldinger et al., 2004, Silverman and Worden, 1992); and when a father outlived a mother, parent-child communication reduced (Silverman and Worden, 1992). Though not explored in depth, fathers were described as being thrust into “a domain typically more congruent with women's pre-bereavement parenting experience[s]” (p. 344); having to navigate an ostensibly foreign emotional world (Saldinger et al., 2004).

Comparison studies established that bereaved fathers were less likely to employ a child-centred approach compared with mothers (Boerner and Silverman, 2001, Saldinger et al., 2004). Child-centred parenting is often characterised by a combined approach of effective discipline strategies and parental warmth. In the context of bereavement, according to Saldinger et al. (2004), child-centred parenting involved: communication about illness or death; facilitation of the child’s continued bond with the deceased; engagement in talk about feelings; provision of a stable family environment; and engagement with appropriate support. Such an approach is suggested to lead to better mental health outcomes for the child after parental bereavement (Kwok et al., 2005). Surviving mothers were described as more attuned to other family members' changing needs, whilst surviving fathers supposedly put their own needs above their children’s and were “parent-centred” (p. 212, Boerner and Silverman, 2001, Silverman and Worden, 1992). Gender differences in parenting style were observed; with men being less likely to facilitate or engage in conversations with their children about emotions or engage in meaning-making exercises (such as to encourage continuing bonds with the deceased) (Boerner and Silverman, 2001). Mothers’ greater child-centredness was displayed across the majority of parenting categories except for environment and exposure (Saldinger et al., 2004). Notwithstanding the sizeable disruption caused by the death of a mother, fathers’ apparent tendency toward instrumental coping meant fathers, more than bereaved mothers, made considerable effort to swiftly restore their children’s pre-bereavement structure (such as engagement with school, activities, and clubs) (Saldinger et al., 2004, Silverman and Worden, 1992).

Boerner and Silverman (2001) described men's parenting style as administrative (akin to managing colleagues), wherein the men expected cooperation from their children without seeking to understand their needs. In contrast to bereaved mothers' nurturing approach, fathers' approaches were reported to be authoritarian, less supportive, and less nurturing. Fathers' adjustment to lone parenthood was described as prolonged, taking some fathers years to recognise their children's needs and to learn to empathise with their children. To caveat these findings however, these analyses utilised non-contemporary datasets that may reflect outdated experiences of fatherhood. A more recent study by McClatchey (2017) found that fathers *were* child-centred and it could be that disparities between these findings and those above might be due to contemporary fathers having had greater parental involvement prior to bereavement; with implications for seemingly increased levels of child-centredness post-loss. There are inconsistencies in authors' definitions of 'child-centred' though and only Saldinger et al. (p. 336, 2004) provide a comprehensive explanation of their use of the term. Quite remarkably, of all the studies of fathers' experiences, Saldinger and colleagues are the only authors to reference wider parenting literature and even these are brief mentions.

With the loss of one parent, surviving parents employed compensatory behaviours to be both 'mother' and 'father' to their children; such as becoming less strict or more so (Glazer et al., 2010). Surviving mothers especially struggled to perform the 'disciplinarian role' which, in coherence with traditional gender roles, had been occupied by fathers (Boerner and Silverman, 2001, Saldinger et al., 2004). Whilst women were likely to describe missing particular qualities of their male partners from the family dynamic, such as delivery of 'the leadership role', surviving fathers more commonly described missing the family's mother more broadly (Boerner and Silverman, 2001). Perhaps signalling the transparency of the father role to mothers and, in contrast, the mystique of motherhood perceived by fathers. On discussing participants' performance of their opposite-sex deceased partner's parenting methods authors did not draw upon Continuing Bonds theory and/or sociological theories of gender despite their considerable relevance. Opportunities to both empirically test theory and to position empirical findings within broader theoretical frameworks for broader learning, have been largely missed.

2.4.3 Gender and Coping

In the main, deliberations over the role of gender construction in fathers' experiences were absent in the literature; so, to gain better insight, this section combines findings from both father and non-parent cohorts (see inclusion criteria in section 2.2). By drawing on Cognitive Stress Theory (Lazarus and Folkman, 1984) and Doka and Martin's (2001, 1998) work on grief styles, authors respectively described fathers as more problem-focussed (McClatchey, 2017) or instrumental copers (Saldinger et al., 2004, Holmgren, 2019). Categories that have been associated by others (Schut et al., 1997, Doka and Martin, 2001) with men and traditional notions of masculinity (see 2.3.1 Bereavement models).

Elsewhere men's experiences were described more like "push pull" (p. 175, Piatczanyn et al., 2016) gender performances, constructed from a spectrum of behaviours; including stereotypically 'macho' efforts to those considered more 'feminine' (Starek, 2001). Concerns around both accomplishment of 'normative' grieving and conformity to hegemonic masculinity were found to coexist (Piatczanyn et al., 2016). Reflecting stage theories' prerequisite for confronting emotional pain following bereavement and expressing one's feelings, the socially accepted image of archetypal grief in Western society is more reflective of the intuitive (or 'feminine') grief style (Zinner, 2000). According to traditional notions of 'masculinity' (see section 2.3.2.2), concealment of pain is a core principle of being a man; and some have argued that the grieving-man paradox may leave men conflicted following bereavement (Creighton and Oliffe, 2010, Creighton et al., 2013). Along with the emotional demands of bereavement, secondary losses or marginalisation of traditional 'masculine' roles, that of sexual partner and breadwinner for example, are thought to directly challenge masculine identity - leading to perceptions of precarious masculinity (Bennett, 2007). Adherence to, conflict with, and rejection of hegemonic masculine ideals were observed by Starek (2001); who found that many men were able to transcend traditional notions of masculinity. Those who rejected hegemonic ideals exhibited greater flexibility in their coping style.

2.4.3.1 Emotional expression

Grief was managed in accordance with orthodox notions of masculinity by both hetero- and homosexual men (Piatczanyn et al., 2016). Many men behaved stoically in order to conform with gender rules around keeping a 'stiff upper lip' (Bennett, 2005, Piatczanyn et al., 2016, Bennett, 2007), and some noted this was an expectation not equally applied to women (Piatczanyn et al., 2016). Among mostly older cohorts there were examples of men being reprimanded for public expressions of emotion where men were: cautioned from being too open, were advised not to “go on too much” (p. 351, Bennett), and that listening to such disclosure was burdensome (Piatczanyn et al., 2016, Bennett, 2007).

Although some men’s rigid conformity towards ‘masculinity’ meant they felt unable to satisfy expected levels of emotional expression in grief (Piatczanyn et al., 2016), others conceded to the emotional demands of the situation and disclosed their feelings to others. Overcoming conflicts around expressing emotion to others, all men in Starek’s (2001) study confided in at least one other person either in the private domain or outside. Bennett (2007) described a scale of emotional disclosure ranging from the disclosure of feelings to closest relations only, to the disclosure of feelings to a wider network of family, neighbours and acquaintances. Though some stated that emotional expressions were only permitted within the home, Bennett observed, that those who did allow themselves to express their grief out with the home environment either did not feel their masculinity was in jeopardy or were no longer concerned with conforming to dominant masculine ideals. Contrary to gender stereotypes men were found to value the opportunity to express intimate feelings with others (Lund and Caserta, 2001).

In viewing masculinity as constructed, Bennett (2007) found that men reframed their ideas on masculinity, to varying degrees, to accommodate their need for emotional disclosure in bereavement. Whilst talking about feelings was broadly subjugated as ‘feminine’ behaviour, authors (Bennett, 2007, Piatczanyn et al., 2016, Van den Hoonaard et al., 2014) found that men who recognised a need to communicate their feelings reconstructed images of ‘masculinity’ through the language they used during such disclosures. Men used language to frame disclosures of feelings of pain and sadness within a taxonomy of action and rationality.

2.4.3.2 Activity and motion

Aligned with assertions that men are more problem-focussed or instrumental in their coping approach, men sought to take control of their emotions and their physical environment by making goals and seeking solutions (Daggett, 2000). Many spoke of being busy, getting on, and keeping going (Piatczanyn et al., 2016, Bennett, 2005); and there was a real sense of purpose in these narratives. Men rejected “feeling sorry for themselves” (p. 152, Bennett, 2005) and some avoided upset by engaging in physical activity to get the "endorphins flowing" and improve mood (p. 98, Daggett, 2000). Focussing on other activities was one of the most widely used strategies by Starek’s (2001) cohort and most men found physical movement (for example walking or driving) also assisted them to connect with and release emotion. Despite a significant body of masculinities literature linking motion and sport involvement with constructions of ‘manhood’ (Messner, 2012, Messner and Sabo, 1990, McKay et al., 2000), existing bereavement literature did not draw upon this.

Participants’ close encounters with death alerted many to their own mortality (Starek, 2001, Holmgren, 2019); and fathers in particular expressed increased pressure to stay healthy and living for their children (Holmgren, 2019, McClatchey, 2017). In contrast to findings among non-parent samples of self-destructive thoughts and carelessness toward life (Piatczanyn et al., 2016, Bennett, 2005), father staying alive for children involved reduced risk-taking and regular engagement in health checks (McClatchey, 2017). Viewed as divergent from heterosexual men, Piatczanyn and colleagues (2016) did find that other gay men employed more self-nurturing coping responses and stated that these are more typically associated with feminine grieving. Fathers’ risk-reduction and its relationship to masculinities and femininities has not yet been explored however.

In contrast to these health improvement and risk-reduction narratives, elsewhere it has been found that alcohol may be used to both mask the pain of grief and to elicit emotional expression (Creighton et al., 2016, Stroebe, 1998). Alcohol consumption and binge drinking may be used as a way to control, conceal or justify emotional expressions through means considered acceptable to hegemonic masculine practice (Martin and Doka, 2000, Oliffe and Phillips, 2008). Referred to as "prototypical masculine behaviour" (p. 178, Piatczanyn et al.), a proportion of men smoked tobacco and consumed alcohol excessively; and authors identified men’s actions as careless, self-destructive and detrimental to health (Bennett, 2005, Piatczanyn et al., 2016). Remarkably few studies investigated alcohol consumption among partner bereaved men ≤65 years following the death of a partner, and there is a dearth of research exploring the prevalence and context of heavy and binge drinking practices amongst parents specifically.

2.4.3.3 Support-seeking

A widely held clinical observation that men are less likely to seek help, when compared to women, remains largely unexplored in bereavement literature (Yopp et al., 2015). While a significant body of literature identifies the influence of hegemonic masculine constructs on men’s help-seeking behaviours among non-bereaved samples (Addis and Mahalik, 2003, Connell, 1995, Courtenay, 2000b, O’Brien et al., 2005), few studies have focussed explicitly on men’s help-seeking behaviours after the death of a close relative. Studies with non-bereaved men (O’Brien et al., 2005, Walton et al., 2004) suggest that bereavement may be perceived as an exceptional event which presents a credible reason for transgressing dominant masculine ideals. There are a limited number of empirical studies with bereaved samples to explore help-seeking through a gendered lens to affirm or contest this. The following paragraphs summarise descriptions of bereaved men’s formal and informal help-seeking behaviour.

According to this review the most common reason for engaging with formal support was to address concerns that their experience of grief may not be ‘normal’ and to help gauge the grieving progress (Piatczanyn et al., 2016, Starek, 2001, Holmgren, 2019). Consistent with Granek's (2017) assertion that 'fixing' grief has become seen as a private task to be accomplished with the support of professionals, participants frequently encountered others' expectations that they should attend counselling as a matter of course (Holmgren, 2019, Ghesquiere, 2013a, Ghesquiere, 2013b). Gay men and heterosexual men acknowledged their need to talk and engaged with support in order to find those that could handle 'male' grief and who could empathise (Holmgren, 2019, Lund and Caserta, 2001, Piatczanyn et al., 2016). Conscientiousness about health and wellbeing and openness about pain and adversity are not characteristically 'masculine' according to hegemonic forms; however, as men's help-seeking behaviours were rarely explored in the context of gender construction little could be ascertained around experiences of divergence from masculine ideals. More aligned with orthodox masculinities though, which revere heterosexual virility, men in Lund and Caserta's (2001) study were found to engage with formal support groups purposely to meet women to date. A number of studies (Glazer et al., 2010, Lund and Caserta, 2001, Saldinger et al., 2004) observed that self-reliance was a significant theme in men's narratives; and while one study found that fathers deemed it more appropriate to manage alone (Saldinger et al., 2004), another found that in bereavement fathers were "getting better" at reaching out (Glazer et al., 2010). Certainly, fathers and non-parent men expressed discomfort and difficulty in asking for *informal* assistance from others but, in the main, studies did not establish that these feelings translated to a lack of support up-take (Holmgren, 2019, Starek, 2001).

Potentially contrasting with aforementioned clinical observations, both Holmgren (2019) and McClatchey (2017) found that all fathers sought some kind of support either formal or informal, and Daggett (2000) similarly described how men sought to engage with *any* support available to them. Holmgren (2019) remarked that fathers' support engagement behaviours were in greater accordance with the intuitive rather than instrumental grief style. Given that a significant proportion of studies utilised non-community samples, findings might merely reflect sample biases. Findings indicate that gender is both done and undone through men's help-seeking behaviours and broad claims of lower help-seeking prevalence among men may be too simplistic. Better understanding into the role of gender in help-seeking attitudes among this population would help to build a stronger body of evidence.

2.5 Chapter summary and knowledge gaps

Having introduced the review methods in section 2.2, this was followed with an overview of the theoretical underpinnings most relevant to the study of bereavement and fatherhood. Section 2.3 began with a write-up of bereavement models, starting with an introduction to various stage theories before introducing: the Dual Process Model (Stroebe and Schut, 2010, Stroebe and Schut, 1999), the grief styles framework (Doka and Martin, 2001, Martin and Doka, 2000), and eventually Continuing Bonds theory (Klass et al., 1996, Klass and Steffen, 2017). In mapping the development from stage theories onwards this chapter described how understandings of bereavement and grief have gradually shifted away from conceptualisations of modellable uniform experiences, towards more complex frameworks of understanding with greater capacity for individual diversity. Rather than expecting people to encounter a procession of grief symptoms that eventually resolve in full ‘recovery’, it is now understood that grief is generally more dynamic (often involving confrontation *and* avoidance) and that survivors remain strongly bonded with the deceased into their ongoing lives.

In section 2.3.1 it was outlined how bereavement theories’ preoccupation with *grief work* (Freud, 1917) positioned emotional expression as a central characteristic of ‘normative’ adjustment and that this outlook was criticised as privileging ‘female grief’. Both the Dual Process Model and the grief styles framework were informed by ostensible differences in expression corresponding to gender; yet despite considerable advances in gender and masculinities scholarship prior to formulation of these models, authors uncritically accepted gender polarity and did not engage with contemporary gender theory. Section 2.3.2.1 critiqued the view of gender in these models as fixed, universal, and reflective of a genetically determined dichotomy; or as naturally distinct because of upholding ‘social stability’. Instead, it was outlined how gender is understood to be socially derived in a process of continual performance. The section described how people are understood to have agency in gender construction and that this is bounded though by that what is deemed acceptable practice according to the culture, time, or place. As a result, the significance of gender on lived experience is variable. According to this interpretation of gender, ‘masculinity’ is viewed as a dynamic structure of social gender relations. Hegemonic masculinity (Carrigan et al., 1985) was introduced as the exalted form among multiple masculinities, to which women and gay men are subjugated. Masculinities and femininities are actively produced, transformed, and contested; and are not exclusively associated with male *or* female biological bodies respectively but are instead made by all bodies.

Cursory acceptance of dichotomised genders has meant bereavement models to date have failed to reconcile gender as a social construction. However, due to theoretical parity with contemporary sociological understandings of gender, a theory that has copious potential in exploring how gender intersects with bereavement is Continuing Bonds theory. In a significant departure from earlier conceptualisations of grief, Klass and colleagues (1996) viewed grief as an interpersonal, socially constructed interpretative process of meaning-making – accomplished through continuing bonds with the deceased and extended community members. As yet, no theoretical framework has explored how continuing bonds praxis intersects with doing gender; and this seems extraordinary as, for a number of years now, continuing bonds have been widely accepted as fundamental to bereavement experiences. Implications of consolidating earlier models with continuing bonds theory, raised questions in this review about whether men “do” continuing bonds less than women; and, more specific to the topic of bereavement and fatherhood, to what extent fathers engage in continuing bonds behaviours.

Pondering findings from the theoretical review, section 2.4 followed with a review of the empirical literature on partner bereavement in fathers. The purpose of which was three-fold: firstly, it aimed to explore what is known about fathers’ experiences of partner bereavement; secondly to investigate how gender is explored by studies; and lastly to examine how theoretical frameworks have been applied. Findings will be summarised alongside identified knowledge gaps over the next paragraphs.

Empirical review findings began with a summary of the effects of partner bereavement on health and wellbeing. Whilst the review did find evidence of positive personal growth as a result of bereavement, rather predictably, these observations were overcast by a larger body of evidence showing negative effects. Grief was found to be intensely experienced and long in duration; and manifest feelings of loneliness, loss of control, anger, guilt, stigma, confusion, fear, and sustained sadness with discernable physical effects. Men described experiencing a loss of identity following bereavement which contributed towards reduced self-esteem. Numerous analyses, of both nationally representative and smaller scale samples, found that prevalence of depression among bereaved men was significant; and that those who experienced partner loss earlier in the life course lived with substantial and longer lasting effects on psychological wellbeing. Specific to fathers' experiences, although taking responsibility for child-caring did induce positive feelings for some, the prospect of lone parenting prompted overwhelming fear among many. Having employment and childcaring demands left fathers mentally overextended, and depression among father populations was markedly high. Thoughts of suicide were common and whilst examples of self-destructive or reckless behaviours were observed in non-parent cohorts, *fathers* were more likely to employ positive health behaviours to prolong life so to fulfil parenting responsibilities. Indeed, living on was objectively decided on by men and responsibilities to others played into decision making.

Section 2.4.2 followed with a description of fathers' experiences ascertained from a subsample (11/22) of articles whose specific focus was parent cohorts. Insights into fathers' experiences of transition were noticeably limited. Survivors were said to increase household labour, including childcare, during the illness period and afterwards; and whilst comparative articles described greater disruption for fathers (rather than mothers) it was difficult to decipher the true scale of change due to a lack of contextualisation. Use of unsuitable proxy measures and an absence of description, meant that details of prior parental involvement were not given. Consequently, it is difficult to know what level fathers' baseline input in everyday family life tasks was, and importantly how experienced fathers were in the parent role before bereavement. A handful of studies referred to fathers as 'inexperienced' but without claims being evidenced it is unknown whether this is known or merely assumed based on gender stereotyping. Knowing this information is vitally important to understanding fathers' experiences of adjustment following partner loss.

Highlighting the importance of including parent-status as a factor in analyses, though reductions to hours in paid work were not unique to fathers, men with dependent-age children were more likely to reduce employment demands. Potentially signaling generational shifts in fathers' attitudes to doing childcare work, earlier studies were more likely to describe fathers as retaining an autonomous lifestyle in bereavement and being absent from their children, whilst contemporary studies instead presented a polarized picture of fathers' considerable personal sacrifice and devotion to sole parenting. Without adequate recognition of changes in gender attitudes, secondary analyses and reanalysis of older datasets might misrepresent outdated attitudes as reflective of contemporary experience. Interrogation of the gendered nature of role transitions more broadly was largely absent. Considering the freedoms heterosexual men traditionally benefit from (such as occupation of public space without judgement of being absent from the home; and of entitlement to personal space/lifestyle not privileged to mothers (see: Whitehead, 2002)) one would expect analyses of fathers' bereavement transitions from ostensible 'breadwinner' to 'homemaker' to explore challenges to masculine autonomy; and to ask whether these impact identity construction. To date, these themes remain inadequately explored in the bereavement literature.

The gender of the surviving parent was found to influence the structure of parenting. Earlier articles found that mothers, as predominant affective caretakers, were child-centred unlike fathers; though a later study found fathers *were* child-centred. Terms like 'child-centred' were mostly ill-defined and used inconsistently across articles; and engagement with wider parenting literature was almost entirely absent. Surviving parents demonstrated compensatory behaviours, wherein parents attempted to live-out the deceased’s qualities or characteristics in their performance of parenting. Despite their considerable relevance, findings were not discussed in relation to Continuing Bonds theory and/or sociological theories of gender, and authors missed numerous opportunities to empirically test theory and place empirical findings within broader theoretical frameworks, so that wider inferences could be made. Despite a plethora of theoretical models (see 2.3.1) the application of theory in analyses of fathers’ experiences was thin and made little substantive contribution.

As it was anticipated that there would be few studies of fathers and even fewer to explore the role of gender in bereavement experiences, the inclusive review criteria meant insights could be gained from non-parent cohorts also. Section 2.4.3 explored the topic of gender and coping. Men’s experiences were described as “push-pull” gender performances, in which men had to balance satisfying expectations of ‘normative’ grief and masculinities. Whilst there was evidence of men managing grief in accordance with orthodox masculinity, there was also evidence of men negotiating, refashioning, and rejecting hegemonic ideals. Men found ways to confide in others and valued opportunities to share. Viewed as more stereotypical however, men employed solution-based coping; such as engaging in physical activity to improve mood. Though there were examples of increased health-risk behaviours (such as tobacco and alcohol consumption), many described how their bereavement had alerted them to their own mortality and, as a result, some employed risk reduction practices (such as exercise activity and health check-ups) to counter heightened risk.

Since bodies matter in gender performance (see 2.3.2.2), and physical effects of grief and perceptions of heightened mortality risk were discerned, one might expect authors to have explored men’s gendered bereavement experiences in relation to embodiment. Though a considerable body of masculinities literature links motion and sport engagement with masculinities construction, men’s use of physical activity in bereavement and their embodiment experiences have not been explored through this lens. Whether fathers with dependent age children utilise physical activity in coping, like non-parent men are understood to, is uncertain (as the majority of participants in Daggett's (2000) study had adolescent or older 'children'). Considering findings that bereaved fathers' prioritise childcare over engagement in their own leisure activities, it is important to learn how engagement in physical activity as coping might be negotiated in the context of parenthood. The role of gender construction in fathers' experiences was virtually absent from enquiry; and how efforts to balance 'normative' grief and masculinities operate in the interpersonal family setting is a question yet to be addressed. Remarkably few studies explored alcohol consumption, and there is an absence of research to examine the prevalence and context of alcohol use amongst fathers specifically. Where others' risk-reduction practices have been associated with 'femininity', fathers' risk reduction is yet to be explored as a gendered phenomenon.

Findings from the empirical review concluded with section 2.4.3.3 which explored support-seeking. Few studies with bereaved samples examined support-seeking behaviours; and echoing a common theme, these did not explore the topic in the context of gender. Men were found to seek support for several reasons, for example: to gain clarity around how 'normal' their grief was; to gauge grief progress; to talk with empathetic others; and to meet women. Self-reliance remained a significant theme though and some opted to manage alone. Findings indicated that men's help-seeking following partner loss both conformed with hegemonic ideals *and* deconstructed them and clinical claims of overwhelmingly negative attitudes to help-seeking among men were not borne out. Men did express difficulty and discomfort in seeking support, but this did not necessarily translate to a lack of engagement; and several studies found high support engagement. A more concerted exploration into the role of gender in help-seeking attitudes among this population would help to build a better understanding of men's, and fathers', experiences of bereavement.

The minority of empirical studies that did engage with gender theory provided a complex, entangled, and fluid portrayal of doing gender that does not appear to correspond with the dichotomised representations disseminated in existing bereavement theories. Otherwise, sparse application of bereavement and gender theory resulted in mostly intrapersonal examinations of fathers' bereavement experiences – which overlooked the fundamentally interpersonal nature of parenthood. Application of theory with capacity to explore bereavement from both an intrapersonal as well as an interpersonal perspective is vital to building a comprehensive understanding of fathers' experiences. The sparsity of studies engaging with theory in-depth meant that it was difficult to conclude which theories are most relevant to fathers' experiences and whether existing theories are helpful or adequate to increase understanding. Despite continuing bonds now being viewed as a key feature in understanding bereavement experiences, engagement with Continuing Bonds theory was almost entirely absent from empirical literature. The dearth of theoretical engagement has currently stalled bereavement theory development; yet much may be learnt from future application of Continuing Bonds theory alongside sociological theories of gender and masculinities to increase understanding of fatherhood and bereavement.

Learning from other studies' methodological limitations described in section 2.4, to ensure findings reflect the structure, practices, and diversity of bereaved families today, it is vital that future bereavement research utilises contemporary samples. To ensure research integrity, it is important that research reporting is transparent, and processes are ethically sound.

Based on the considerable knowledge gaps identified by this literature review, a set of PhD research aims and questions were developed. These are described in the following section.

2.6 Research aims and research questions

This PhD research sought to capture qualitative accounts of father's experiences around the death of their cohabiting partner. It aimed to provide contemporary insight into men's bereavement in the context of daily life; to capture its impact on family life and observe the kinds of coping approaches employed. By conducting this research, the aim was to contribute towards establishing a stronger knowledge base from which evidence-based bereavement support services may be developed in the future. The following research questions were developed to address identified gaps in existing literature:

1. What are the transition experiences of fathers (with resident children, aged ≤16 years) around the death of a partner?

    a. How does bereavement shape fatherhood?
    b. How does fatherhood shape bereavement?
    c. What specific coping behaviours are employed by fathers?

2. How do gender and masculinities influence these fathers’ experiences?

3. What are the support needs and preferences of partner bereaved fathers?

    a. What support, if any, did these men seek and use?
    b. What are the key challenges, barriers and facilitators to seeking and using support?
    c. What ideas for support improvement might fathers offer?

In response to the research aims and questions set out in this chapter section, Chapter 3 details the methodological approach used to address the study objectives.

3 Methods

3.1 Chapter overview

This chapter describes the process of designing, developing, and conducting a qualitative research study involving in-depth interviews conducted at two timepoints in locations across England, Scotland, and Northern Ireland. Although conducted in two-stages, the study was not designed to assess experience over time (longitudinal). Rather the second interview provided opportunity for follow-up of topics raised in interview and focused on support experiences and preferences.

Conducting research on the topic of bereavement demands significant ethical consideration and this chapter begins with a brief dedicated section on the ethics of doing bereavement research. Ethically informed choices were made throughout the research process though and these are articulated throughout this chapter. The chapter provides an overview of the theoretical underpinnings of the research design and rationale for methods selection. This is followed by a description of the sampling, recruitment, methods in practice, and data analysis. I finish with my reflections and learning on the process of conducting the research.

3.2 The ethics of research with bereaved adults

It is important that those who wish to share their experiences have the opportunity to do so. An online survey study of bereaved people's opinions on research participation found that the majority of people saw personal benefits to participating in bereavement research and expressed the view that research is worthwhile (Beck and Konnert, 2007). Stated motivations for participating in bereavement research for many people are altruistic; helping other bereaved individuals and contributing towards research are given as main reasons (Beck and Konnert, 2007, Caserta et al., 2010, Dyregrov, 2004). Research studies with bereaved groups report that taking part in research is a positive experience for most participants (Dyregrov, 2004, Dyregrov et al., 2011, Kentish-Barnes et al., 2015, Omerov et al., 2014). More specifically participation in depth-interviews enable participants to reflect on their experiences and facilitate new understandings. Authors describe how meanings made as part of the interview process can empower participants and the act of storytelling can have restorative value (Dyregrov, 2004, Kentish-Barnes et al., 2015, Stroebe et al., 2003).

As duty of care towards participants' wellbeing is paramount in every aspect of study design, ethically informed decision making is discussed throughout this chapter. A key ethical consideration is explicitly addressed here though. As with any topic, a primary ethical consideration is whether individuals can understand what is involved in research participation; and whether people are able to give informed consent. Many people could be categorised as having 'protected adult' (2007) (see Glossary) status at some time in their life. Being bereaved does not mean a person is assigned this status, though it should not be assumed that all people outwith these criteria are not vulnerable in other ways.

Participation in this research was not contingent on being in receipt of care provided by a support service; nor were participants recruited via methods which could place a person at risk of being influenced by a care provider or feeling that non-participation could affect care received. Participation was entirely voluntary, and this was stressed at multiple time points prior to interviews being conducted: during initial screening phone calls, written in the participant information sheet (See Appendix 4: p.1), and reiterated orally and in writing prior to receiving written informed consent. These processes are explained in subsequent chapter sections. Participants did not have to answer any questions if they did not want to and could withdraw at any time prior to analysis being conducted. Numerous participants stated that they had anticipated becoming upset during interviews and yet decided to go ahead. In line with good practice, once written consent (See Appendix 5) was received it was not assumed that participants were in a permanent state of consenting and consent was sought as an ongoing process during interactions (Miller and Bell, 2012). As this research involved collection of data involving human participants, ethical approval was sought from the College of Social Sciences Research Ethics

Committee, University of Glasgow prior to commencing fieldwork. Approval was received 14th February 2018 (Application No: 400170085).

The following chapter section describes the theoretical underpinnings of the PhD study's research design.

3.3 Theoretical underpinnings

3.3.1 Ontological and epistemological position

The researchers' ontological and epistemological position underpins the kinds of knowledge they believe to exist and how they believe it can be known (Denzin and Lincoln, 2008). These positions implicitly provide the lens through which every stage of the research process is conducted. Ontology in the social sciences is concerned with the nature of social reality (Blaikie, 2007): a set of assumptions that represent a view of what exists; and the kinds of knowledge one is able to ascertain. Epistemology, on the other hand, is concerned with how such knowledge of the world is ascertained. One's positioning informs the types of claims researchers make from the research they conduct. For example the ontological stance taken by the positivist tradition assumes that social reality is made up of observable materials that provide certainty and epistemologically such knowledge can be measured and verified using experimental research designs (Blaikie, 2007). Those who ascribe to this approach claim to offer value-free generalisable explanation of the social world (Crotty et al., 1998, Williams, 2016).

Alternatively the interpretivist epistemological stance privileges the values and meanings of social actors; and associated research methods more often draw upon unobservable material in order to gain insight into broader powers at play (Crotty et al., 1998). Ontologically then external reality exists only through culturally derived meanings that are socially constructed (Gray, 2004, Ormston et al., 2014). Rather than being value-free, the research process is itself seen as interpretive activity whereby the participant actively makes sense of the meanings they attach to events and, in turn, the researcher forms interpretations mediated by their own social assumptions (Ashworth, 2008). Human experience is seen as a dynamic system of meaning-making wherein concepts (such as self-identity) are in a continued state of revision (Gray, 2004).

In situating the perspectives and accounts of fathers as data, and in using qualitative methods to obtain that data, this study is firmly situated within the interpretivist tradition. It seeks to provide valuable insights into the social reality of participants, and contribute knowledge to the area of enquiry rather than to establish a single truth (Denzin and Lincoln, 2018). By employing methods that are systematic, interpretations remain grounded in evidence and enable wider inference (Ormston et al., 2014).

Qualitative research enquiry is argued to be fundamental to interpretive discourse and in the following section of this chapter, the reasons for taking such an approach will be described.

3.3.2 Qualitative Research

Qualitative methods are most appropriate to answering the study’s research questions and capturing rich descriptions of personal experiences and the contexts in which they occur (Bryman, 2016, Ormston et al., 2014, Smith, 2008). Qualitative methods are particularly useful when working in an underexplored research area; where there is need for research that is not looking to generalise or test hypotheses but instead seeks to explore and understand phenomena in depth (Bryman, 2016). As explored in section 2.3.1 much of existing bereavement theory was developed to explain the phenomena of bereavement and has taken a more positivist approach to ascertain the symptoms of grief and model ‘a’ universal mourning process. While this body of literature elucidates some of the qualities of grief, existing theories rarely articulate the complexities of individual lived experiences. Few studies on this topic have employed a sociological approach to enquiry, and intrapersonal experiences of bereavement are infrequently situated within the broader social contexts in which they occur (Penny and Rice, 2012, Penny, 2020).

A qualitative approach implies a largely inductive process in which observations are drawn from participant's understandings of their social world (Ormston et al., 2014). This enables the researcher to be responsive to participants and provides greater opportunity to explore emergent themes (Ormston et al., 2014). Qualitative methods are also less structured. This makes it possible to explore inferred concepts, for example a sense of identity, that may otherwise remain concealed when more structured methods are employed (Smith, 1996). Less structured approaches enable participants to articulate their experiences using their own vocabulary, and this can be particularly helpful when the topic is sensitive (Bryman, 2016). Less structured methods can also provide participants with a greater sense of control of the research process (Pain, 2012), and stronger involvement in setting the focus and direction of the research. This leads to research findings that better reflect what is significant to them (Bryman, 2016). The literature suggests that how bereaved men frame their disclosures, through the language they use, is as valuable as the content of what is said and qualitative methods allow the researcher to observe these nuances (Bryman, 2016). Finally by encouraging deep reflection, qualitative methods provide the opportunity to instil participants with a sense of expertise of their own experience (Visser et al., 2005).

3.4 Data Generation

The following sections explore in detail the specific methods employed to conduct research on fathers' bereavement experiences.

3.4.1 In-Depth Interviews

Addressing the aims and objectives of the study required detailed story-based data; of intimate accounts of individual experience that uncovered deeper meanings attached to events. In-depth interviews were considered most appropriate to this task (Yeo et al., 2014, Smith and Osborn, 2009). Focus groups were considered but rejected on the basis that focus groups are more useful in generating insights producible through group interaction (Punch, 2014), and are less suited to exploring individual experiences in detail. Reflecting the scope of the PhD research questions (see 2.6), the methodological design for this study comprised a two-stage interview process. Responding to differing objectives, the first interview sought to explore fathers' bereavement experiences more broadly (addressing research questions 1 and 2); whilst the second interview explored experiences of support and support preferences in detail (answering research questions 2 and 3). The purpose of the two interviews was not to measure longitudinal change. Two collection points offered the opportunity to cover all topics in-depth without overburdening participants to disclose everything in a single interaction; it also offered valuable time to reflect on disclosures and provided a chance to gain clarity on topics raised at the first.

Interviews have been described as "the most logical research technique" (Gray, 2004, p. 214) for studies which are exploratory in nature. When an area of enquiry is complex, where a participant's descriptions are anticipated to be long and complicated, interview methods provide the opportunity for the researcher to seek further clarity and explore personal meanings more deeply (Gray, 2004, Rubin and Rubin, 2005). Interviews also provide a means of capturing a breadth of information; including chronologies of events, how a participant makes sense of them, and what wider values are held by a participant (Gray, 2004).

The interview is often considered to be a kind of conversation in which the researcher largely listens and the participant largely speaks; questions are asked, answers are given and these are then followed by responsive questions or comment (Rubin and Rubin, 2005, Smith and Osborn, 2009). Through employing open question techniques and active listening, supported by probes and prompts, participants are encouraged to talk at length in order to encourage emergent topics and achieve *'thick descriptions'* (Rubin and Rubin, 2005, Yeo et al., 2014).

3.4.2 Tools to assist in-depth interviews

Three main methodological devices were used to assist in-depth interviews. In following chapter sections, the development of these data collection tools is described. Beginning with the interview topic guide (3.4.2.1), followed by a description of 'time-line' methods (3.4.2.2), followed by a description of visual prompt cards (3.4.2.3). The topic guide and ‘time-line’ were used across interviews one and two, whilst the prompt cards were only used in the second. Use of these tools is reflected upon in sections 3.4.5.

3.4.2.1 Topic guide

Broad topics included in the topic guide (see Appendix 1) were work; family; circumstances of partner’s death; family interactions; grief and coping; intimate relationships; parenting; sense of identity; and support from others. Several iterations of the topic guide were produced and refined before it was approved by all supervisory team members. The following section describes the rationale for the guide’s structure and contents.

Topic guides are often used when conducting interviews to ensure that research questions are addressed, and to establish some consistency across interviews (Gray, 2004), but these behave more like a *“loose agenda”* (Smith and Osborn, 2009). Treating the guide this way means the interview questions can be sensitively phrased to suit the participant and explored in an order that works for them (Smith and Osborn, 2009). Despite differing objectives, given the active role of participants in steering interview direction, crossovers between interview one and two were anticipated; and hence, it was decided that one topic guide with two parts was most appropriate. Along with addressing the study objectives, this approach optimised the two-interview design and allowed for topics briefly introduced in interview one to be further explicated in interview two. Therefore, topic guide part two was tailored to participants experiences based on familiarisation with first interview audio and transcripts. Construction of a draft coding frame helped to identify emergent themes which were integrated for follow-up interviews.

Developing the topic guide assisted with the preparatory process of thinking and planning; and provided opportunity, ahead of the interview interaction, to explore the varying ways that different topics might be framed (Smith and Osborn, 2009). It is generally thought that such preparation contributes towards more effective active listening and more responsive interviewing (Smith and Osborn, 2009). I considered language and to avoid being complicit in the "conspiracy of silence" (p. 57, Marzano, 2009) around death and dying it was decided that clinical language, such as died, death and dying should be used in the first instance (Scottish Government, 2011, Lowton and Higginson, 2003). Individuals find their own ways of talking about death and dying, and as the participant's comfort was of primary concern, I decided to observe the language used by the participant and mirror appropriately.

In order to "get a conversation going" (p.13, Rubin and Rubin, 2005) depth interviews often begin with a more shallow form of enquiry before progressing to deep levels of exploration. I considered how to use the guide to establish rapport and build an open atmosphere for sharing (Rubin and Rubin, 2005). I thought about how to make the interview comfortable since putting participants at ease also helps to strengthen data validity (Gray, 2004). The topic guide was designed to ease gently into sensitive topics in order to minimise participant distress (Brannen, 1988), and as a further mitigation, the 'necessary' level of depth was assessed topic by topic. For certain topics, such as circumstances of partner's death, the topic guide gave limited probes to avoid unnecessarily delving too deeply.

To encourage participants to speak openly without concern of being judged the topic guide included a *vignette* (see below). These are concise narrative examples of people in specific situations. They are most commonly hypothetical but can be drawn from real life accounts (Hughes, 1998, Finch, 1987). They can help illuminate a person's values and beliefs in relation to a specific topic; and offer the researcher a "way in" to sensitive or morally dubious topics (p. 383, Hughes, 1998). A topic that is largely unexplored within the bereavement literature is parenthood and alcohol use. To ensure participants covered this topic the following vignette was read to participants and invited to respond:

> It's too much to take in […] I pick up the first bottle of wine and start guzzling. […] It's not like I get immediately [drunk] – the benefits of drinking too much for some months means that it takes more than it used to for the same effect. […]

> (Excerpt from a weekly column written by a partner bereaved father for the Guardian newspaper, (pseudonym) Golightly, 2016)

3.4.2.2 'Time-line' tool

When exploring topics seen as particularly sensitive, 'time-line' methods have been used alongside in-depth interviews to help elicit rich narratives and minimise participant distress (Guenette and Marshall, 2009). The premise is that the act of drawing a timeline of events provides some distance from the subject matter. Drawing is also said to encourage deep reflection; engagement with abstract ideas through use of visual metaphor; and formation of new understandings (Guenette and Marshall, 2009, Pain, 2012). Further, such methods are useful for reducing power imbalance during interviews, as they provide participants with a greater sense of control of the interaction (Pain, 2012). Drawing activities are sometimes used in grief support work and are endorsed as a valuable method for exploring meaning making following bereavement (Neimeyer, 2012). The risk of the approach is that it results in shallow list-like data.

I opted to include 'time-line' methods alongside in-depth interviewing as a proactive strategy to guard participant wellbeing and improve the quality of data collected in the process. I felt that having the option to write something down could be helpful to participants and could offer the participant an opportunity to create distance should they require it. It could also offer a welcome break in eye contact. Therefore, participants were each given a blank sheet of paper and time-line methods were used to initially map background details. Participants were invited to use the page in whatever way they wished over the remainder of the first and second interview, "Some people like to doodle as they talk" I would say.

During interviews time-line outputs were used by some participants as an aide memoire to recall the timeline of events. Time-lines were helpful too in tailoring questions according to family history and configurations (explored in 3.4.5.1). Participants were asked to verbalise time-line content as they wrote and therefore it was unnecessary for time-line drawings themselves to be formally analysed as research data — due to their content being captured by interview audio recordings.

The next section explores the third methodological device used in interviews. Visual prompt cards were used to facilitate data generation in second visits only.

3.4.2.3 Visual prompt cards

To explore participant ideas on how to improve formal support in interview two, I designed a set of visual prompt cards to assist participants. This method stems from coproduction approaches which position people as experts of their own experiences, and seeks to facilitate them to share this expertise (see: Frascara, 2003, Sanders and Stappers, 2008). Facilitation most often involves the use of visual tools to aid communication and embolden ideation (Frascara, 2003, Tassi, 2008b). Use of ambiguous tools particularly help to acknowledge different levels of creativity and participation (Sanders and Stappers, 2008, Tassi, 2008a). For example, these could include simple craft materials, everyday props, or building blocks. The rationale for using visual prompt cards in this study was to help break the question down by encouraging participants to think of the range of experiences they encountered and consider diverse forms of support.

Drawing upon my previous design training and coproduction experience, I designed a pack of 26 imaginative cards (see example Figure 3.1; for remaining cards see Appendix 11). Each explored different aspects of support services, with an image on the front and a few words on the reverse side. The cards were designed to relate to the kinds of service a bereaved father in Scotland was likely to find if searching the internet for support services. To ascertain these, I undertook a series of google searches using the following terms: ‘bereavement support Scotland’, ‘widower Scotland’, ‘bereaved men’, and ‘grief support Scotland’. Results from the first two pages of results were documented by type of support listed, primary support focus, and key observations (see Figure 3.2). From this information, I identified 26 themes and created an illustration for each. The content was purposely created to allow participants the freedom to assign their own meanings and use them to communicate a range of concepts.

Ahead of the second interview I asked participants to think about their ideas on ideal support and where they believe improvements needed to be made. A pack of prompt cards were left with the participant and I explained that next time I saw them I would ask for a description of their vision. Cards were introduced as an optional aid should they wish to use them. I explained that the cards might be helpful to break the question down and that their purpose was to encourage thoughts. Insights prompted by the cards will be presented in chapter section 7.4.4.

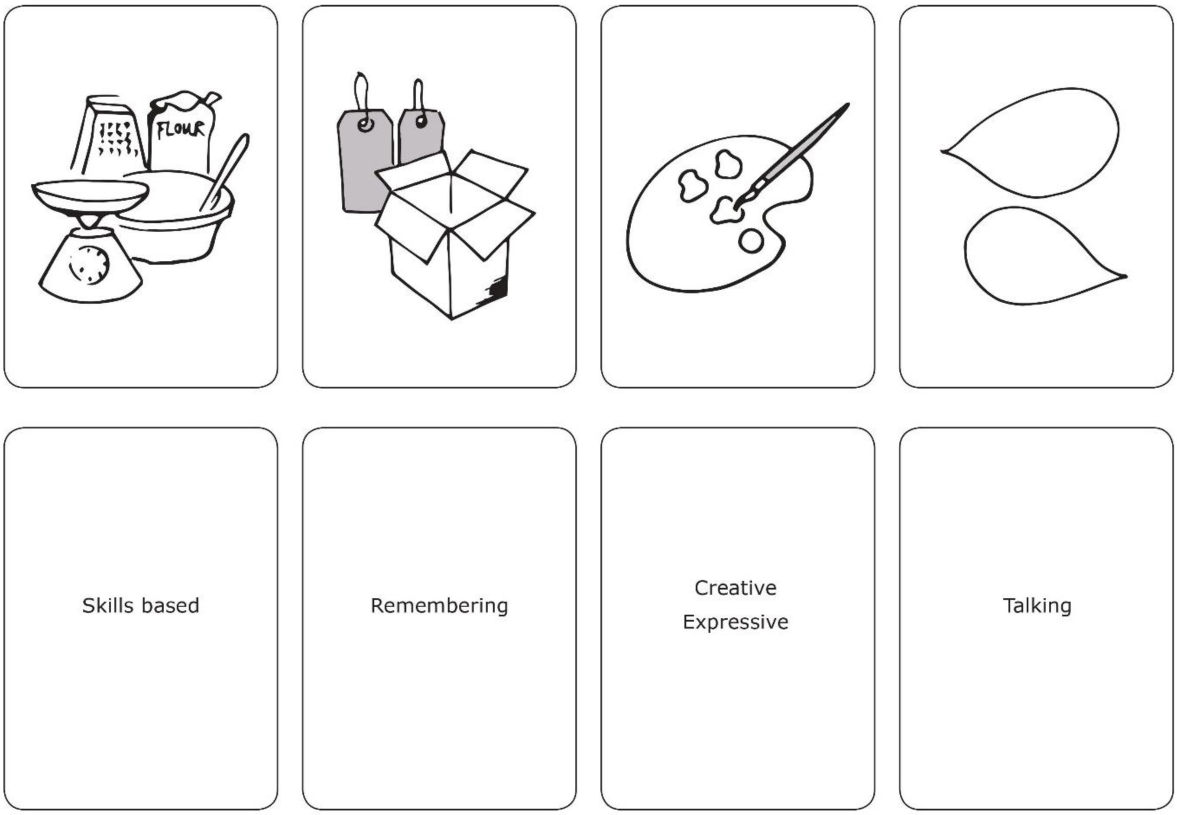
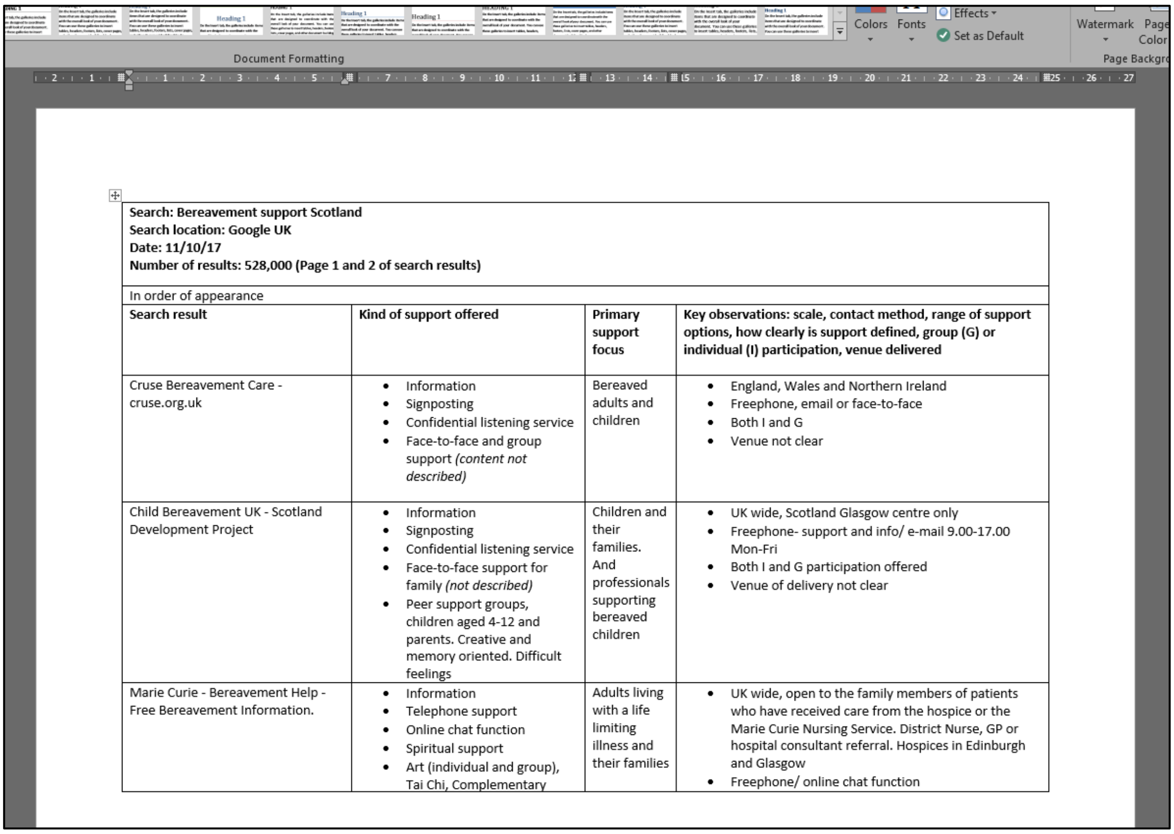


Figure 3.1 Example of visual prompt cards



Search: Bereavement support Scotland **Search location: Google UK** **Date: 11/10/17** **Number of results: 528,000 (Page 1 and 2 of search results)**			
In order of appearance			
Search result	**Kind of support offered**	**Primary support focus**	**Key observations: scale, contact method, range of support options, how clearly is support defined, group (G) or individual (I) participation, venue delivered**
Cruse Bereavement Care - cruse.org.uk	• Information • Signposting • Confidential listening service • Face-to-face and group support *(content not described)*	Bereaved adults and children	• England, Wales and Northern Ireland • Freephone, email or face-to-face • Both I and G • Venue not clear
Child Bereavement UK - Scotland Development Project	• Information • Signposting • Confidential listening service • Face-to-face support for family *(not described)* • Peer support groups, children aged 4-12 and parents. Creative and memory oriented. Difficult feelings	Children and their families. And professionals supporting bereaved children	• UK wide, Scotland Glasgow centre only • Freephone- support and info/ e-mail 9.00-17.00 Mon-Fri • Both I and G participation offered • Venue of delivery not clear
Marie Curie - Bereavement Help - Free Bereavement Information.	• Information • Telephone support • Online chat function • Spiritual support • Art (individual and group), Tai Chi, Complementary	Adults living with a life limiting illness and their families	• UK wide, open to the family members of patients who have received care from the hospice or the Marie Curie Nursing Service. District Nurse, GP or hospital consultant referral. Hospices in Edinburgh and Glasgow • Freephone/ online chat function

Figure 3.2 Internet searches for support in Scotland

3.4.3 Sampling

Mason (2018) states that sampling involves a process of asking how people, as data sources, can be most telling. The interviewee is viewed as a “compound [of] characteristics” (p.422, Gobo, 2004) that become part of the broader collection of characteristics represented by the sample in its entirety. By sampling cases with varying qualities, any emergent patterns identified across cases are believed to reveal what is central to the phenomenon concerned (p.172, Patton, 2002). Establishing this theoretical variance and capturing a diverse range of experiences enables findings to be extrapolated (Gobo, 2004, Silverman, 2005), and reduces the need for a large sample size (Mason, 2018). This is the aim of maximum variation sampling, the strategy employed by this study.

As this study aimed to provide rich insights into the complexity of fathers' experiences a small sample size was deemed feasible and appropriate to study aims (Gray, 2004, Ormston et al., 2014). Given anticipated challenges in recruitment (see Katz, 1979, O'Neill and Mendelsohn, 1996), a target of between 15 and 20 men was deemed to represent a balance between practical constraints and theoretical aims.

Inclusion criteria for participation were:

- Men over 18 years of age
- Death of cohabiting partner occurred between 6 months and 5 years prior to participation
- One or more dependent children (aged 16 or under) living at home at time of partners death

Given the final criterion, a maximum age was not deemed necessary, exclusion criteria were:

- Men whose partner died through violence or suicide (as reported by potential participant)

These men were deemed beyond the scope of the PhD research (Jordan, 2001), in part, because of their unique support needs.

To represent a diverse spread of experiences and maximise variation I aimed to sample a range of characteristics based on previous marital status; sexuality; number, age, and gender of children; duration of partner illness; time since the death; hospice care or not; and formal support engagement. Based on a review of the literature (see Chapter 2) and consultation with practitioners these characteristics were anticipated to be most telling of fathers' lived experiences. Efforts were made to contact specific organisations to reach men with specific characteristics (for example Stonewall and LGBT foundation, UK LGBT+ organisations). Details provided by fathers in early email responses to the online research invitation, helped to identify which participants to prioritise for screening phone calls.

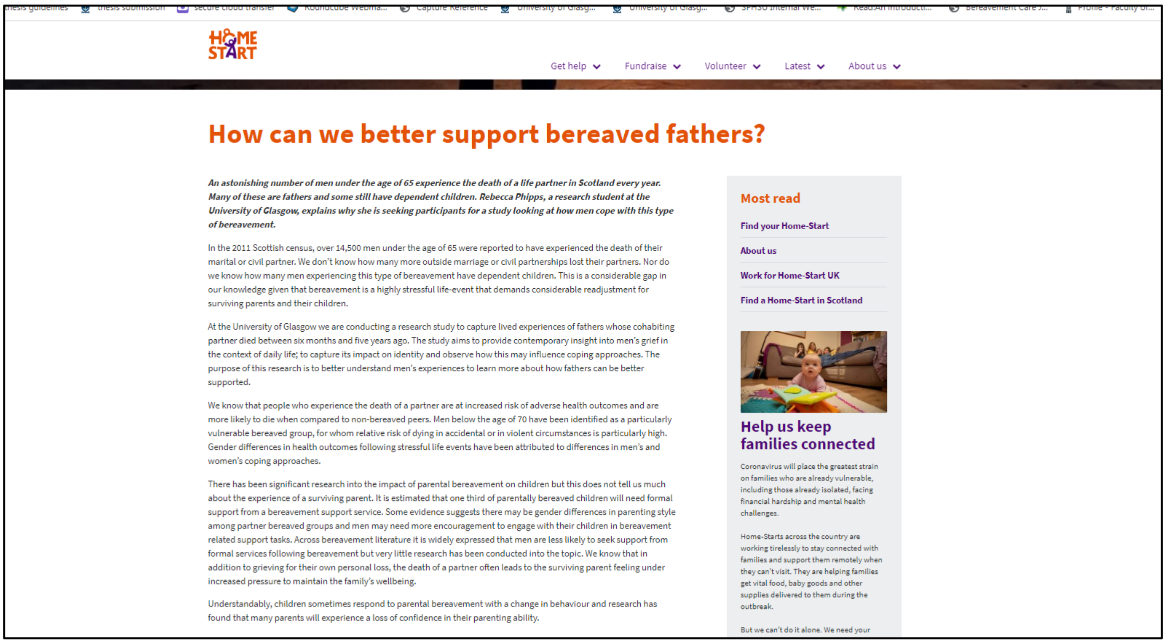
Having outlined the sampling strategy, the next chapter section will describe the process of recruiting fathers.

3.4.4 Recruitment

Individuals who are bereaved are considered a high-risk participant group and the recruitment method aimed to keep risk to participants low. The decision to invite participants from 6 months following bereavement was consistent with several previous studies in which a period of between 1 month and 2 years was deemed appropriate (Bennett, 2005, Wolchik et al., 2008, Yopp et al., 2015) Beck and Konnert, 2007). A number of recent studies have recruited bereaved people through media campaigns including: posters, radio and online advertisement (Bennett et al., 2003, Boelen and Prigerson, 2007, Creighton et al., 2016, Yopp et al., 2015). Participants were similarly recruited to this study after responding to an advertisement about the research (See Appendix 3); as such contact between potential participants and I only occurred after a person had expressed interest in participation. In line with good clinical practice and university guidelines potential participants were given adequate time and space to read participant information documents prior to giving consent.

The decision to recruit through social media was primarily made because of the scope to reach thousands of people quickly; particularly beneficial when time is limited, and participants are likely geographically dispersed. The initial strategy was to approach third sector bereavement organisations, and parenting organisations to see if they would share the recruitment invitation across their social media platforms Facebook and Twitter. To maximise reach, organisations were selected based on the number of total followers and geographic location. As I handled all enquiries alone, I staggered recruitment so that all enquiries could be responded to promptly. Until the response rate could be gauged a pragmatic decision was made to adopt a local focus initially (central belt Scotland), before extending the recruitment (Scotland wide, and then UK wide).

While there was some success contacting organisations by email and phone, the process was slow and laborious due to various approval requirements. Alongside this, I advertised directly on twitter. Influential Twitter users (people who have been particularly vocal in death, dying, and bereavement debates) were tagged directly in tweets and this proved to be the most effective method of achieving maximum reach. To increase interest in the project, I wrote a blog post for Home-start UK which was publicised across their platforms (see Figure 3.3). Between February-July 2018, when recruitment was active, 20 tweets were published – achieving 48,000 impressions and 550 engagements.



How can we better support bereaved fathers?

An astonishing number of men under the age of 65 experience the death of a life partner in Scotland every year. Many of these are fathers and some still have dependent children. Rebecca Phipps, a research student at the University of Glasgow, explains why she is seeking participants for a study looking at how men cope with this type of bereavement.

In the 2011 Scottish census, over 14,500 men under the age of 65 were reported to have experienced the death of their marital or civil partner. We don't know how many more outside marriage or civil partnerships lost their partners. Nor do we know how many men experiencing this type of bereavement have dependent children. This is a considerable gap in our knowledge given that bereavement is a highly stressful life-event that demands considerable readjustment for surviving parents and their children.

At the University of Glasgow we are conducting a research study to capture lived experiences of fathers whose cohabiting partner died between six months and five years ago. The study aims to provide contemporary insight into men's grief in the context of daily life; to capture its impact on identity and observe how this may influence coping approaches. The purpose of this research is to better understand men's experiences to learn more about how fathers can be better supported.

We know that people who experience the death of a partner are at increased risk of adverse health outcomes and are more likely to die when compared to non-bereaved peers. Men below the age of 70 have been identified as a particularly vulnerable bereaved group, for whom relative risk of dying in accidental or in violent circumstances is particularly high. Gender differences in health outcomes following stressful life events have been attributed to differences in men's and women's coping approaches.

There has been significant research into the impact of parental bereavement on children but this does not tell us much about the experience of a surviving parent. It is estimated that one third of parentally bereaved children will need formal support from a bereavement support service. Some evidence suggests there may be gender differences in parenting style among partner bereaved groups and men may need more encouragement to engage with their children in bereavement related support tasks. Across bereavement literature it is widely expressed that men are less likely to seek support from formal services following bereavement but very little research has been conducted into the topic. We know that in addition to grieving for their own personal loss, the death of a partner often leads to the surviving parent feeling under increased pressure to maintain the family's wellbeing.

Understandably, children sometimes respond to parental bereavement with a change in behaviour and research has found that many parents will experience a loss of confidence in their parenting ability.

Help us keep families connected

Coronavirus will place the greatest strain on families who are already vulnerable, including those already isolated, facing financial hardship and mental health challenges.

Home-Starts across the country are working tirelessly to stay connected with families and support them remotely when they can't visit. They are helping families get vital food, baby goods and other supplies delivered to them during the outbreak.

But we can't do it alone. We need your

Figure 3.3 Blog post to promote the study

A total of 18 fathers across England, Scotland, and Northern Ireland were recruited to this study. Characteristics of the final sample are explored in section 4.2. Most participants were recruited after seeing retweets of the invitation or having been told about the study by a friend or family member that had seen the tweet. Acting on their own initiative, a few participants shared the research invitation on online national bereavement forums and a handful of participants were recruited through these. This constitutes a form of snowball sampling; a method often used as part of a theoretical sampling strategy (Bryman, 2016). It is helpful particularly where recruitment is affected by issues of sensitivity or where communities are closed. While participants recruited via these means were all somewhat engaged with online forums (and thus represented fathers who were accessing some level of support), the size of membership meant that participants did not know each other and were geographically spread.

All but one participant made first contact by email and phone calls were arranged with all. The purpose of the phone call was to provide an overview of the study, answer any questions and screen the person for eligibility. Due to the sensitive nature of this topic the screening process was designed to address key questions whilst avoiding the requirement for people to go into detail about their bereavement over the phone. Prospective participants were read the eligibility criteria and asked if this described their circumstances. Of 25 men who made enquiries two were not eligible and others (5) did not respond to the invitation for a screening phone call. The two ineligible fathers did not meet the minimum period of 6 months post bereavement. These two fathers were thanked and given an explanation regarding the ethics of interview too proximate to bereavement. They responded warmly to my explanation for not pursuing their recruitment to the study and were offered inclusion in the mail-out of the summary of results. They accepted this offer.

Eligible fathers were sent the participant information sheet to read and retain. It was reiterated in the email attached to the participant information sheet that they should take time to consider their participation and that I was happy to answer any questions that arose. They were asked to confirm or decline participation; I re-contacted them if there was no response after two weeks. Interviews were scheduled with those who confirmed participation (18 men), at a time and place most convenient to participants.

Miller and Bell (2012) state that ethical dilemmas may arise where there is a longitudinal element to participation. Contact to arrange the second interview was made 2-4 weeks after the first interview to ensure participants had adequate opportunity to reflect on how they felt after the first interview and to assess if they did want to go ahead with the follow-up. These were scheduled separately to reduce the likelihood of participants feeling obliged to complete the follow-up rather than having a desire to; and to ensure consent was reiterated rather than assumed. The location was chosen by the participant, but I suggested that locations should offer some comfort, privacy, and quiet so that the participant could be heard but not overheard.

3.4.5 In-depth interviews in practice

Eighteen fathers participated in this study and a total of 35 in-depth interviews were conducted – this included 18 first visits and 17 follow up visits. One participant withdrew from the study prior to follow-up yet gave consent for the continued use of data (see section 3.6.4). Most interviews were conducted in fathers' homes, although two participants elected to be interviewed at work, and one person at a community centre. A comprehensive risk assessment was performed prior to any data collection commencing and a mitigation strategy was designed for all identified risks. These were reviewed regularly throughout the duration of the study.

Each setting had advantages and disadvantages. Participants seemed at ease in environments that were familiar to them and this may have influenced greater disclosure. On occasion seating arrangements were not ideal; sitting either too close or too far away from participants was a disadvantage of interviewing people in spaces familiar to them where I had little control over seating arrangements. The community centre setting was a more neutral venue wherein neither person was more familiar than the other, conditions were more flexible, and the space was free from domestic distraction.

Prior to taking written informed consent men were asked if they had read the participant information sheet and if they had any questions before commencing. To thank participants each person was given a £15 voucher per interview. A confidentiality and duty of care statement included in the participant information sheet detailed when confidentiality may need to be compromised to escalate concerns appropriately. To help participants make an informed choice about how much they wished to share, this statement was read aloud at the start of each interview. I was there in a research capacity and it was made clear to participants that my function was not to counsel; and each participant was provided contact details for UK based support organisations (see page 3 of the participant information sheet Appendix 4). There was a comprehensive process in place to escalate risk concerns (see Appendix 6).

Once written consent had been given the audio recorder and time-line tool were introduced and, with the participant's permission, the audio recorder was switched on. Continuous consent was sought throughout the research process and participants were reminded of their right to withdraw at any time prior to analysis being conducted without having to provide a reason. Participants were thanked at the end of each interview. Fieldnotes were written as soon as it was possible to do so. Along with providing a valuable outlet to debrief, the act of taking fieldnotes after each interaction meant that important contextual information was routinely recorded. This helped to build rich study descriptions and analytic notes proved useful during analysis (Phillippi and Lauderdale, 2017).

Despite previous studies suggesting that participation would likely be a positive experience for many (See 3.2), I was acutely aware that being interviewed about sensitive topics would also likely involve recalling painful memories and some participants might become upset or distressed (Cook, 1995). As part of my duty of care to manage risk to participant physical and mental wellbeing, I made considerable effort to minimise distress. This included mirroring the language used by the participant; not probing for further depth unless essential; and breaking eye contact when required. I was attentive to changes in body language and ready to take pre-emptive action. Where participants showed signs of upset (for example changes in facial expression, clearing of the throat, looking down) or became emotional they were offered the opportunity to take a break or terminate the interview.

3.4.5.1 Reflections on using the 'time-line'

To start the interview, I gave participants a blank sheet of paper and said, "it's helpful to map some background information to start with, can you please write down who lives at home and talk me through it". Some wrote a list while others drew a family tree. Some included their partner's name. Having other family member's ages written down seemed to prompt some men to say how old their partner would have been had they still been alive; one person included the date when their partner died; another wrote down the age difference between them; others said the age without writing it down. One participant almost wrote his partner’s age, hesitated and stopped himself. Another described “she is three years older than me and always will be”. These differences in response, already hinted at variation in the ways in which fathers conceptualised their partner’s continued presence.

Where fathers drew a family tree this quickly articulated (sometimes) complex family structures. I asked participants to tell me a bit about these people (including themselves), about their characters and how they like to spend their time. Having the ‘time-line’ in front of me assisted with building rapport as I could glance to use family member’s names and, with ages listed by them, could explore topics appropriate to the age of children concerned.

A number of men’s partners (n=4) had died after many years of illness and trying to describe the non-linear health deterioration got them in a muddle. Some men used the page to plot their partner’s illness trajectory and the act of writing seemed to aid recollection. For many participants the date of diagnosis was more pivotal, in terms of role changes, than the date when their partner died; while the interview was framed around bereavement this evidently included talk of pre-bereavement. The time-line tool was helpful both as a reference and to aid information retrieval.

Most men became upset at some point during the interviews and while other researchers have indicated that the time-line activity can be used to manage distress; in this study it had limited success. When asked if they wanted a break, participants demonstrated a desire to work through their upset by stating they were alright and by continuing to talk. I would then follow up by saying “*I’ll keep checking in with you, to make sure you’re comfortable to continue*.” Most participants understood that I had a responsibility to safeguard their wellbeing and accepted what may have appeared to be over-attentiveness. Offering a break was most often enough to calm participants and stop them becoming distressed. When describing experiences that were particularly traumatic some men looked at the page rather than giving eye contact; having something to focus on enabled them to stop eye contact as required.

3.4.5.2 Reflections on using the topic guide

As described above, I sought to use clinical language in the first instance; progressing on to mirror the participants. Fathers used a range of language, some spoke of the death, some of loss and "*when she went*", and others of passing. While I attempted to mirror participants, what occurred in practice was both myself and the participant began to mirror each other. At different stages this led to uncertainty, at least on my part, as to what language to continue to use. Such uncertainty perhaps highlights the lack of convention around how to have in-depth conversations about death and dying; topics that remain a social taboo (Mannix, 2017). Several participants mentioned that this is not a topic they could openly talk about and so these snags in communication seemed to be accepted as an expected feature of engaging with the topic.

A handful of participants began talking about the death in-depth without first talking about the family more generally. This was perhaps because they understood the focus of the interview from the outset. It could also indicate fathers' level of *need* to talk. Where this did occur, I attempted to reorientate the conversation to more introductory topics in order to ease in more slowly. This was a difficult task, and I was uncertain whether it was the right approach. Nonetheless, I felt obliged to do so, as part of my responsibility to safeguard wellbeing.

One unanticipated feature of the interviews was the mix of tenses used to talk about the deceased. Different people conceptualised their partner's presence in different ways and when conducting the interviews at times it was a challenge to know which tense to use when asking about the deceased partner. To frame a question as if the person is still alive, for example "*What does Donna do for work?*" in some way makes sense if the participant themselves refer to their partner in the present tense. For many participants, their partner remained present to them and who their partner *is* remained fixed in time. On the other hand, a question in past tense ("*What did Donna do for work?*") acknowledges the death and facilitates open disclosure and freedom to explore the 'hard stuff'. When fathers talked about their partner, they used both past and present tense and I followed their lead.

The vignette (see 3.4.2.1) on alcohol use received mixed responses. Others have questioned the reliability of data arising from the use of vignettes, arguing that these give rise to hypothetical answers relating to people featured in the vignette rather than insight into the reality of participant's actions (Parkinson and Manstead, 1993). Although this criticism is largely levelled at the use of vignettes in survey designs where there is limited opportunity to seek clarification. This was not the case here. I followed up the vignette by asking, *"How relatable is this to your experience?"* to encourage the participant to situate the answer within their own experience. Despite this framing the vignette was not always successful in encouraging participants to speak openly. The abruptness of some fathers' responses to the vignette suggested that they did not relate to the tone and wished to distance themselves from this sentiment. Some participants may have interpreted the pre-prepared content to be my *real* agenda, although I did not sense any damage to rapport. After a few wary responses I stopped using the vignette and I instead reframed the question around what other fathers had told me. For example: *"Other dads have told me that in the evenings when their young kids are in bed they drink; have you used alcohol at all?"* This approach felt more genuine to me and may have seemed less laden with judgement than the vignette.

As interviews progressed, I learnt that participants were particularly sensitive to certain words and framing of topics; and these reactions were insightful in understanding participant lived realities. For instance, I used the term 'conflict' to talk about conflicting views on coping approaches. This was perceived as enquiring about arguments or fights and was mostly rejected. Notably many of the fathers rejected the idea that anger could be part of bereavement more broadly and their response to the term reflected this. Use of the word conflict was discontinued. As mentioned in the previous paragraph, I also sought to introduce topics gently by describing them as things that other dads had experienced. Although this often served to normalise experiences, it did induce anxiety in one participant who subsequently felt that there were things he had not worried about or done, but perhaps should have.

Qualitative researchers have previously reported that interviews prompt participants to explore the meaning of events in new ways (Yeo et al., 2014). Consistent with this, participants in this study stated that through the interaction they had made connections between experiences in ways they had not done so before. Most had not previously participated in research, and many participants described the experience of taking part as cathartic and therapeutic.

3.4.5.3 Reflections on using visual prompt cards

The varying ways in which participants engaged with the cards was fascinating. Mainly there was strong engagement, with some men even writing notes on the cards or on separate note paper in advance of the interview to ensure all of their ideas and thoughts were included. Most participants selected a handful of cards that they found particularly useful and spoke about their thoughts. Some made piles of more useful and less useful; whilst others moved through every card methodically. While some men ignored the visual side altogether and solely used the text side, some participants fully engaged with the visual and found meanings of their own. Some participants became more animated when describing their ideas and this appeared to symbolise a juncture in the interaction where the locus of control shifted from myself to the participant. Curiously, some participants projected a nonchalance when the prompt card activity was raised during the second interview, as though they did not wish to seem as engaged in the process as they in fact were. Several participants said they had not really looked at the cards but subsequently appeared familiar with them and said they had thought about them ahead of the interview. Fathers' reluctance to seem engaged by the task may indicate a negotiation of power occurring; where completion of 'homework' might imply they were doing as they were told; resistance might also indicate underlying resentment of being in the situation at all. This can only be speculated upon.

The cards prompted additional and unexpected stories. On one occasion, after the recorder was switched off, one participant explained how he did not know whether his 10-year-old autistic son comprehended the loss of his mother. One day his son sorted the cards so that the people cards were together, placing the picture of a father and child on top. The father interpreted this as a sign that his son understood that it was just the two of them now.

The use of visual prompt cards helped to generate rich data, particularly around support service improvement, and did appear to unlock topics that might otherwise have not been expressed. They provided participants with a helpful steer and helped position them as the experts of their experience. The focus on these methods at the end of the follow-up interview meant that interactions closed on an optimistic and constructive note.

Having reflected on the ways that data collection methods operated, section 3.5 will now focus on data analysis.

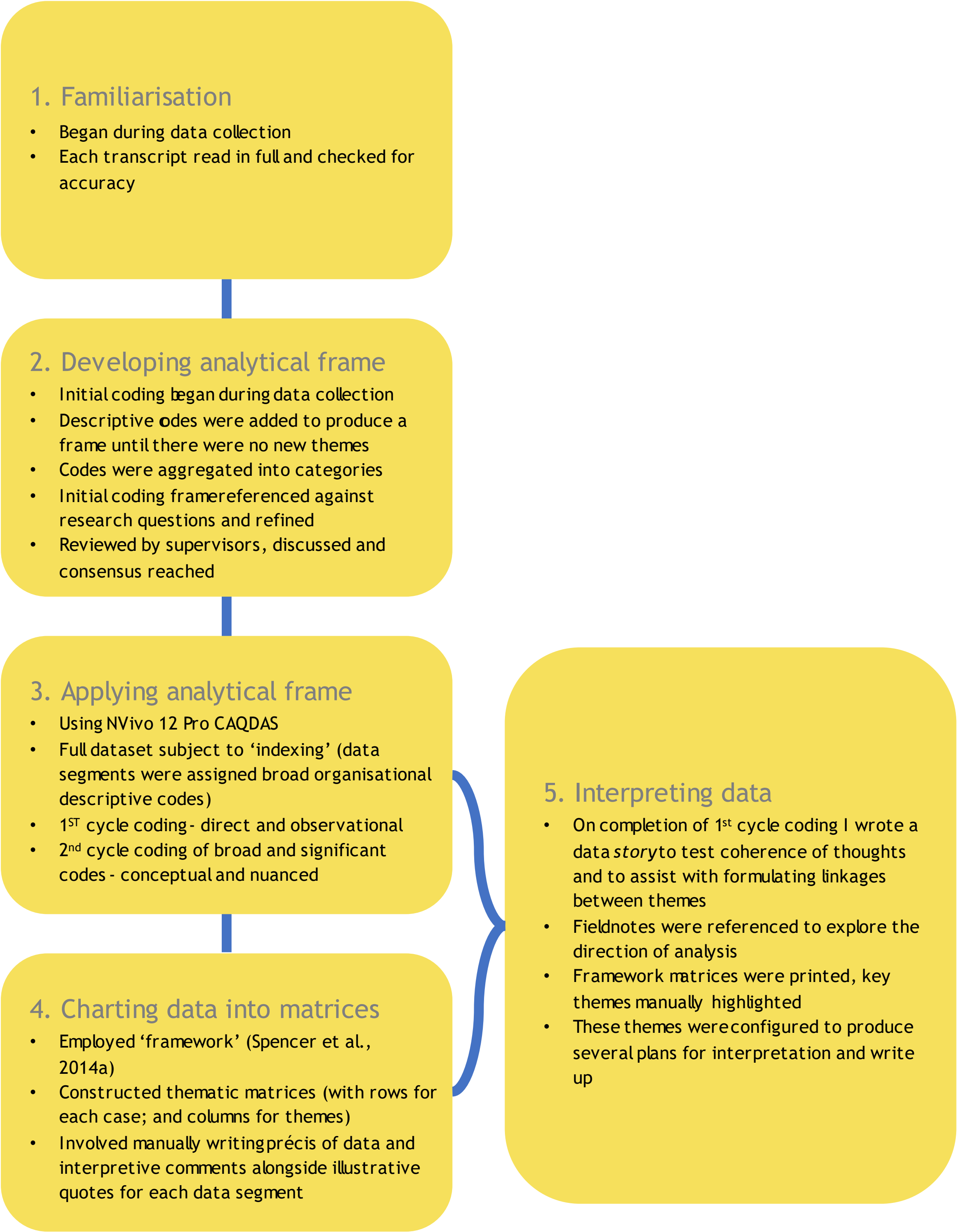
3.5 Data analysis

The purpose of qualitative analysis is to configure information to identify patterns, describe observations, and interpret features of a phenomenon (Boyatzis, 1998). A function of qualitative analysis is to bring participants voice to the fore and to represent the complexity of experience so that others may comprehend its broader meaning (Rubin and Rubin, 2005). Such methods provide insight into feelings and attitudes at the manifest *and* latent level and enable researchers to make higher level claims on social reality (Boyatzis, 1998, Spencer et al., 2014b). Although analysis is itself a formal stage in the research process, the journey toward sense making begins early on in the research and analysis is considered an ongoing and prolonged process (Spencer et al., 2014b). In this section the rationale and process of formal analysis will be described.

Interview audio recordings were transcribed verbatim by a professional transcription service adhering to the Medical Research Council and University of Glasgow guidelines on confidentiality. Each transcript was read in full and checked for accuracy. The purpose of the two interviews was not to measure differences between timepoints but was instead to gain clarity on topics raised in interview one and explore support experiences and preferences in detail. Therefore, it was deemed appropriate to combine interview one and two transcripts; treating the textual files more like one continuous file in analysis. Ahead of formal analysis, transcripts were de-identified. Names were replaced with pseudonyms. These were chosen by selecting from the top results of an internet name search (most popular name (year of birth) in (country)). Where the name was already in use by another participant/family member/friend the next alternative name on the list was chosen. Place names and other identifiable parts were generalised as far as possible without loss of valuable context.

The method of analysis needed to be sufficiently flexible to support both theory-generating and applied research questions. As such, it was decided that thematic analysis was most appropriate. Thematic analysis is substantive in nature; meaning it is concerned with what data says about the broader social world of participants (Spencer et al., 2014b). It is systematic; increasing the depth of understanding by employing methodical processes (Boyatzis, 1998). Being largely cross-sectional, material from the entire dataset are subject to a process of ‘coding’ to a common set of labels (Spencer et al., 2014b). Thematic analysis is a widely used method as it is does not belong to any one theoretical approach or discipline, making it suitable for addressing many kinds of research question. It is also suitable for application to a larger dataset – relevant to this study – wherein data were rich *and* sizeable. 35 in-depth interviews with 18 men collected 66 hours total audio (average duration of interviews (mean); one: 2.01 hours; and two: 1.78 hours).

This study employed a “*form of thematic analysis*” devised by Ritchie et al. (2003); and as such the steps undertaken in this analysis closely resembled what Gale et al. (2013) refer to as ‘The Framework Method’ (see Figure 3.4 for a summary of steps operationalised in this analysis). Ritchie et al.’s (2003) approach acknowledges that researchers often integrate strategies that are non-cross-sectional and cross-sectional into thematic analysis. In line with this, data familiarisation and initial descriptive coding of data from the first ten participants began while data collection remained active. This enabled me to get a general feel of the direction of data and to ensure emergent themes were included in forthcoming interviews. The process of reading transcripts in full meant that I became familiar with the narrative of each participant prior to commencing formal coding. In this context a code is an organisational devise that conveys the interpreted meaning of research material (Saldaña, 2016).



1. Familiarisation
- Began during data collection
- Each transcript read in full and checked for accuracy

2. Developing analytical frame
- Initial coding began during data collection
- Descriptive codes were added to produce a frame until there were no new themes
- Codes were aggregated into categories
- Initial coding frame referenced against research questions and refined
- Reviewed by supervisors, discussed and consensus reached

3. Applying analytical frame
- Using NVivo 12 Pro CAQDAS
- Full dataset subject to ‘indexing’ (data segments were assigned broad organisational descriptive codes)
- 1ST cycle coding - direct and observational
- 2nd cycle coding of broad and significant codes - conceptual and nuanced

4. Charting data into matrices
- Employed ‘framework’ (Spencer et al., 2014a)
- Constructed thematic matrices (with rows for each case; and columns for themes)
- Involved manually writing précis of data and interpretive comments alongside illustrative quotes for each data segment

5. Interpreting data
- On completion of 1st cycle coding I wrote a data *story* to test coherence of thoughts and to assist with formulating linkages between themes
- Fieldnotes were referenced to explore the direction of analysis
- Framework matrices were printed, key themes manually highlighted
- These themes were configured to produce several plans for interpretation and write up

Figure 3.4 Summary of analysis steps

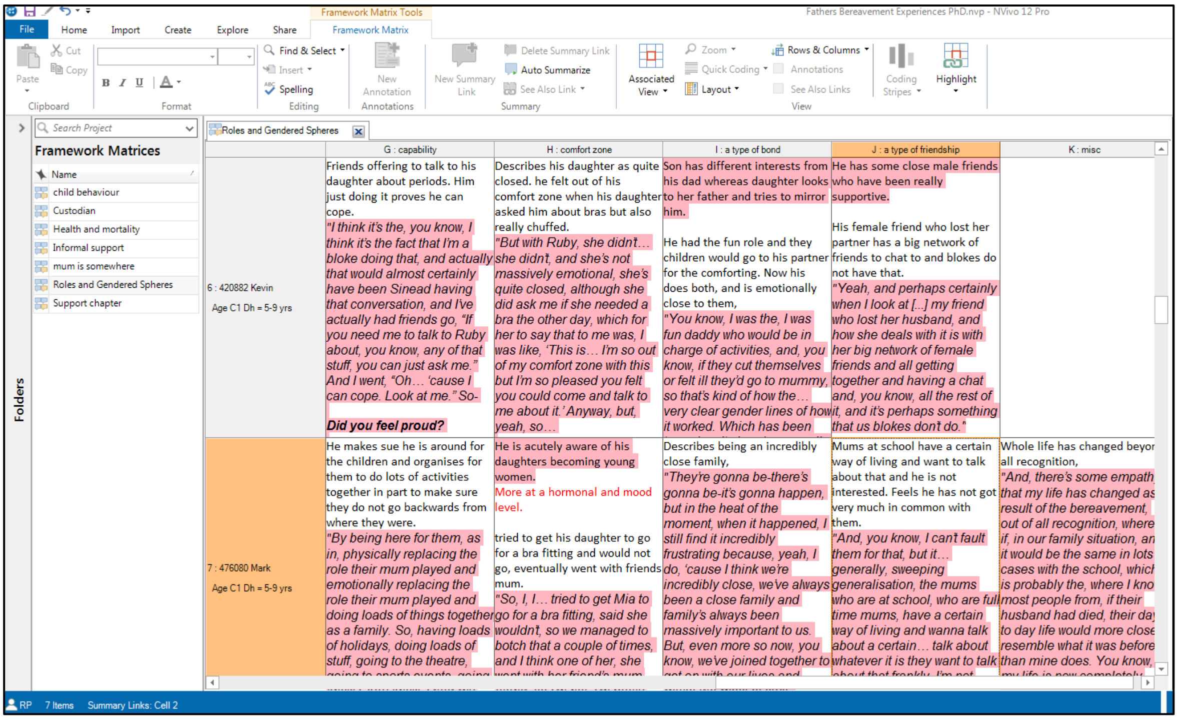
Upon the completion of data collection all transcripts were read through in full. Building upon the initial frame of descriptive codes, further descriptive codes were added until only variations of themes already captured recurred. These codes were then grouped or collapsed into categories and sub-categories. Categories were referenced against research questions and codes further refined. At this stage the initial coding frame was reviewed by the supervision team, discussed and consensus reached. As this study was exploratory, establishing this initial coding frame (see Appendix 7) was highly inductive and there was a need to index data prior to more detailed coding being conducted. This meant that descriptive codes were first assigned as broad organisational signposts before sub-codes could be constructed. De-identified transcripts were uploaded to *NVivo 12 Pro* (computer assisted qualitative data analysis software (CAQDAS)) where all coding was conducted. Using such software was the most efficient way to manage and navigate a dataset of this size and complexity.

As data were complex and overlapping, the breadth of each code was better understood as familiarity increased. I sought to evoke what Saldaña (2016) describes as the "*reverberative nature*" (p.68) of the coding process, in which constant comparisons are drawn between data and code, and code to code. This involved a first cycle characterised by direct and observational coding, followed by a second cycle of more conceptual subcoding. Reference to the two cycles is helpful to recognise analytic work and to observe the progression toward more abstract thought.

Once all cases had been coded to the coding frame, and first cycle completed, I wrote a *story* of the data (see Appendix 9). This task was an intuitive step taken by myself to test the coherence of thoughts at that time and to further formulate linkages between themes. Fieldnotes were reviewed to explore whether the direction of analysis was in accord with the themes identified as most salient at the time of interactions. Themes that were picked up in fieldnotes such as: routine, employment, being there, mortality, and exploring memory all featured in the coding frame. The process of coding and analysis moved them from initial, separate observations to being part of an integrated explanation. In the process, some initial themes increased in salience while others diminished.

Codes that remained broad after first cycle coding and were considered significant (greater number of references or particularly influential in meaning) were then further coded into more manageable and nuanced units of meaning – sub-codes (see Appendix 8). Not all descriptive codes were subject to second cycle coding. Due to the size of data and time limitations, it was decided that codes peripheral to the research questions should not be coded in detail (though may be coded later for journal articles). Descriptive codes that were subject to second cycle coding were: ‘accepting and seeking support’, ‘coping approaches’, ‘health and mortality’, ‘gendered spheres’, ‘custodian of memory’, and ‘protecting enabling family members’. A proportion of second cycle double coding was performed by one of my supervisors, Dr. Nimegeer (who is an experienced qualitative researcher) to ensure that salient themes were being identified. Codes were compared and the meaning of terminology explored in discussion. While there were slight differences in the language used in code formation, meanings were harmonised, and a high level of accordance was found. The remainder of sub-coding was completed with this assurance.

Following sub-coding, I employed the ‘framework’ approach (Ritchie et al., 2003, Spencer et al., 2014a) to summarise and better visualise linkages between codes and between cases. According to Ritchie and Spencer who devised the tool, framework is an additional step that can be undertaken as part of a broader analysis strategy. It is a method of drawing thematic matrices; each containing cases down one side and themes and subthemes across the top. The act of selecting themes for inclusion in each matrix may itself involve analytic linkages. The process involves working through cell by cell, inputting text where the case and theme coalesce. Text includes précis of data, inclusion of illustrative quotes, and interpretive comments (See Figure 3.5). While it can be laborious, working in this way results in deep immersion in the topic and such close reading and interpretation of each portion of data leads to more complex interconnections being identified. Proximity to raw data throughout means that as thoughts become more conceptual they also remain grounded in the participant’s voice (Spencer et al., 2014b). Having achieved a heterogenous sample (see 4.2), utilisation of file attributes functions in Nvivo 12 Pro meant that demographic characteristics could be assigned to cases. This meant that matrices could be reconfigured with ease according to these factors and assisted in identifying the most influential characteristics per topic. Once framework was complete using Nvivo, matrices were printed and the contents read through. Key themes were then highlighted using sticky notes and pens. Identified themes were then used to structure a series of plans for interpretation and writing up (See Appendix 10).



	G : capability	H : comfort zone	I : a type of bond	J : a type of friendship	K : misc
6 : 420882 Kevin Age C1 Dh = 5-9 yrs	Friends offering to talk to his daughter about periods. Him just doing it proves he can cope. *"I think it’s the, you know, I think it’s the fact that I’m a bloke doing that, and actually that would almost certainly have been Sinead having that conversation, and I’ve actually had friends go, “If you need me to talk to Ruby about, you know, any of that stuff, you can just ask me.” And I went, “Oh… ‘cause I can cope. Look at me.” So-* ***Did you feel proud?***	Describes his daughter as quite closed. he felt out of his comfort zone when his daughter asked him about bras but also really chuffed. *"But with Ruby, she didn’t… she didn’t, and she’s not massively emotional, she’s quite closed, although she did ask me if she needed a bra the other day, which for her to say that to me was, I was like, ‘This is… I’m so out of my comfort zone with this but I’m so pleased you felt you could come and talk to me about it.’ Anyway, but, yeah, so…*	Son has different interests from his dad whereas daughter looks to her father and tries to mirror him. He had the fun role and they children would go to his partner for the comforting. Now his does both, and is emotionally close to them, *"You know, I was the, I was fun daddy who would be in charge of activities, and, you know, if they cut themselves or felt ill they’d go to mummy, so that’s kind of how the… very clear gender lines of how it worked. Which has been*	He has some close male friends who have been really supportive. His female friend who lost her partner has a big network of friends to chat to and blokes do not have that. *"Yeah, and perhaps certainly when I look at [...] my friend who lost her husband, and how she deals with it is with her big network of female friends and all getting together and having a chat and, you know, all the rest of it, and it’s perhaps something that us blokes don’t do."*	
7 : 476080 Mark Age C1 Dh = 5-9 yrs	He makes sue he is around for the children and organises for them to do lots of activities together in part to make sure they do not go backwards from where they were. *"By being here for them, as in, physically replacing the role their mum played and emotionally replacing the role their mum played and doing loads of things together as a family. So, having loads of holidays, doing loads of stuff, going to the theatre,*	He is acutely aware of his daughters becoming young women. More at a hormonal and mood level. tried to get his daughter to go for a bra fitting and would not go, eventually went with friends mum. *"So, I, I… tried to get Mia to go for a bra fitting, said she wouldn’t, so we managed to botch that a couple of times, and I think one of her, she*	Describes being an incredibly close family, *"They’re gonna be-there’s gonna be-it’s gonna happen, but in the heat of the moment, when it happened, I still find it incredibly frustrating because, yeah, I do, ‘cause I think we’re incredibly close, we’ve always been a close family and family’s always been massively important to us. But, even more so now, you know, we’ve joined together to*	Mums at school have a certain way of living and want to talk about that and he is not interested. Feels he has not got very much in common with them. *"And, you know, I can’t fault them for that, but it… generally, sweeping generalisation, the mums who are at school, who are full time mums, have a certain way of living and wanna talk about a certain… talk about whatever it is they want to talk*	Whole life has changed beyo all recognition, *"And, there’s some empath that my life has changed as result of the bereavement, out of all recognition, where if, in our family situation, an it would be the same in lots cases with the school, which is probably the, where I kno most people from, if their husband had died, their da to day life would more close resemble what it was before than mine does. You know,*

Figure 3.5 Illustration of framework matrix

3.6 Reflections on the research process

Our understanding of social phenomena is mediated by the lens through which we read them. Reflexivity is the process of considering the basis of our reading (May and Perry, 2017). It explores how sense is made through interactions and involves a critical exercise of examining qualities that might affect the findings that are produced, and which might otherwise be taken for granted. Reflexivity involves awareness of one’s own characteristics and norms; recognition of difference and similarity between oneself and participant; and an exploration of how the convergence of qualities shape knowledge production. Finlay (2002) describes “a kind of dialectic between experience and awareness” (p. 533) in which reflexive analysis is an ongoing process. Drawing heavily from fieldnotes, where much of the observations were recorded, the following sections will summarise my structured reflections on how my own characteristics created a dynamic with participant characteristics, that in turn influenced what I found. I also discuss my own emotional responses to the topic.

3.6.1 An emotionally demanding topic

Acknowledging the emotional qualities of research is recognised by social scientists as a valuable way of learning about the social world (Hubbard et al., 2001). Talk of acute illness and death exerts emotional demands on both researcher and participant. At times this emotion had to be negotiated and embraced as part of the research process and this had an impact on data collected.

Data that derive from interviews on sensitive topics are described as “shrouded in emotionality” (p. 554, Brannen, 1988). Rather than viewing the effects of participant emotion as problematic, it is argued that these qualities should be embraced as a feature of the data. There are multiple points to consider when analysing the influence of participant emotion on the data acquired including: how lived experience was perceived, how experience was reconstructed, how participant accounts were performed, and how the research interaction was experienced.

There was a notable difference between the ways in which participants spoke of their experiences of pre-bereavement versus post-bereavement. Most often when fathers spoke of their partner’s health deterioration, they spoke in highly descriptive terms and emitted a distinct sense of clarity; listing the technical names of treatments chronologically. This has been observed elsewhere (Armstrong-Coster, 2004, Watts, 2008). In contrast, their accounts around the time of death and immediate aftermath were much less precise and participants often said they could not recall detailed information from that time period. A number described a kind of interference with their clarity of perception and some said they made bad decisions. These participant reflections affirmed the decision to include only participants at least 6 months on from the death.

It is possible that such differences in recall reflected the traumatic nature of events; haziness about the details of the event of death might serve a protective function. Numerous participants spoke explicitly of living in a blur and a fog after their partner's death and it is logical that accounts themselves may reflect this. The influence of emotion in this context might better be understood as a kind of metadata. There are inconsistencies in fathers' accounts (ages, years etc.) and when viewed through the lens of emotion and trauma such discrepancies may be interpreted as entirely consistent with fathers' broader descriptions of life disruption and uncertainty.

Prior to commencing data collection, I gave much thought to the possibility of becoming visibly moved or crying during interviews. Views around emotional display by the researcher are mixed; some view displays as demonstrating meaningful connection with an interviewee's story whilst others view them as problematic (Dickson-Swift et al., 2009). As an empathetic person and someone who is comfortable expressing emotion, I envisaged that I might become emotional. I wondered how it would be interpreted by the participant if I was to cry and how their response might shape the data. I did not want the fathers to limit what they shared due to concern of causing upset. I also had a duty of care to participants and did not see how I could proficiently perform that duty if overcome by emotion myself. The opposite scenario was also considered wherein the participant cried and I did not; I was aware that I might appear lacking in empathy and the participant might limit disclosure as a result.

Rapport can be maintained in other ways however: being generally warm, adopting a relaxed posture, smiling when appropriate, and regularly checking participants' comfort to demonstrate care. I felt it best to attempt to be as *emotionally balanced* (p. 11, Watts, 2008) as possible, particularly while in the participants' presence. This in no way meant there was an attempt to occupy a position of objectivity as I expected to be profoundly moved by accounts. It merely meant that a safe position of not too close, not too distant would be sought and reflexivity would be relied upon as a key methodological device (Watts, 2008). Active management of how emotion is displayed is fundamental to sensitive research enquiry (Dickson-Swift et al., 2009). Gilbert (2001) states that researchers should draw up on their emotions and use them intelligently to benefit the research.

Advanced preparation for interactions meant I was mindful of facial expressions whilst listening to traumatic accounts. My eyes would often well-up when participants sat and cried with me and this felt perfectly appropriate. As participants cried, I would often smile softly to show I was there with them. Most participants cried while giving their accounts and some expressed surprise at doing so. The emotion I showed was genuine but bounded and I believe the impact of this on the interaction was most likely positive. It likely provided reassurance of my humanness and warmth and promoted openness more generally, increasing the richness of data.

As the research progressed, I became hypochondriacal. Many of the men went into detail about their partner's symptoms and too regularly did I find myself worrying that my own aches and pains were signs of something life threatening. Hearing participant's accounts prompted fears regarding my own mortality and that of significant others. On occasion I would wonder if my loved ones would speak with similar regard about me after I die. Other researchers working on sensitive topics describe similar thoughts (Watts, 2008). After listening to hours of audio and reading and rereading transcripts it was not surprising this occurred, and it probably reflected the immersion in the research topic. However, despite knowing that these thoughts were involuntary I felt guilty for having them. Such feelings parallel Hochschild's (2003) *human costs* of performing emotional labour which include guilt and burnout. Extending beyond specific discussions of acute illness and mortality, and considering the research more broadly, a wide spectrum of complex emotions was prompted and at times resulted in feelings of fatigue.

For example, I was at one participant's home and just before leaving he offered me a slice of cake "*for the road*". He searched in a drawer for foil but instead found a floral paper napkin. He stated he "*obviously*" did not buy them, his partner did, and this was the last one. Before I could object, he placed the carrot cake into the napkin and gave it to me. I realise that most of the objects in his home will have some connection to his partner and that this does not necessarily equal sentimentality toward them. I also recognise that he would not have given me the napkin if he did not want to. As he handed me the cake he said, “you can’t keep hold of everything.” When I felt the weight of the cake and napkin in my hand, I thought about the woman who bought it and felt the emotional load drag me downwards. Others have spoken similarly of conducting sensitive qualitative research and describe the emotion work as being an embodied experience (Dickson-Swift et al., 2009). After eating the cake, I had to actively persuade myself to dispose of the buttercream covered napkin. Being allowed into a person’s life through hearing their narrative feels like a privilege and sometimes gives a strong sense of ‘knowing’ an individual who is nonetheless a stranger. At times I felt deep sadness about the death of these mothers, but I tried to draw myself back by telling myself I did not in fact know them.

I took practical actions to mitigate against the risk of emotional exhaustion. Fieldwork was paced and recuperation time was scheduled after each interview and at regular intervals during analysis. I used the writing of field notes as a debriefing activity. There was opportunity to voice concerns and discuss coping at regular supervision meeting; and my supervisors monitored my wellbeing. My supervisors and I had 24-hour access to a telephone support organisation who had a contract with the University. Given the focus on bereavement, I also had several debriefing meetings with the University Chaplain.

3.6.2 Researcher characteristics

One of the most prominent differences between myself and participants was that they had experienced a significant bereavement and I had not. At the time, the most significant bereavements I had experienced were the deaths of my grandparents, none of whom were embedded in my everyday life. When considering my own wellbeing, I expected my lack of proximity to death to be somewhat protective and helpful in managing the emotional burden. I was conscious of my outsider status throughout the research process. When participants did ask if I had experienced the death of a partner or parent myself, I answered no. Perhaps to my surprise, this appeared to be received positively, possibly because participants understood then that I was interested in their account and did not have any personal agenda. This may also have meant that participants went into more detail, taking my ‘outsider status’ to indicate lack of knowledge and need for higher degree of explication. Based on the length of interviews and the seemingly good rapport this seems likely.

Another prominent distinction between myself and the participants was gender. In common with previous researchers (Sallee and Harris, 2011, Young, 2007), I became aware of a desire among some participants either to present their domestic arrangements as egalitarian or to justify or apologise for the fact that they were less so (see 4.4). I wondered if they would have framed their household roles in a similar way to a male researcher. The possibility that their disclosures were shaped by concerns they would be negatively judged by me cannot be disregarded. I did attempt to put participants at ease when I sensed hesitation by saying “there are no wrong answers” and “no judgement”. Accounts were often lengthy and detailed, and identification of contradictions show fathers did present more complex narratives as interactions progressed. A few participants explicitly expressed how my being a woman was beneficial to the research; admitting that they had disclosed information they would not have to another man.

3.6.3 The interview setting

I initially had reservations around my safety when contemplating interviewing unknown men in their homes. As participants responded to an online invitation, I had no way of knowing if they were in fact who they said they were. Indeed, a handful of participants themselves expressed concern that I would visit a virtual stranger in their home as part of my job role. The screening phone call provided a means to get a sense of who the person was but otherwise I arrived at their house knowing little of their temperament. On study visits I had a heightened sense of vulnerability. I was aware that I was being invited into an intimate space; that I was a stranger there and that I should be alert to any potential dangers. This experience perhaps exposed an underlying feeling of vulnerability as a woman that I had not previously been attuned to. Indeed, safety concerns are well documented by others and a position of caution is urged (Lee, 1997, McKee and O'Brien, 1983). Strategies were employed to reduce the risks involved, and these were informed by specialist Suzy Lamplugh lone worker training. I adhered to the University of Glasgow lone working procedures and the Social and Public Health Sciences Unit standard operating procedures. A telephone safety system (SoloProtect) was used to record my whereabouts and to raise alarm if I did not check in within a specific timeframe.

At the start of earlier interviews, I was somewhat apprehensive, and this may have shown. Nerves quickly settled however, and I felt more at ease as interviews progressed. Many of the houses had a real sense of being warm family homes and this may have influenced my perception of the men as fathers. Being in houses with signs of younger children, helped put me at ease. Children's scrawling's, finger paintings and collages had a playful quality that seemed to emit warmth; and men in these environments seemed similarly warm. Where there was an absence of children's belongings at participants' homes apprehensions around them as individuals were prolonged. It is likely participants were apprehensive for other reasons (for example not knowing what I might ask exactly). I do not sense that such apprehensions had any significant influence on collected data.

In telling their story, many of the fathers described occasions where their capabilities to be a solo parent were doubted by those around them. These doubts were also borne out in the research interaction. In a handful of cases there were indications that the interview was itself perceived as an assessment in which the physical condition of the home indicated a general level of coping. There were apologies about the tidiness of homes even when they were not noticeably untidy, for example, saying "*Sorry it's clearly a boys house.*" The wider implication of this narrative might be that some fathers endeavoured to present a refined version of themselves more broadly. One participant asked me to conduct the first interview at his place of work but invited me to his home for the second interview. Upon my arrival for the follow-up interview he seemed embarrassed about the condition of his home and apologised repeatedly. The invitation to his home, regardless of the condition, communicated that he understood from our first interaction that it was a non-judgemental space and a safe forum to represent himself justly. His decision for the first interview to be held at his workplace, may have been borne of caution but his opening up provided some reassurance that he did not feel the need to provide a 'cleansed' account. This is a good example of additional insight gained from the follow-up interviews.

I anticipated that children might be present during some interviews. During the screening call it was suggested that interviews should ideally be conducted in a place that provides some privacy and quiet. A number of participants had difficulty arranging childcare and so children were present in the home. Where one child was particularly young (Ava, aged ≤2 at interview) and the participant was not able to secure childcare, interviews were conducted with the child present. There was no concern that the child could comprehend the content of responses and so the level of openness was not compromised. The toddler's sporadic chatter on the other hand did require acknowledgment and so both questions and responses were often interrupted. Sometimes the participant would lose his train of thought and undoubtedly there was a loss of depth. During these interactions it was a challenge to locate the appropriate tones of voice to both discuss the sensitive topic of focus and moments later acknowledge a toddler. The feeling of performing two voices in tandem meant that these interviews, whilst rewarding, were some of the more tiring. At the end of the second interview Ava asked her dad to read her a story, we all sat on the sofa, and he read to his daughter comfortably without any sign of being self-conscious in my presence. The positive interactions between myself and participants children contributed toward building a good rapport and being introduced to the children gave me a sense of being accepted.

3.6.4 Research exit

Being in the field exerts demands upon those who conduct such work; some are shorter term whilst others are more extended. Through working closely with participants, even over short periods, it is likely that relationships develop (Shaffir and Stebbins, 1991). When conducting interviews, particularly on sensitive topics, participants' accounts can include personal disclosures not shared before and during these intense interactions boundaries can be less clear (Dickson-Swift et al., 2009). Departure involves emotion work, and some argue that leaving the field is never entirely achieved (Shaffir and Stebbins, 1991, Dickson-Swift et al., 2009).

Each person was thanked for their contribution and assured that study results would be sent to them. I marked the end of the interaction and outlined the parameters for future contact. I was aware that I was leaving participants who had described feeling alone and some of whom described experiencing social isolation. I felt a responsibility to them and so stated that they could contact me following data collection, in relation to the study. I became attached to many of the participants more than I anticipated. This ritual of saying bye following the final interview became an important part of how I achieved a sense of formally leaving the field and each participant.

There were occasions where this ritual was disrupted though, and this prompted mixed feelings. During one interview a participant explained how often his son would physically push visitors out of the home as they left and how he perceived this to indicate how much his son wanted his dedicated attention. Indeed, as I left, I was gently handled out of the flat by the participants' son and was unable to complete my ritual as I would have liked. One participant made the decision to withdraw from participation in the follow-up interview at the point of scheduling; stating that he wanted to try to move on from events. While I attempted to phone the participant to provide genuine reassurance that he could withdraw without needing to give a reason and to thank him for his time, in the end contact was only made by text message. These exits were abrupt and did not offer the meaningful closure to the relationship that I wanted. Where the former gave me a comforting feeling of regular life continuing for the participant, the latter left me with a low level of concern that I could not act upon.

I did not sense that the desire to connect personally was always reciprocated to the same degree. A handful of participants mentioned the benefits of anonymity offered by the study and subsequently made disclosures they would otherwise have not. This view of the interview as an opportunity to offload, suggested a less interpersonal interaction than I was able (or wanted) to achieve. That said, there were instances where I got the sense that participants were trying to lengthen the interview as they did not want me to leave. Likewise, participants may have prolonged the interview because they enjoyed having the opportunity to speak or it could be that they were trying to be as thorough and as helpful as possible.

Consistent with the findings of others (Dyregrov, 2004, Dyregrov et al., 2011, Kentish-Barnes et al., 2015, Omerov et al., 2014), the majority of participants in this study commented positively on participation. Numerous participants described the process as cathartic, and some described how exploring their experiences in-depth had helped them to recognise “how far” they had come. For most, being interviewed was valuable and prompted the formulation of new understandings. Interactions evidently provoked deep reflection; a handful of participants described how they had continued to think about discussions in the time between the first and second interview. At the end of one interview one participant stated:

“You’ve done a good thing here; this has made me think about how I really am and I think I’m going to get some counselling.”

This participant felt unable to talk about his bereavement with family members and said that he had not spoken about his partner in months. It is possible that the interview process gave this him space and time to reassert the value of his continuing relationship with his partner. There were instances where participants drew parallels between the interview scenario and therapeutic settings. Notably, across all cases greater visible upset was expressed in the first interview, compared with the second. This may have simply reflected the different topics covered but may also have reflected that participants had been able to work through some of their emotions in the first interview.

In response to my final exit ritual of sending emails to thank participants I received several emails that reciprocated the sentiment. A couple of participants expressed gratitude for my focus on the topic and a couple commented on the sensitivity with which the research was conducted. Participants explicitly stated the gains they had made through participation and this assured me that they had not been negatively affected by the research.

3.7 Chapter summary

This chapter outlined the processes involved in the design, development, and delivery of the research study.

It began with a brief section on the ethics of bereavement research; outlining how it is often important and beneficial for bereaved people to participate in research. Though ethical decision making occurred through the duration of the study and was described throughout the chapter, this first section asserted the importance of informed consent. This section was followed with an overview of the interpretivist epistemological stance which underpins the research design. In privileging the interpretive activity of social actors, I explained how according to this perspective, knowledge is understood to be socially constructed and culturally situated. The section that followed described why a qualitative approach to research enquiry was considered most suitable. I argued that such an approach is particularly useful for researching underexplored topic areas; and was the most responsive, sensitive, and appropriate approach for exploring personal meanings of bereavement and the complexities of lived experience. The rationale for employing a two in-depth interview design alongside visual prompt cards and ‘time-line’ methods were detailed. Methods selection was primarily informed by study objectives and ethical considerations. In section 3.4.3 the study’s use of maximum variation sampling was described. In seeking to represent varying characteristics, this method sought a heterogenous sample. Section 3.4.4 described the processes involved in conducting online recruitment using social media. 18 fathers were recruited to this study and the sample is described in proceeding chapter section 4.2. How methods operated in practice were described in detail in 3.4.5. 35 in-depth interviews (interview one: 18; and two: 17) were conducted mostly at participants' homes. These chapter sections explored the advantages and disadvantages of methods selection, for example the positive effect on rapport from using the 'time-line' to formulate personalised questions. The rationale and process of thematic data analysis using framework (in Nvivo) was explored at length in 3.5. The chapter ends with my reflections on the research process and the impact of my positionality on data collected.

The following chapter is the first of four findings chapters to result from the methods described here. Since the analysis strategy employed by this study sought to gain insight into manifest *and* latent feelings and attitudes, the findings report both what participants explicitly said and also the interpreted meaning of disclosures. Though there are examples interwoven throughout the findings chapters of where emotionality was present in the data, in-depth discussion of internal emotional experiences were largely absent from disclosures (discussed further in 8.2.1.3). Therefore, in staying grounded in the participants' voice these do not feature prominently in reported findings. The first findings chapter explores the context of fathers' transitions resulting from partner bereavement.

4 Understanding the context of fathers' bereavement transitions

4.1 Chapter overview

This chapter begins by introducing the participant sample. It then provides a brief summary of key literature relevant to understanding fathers' experiences as socially constructed and situated within broader gender structures. To gain meaningful insight so to address research questions one and two (What are the transition experiences of fathers around the death of a partner; and how do gender and masculinities influence these fathers' experiences?), such enquiry must position fathers' experiences within their broader context and consider fathers' roles in family life prior to the bereavement. As such, fathers' talk of gender role arrangements (between them and their partner) is discussed and pre-bereavement divisions of labour are explored in relation to demographic characteristics that are understood to shape experiences. This chapter section opens with a discussion of father involvement in household chores and moves on to explore fathers' involvement in childcare. This chapter aims to provide a strong foundation for understanding fathers' experiences of partner bereavement as contextually situated and fundamentally gendered which subsequent findings chapters build upon. In this section the terms caregiver and care work refer to care of children. All children's ages given are at the time of their parent's death; while participant characteristics are as reported at interview (unless otherwise stated).

4.2 Characteristics of the final sample

As introduced in chapter section 3.4.4 a total of 35 in-depth interviews were conducted with 18 fathers (18 first visits and 17 follow-up visits). Since this study's sampling strategy sought to achieve maximum variation in participant characteristics, the final sample may be interpreted as successful. The final sample is described in Table 4.1. It included reasonable breadth in characteristics (such as: age, prior marital status, employment status) and family configurations. Three families included step-children, two included adopted children, three included children with identified complex needs, and two fathers had been cohabiting unmarried. One father described himself as mixed-race and one described himself as gender non-conformist. A reasonable range in partner illness and death circumstances were also represented (see Appendix 2 for causes of death); with eight participants' partners having a hospice death (including hospice-at-home).

Though I sought to include fathers who were in a same-sex relationship, none responded to my recruitment advertisements. While this may have been due to low visibility of the invitation on appropriate forums, it is also indicative of the smaller population size.

Those recruited to the study were spread across England, Scotland, and Northern Ireland (>10,000 miles travelled in data collection). The Index of Multiple Deprivation (IMD) measures for England, Scotland and Northern Ireland, applied to participant postcode, suggested there was a socioeconomic spread; though most participants register as lesser deprived and only a proportion of participants register in the more deprived quintiles (1= most and 5= least deprived). Note, that IMD measures are not strictly consistent across UK nations.

Pseudonym	Characteristics
Anthony	Aged 40-44 (years) 2 children (Oscar, 5 (m), and Ethan, 7 (m)) Employed full-time IMD quintile: 5 13-24 months since the death 1-6-month illness period
Brian	Aged 40-44 2 children (Leo, 5 (m), and Riley, 5 (m)) Unemployed IMD quintile: 5 6-12 months since the death 1-6-month illness period
Bruce	Aged 50-54 3 children (Emily, 3 (f), Cameron, 12 (m), and Chloe, 15 (f)) and 3 step-children (Amy, 14 (f), Rachel, 16 (f), and Lauren, 19 (f)) Employed part-time IMD quintile: 5 13-24 months since the death sudden death
Chris	Aged ≤39 2 children (Jack, 3 (m) and Lewis, 6 (m)) Employed part-time IMD quintile: 4 13-24 months since the death ≥25-month illness period
Eddie	Aged ≥55 2 children (Maisie, 5 (f), and Dylan, 8 (m)) Unemployed IMD quintile: 5 25-36 months since the death Sudden death
Greg	Aged 45-49 2 children (Henry, 2 (m), and Freya, 4 (f)) Unemployed IMD quintile: 4 25-36 months since the death 13-24-month illness period

James	Aged 40-44 1 child (Ava, 1 (f)) Unemployed IMD quintile: 4 6-12 months since the death Sudden death
Jason	Aged 40-44 1 child (Megan, 10 (f)) Employed part-time IMD quintile: 5 13-24 months since the death 13-24-month illness period
Jeremy	Aged 45-49 2 children (Isla, 3 (f), and Max, 5 (m)) Signed-off IMD quintile: 2 6-12 months since the death 7-12-month illness period
John	Aged 45-49 1 child (Thomas, 10 (m)), and 1 step-child (Jess, 24 (f)) Unemployed IMD quintile: 2 13-24 months since the death 13-24-month illness period
Keith	Aged 50-54 2 children (Georgia, 13 (f), and Shannon, 15 (f)) Employed part-time IMD quintile: 4 37-48 months since the death ≥25-month illness period
Kevin	Aged 45-49 2 children (Ruby, 8 (f), and Harry, 10 (m)) Employed full-time IMD quintile: 5 25-36 months since the death 7-12-month illness period
Mark	Aged 50-54 3 children (Alfie, 5 (m), Grace, 9 (f), and Mia, 11 (f)) Unemployed IMD quintile: 4 25-36 months since the death 7-12-month illness period

Paul	Aged 45-49 3 children (Jacob, 5 (m), Lily, 6 (f), and Holly, 11(f)) Employed part-time IMD quintile: 4 13-24 months since the death ≥25-month illness period
Robert	Aged 45-49 2 children (Amelia, 3 (f), and Sam, 7 (m)) Employed part-time IMD quintile: 4 37-48 months since the death 13-24-month illness period
Ron	Aged 45-49 1 child (Callum, 13 (m)) Employed full-time IMD quintile: 1 7-12 months since the death Sudden death
Tim	Aged 50-54 1 child (Charlie, 10 (m)) Signed-off IMD quintile: 3 7-12 months since the death Sudden death
Will	Aged 50-54 2 children (Hannah, 12 (f), and Joshua 14 (m)) Employed full-time IMD quintile: 2 37-48 months since the death ≥25-month illness period

Table 4.1 Table of participants

Having outlined the characteristics of the final sample, as part of exploring fathers' transitions, the following discursive chapter begins with a summary of relevant literature on contemporary fatherhood discourses; before exploring household gender role arrangements prior to partner illness and bereavement.

4.3 Summary of relevant literature

As explored in Chapter 2, bereavement theory has predominantly been underpinned by an essentialist interpretation of gender; often seeking to explain the ‘accepted’ gender dichotomy. Conversely this study viewed gender as a construction and therefore sought to describe the ways in which gender practice emerged. Fathering and mothering identities today are constructed in interaction with cultural discourses on fatherhood and motherhood that form the parameters of acceptable and appropriate parenting behaviours (Wall and Arnold, 2007). This is the case for bereaved fathers also; yet remarkably, fathers’ experiences of transition around the death of a partner, until now, have not been situated within a broader body of fatherhood literature.

Discourse has been referred to as a process whereby complex yet recognisable cultural understandings are formed through social practice and commentary (Vuori, 2007). Becoming engrained, cultural understandings in everyday are not easily distinguishable as learnt and are instead viewed as how things *are*. Described by Vuori (2007) as “never stable” (p. 47) discourses can emerge, shift, and may also disappear. As such, whilst parents feel obliged to position themselves in accordance with discourse, and in so doing reiterate discourse, the lived experience of individuals often does not entirely meet the ideal (Maxwell, 2017).

Concepts of ‘new fatherhood’ (p. 33, Lamb, 2000) have gained significant traction (particularly in Scandinavian countries) as part of securing the position of women in the workplace, and greater involvement and accountability from men in the home (Johansson and Klinth, 2008, Vuori, 2007). ‘New fatherhood’ implies generational transformations in fathering practices, away from traditional models where lesser involvement and father absence were viewed as the norm, towards ideas of the positive father figure being both nurturing and emotionally involved with their children (Beck and Beck-Gernsheim, 1995, Giddens, 1992, Wall and Arnold, 2007, Lamb, 2000). Further, the ‘involved father’ is expected to perform qualities of being caring, present, approachable, and self-sacrificing (p. 350, Henwood and Procter, 2003).

While ‘new fatherhood’ discourses have had an impact on family life, Henwood et al. (2003) urge for analyses to be situated within a socio-historical perspective to acknowledge that “ways of living fatherhood are constituted out of a nexus of sometimes fixed and sometimes fluid discursive practices and meanings" (p. 352). Similarly Miller (2010) described scholarly debate on contemporary fatherhood as presenting a complex and often contradictory picture. Hence while there may be progress towards greater gender equality in parenting it is not simply unidirectional. Early conceptualisations of 'gender equality' have been criticised for positioning men as the "reference class" (p. 242, Elliott, 2015) to which women are expected to conform. In reclaiming the term, Kittay (1999) theorised four feminist conceptualisations: one in which women and men are viewed as distinct yet equivalent; another focused upon domination and subordination; one that is focused upon intersectionality – considering gender inequalities alongside others based on age and ethnicity for example; and one that elevates the value of care-work, more often performed by women (Hanlon, 2012, Elliott, 2015). Therefore there are various interpretations of 'gender equality' to which parents may aspire (Baker, 2009).

Having provided a brief summary of relevant literature, drawing upon gender theory introduced here and in earlier chapter sections (see: 2.3.2), the following sections will discuss familial gender role arrangements prior to bereavement. Fathers' talk of gender role arrangements will first be discussed.

4.4 Fathers' talk around gender role arrangements

In this PhD study many of the fathers' accounts demonstrated their awareness of 'new fatherhood' ideals and associated expectations for fathers to be more involved than men of previous generations. Findings reflect the age of participants (see Table 4.1) and timing on becoming first-time parents (early 2000's onwards). Fathers frequently described their arrangements as equitable, however subsequent disclosures of labour division often contradicted these characterisations. For example, fathers might initially state that childcare involvement was divided "50/50" (Tim, 50-54) but would later suggest that their partner spent more time with the children. Similar to the findings of Plantin et al. (2003), who found a mismatch between fathering ideology and practice; inconsistencies in fathers' narratives provided insight into how lived experience of gender role arrangements, at times, conflicted with ambitions for gender equality. Nordberg (2005) referred to gender equality discourse as the "third presence” (p. 80) against which individuals will position themselves. Johansson and Klinth (2008) elaborated on this, stating how the “gender-equal man lives on as an idea and moral guiding principle” (p. 45). The pervasiveness of gender equality discourses was observable in fathers’ efforts to present more favourable descriptions of familial role division.

Findings often reflected a well observed trend for mothers of young children particularly to reduce or cease paid employment while fathers continue in full-time paid positions (Office for National Statistics, 2019). Jeremy (45-49), a father of two (Isla, 3, and Max, 5) and partner to Steph, described how upon becoming first-time parents Steph ceased a job she loved in order to fulfil her ‘real’ dream of staying at home to care for the children:

> And she absolutely loved [her job], but her real sort of dream was to have children and be at home, so that's what we were doing. She was going to be at home until the kids were at least both in school, possibly high school. You know, it was what she wanted.

Conversely, Jeremy maintained his full-time employment and described his role as the “stereotypical dad that comes in at six o'clock”; who acted as a figure of authority on returning home; and who “got a little bit o' the fun time”. Jeremy’s reflection of his and Steph’s roles as “what she wanted”, presented arrangements as primarily to his partner’s appeasement and somewhat contrary to his personal beliefs around gender roles:

> I was growing into the role of daddy and provider, 'cause that's what Steph wanted to do, you know? I mean wi' the best will in the world, it's hard to challenge gender stereotypes when your wife wants to be exactly the little woman at home that just does stuff for the kids, which I respected an' I was happy for. An' I would be the guy that went out an' earned the money an' came home an' wagged the finger if the kids had been naughty. It would've changed over time but that's what she wanted so, I was going with it.
>
> Jeremy (45-49 years), father of two (Isla, 3, and Max, 5)

Whilst some fathers were critical of traditional gender role arrangements, describing such arrangements as “mid-twentieth century”, “Victorian”, and “slightly sexist”; it was also common for participants to justify disclosures of traditional divisions of labour by discursively constructing an image of partner satisfaction in their role. Several fathers (Bruce, James, Mark, and Jeremy) spoke of their partners’ ambition to be a mother, above all other aims, describing childcare work as their partner’s “main emphasis in life” (Bruce, 50-54), or as something they were “born to do” (Jeremy, 45-49). As other fatherhood studies have found (Plantin et al., 2003, Plantin, 2001), glowing testimonies of mothers’ commitment and ability, such as “she was the most loving mother you'll ever meet” (Jeremy) and “she was really organised, really flexible, really good with her time” (Anthony, 40-44), gave insight into the way some fathers’ reconciled traditional gender role division as the most logical arrangement based on their partners own desires and proficiency as a mother. As such, arrangements that fundamentally helped to preserve male autonomy, a cornerstone of hegemonic masculinity (Whitehead, 2002), were positioned as empowered *choices* made by mothers.

For example, James (40-44, father of one: Ava, 1) described his partner (Angela) as a highly educated woman who had a successful career. Perhaps demonstrating the power of parenthood in upholding dichotomised gender roles, education level and career prospects did not necessarily protect mothers’ position in the workplace. On becoming first-time parents, James described how Angela ceased employment to focus on her “life’s aim” of being a mother, whilst he retained full-time hours as a senior manager. Although elsewhere James stated that Angela experienced a loss of stimulation in occupying the primary caregiver role, in seeking to justify disparities in childcare involvement, James minimised Angela’s career sacrifice through constructing motherhood as *the* ambition rather than one among many:

> […] in terms of the roles, Angela wouldn't have felt fulfilled. Her primary aim… forget about how successful she was, the fact that she went to [University] and got a very good degree […] and got multiple qualifications and was a successful [professional]. Her primary aim in

> life wasn't to do that. She was far more fulfilled by Ava coming along than she was by any of that. Now, with me […] I'm more torn in two. Yes, you know, I want to be stimulated by a job and do both. So… I guess it's more… it's often easier for a mother to stay at home with the child, with baby, than it is for the father to.
>
> James (40-44), father of one (Ava, 1)

Consistent with the findings of others (Doucet, 2006, 2018), participants' talk of their partner's ease in assuming the primary caregiver role constructed mothers as 'naturally' able parents; often gave little acknowledgement to their partner's proficiency having been accomplished through doing parenting. Anthony for example, described his prior role as that of "incompetent husband"; yet his reflection on elective involvement in childcare work as "standard", acceptable practice, provided insight into how 'incompetence' was not identified as having been constructed through his evasion of care-work:

> You know, I'd muck in, I'm not, we're not… Victorians like, but I was the standard incompetent husband who'd be disorganised at work, end up working long hours, if I'm being honest, you sometimes, you know, you'd rather sit and finish some work at that quiet point of the day five 'til seven […] But, it also coincides with the kids' bed-time, and you do the odd one, just sort of you get into a habit of avoiding that […] 'Cause it's a bun-fight […] so we were sort of pretty normal modern couple. You know, both working, her doing most of it […]
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Care avoidance is described by Hearn (2001) as one aspect of men doing traditional 'manhood'. Whitehead (2002) states that "time can be understood […] as a form of capital in so much as it can be deployed, accumulated, utilized, taken up and discharged as an exercise of power […]" (p. 139). As with many fathers, Anthony's time was his own and he had the power to pardon himself from care-work in ways his female partner was not able to; he was able to be "incompetent" whilst his partner was not. This is not to suggest that fathers knowingly or decidedly exercised their “naked domination” (p. 79) over their female partners. In fact fathers’ presented themselves as supporting gender equal parenting but their traditional practices more often evidenced complicity with the hegemonic project (Connell, 1995, Connell, 2019).

Having discussed *how* father’s described gender role arrangements, in order to set the scene for transition experiences described in Chapter 5, the next chapter section explores fathers’ substantive accounts of gender role arrangements prior to illness and/or bereavement.

4.5 Division of labour prior to events

Most participants described prior gender division of labour within their household as largely traditional; with arrangements being heavily influenced by participation in paid-work. All fathers were in full-time paid employment, with two full-time self-employed. Conversely participants’ partners were either employed in paid part-time work (8/18) or were unpaid/unemployed (7/18); with few (3/18) in full-time paid employment. Age of youngest dependent child is understood to influence couples’ employment arrangements – with mothers of under-fives being more likely to be employed part-time or be unemployed (Office for National Statistics, 2019). Given the proportion of sampled families with dependents under five years (11/18) mothers’ reported employment statuses cohere with wider population trends. Echoing the findings of O'Neill and Mendelsohn (1996) and other non-bereavement research (Kan et al., 2011, Bianchi et al., 2000), although the majority of mothers were in some form of paid employment it was common for fathers to describe their partner performing the “lions share” of domestic labour, along with the bulk of child care work, with a few exceptions.

4.5.1 “Not fifty, fifty but probably sixty, forty”: Father involvement in household chores

In divergence from earlier bereavement studies that position men as unskilled at home upkeep (Bandini and Thompson, 2013, Daggett, 2000, see also: Glick et al., 1974), most fathers (10/18) described some involvement in domestic chores (such as tidying, cleaning, and food preparation) prior to transition. Among a sample of older widower's, Bennett et al. (2003) similarly found men's domestic involvement to be more complex than previously portrayed.

With greater involvement of mothers in paid-work in the decades since data were collected by Glick and colleagues (1974), changes in gender role attitudes have seen increased expectation for domestic labour, more traditionally performed by women, to be better divided between partners (Crompton and Lyonette, 2008). Reflecting cultural attitudinal shifts, father involvement in domestic labour was found to range from substantive to more limited. For instance, Paul, a father of three (Jacob, 5, Lily, 6, and Holly, 11), and his partner Dawn were both employed/self-employed full-time and flexible work arrangements, such as the ability to work from home, enabled them to divide household labour equally:

> It's not a big deal to be doing what I'm doing, you know? I'm quite happy to put a cooker on or clean up or tidy up after the kids or whatever, so, yeah, we were quite… yeah, 50/50 pretty much.
>
> Paul (45-49), father of three (Jacob, 5, Lily, 6, and Holly, 11)

In contrast to Bandini and Thompson's (2013) findings that 1960's fathers experienced discomfort at performing tasks deemed 'feminine', findings from this study showed that many fathers conversely gained a sense of pride from domestic involvement. Illustrated by Paul's description of his involvement as "not a big deal", fathers' mastery of 'feminine' duties, as proof of their competence as men, both constructed and deconstructed hegemonic masculinity (see Elliott, 2015). Akin to Paul, John, a father of two (Thomas, 10, and Jess, 24) and partner to Jennifer, was keen to assert that he was not an unskilled man; though was also conscious not to overstate his involvement. John had a full-time office job yet his contribution to home upkeep was not inconsiderable:

> I'm certainly not gonna say fifty, fifty. But, you know, I did do, you know, Jennifer did ironing one week, I did ironing the next week, you

> know, so we rotated in that respect […] I would say it's, you know, I don't know, probably sixty, forty […] So we were both hands on, you know, it wasn't a case of sort of I'd never done anything […]
>
> John (45-49), father of two (Thomas, 10, and Jess, 24)

There were however a minority of fathers whose involvement more closely resembled that observed by Glick et al. (1974). Will for instance, a father of two (Hannah, 12, and Joshua 14) and partner to Lisa, had little involvement in domestic labour. Shortly after becoming first-time parents Lisa gave up her employment to become "the Mum" full-time, whilst Will continued his full-time hours as "the worker". Since it is far more common for mothers of older children and adolescents to increase their hours of employment (Office for National Statistics, 2019) and Will's family was one of the more deprived some might question Will and Lisa's employment arrangements. Lisa had the longest illness duration of all partners and, alongside a desire to mother, it is likely that illness severity informed Lisa's decision not to return to paid work. As "the worker", cooking the 'tea' was the extent of Will's domestic involvement:

> She was never a good housewife. She was—she wanted to be a housewife and mother, but she really just wanted to be the mother. So, I would, all the way through our life together, we'd be, I'd be having a bit of a moan every now and again because I would come home from work and I would do the tea. That was my bit. So, I would cook, I was the cook.
>
> Will (50-54), father of two (Hannah, 12, and Joshua 14)

Whilst elsewhere Will suggested he enjoyed cooking and expressed pride in his competence as a cook, he begrudged having to perform domestic labour on his return from work; seeing this task as something a 'good housewife' should ideally perform. For a minority of father's participation in paid-work merited excusal from domestic labour. For example, Ron, father of one (Callum, 13), occupied the breadwinner role working full-time for his employer, while Tricia (partner) worked as the homemaker, performing all domestic labour and care work:

> Tricia didn’t work, Tricia didn’t have to work. Financially, Tricia never had to go to work, ‘cause I worked. So basically, the job I’m in, ‘cause I earned enough money to have a wife and a family, Tricia stayed at home, she looked after Callum, so she did all the cooking, the cleaning […] So I knew that when I woke up in the morning and went to work, I didn’t have to worry about it. I didn’t ever worry.
>
> Ron (45-49), father of one (Callum, 13)

Ascribing to traditional gender role ideology that privileges men’s paid-work over women’s paid and unpaid labour (Sweeting et al., 2013), Ron equated participation in economic activity with near-total absolution from domestic labour; whilst his partner’s work went unacknowledged and did not engender similar reward.

While it was rare for fathers to describe equal divisions of labour, so too were descriptions of little to no involvement. Supporting Gupta’s (1999) assertion that men gain greater housework benefits from heterosexual partnerships than their female partners; it was far more common for fathers to describe mediocre levels of participation while their partners carried the greater domestic load. Therefore whilst father involvement in household chores seemed to signal detraditionalisation; as discussed in section 4.4, ideological support for ‘gender-equality’ with continued imbalance in gender role arrangements more often evidenced fathers doing “spoken egalitarianism” rather than “lived egalitarianism”(p. 164, Usdansky, 2011). There remained a traditionalist current amongst descriptions of role arrangements more broadly and this is explored further in subsequent chapters.

4.5.2 “I wasn't their main parent, no way”: Father involvement in childcare

As mentioned in the literature review (see: 2.4.2.1), previous bereavement studies have tended to use fathers’ employment status as a proxy measure of pre-bereavement involvement in childcare. While many refer to bereaved fathers’ “inexperience […] with the children” (p. 102, Silverman and Worden, 1992) and of “the unfamiliar roles” (p. 179, O'Neill and Mendelsohn, 1996) they must perform, there is little explication of father involvement in childcare prior to bereavement (Bandini and Thompson, 2013, Boerner and Silverman, 2001, O'Neill and Mendelsohn, 1996, Silverman and Worden, 1992). Time-based assessments of care involvement have elsewhere been criticised for not capturing the types of activities fathers engage in with their children or the quality of father-child interaction (Lamb, 2000). Despite being of vital relevance to understanding fathers’ experiences of transition around bereavement, until now no existing studies exploring fathers’ experiences of partner loss have adequately explored the nature and scale of fathers’ involvement in childcare prior to their partner’s death. Without sufficient focus on this, the scale of fathers’ adjustment cannot fully be understood. Therefore, the following paragraphs explore this in detail.

Of eighteen fathers, one participant (Greg) described himself as the main caregiver prior to his partner’s illness and death; a few (Robert, Paul, Tim, and Eddie) described themselves as sharing childcare and the remaining thirteen described their partner as the primary caregiver prior to events. Anthony, for example, was a father of two boys (Oscar, 5, and Ethan, 7) and in full-time employment; his partner Liz was part-time employed and primary caregiver to the children. When reflecting on his role as the ‘salary man’ who was mostly absent, Anthony suggested that he previously had little grasp of all that was involved in being the primary caregiver:

> […] I only realise now the amount of juggling and organising things that she had to deal with on top of it. So, she’d take care of all the play dates, do the lion’s share of the housework, a lot of the mid-

> week cooking, and I was the sort of the salary man who'd be off doing long hours, at […] the office or even [at home] stuck upstairs [...] while she put the boys down. […] I kind of did my bit, but she'd be on at us all the time like I am now to the boys like, "Oh, that's made a mess," you know? "That's not in the right place." All that stuff and I realise now what she was on about.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

In stating that "[Liz would] be on at *us* all the time", Anthony aligned his prior domestic contribution as more closely resembling that of his boys than of his partner. While Anthony intimated elsewhere that his lack of involvement was sometimes by choice, illustrating the autonomy he had in contrast to that of his partner, many fathers described how employment demands routinely drew them away from childcare. This is corroborated by existing fatherhood literature which describes fathers' difficulty reconciling care work and paid work as a prevalent concern (Miller, 2010, Yarwood, 2011). Many fathers stated that prior to transition they were mostly out at work; seeing their children in the evenings and/or at weekends.

A considerable proportion of fathers (Chris, Eddie, Greg, Paul, Robert, and Tim) described themselves as more involved with their children's care however and this was commonly facilitated by non-traditional employment patterns – such as performing shift work or having the flexibility to work from home (see Deutsch, 1999, Presser, 2005). Akin to Donaldson et al. (2011) who similarly observed changes in parental employment in response to children's complex needs, the following case study illustrates how, for Tim, his child's complex needs necessitated reconfigurations in employment and childcare involvement:

Illustrative case: Tim (50-54), father of one (Charlie, 10)

Aged ≤3 years Charlie was diagnosed with autism and Tim and his partner Linda realised their son's care would demand the hands-on involvement of both parents. Linda had ceased employment on becoming a first-time parent, whilst

Tim continued his employment in a senior position. However, upon his son's diagnosis Tim decided to discontinue his employment as his job involved considerable time away from home traveling and working long hours. Neither of which, he believed, were compatible with his son's increased care demands. Tim gained new employment doing a different job entirely, as it provided flexible shift work more conducive to fulfilling care demands at home:

> And I applied [for the job there] with totally the idea that going to work is… I will start work then end work then […] So, mammy's there all of the time, daddy has to go out and come back and, you know, he would know. And we built lots of things around him […] it was all part of building up his understanding of things. But it was very hands on. […] getting him to sleep was hard work. And we used to take shifts. So Linda would do the first hour, and then I would pour her a glass of wine and I would go and do the next hour. And then we would both end up in there together.

Tim described the division of childcaring between him and his partner as 50/50 but also stated that Charlie spent slightly more time with Linda.

The transition into first-time parenthood has elsewhere been described as a "traditionalizing [sic] force" (p. 752, Sanchez and Thomson, 1997). Using gendered language more traditionally associated with masculinity (p. 115, Whitehead, 2002), it was common for fathers to describe their partners as "professional", "highly educated", "successful" and in "senior positions" prior to having children. Nevertheless, most partners were the ones to either cease employment or reduce to part-time hours on becoming first-time parents. Although partner career prosperity alone had little objective influence over father childcare involvement; where men's employment statuses were contested, career decline provided stimulus for increased father involvement in childcare work:

Illustrative case: Greg (45-49), father of two (Henry, 2, and Freya, 4)

Before becoming first-time parents, Greg had been self-employed but this was becoming progressively more challenging; whereas his partner Pamela's career was increasingly successful; and "she was doing extremely well financially". Due to disparity in career prosperity, Greg and Pamela agreed that he would take time out of paid-work to care for baby Freya and subsequently he remained primary caregiver in the years that followed. Greg would care for the children during the day and Pamela would take over in the evening:

> And I realise that, and there were times when I would look after the kids, I was exhausted, you know, 'cause it is just non-stop, and I'm… if you're in a job, people forget this, right, when you look after kids, it comes out of anywhere. And all the time. And just when you sit down with your cup of tea, that's when they start screaming, you know, fill their nappy, they want something, whatever. And I, you know, it was, it was really tiring, so Pamela would either… I think initially she was working up in town but she'd be working upstairs and, you know, we agreed like five thirty that she'd kinda take over.

Greg's account of his involvement as primary caregiver provided marked contrast to less involved fathers' constructions of their partners' caregiving role as 'the dream' and of providing utmost fulfilment (see section 4.4). In contrast to the fathers who were physically more absent, more involved fathers were more likely to express appreciation of what childcare involved; "it's not easy looking after a little 'un" (Tim, 50-54). Men doing care-work has been described as a "gender equality intervention" (p. 243, Elliott, 2015); and fathers accounts of doing 'new fatherhood' accordingly showed an elevation in the value given to care-work.

Notions of ‘breadwinning’ remain “basic to the way […fathers] define themselves as adult men” (p. 346, Henwood and Procter, 2003). Exalted forms of fatherhood and masculinity in the UK remain to support the primacy of paid-work over all other forms of labour (Kaufman, 2018). Accordingly, the ‘good father’ is traditionally one who is an active economic participant who can provide for their family financially (Miller, 2010, Yarwood, 2011). However, as illustrated in Greg’s case where his partner’s income surpassed his own; in Robert’s (45-49) case where he had taken a “massive pay cut”; and in Paul’s (45-49) case where he admitted his business was propped up by his “professional” partner who “earned the real money”; some fathers did not accomplish hegemonic breadwinning status. Depending on the community, deviation from hegemonic masculine ideals in this way may result in social relegation (Yarwood, 2011). Where other fathers who firmly occupied the ‘breadwinner’ role had the masculine capital to practice elective involvement in childcare work, these fathers were not positioned to do so and were instead required to reframe concepts of the ‘provider role’ to incorporate hands-on caregiving. Gender performances that integrate traditionally ‘feminine’ practices into masculinities have been termed ‘caring masculinities’ (Elliott, 2015, Hanlon, 2012). The following illustrative case demonstrates how unemployment forced Eddie to become highly involved in his firstborn’s care; and childcare became a role he enjoyed and was proud to provide:

Illustrative case: Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

On becoming a first-time father, Eddie had intended to maintain full-time hours of employment; he was however made redundant shortly after Dylan’s birth, and remained unemployed for approximately one year while seeking work. He found finding a new job aged ≥40 was surprisingly arduous,

> […] the company I was working for went bust, went into liquidation, overnight. So I was kinda suddenly out of work. […] I’d look round for a job, I ended up finding it… it was… it was a bit of a task to be honest with you, difficult, it’s one of these things, it’s not easy

> finding a job when you're in your forties, believe it or not, which I found really, you know, surprisingly difficult.

In the ~12 months Eddie was unemployed he had a significant role in caring for baby Dylan, and when he did resume paid-work Eddie worked shifts. This pattern enabled him to retain childcare involvement whilst participating in paid-work:

> […] my preferred shift, I used to work an afternoon shift, it was two o'clock in the afternoon to ten at night. I used to love doing that, 'cause I had half a day at home with me kids, it was great. So I'd always been a really involved father, I'd always done things with the kids, always done things for the kids.

While some have observed parental involvement to be lowest among unemployed fathers (Burghes, 1997, Ferri and Smith, 1996), Plantin et al. (2003) found that some unemployed fathers adopted chief responsibility for household upkeep and childcare work and suggested this had an effect on gender role ideology. Paralleling findings of Plantin et al. (2003), this study found that early years involvement, facilitated by career decline, was formative in fathers' constructions of fathering identities. Though involvement had reduced as their children had aged, two participants (Eddie, and Paul) continued to describe themselves as 'involved fathers' despite these reductions, indicating the 'transformatory effect' of father-child interaction on men's gender identity (Coltrane, 1996, Plantin et al., 2003).

Most fathers' apparent satisfaction with their level of involvement, as adequate, may provide insight into disparities in cultural definitions of the 'good father' and 'good mother'. High involvement through protection and nurturance is expected of mothers, whilst there is less consensus regarding the role of the father; where even low levels of involvement may be praised and rewarded (Brandth and Kvande, 1998, Lamb, 2000, McKie et al., 2001).

4.5.2.1 “More of the fun stuff, let’s be honest”: The nature of father involvement

As most fathers spent much of their time in the workplace and absent from the home, they spent less time with their children than did their partner. Others have observed similar disparities in the number of hours mothers and fathers spend with their children; a disparity which is at its greatest when children are younger (Silver, 2000). Fatherhood literature documents how fathers continue to spend less time dedicated to childcare than mothers do as social expectations around mothers as caregivers and fathers as ‘salary-men’ endure (Lupton and Barclay, 1997, Silver, 2000, Wall and Arnold, 2007). This study found that for many, involvement in hands-on care for their children was limited and contributions were mainly ‘task-based’ (See Miller, 2010).

For example, Brian, a father of two (Leo, 5, and Riley, 5), worked full-time as a manager whilst his partner (Julie) was employed part-time and otherwise performed much of the domestic labour and care work. Brian typically returned home from the workplace in the early evening and, along with doing the ‘fun stuff’, would *assist* with specific tasks:

> And… and so I suppose it is… so mine was more keeping them entertained at certain times and stuff like that kinda thing, where I did the bath, and especially from a younger age. I would always do the bath kinda thing, and we’d take turns at the story and stuff like that kinda thing.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

Upon returning home from the workplace Mark, a father of three (Alfie, 5, Grace, 9, and Mia, 11), similarly occupied the ‘helper’ role. Akin to others who described “working long hours” (Anthony, 40-44) and of putting their “nose to the grindstone” (Kevin, 45-49), Mark described himself as the husband that left the family home early and returned late. He worked full-time in an executive role, whilst his partner Melissa, who had never been a career person, worked as a devoted Mum. Mark's childcare involvement was mainly support work in the evenings:

> […] we'd always had a deal that I'd go and earn the money and she would look after the domestic stuff. […] Now clearly by the time I come home at seven o'clock at night, she's got three young kids running around, she was quite happy for me to take overlooking after the kids for a couple of hours, and go and do something else. So, that was how it worked.
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

As childcaring for many fathers were limited to relief work, their role within the family was more akin to assistant or helper to their partner. This mirrors conclusions drawn by others that fathers continue to be positioned as part-time or temporary aides to the mother; through cultural narratives that implicitly assign the responsibility of caregiving as the role of the mother (Henwood and Procter, 2003, Vuori, 2007, Wall and Arnold, 2007). Signalling a departure from traditional fatherhood models, however; several fathers (Chris, Paul, Robert, Greg, Eddie, and Tim) spoke of routine involvement in everyday hands-on care of their children. Greg for example–described the roles he and Pamela performed as similar:

> I mean, if… if… the difference was, I did the bum wiping and the nappy changing more. But yeah, no, essentially, depending on which day of the week and which type of… time of day it was, we'd… we'd both do things, we'd organise things and play with them, you know.
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

Often in the context of being mainly absent from the home, over a third of fathers (7/18) defined one aspect of their role within the family as the authority figure. This involved being the person that would oversee and approve family decisions and frequently involved being the parent that would scold child misbehaviour:

> I was very much your stereotypical dad that comes in at six o'clock. The dad that, you know, if they're misbehaving mam says “Just, you know, wait 'til your daddy gets home” sorta thing. But it meant that I got the sort of… […] I would come in and they would be all excited and I'd get the cuddles an', you know, I got a little bit o' the fun time, an' then I got to help take them to bed an' whatnot.
>
> Jeremy (45-49), father of two (Isla, 3, and Max, 5)

Conforming to dominant concepts of embodied masculinity, including notions of physical aptitude, outward occupation of space, and of motion within it (Connell, 1983, Jefferson, 1998, Whitehead, 2002); many fathers’ descriptions of their engagement with their children had a strong orientation toward action-related activities, such as doing sport or being outdoors. Elsewhere, while fathers have been found to spend less time dedicated to hands-on childcare than mothers; fathers and mothers spend a similar amount of time playing with their children (Silver, 2000). Reflecting the privilege men continue to have over women under patriarchal societal structures, fathers are thought to have greater autonomy than mothers to choose to accept or decline care tasks (See Johansson and Klinth, 2008, Yarwood, 2011). This is well illustrated by Ron who, in the time outside of paid-work, felt able to opt to do the more pleasurable or fun tasks in the time he spent with his son, while his partner did not. This more often involved engaging in leisure or sport related activities:

> I’d be the one that would take him trampolining, I’d be the one that’d go swimming with him. I’d be the one that’d go to the park with him. Tricia never did any of that for him. ‘Cause Tricia would always be, “Well, you get to do that.” Well, why don’t you make time to do it, “I haven’t got time to do that.” Well yeah, you have. Like, you’re not working on a Saturday, you don’t work. And then that used to annoy her. “But you can’t say that I don’t work, ‘cause I do work, I’m constantly looking after the house.”
>
> Ron (45-49), father of one (Callum, 13)

Ron’s description of the tensions expressed between him and his partner provide insight into his lack of understanding of what the stay-at-home role entailed. Unacknowledging of his privilege, he viewed his engagement with his son in leisure/sport activities as provision of a much-needed resource that was undelivered by his partner. It was unusual for fathers to be so explicit in articulating how they undervalued their partners’ work, though a minority of others’ descriptions of doing the “fun stuff” demonstrated the seeming invisibility of their partner’s labour. As illustrated by Brian’s perception of unbalanced role arrangements as “quite good”:

> But it’d be more, she would do the majority of the cooking and the clearing up, where I com- it was quite good, especially the first year of school, where I’d come back and leave work at half four, get in for five, and we’d have tea, and finish at quarter past. And there’s sort of a woodland round there, and me and the boys would go exploring while she cleared up, and stuff like that kinda thing.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

Doing the ‘fun stuff’ did, however, offer fathers a means of accomplishing ‘new father’ ideals (p. 33, Lamb, 2000). Illustrated by Mark’s self-sacrifice in prioritising doing activities with his children in the hours outside of paid-work, ‘the fun stuff’ offered a way of being present for his children:

> […] my weekends were solely devoted to the kids, so you know, I didn’t have any—I didn’t do any sport, gave up my social life really, everything we did was around the kids. And all our holidays were family holidays. […] So, that was my involvement. I got to do most of the fun stuff to be honest, or the, ‘Wait ‘til your father gets home, he’ll tell you off about doing that’ bit,’ when Melissa had had enough of them during the day.
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

A significant proportion of fathers (7/18) stated that they had always been close to or emotionally involved with their children and ‘the fun stuff’ evidently offered opportunities to bond. While both fathers and mothers have been found to achieve similar parental goals, divergence in gendered parenting styles lead to differences in how these are achieved (Palkovitz et al., 2014, Palkovitz, 2013). Fathers are more likely to engage their infants in unpredictable and physical play then mothers (Lamb and Lewis, 2010); and even where fathers spend little time with their children, these play styles are effective in developing strong father-child bonds (Paquette, 2004). These kinds of activities are argued to nurture child independence and are described by Doucet (2006, 2018) as “a form of long-term protection and ultimately of [emotional] connection” (p. 132).

Cultural understandings of ‘nurturance’ however do not usually acknowledge these practices and more often privilege the ways mothers *do* nurturing (Doucet, 2006, Doucet, 2018). Perhaps reflecting this, half of fathers in the study perceived mothers as innately more caring, nurturing, and more attuned to their children. Many fathers spoke of mothers’ sensitivity to their children as quite distinct from fathers; and reflections on theirs and their partners’ ways of being with their children often positioned women as more skilled parents with a more complete picture of children’s needs compared to men. Of relevance is Lopata’s concept of “husband sanctification” (pp. 116-118, 1996) identified in their widowhood study; and later applied by Bennett et al. (2013) to examine widowers’ re-partnering. According to which, in establishing continuing bonds bereaved persons were understood to reconstruct memories of the deceased often in eulogised form, wherein an “extremely idealized [*sic*] image” (p. 117) is developed (Lopata, 1996). This will be explored further in Chapter 5.

Participants’ narratives frequently drew upon ideas of ‘natural’ roles and embodied aspects of parenting; as observed elsewhere (see Doucet, 2006, Doucet, 2018). For example, “mummies smell different to daddies. And that’s something that a child has from being in the womb” (Tim, 50-54); and “we’re not programmed that way” (Greg, 45-49). Indeed, even doing ‘involved’ fathering did not appear to destabilise firmly held beliefs around the gender dichotomy. Further articulating the enduring rigidity of parenthood as a traditional structure, so too was this the case even for Will who otherwise identified as gender non-conformist. These themes and their significance, in the ways fathers conceptualised their role during transition, are explored in detail Chapter 6.

4.6 Chapter summary

This chapter began with a description of the study sample; wherein participants were shown to represent diverse family configurations, but predominantly lived in the least deprived areas. To establish robust knowledge of fathers' baseline circumstances, unlike much existing literature (see 2.5), this discursive chapter first examined pre-bereavement gender role arrangements in their context. From which a comprehensive exploration of fathers' experiences of transition around partner death could be conducted in forthcoming chapters. Uniquely, this chapter examined fathers' arrangements, together with existing bereavement studies *and* fatherhood literature.

Fathers' narratives illustrated the pervasiveness of gender equality discourses in individual gender role arrangements. Participant critiques of traditional gender roles demonstrated that many were alert to expectations of the 'new father' to be more 'involved' in family life. Yet, fathers frequently justified traditional divisions of labour as being rational arrangements based on their partners desire and 'natural' proficiency to parent. Expressions of support for greater gender equality signalled that largely traditional arrangements were less a result of explicit male domination of their female partners and more an expression of hegemonic complicity.

Where early studies positioned fathers to be domestically ill-equipped, this study conversely found that most participants had been involved with household chores to some degree. Rather than undermining masculinity, for many, doing 'feminine' labour bolstered masculine identity by proving male aptitude. There were however a minority of participants whose attitudes towards gender role division showed rigid conformity to traditional concepts of breadwinning; in which economic participation alone was viewed as adequate contribution. It was far more common though, for participants to describe mediocre domestic chore involvement, whilst the ‘lion’s share’ was performed by female partners.

Although no existing studies of partner bereaved fathers have comprehensively explored the nature and scale of prior father involvement in childcare, until now, fathers have routinely been assumed to have been ‘absent’ parents. By exploring fathers’ experiences in relation to existing fatherhood literature; this study moved away from the unhelpful “dichotomous (present vs. absent)” (p. 29, Lamb, 2000) conceptualisation of parental involvement and instead described the nuances of fathers’ prior involvement for the first time.

Despite all fathers having been in full-time employment and most describing their partner as primary caregiver, contrary to assumptions made by existing bereavement literature, participants were not entirely absent fathers and most had some involvement in childcare. Notions of ‘breadwinning’ did remain pervasive however and fathers’ child caring was commonly fitted around employment demands. It mostly occurred in the evenings and at weekends; and typically involved: task-based care; disciplinary involvement; or activity/leisure-based participation.

A significant minority of participants did however describe childcare as shared and one father had been primary caregiver. Such arrangements tended to be enabled by non-traditional employment patterns such as periods of unemployment or shift-pattern work. This chapter briefly discussed how fathers, whose breadwinning was contested, reimagined the traditional ‘provider role’ to incorporate ‘feminine’ care-work without masculine identity seeming to be compromised. Care provision was instead conceptualised as evidence of male competence and was a source of pride.

Gender role arrangements meant fathers were frequently positioned as secondary helper/assistant parents to their partners. While most fathers in this PhD study described themselves as emotionally bonded with their children, many spent limited time with them. Elsewhere, Miller (2010) found that first-time fathers, like mothers, described caring during paternity leave as “instinctive” (p.371, Miller, 2010); yet on returning to ‘breadwinning’ fathers lost touch whilst mothers became more attuned to their changing infants. Akin to Miller’s (2010) findings, for many participants their partners’ parental proficiency, arguably achieved through greater practice, constructed and reinforced discourses around mothers as more ‘natural’ parents. Fathers being positioned as helper parents, according to Wall and Arnold (2007), results in a devaluation of the father-child relationship and reinforcement of the primacy of the mother-child bond. Predictably, fathers that had greater involvement in childcare had a better understanding of the ‘stay at home’ role demands; yet fathers’ knowledge and experience of caregiving did not necessarily result in transformation of entrenched beliefs around women *being* better caregivers.

Building upon the themes explored in this chapter, the following chapter explores fathers’ bereavement related gender role transitions.

5 Fathers' experiences of role transition

5.1 Chapter overview

Building on insights into fathers' pre-bereavement circumstances (in Chapter 4), this chapter continues to address research question one (what are the transition experiences of fathers around the death of a partner?) and two (how do gender and masculinities influence these fathers' experiences?) by exploring fathers' experiences of role transition leading up to and as a consequence of the death of their partner.

Within bereavement research, samples which combine participants bereaved through mixed causes of death are common (see: Glazer et al., 2010, Holmgren, 2019, McClatchey, 2017, Saldinger et al., 2004, Silverman and Worden, 1992, Starek, 2001). As introduced in 4.2, this research sample includes those whose partners died following a period of illness and those bereaved suddenly. To reflect differences in the pace of transition between those bereaved through cancer and those bereaved suddenly, experiences are explored separately in sections 5.2.1 and 5.2.2 respectively. Experiences of the mixed sample are then combined in the sections that follow.

Given the propensity of bereavement literature to explore experiences from an intrapersonal perspective (Stroebe and Schut, 2010, Stroebe and Schut, 1999) it was important take a broader sociological approach to gather insights from an interpersonal perspective also. By doing so this research emphasises the social embeddedness of fathers' experiences and captures their complexity. Contributing towards answering research question two, the role of gender and masculinities is examined throughout this chapter. Thorne's (1993) concepts of borderwork and border crossings (see 2.3.2.1 for summary) are helpful in structuring the chapter and drawing substantive conclusions on bereavement experiences. The chapter begins with a focus upon illness transitions and adaptations occurring mostly in the domestic setting, before focusing upon fathers' experiences encountered in public settings (see Glossary) in section 5.3. Section 5.4 follows by examining participants experiences of feeling under scrutiny in these settings. In 5.5 men's experiences of reconciling employment with caring duties are explored, before the chapter ends with section 5.6 — an analysis of participants perceptions of doing new fatherhood.

5.2 Transition prompted by illness and death

Predictably, all fathers spoke of a point of major transition heralding a sudden and dramatic shift in the division of labour. Cohering with Thomas et al.'s (2002) assertion that role transitions often occur in response to severity of illness, fathers whose partners died following illness identified diagnosis, and marked physical health decline as major points of transition (see sample characteristics 4.2). Major transition for five participants, whose partners died suddenly, occurred upon the death. Akin to others' (Holmgren, 2019) findings, fathers often perceived transition as linear, however, rich descriptions showed that "stepping across" (Chris, ≤39 years) from old life to new was often a far more dynamic and ongoing process. The following section explores transition experiences of those bereaved following illness (N=13).

5.2.1 "I took over childcare, took over the amount o' time I spent wi' them, took over being there": fathers whose partners died following illness

Without adequate exploration of bereavement related gender role transitions in the context of illness and caregiving, by omission, existing bereavement literature often misrepresents fathers' role transitions as occurring at the point of death. Two of the studies (Glazer et al., 2010, Boerner and Silverman, 2001) reviewed reported role changes prior to death but neither examined pre-bereavement shifts in-depth. Few studies have represented role shifts as the prolonged negotiations they more often are.

To date, literature on palliative and end-of-life caregiving experiences has predominantly focussed upon women (Dorschner and Bauernschmidt, 2014, Fromme et al., 2005); and when men's experiences have been captured, cohorts largely represent older men (See Funk et al., 2010). A major limitation of existing research exploring familial role transitions is the way mixed age cohorts have been combined (Utz et al., 2004). Together with generational differences in men's involvement in domestic labour (Kan et al., 2011), younger persons' transitions into caregiving often engender distinct challenges of balancing care-work with childcare and employment (Kim et al., 2007).

Elsewhere, flexible employment arrangements have been noted as particularly beneficial to fathers balancing childcare and partner illness (Inhestern and Bergelt, 2018), and supporting this, this study found that following diagnosis most fathers utilised flexible paid work arrangements (such as taking leave, home working, or working less conventional hours) to accommodate increased responsibilities at home. 'Cancer' is culturally perceived as life-threatening, and diagnosis is said to initiate a sustained "patient need for high levels of emotional support" (p. 530) partly due to the existential threat experienced (Thomas et al., 2002). Reflecting the dual meaning of 'caring' (with reference to hands-on care delivered for a person and care about a person; see: Thomas, 1993) despite not all partners requiring hands-on care, most fathers made considerable changes in order to be more available to their family. Burgess (1994) described fathers as undertaking a linear transition from 'breadwinning' to 'nurturing'; and whilst participants in this study demonstrated increased hands-on care involvement, paid work remained a feature of many fathers' lives and transition was not as clean as Burgess suggests. Changes signalled a marked refocussing of priorities wherein care-work which, in the case of childcare, had more commonly been fitted around 'breadwinning' previously, became the locus around which employment demands were fitted.

For instance, this occurred even for fathers like John (45-49, father of two: Thomas, 10, and Jess, 24; and partner to Jennifer) who previously had considerable involvement in household upkeep around his full-time hours in paid work. Surgery and chemotherapy resulted in Jennifer having considerable mobility difficulties and, so to care for his son *and* Jennifer, John withdrew from the public arena of the workplace into the private domestic sphere:

> Pretty much after that […] I'm working from home, whilst sort of trying to […] I suppose [be] the carer for her [Jennifer], looking after

> the home and trying to sort of, you know, do as best as I could anyway, the work that was required. […‘Work’] sort of tried to pick up some of the stuff that […] I wasn’t capable of doing […] so that I could be at, you know, be at home as much as possible.
>
> John (45-49), father of two (Thomas, 10, and Jess, 24)

Support from a wide network is an important resource when effected by cancer (Inhestern and Bergelt, 2018, Helseth and Ulfsæt, 2005); and this studied confirmed this. As much of John’s time became consumed with caring for Jennifer, although he endeavoured to deliver the tasks she had previously performed (such as doing the school run), like many, he eventually needed support from extended family with these tasks. In divergence from the domestic mastery and competent man narratives of his previous role as the provider (see 4.5.1), John described how as “the carer” he was no longer “capable” of performing the paid-work duties he had done before. Families with severely ill members are beset by unpredictability and uncertainty and dealing with imbalances brought about by cancer consume parents’ energy (Aamotsmo and Bugge, 2013, Helseth and Ulfsæt, 2005). Akin to others, John had not been carer to a severely unwell person before, and along with undermining his confidence, the resource intensive nature of the alien role impacted his performance of existing roles and newly inherited ones.

Presumed low parental skill level and inexperience has elsewhere been alluded to as a factor in the prolongation of bereavement effects and adjustment among fathers (Boerner and Silverman, 2001, Saldinger et al., 2004, Silverman and Worden, 1992, Yopp et al., 2015). Yet, as illustrated by John’s account and contrary to longstanding assumptions (see: Bandini and Thompson, 2013, Boerner and Silverman, 2001, Saldinger et al., 2004, Silverman and Worden, 1992), though levels of involvement were mostly mediocre in comparison to female partners’ input (see 4.5), the majority of fathers in this study had been well-versed in household upkeep and childcare tasks prior to bereavement. For example, “I mean, going back [a decade], I looked after a baby for a while […] some of this is not new to me at all” (Paul, 45-49, father of three (Jacob, 5, Lily, 6, and Holly, 11)). Consequently, upon major transition, most fathers had pre-existing domestic and parental knowledge from which to draw upon, “being handed two kids to look after it wasn’t like, what do I do now? […] were always joint parents, it was never a… ‘well, your job to look after the kids, and I’m bringing the bacon sort of thing’” (Eddie, ≥55, father of two (Maisie, 5, and Dylan, 8)).

Most mothers underwent intensive treatment regimens and as health declined, they had less of a central role in domestic labour and childcare. Consequently, many fathers were thrust from mostly paid-work into a mix of unpaid-domestic labour, childcare and care-work alongside paid-work. During treatment it was common for mothers, particularly those with younger children, to have little contact with their children for days or weeks at a time. Levels of father presence resembled that observed by McClatchey (2017) and contrasted with the absence observed by earlier studies (Boerner and Silverman, 2001, Silverman and Worden, 1992). Among previously ‘involved’ as well as lesser involved fathers, the majority responded to increased partner absence by becoming more physically present at home, having greater interaction with their children, and adopting primary responsibility for their children’s welfare. Qualities which have elsewhere been theorised as characteristic of maternal work and mother status (Ruddick, 1990).

The period of fathers’ increasing involvement was commonly referred to by participants such as Paul (45-49) as a kind of “training” period where time away from paid work was partly spent developing and/or learning ways of doing this new fatherhood. Whilst the “lead-in” (Kevin, 45-49) did include gaining experience in the delivery of specific tasks, such as helping with homework or doing the school run; more profoundly, ‘training’ involved learning to ‘mother’. Feminist writer Ruddick (1990) argued that mothers are people for whom childcare makes a significant proportion of their work life and are those who take prime responsibility for child protection. In viewing mothering as both practice and identity, the author argued it can be performed and occupied by any person regardless of gender.

Chris (partner to Laura, and father of two: Jack, 3 and Lewis, 6) had previously worked a shift pattern that enabled him to be highly involved in his children’s care, however he was “definitely” not his children’s primary caregiver. During Laura’s cancer treatment, Chris’ time with the children increased and, in her absence, he gradually became *the* central care figure in their “lives”. In spending more time with their children than before, most fathers’ position shifted from peripheral ‘helper’ parent to integral caregiver:

> So although I was really quite an involved parent, I wasn't the number one. Laura was kind of like the main [parent], you know, children go to mum, you know? […] I am now the number one person in their lives. But that wasn't sudden as such, that kinda developed over this time, where I took over childcare, took over the amount o' time I spent wi' them, took over being there. So from Laura dying to now, I don't think it has changed really, but from when Laura was first ill to her dying, yeah, it was just, you know, a progression where I was sort of like taking over.
>
> Chris (≤39 years), father of two (Jack, 3 and Lewis, 6)

Consistent with cultural norms for child protection and nurturance responsibilities to principally reside with women (Brandth and Kvande, 1998, Doucet, 2018, Lamb, 2000, McKie et al., 2001), most fathers’ transitions involved adjusting from secondary parent to the elevated position of ‘go to’ parent. Other studies have similarly found that when mothers are unavailable, fathers do meet emotional responsibility for children (Doucet, 2006, 2018, Inhestern and Bergelt, 2018). Confirming Burgess’ (1994) assertion that a transfer of responsibility toward child protection and care occurs, statements like “the kids would come to me more” (Robert, 45-49) reflected the operational transfer of protective responsibility from mother to father *and* perceptual shifts in how fathers viewed their protective role (explored further in Chapter 6).

Living through the diagnosis, treatment, and health deterioration of their partner; together with experiencing often dramatic role change was highly stressful for many fathers. As observed in other parent studies (see review by Aamotsmo and Bugge, 2013), in amongst such turbulence and disruption to everyday family life, participants consciously attempted to preserve some semblance of ‘normalcy’. This mirrors others’ observation that fathers tend toward maintaining structure during bereavement (Saldinger et al., 2004, Silverman and Worden, 1992).

For example, during Liz’s (partner to Anthony, and mother of two: Oscar, 5, and Ethan, 7) illness, Anthony endeavoured to maintain a routine of continued participation in paid work alongside being present to support Liz throughout her treatment and provide care. Anthony perceived his continued performance of breadwinning as offering familiarity to his partner and children where there otherwise was none:

> I went back to work as much as I could. […] it was just squeezing bits of work in between the caring. […] I think it normalised it for the kids as well. But, the problem is it was kind of quite, ‘cause it’s such a high time of stress, and it’s sort of a stressful job as well […] I don’t know what I was trying to achieve. But it was a bit of normality for her [Liz], and I think that, anything that was normal, which is me getting me knickers my in a twist about work, I suppose is, was a good thing for her. It was a familiarity, ‘cause everything was so screwed up for her really […]
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Where the quality of most fathers’ involvement with their children had been largely facilitated by their female partners role overload (see 4.5), in marked departure from the status quo, as fathers encountered role burden, they became facilitators of the mother-child relationship. This reflects a further increase in responsibility, wherein the mantle of family cohesion became fathers’ concern. As mother-child time reduced, efforts to accomplish normalcy included facilitation of time together doing everyday family activities that severe illness otherwise impeded:

> […] we tried to sort of keep as much family time as possible, whereas she’d still need a rest. You know, but we had a bed setup in the front

> room for example. So, she could watch telly with the boys or whatever, and…
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Sinead's (partner to Kevin, and mother of two: Ruby, 8, and Harry, 10) intensive treatment involved considerable time in hospital, and Kevin facilitated maternal interaction when Sinead was physically absent:

> When she was at [hospital], there was good mobile signal so we were able to Facetime, and we did it every night […] So, she was able to say goodnight to them every night […] we kind of had this deal that 'If you want to get in contact with mum, you just ask and we'll do it.'
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

Support from a wide network has been found to be essential in maintaining normalcy (Inhestern and Bergelt, 2018), and among *this* cohort in families with children aged 5 or under it was common for partners to stay at their mother's/parent's house for periods of time to ease balancing childrearing, caregiving and appointment attendance. During treatment *Julie* (partner to Brian, and mother of two: Leo, 5, and Riley, 5) spent considerable time away from home whilst at hospital and at her mother's. Echoing others' findings (Inhestern and Bergelt, 2018), Julie longed to see her children at this time. Consequently, Brian sought to facilitate the most meaningful mother-child contact despite the children having little comprehension of the gravity of visits:

> […The children would] visit at the weekends and stuff, 'cause it was just too hectic during the week. […] [Julie] would find it a bit upsetting, when they'd get bored after half an hour, twenty minutes […] we [Brian and the children] had conversations […] there'll be treats or there won't be, there will be repercussions and stuff like that'. So I was just saying, "Look, you can't sort of say 'we're bored' and stuff like that, or 'when are we going,' and things like that. […] so I would set their expectations up and… […] I mean, they seemed

> maybe not to fully comprehend how ill she was, I suppose *we* didn't understand how fully ill she was. […] They found it [going to hospital] boring and stuff like that kinda thing. So.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

To combat the contrived conditions of 'visiting-hour', Brian used discipline to perform 'normality' to his partner. His determination to achieve cooperation from his children, illustrated the pressure he was under. Along with Anthony's description of how his effort to continue participation in paid work itself brought stress at a "high time of stress", accounts showed how the urge to accomplish normalcy exerted additional pressure on fathers. Fathers' efforts to facilitate the mother-child relationship continued beyond the mother's illness, health deterioration, and death. In this way, behaviours established pre-bereavement may represent fathers' introduction to *continuing bonds* practices (see 2.3.1). Fathers' *continuing bonds* practices are explored in detail in 6.2.

Using a term that is commonplace in illness accounts (see: Balmer et al., 2014), numerous fathers spoke of having established a "new normal" during their partners illness; where they became accustomed to the conditions and routines dictated by cancer. Despite locating normality in supporting and sometimes caring for their partner, as well as performing household chores and childcare, often alongside paid work; "juggling everything" (Anthony, 40-44) and "looking after everybody" (Kevin, 45-49) left many fathers stretched. Others have observed fathers' strain to fulfil all duties when a mother has cancer (p. 4, Inhestern and Bergelt, 2018). Fathers' descriptions of role overload at times resembled their accounts of mothers' experiences of labour division prior to illness (see 4.5). Comparative studies suggest the level of disruption during bereavement is greater for fathers, than mothers Boerner and Silverman (2001), Silverman and Worden (1992). This study suggests that such gender differences likely reflect unequal baseline roles rather than significant divergence in labour undertaken between mothers and fathers. A family's "principal earner" *is* believed to be particularly likely to experience multiple burden though and commonly this is the father (p. 3, Inhestern and Bergelt, 2018).

Kevin spoke of how he normalised role burden in the moment but would later reflect on circumstances as not normal:

> It’s weird what becomes the new normal. […] So, quite quickly, the fact that Sinead was in hospital and I was doing the care and work were able to be quite flexible about it. […] I had to normalise it, so it became normal. It became normal that we were going to drive out to see Sinead [in hospital] on a Saturday, it became normal that I’ll take the kids to school […] But, actually, I think when you lie down at night, your mind goes ‘This really isn’t normal’ and you can’t sleep and you’re spinning round.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

Statements like “I *had* to normalise it” illustrated how the normalisation of new roles proved essential to fathers’ continued functioning. The “spinning round” that Kevin experienced during rest-periods both represented deferred overload in processing demands and changes and signalled the unthinking nature of fathers’ daily efforts to deliver upon the family’s needs in the moment. Many expressed the need to “just keep going” and the scale of demands appeared to leave little room to notice gender borders (see 2.3.2.1 for introduction to Thorne (1993)).

One of a minority of participants who showed a more rigid conformity to traditional gender role arrangements was Will (50-54, father of two: Hannah, 12, and Joshua 14). He maintained his full-time hours of employment throughout his partner Lisa’s illness, until he too took time away from paid work. Lisa had been diagnosed some years earlier and had continued to perform her homemaker role until pain eventually made domestic labour “too hard” to manage. As Lisa’s cancer progressed the situation at home reached a critical point and out of necessity Will took a period of leave from paid-work in order to establish some semblance of order at home:

> So there were bags, plastic bags [of clothing] around the house of dirty, dirt—washed, wet, washed and dried, but not put away… And

> not ironed. […] they were all over the place, and she was, she was really struggling, and by [that point], it was like, I came to a realisation that I needed to do something […] and I was then on my own looking, going to see her, looking after the kids, going to work, you know, things were building up, and I went off sick in the, in the middle of [that month]. Spent [some] weeks sorting the house out […] but also getting myself into routines that I knew that I would need because she was only gonna get worse, and if I didn't sort this out and start doing a heck of a lot more than I was doing, things would only get worse.
>
> Will (50-54), father of two (Hannah, 12, and Joshua 14)

Demonstrating Will's greater proclivity, than others, toward traditional gender divisions of labour, he persevered to accomplish 'breadwinning' for as long as he could; and only deviated from the hegemonic project when he could no longer function due to stress. Though differences in pre-existing attitudes toward domestic involvement shaped the way most fathers transitioned from paid-labour to unpaid-labour, with some transitioning sooner than others, the magnitude of cancers destruction eventually had an indiscriminate levelling power upon the patriarchal distinction between home and workplace.

Contrary to the impression given by much bereavement literature, although transition was perceived by many as quite sudden, in practice gender role shifts commonly occurred pre-bereavement. Role changes were negotiated over time between partners, extended family, employers, and – depending on age – children too. Referred to elsewhere as 'adaptive denial' (p. 385, Stubblefield, 1977), Wendy (partner to Keith, a father of two: Georgia, 13, and Shannon, 15) who had previously been primary caregiver and home keeper alongside performing paid work, was resistant to role changes and their engendered meaning. Keith did not realise until Wendy had died that she had continued to perform domestic chores "in secret" despite symptom severity:

> […] I didn't want her to, to do too much. And she kind of wanted to carry on doing stuff. I kind of understand why because it would be

> admitting there’s something seriously wrong by changing what she was doing.
>
> Keith (50-54), father of two (Georgia, 13, and Shannon, 15)

Having older children can mediate the number of practical demands encountered by healthy parents, as children may adopt a proportion of their ill parents’ tasks (Vess et al., 1985, Boerner and Silverman, 2001). Among a minority of families in this study, older siblings were expected to ‘babysit’ younger siblings and/or take on greater responsibility for domestic chores. For instance, as Wendy’s symptoms worsened Keith *and* his daughters sought to split amongst themselves all of the chores Wendy usually performed,

> […] cooking, cleaning, washing, you know, we had to, like, divide between ourselves and, you know, find a way of making it work. […] ‘cause I was working in [the city] at the time – so, it meant I [commuted] every morning […] before the girls were up, so they had to get themselves up, breakfast, sort the dogs out, you know, give them some food, maybe take them for a walk, and then get a bus to school. […] both of them ended up doing a lot more adult, mundane stuff […] which perhaps they would not have done. […] the girls and I started, you know, running the house between the three of us way before Wendy died […]
>
> Keith (50-54), father of two (Georgia, 13, and Shannon, 15)

Others (Vess et al., 1985) have found that ‘ascribed’ role redistribution (based on culturally assumed competence according to gender for example, rather than pre-existing experience of tasks) was associated with lower family cohesion, greater conflict, and more role strain. Keith described “disagreements and arguments” and of “problems” arising between himself and the children as a result of the domestic expectations placed upon his daughters; yet he viewed their contribution as alleviating *his* role strain and as essential to continuing ‘breadwinning’. Although a discreet number of participants appeared to hold gendered expectations around child contribution, for example Bruce (50-54) said of his stepdaughters “[…] they don’t offer to babysit, you know? What is it, a [~20] year old girl not wanting to babysit for her little sister? It’s not heard of too often, is it? Let’s be honest.”, Boerner and Silverman’s (2001) observation that teenage daughters experience greater role inheritance than sons, was not discernible in these data. Comparative analyses, such as Boerner and Silverman’s, require reasonable homogeneity in age and sufficient gender spread within age groups; and whilst several families (5/18) sampled in this study had adolescent or adult ‘children’ there was insufficient gender spread to draw such conclusions. Like Vess et al. (1985) who found family-life-cycle stages helpful in predicting the scale of role redistribution during illness, this study found child age to be most influential in changes in labour division; with fathers of less dependent children being more able to sustain ‘breadwinning’ for longer.

Due to the enduring significance of ‘breadwinning’ in masculinities construction (Henwood and Procter, 2003) and the historical association between the domestic domain and ‘femininity’ (O'Brien, 1981), one would expect descriptions of profound changes in labour division to include talk of masculinities (and femininities). Yet, this was noticeably absent from accounts of illness related transition. Whilst care-work and unpaid labour have traditionally been considered ‘feminine’ occupations (Elliott, 2015, Hanlon, 2012, Thomas et al., 2002), many participants’ prior familial involvement meant that ‘feminine’ labour had been a pre-existing feature of their everyday lives. Several authors argue that men’s masculinity is *made* insecure by bereavement (Thompson, 2001, Bandini and Thompson, 2013), however in understanding gender as continuously constructed and masculinities as constantly in contention, it is perhaps more appropriate to conceptualise the encroachment of ‘feminine’ labour at major transition as an extension to pre-existing gender negotiations. Consistent with Connell’s (1987) assertion that the majority do not achieve hegemonic masculine status, in-depth analysis of prior gender role arrangements in Chapter 4 illustrated how few fathers accomplished the hegemonic masculine ideal; and described how some were *already* in the process of reimagining ‘providing’ to incorporate greater care-work without compromising masculinity.

Whilst transitions might objectively seem highly gendered, an absence of explicit comment illustrated the varying significance of gender on lived experience; and conversely supported an interpretation of illness related transition as more akin to *border-crossings* (Thorne, 1993) (see: 2.3.2.1). Fathers' seemed willing and at ease in disclosing what might otherwise be deemed 'masculine failings', such as reductions in: competence, "I wasn't capable of doing" (John, 45-49); and resilience, "I was really stressed about her [...] and I went off sick" (Will, 50-54). Participants' openness appeared to signal an acceptance that, in the context of acute illness, usual standards of gender accountability fall by the wayside. The significance of severe health decline and associated demands seemed to destabilise dichotomised gender boundaries particularly in the home setting. Accounts of illness transition had a predominant focus upon intra-familial interaction in the home where gender accountability may be much looser and "caring masculinities" (p. 244, Elliott, 2015) more socially permissible. Distinctions between permissible public and private practice have been observed by Bennett (2007), though their findings related specifically to emotional disclosure among bereaved older men. Bennett found that among some, conforming to hegemonic masculine ideals became less of a concern following bereavement, and a lack of engagement on the topic by participants in this study might similarly suggest that doing masculinity was not a concern, especially when considering men's prioritisation of 'maternal work' (Ruddick, 1990).

5.2.2 "The suddenness of everything, it felt catastrophic": fathers whose partners died suddenly

The partners of five participants died relatively suddenly. These fathers were abruptly thrown from the breadwinner role, with varying hands-on childcare involvement, into the primary caregiver role. Many aspects of the experiences outlined in the previous section (5.2.1) were experienced by these fathers but at a very accelerated pace such as: mothers' absence, influx of support, father's withdrawal from the workplace, increased presence at home, and transition to essential care provider for children.

For example, Angela (partner to James and mother of one (Ava, 1) died suddenly following a road traffic collision and both James and Ava were also injured in the incident. Echoing the training period experienced by participants whose partners died from cancer (see 5.2.1), over an extended stay in hospital James was supported by nurses as he learned day-to-day routines of caring for his daughter. When he and Ava returned to the family home there was an influx of support from family and friends. Despite support having slowed his transition to solo parenthood, his experience of role change remained dramatic:

> It was…(outbreath) completely different. So it exposed me to things that because my role before was I was the […] spouse, that was working, whereas my wife was the primary caregiver and […] she was the one who was running the house. I was bringing the money in, if you like, like that. So, then I suddenly had to switch to the person who, yes, is doing everything but with a focus on running the house or looking after Ava […] So that […] sort of exposed me to the other side of what went on and it took quite a bit of adjusting and transition.

Though James represents one of a minority whose childcare and domestic involvement was low, his experience of learning of “the other side” was not unique to lesser involved fathers or those whose partners died suddenly. Typical task-based childcare involvement (see 4.5.2.1) appeared not to provide comprehensive understandings into all that took place in “running the house”. Transition therefore entailed learning of the work involved in being the homemaker:

> […] so there's a lot of challenges that I've understood […] that I didn't understand in that same sense before, because I wasn't experiencing it. And it also makes me appreciate, you know, how my mother managed […] it makes you understand things from that perspective. […] so I can definitely understand to a greater depth the challenges that child caring has, particularly its relentless, ongoing nature […]
>
> James (40-44), father of one (Ava, 1)

Akin to Bandini and Thompson's (2013) finding that 1960's fathers viewed domestic labour and childcare as feminine, numerous fathers aligned their new labour demands with women's roles, "[I'm] doing stuff for them, like a mum has to" (Robert, 45-49). This association seemed to endure irrespective of fathers' prior childcare involvement. Unlike Bandini and Thompson's (2013) cohort, participants in this study however were not perturbed from completing 'feminine' labour. Mirroring the public withdrawal observed amongst most of the fathers bereaved through cancer (see 5.2.1), after a brief period in part-time paid work James opted for voluntary redundancy to prioritise caring for his daughter.

Bruce (50-54, partner to Nicola, and father of three (Emily, 3, Cameron, 12, and Chloe, 15) and stepfather of three (Amy, 14, Rachel, 16, and Lauren, 19)) similarly described transition as involving a realignment of priorities. He and Nicola occupied traditional gender roles prior to her death; where Nicola was described as "all about kids" whilst Bruce identified primarily as a businessperson – who was also a father. Despite the children having always been a priority, Bruce previously relied on Nicola to care for the children while he took care of his other priorities. Nicola's death prompted the prioritisation of parenthood:

> I prioritise Emily's life over my own, over absolutely everything else. You know? […] she is number one, there's no two ways about that. That's… kids were always top of my list, you know? But they were also top of Nicola's, and […] you used to be able to share things. But now, Emily is the be all and end all […] I go out of my way to make sure that she's comfortable before I do anything.

Corroborating family dissolution identified among blended families in Daggett's (2000) study, upon Nicola's sudden death, Bruce's family was broken apart overnight:

> So the whole family dynamic disintegrated overnight. Because, you can imagine, although they are my step-kids, they're not my children, and their father wouldn't want them staying in the house with me. So

> immediately they were taken out of the home and went to stay at their dad’s.
>
> Bruce (50-54), father of three (Emily, 3; and Cameron, 12 and Chloe, 15 from a previous marriage) and stepfather of three (Amy, 14, Rachel, 16, and Lauren, 19)

Despite increasingly dynamic family configurations (Office for National Statistics, 2015), Daggett’s (2000) research was the only other study to capture removal of step-children following bereavement. Fathers in blended families prioritised biologically shared children over children from previous relationships. This is noteworthy as it has not been identified as an issue elsewhere in the literature. So profound was fathers’ focus upon shared children, because others had “still got their mum” (Bruce, referring to Cameron and Chloe) that these children often barely featured in interviews. One participant even introduced himself as having two children before later disclosing a further birth child (from a previous relationship) halfway through the first interview. Paul described how in prioritising being there for the children he biologically shared with the deceased; he no longer saw his eldest daughter very much:

> […] we don’t see her [Holly] that much these days. […] I should say it’s not a good thing, but because my focus is so much with the two I live with, Holly is slightly pushed out of this at the moment. I have to sort of accept that… and dare I say it? She’s almost secondary to the situation […] She’s got a mum at home […] I know that she’s safe and she’s not unhappy, it’s just that… and I’m okay with it. Because when you have three, it’s very difficult and for… to make my life not easier but, but easier… it’s okay for me not to have her.
>
> Paul (45-49), father of three (Jacob, 5, Lily, 6, and Holly, 11)

This evidences how ‘mothering’ may simultaneously be both done *and* undone by fathers to the benefit of biologically shared children and detriment to bonds with children from previous relationships. Loss of time spent with siblings may also be a consideration for children’s’ wellbeing.

Though trauma was not unique to fathers whose partners died suddenly, these participants' accounts included high levels of trauma that, unlike accounts of fathers bereaved through cancer, sometimes included talk of fathers' intervention to save their partners life. Chapter 6 examines traumatic experiences further and explores how health perceptions and subsequent coping are informed by these experiences.

5.3 "It's not custody Saturday": negotiating 'feminine' spaces

There remains a dearth of research to explore father's bereavement experiences from a sociological perspective (Childhood Bereavement Network, n.d., Penny, 2020). The intrapersonal focus of much bereavement research has meant that the social embeddedness of fathers' adjustment experiences has been largely overlooked. Building upon observations made in section 5.2, wherein fathers' experiences of becoming "tied to the home" were related to Thorne's (1993) theory of border crossings, this chapter section explores how fathers' public encounters prompted borderwork (see 2.3.2.1).

Again, children's developmental stage was significant in fathers' subsequent experiences of role transition (Helseth and Ulfsæt, 2005, Vess et al., 1985). At major transition, most fathers were thrust into environments that felt quite foreign to them — one of which was the 'playground'. While several participants described school, nursery, and/or toddler group engagement as having been shared, the majority said this was a feature of their partners' previous role; "it's mostly obviously mums who do the school stuff" (Keith, 50-54).

Fathers frequently framed their experiences of these settings by reinforcing their partners' aptitudes; and some described their partners' involvement with school associations or bodies to emphasise their enthusiasm in doing the "mummy stuff" (see 6.2.2 for more on this). Anthony described Liz as a capable and determined social butterfly in the schoolyard:

> […] she was very social […] she'd be looking to form friendship groups with Ethan like she'd done with the school run […] so [year 2] that's kind of when the friendships between kids and then subsequently the mums and then subsequently the dads, that's the pattern that seems to emerge. So, she was really, you know, on top of all that.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

In contrast, the playground was an environment that many of the men treated with suspicion; and reciprocally felt scrutinised by. Echoing the "estrogen-filled [*sic*] worlds" described by fathers in Doucet's study (p. 41, 2018), participants referred to these spaces as: "strange places", "weird environments", "feminine spaces", and "girls clubs". In contrast to transition experiences of care involvement in the home where gendered bodies did not appear to matter (see 5.2.1), in the public schoolyard setting, as differently gendered bodies in majority female environments many fathers evidently felt subject to the social gaze. These environments were described as spaces where "herd culture" (Mark, 50-54) prevailed and where men were not made to feel particularly welcome. For example, Jeremy felt he was regularly blanked by mothers when he attended toddler group:

> […] you walk into these places week after week, and nobody actually speaks to you, when you can see them all talking to each other. So somebody somewhere must have spoke to somebody for that to happen, you know? But there's nothing out there for blokes for these things 'cause blokes aren't supposed to… […] It's like they're not expected to do stuff with their kids.
>
> Jeremy (45-49), father of two (Isla, 3, and Max, 5)

While the lived reality of these spaces certainly involved borderwork for many (see 2.3.2.1), explanations may be more complex than those identified by fathers. What was evident from *Anthony's* description of *Liz's* school involvement was her conscientious pursuit of social resources. Partner sanctification (Lopata, 1996) along with gendered notions of the natural abilities of women to parent (introduced in 4.5.2.1) arguably misled many fathers to believe mothers seeming embeddedness in these settings was effortless; and disadvantaged fathers who very rarely recognised their partners aptitude as accomplished through practice. *Greg* was unusual in that he was the only male primary caregiver prior to his partners illness (see 4.5.2) and was the only participant to consider the prospect of mothers feeling similarly alienated, “I never have [found other parents supportive] […] I don’t think it’s very different when you’re a woman […] I don’t know what it was like for her [Pamela] when she’d go and pick up the kids up occasionally” (Greg, 45-49).

Nevertheless, there were a handful of fathers who were more at ease in the ‘playground’. Eddie for instance, described himself as an engaged father who was present for his family in the home, at school and outside: “toddler groups, taking them to the swimming lessons when they were little, and taking them to school […] I’ve always done all that anyway”. Despite his involvement reducing in the years leading up to Donna’s death (where he changed from shift work to more conventional hours) Eddie’s prior integration of ‘caring masculinities’ (Elliott, 2015, Hanlon, 2012) (see 4.5.2) meant gendered embodiment seemed negligible in these settings. In contrast to many, he aligned himself far more closely with parenthood than manhood and this meant he was undaunted by “feminine space”:

> Just didn’t think of myself as a man as such, I was a parent and, you know, I probably didn’t get all the… I just, yeah, it was just something I did. I don’t know, it’s… I didn’t feel uncomfortable in any kind of way, you know, I didn’t feel excluded in any kind of way, and… So… [...] I don’t know, it was just something - it was just something, I was just being a parent.
>
> Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

However, Anthony (40-44) stated that the “awkward Dad is quite a thing” and similarly Chris (≤39) described seeing the odd father “dodging about” the playground. Several participants observed divergences between father-to-father and mother-to-mother interactions, with fathers’ communication styles being more akin to work colleagues (explored more in 7.3.2). So commonly recognised was this, that at two primary schools mothers instigated a “Dads football” team to cultivate greater father interaction: “[a mum] said like, […] ‘Look at them now, they started playing football and they’re the best of friends whereas before they just wouldn’t say, you know, a word to each other.’” (Keith, 50-54, father of two daughters (Georgia, 13, and Shannon, 15)).

Complicating claims of victimisation, fathers themselves expressed scepticism toward playground culture and discursively set themselves apart from so-called feminine preoccupations. Perpetuating stereotypes that women’s talk tends to be gossip (Cameron, 1996), several referred to playground conversation as “tittle-tattle” and stated that it was of little interest to them. Conforming with the hegemonic “heroic male project” (p. 118) where men are expected to be autonomous and individualist (Whitehead, 2002), to contextualise their views on playground culture several fathers described themselves as self-contained, different, shy, or private. By doing so fathers distanced themselves from the ‘feminine’:

> …generally, sweeping generalisation, the mums who are at school, who are full time mums, have a certain way of living and wanna talk about a certain… talk about whatever it is they want to talk about that frankly, I’m not interested in. You know, the tittle-tattle around the school and stuff like that, couldn’t care about. [...] But, yeah, they’ve talked to me see when I drop Alfie off […] but… I haven’t got that much in common with a lot of them either, so…
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

While perceived contrasts between fathers’ apathy and partners enthusiasm in these settings affirmed beliefs in natural dichotomised parenting roles, these differences in social work likely *produced* borderwork. Of course, it’s possible that fathers merely mirrored the rejection they themselves received.

Many fathers described situations where they felt excluded by the “school-set” and several described how affecting this had been. For example, Brian was one of a minority to acknowledge the “social effort” involved in his partner establishing the family’s position in the school social scene. Shortly after his partners death, Brian became excluded from the clique. He was very upset by this as he interpreted his exclusion as the dismantling of Julie’s legacy; and felt responsible, as he perceived the exclusion as a direct result of his inability to observe playground social mores:

> Julie made the decision, sort of, ‘cause Riley was not as gregarious as Leo, […] we would make more of an effort to be friends with people in Riley’s class […] I found them having socials, and I wasn’t invited anymore […] And I found that very upsetting […] I think, I find it so upsetting that Julie, who wasn’t the most social of people, made a massive effort […] to be friends with this group, and I’d fucked it up, basically, pretty much within a couple of months and stuff like that.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

Cohering with Piatczanyn et al.’s (2016) findings of bereaved men feeling othered by community members, fathers – as men in female dominated spaces *and* bereaved among seemingly healthy and non-bereaved persons – often viewed themselves as a subordinated group. Some fathers spoke of how they believed severe illness and death were stigmatising topics and people’s inabilities to broach such issues compounded isolation they already felt as solo fathers. Fathers noticed that other parents found it difficult to acknowledge what had happened to them, did not know what to say, and some therefore said nothing:

> […] after Sinead died, it’s like, well, actually, […] a lot of these people [other parents] don’t know what to say to me. And so they were all saying nothing, which I get. But it doesn’t make it particularly easy, […] I just think people didn’t know what to say, really. And still don’t.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

In these female dominated environments, many fathers experienced a heightened awareness of their gender and sexuality. After their partner's death, fathers were very aware of their new singlehood even if they had no intention of re-partnering at that time. It was common for fathers to feel uneasy in interactions with mothers, with fathers having concerns that contact may be misconstrued. Fathers were conscious of others' perceptions and the potential risk of judgement in these settings.

Jason (40-44) was partner to Heather and father of one (Megan, 10). Prior to getting married, he and Heather had been together for many years and after Heather's death their relationship continued to be a major feature in how Jason constructed his sense of identity. When asked if he identified as a widower, he replied:

> It's not something you shove down anyone's throat but… yeah, I suppose it's just, it's such a big thing to have happened that being, being someone who has lost their partner, that's, that does begin to define a lot about what you, about who you are. You know, okay you might have been, my job defined a lot of who I was previously, I guess, it still does now… but it's added to the things that define me. […] I agonised over my ring […] I didn't want to not wear my ring because, because Heather, you know, we were together for [decades] so, you know, it's a massive part of my life. But I'm not married. It's, you know, it's, it's an odd thing, it's a very personal thing that everyone deals with differently.

After inheriting the primary caregiver role, Jason found himself having more interactions with women than men. According to Courtenay (2003) men are far less likely to have confidants outside of their intimate partnership; and participants indicated that talk of feelings or emotions signalled intimacy. Representing the heterosexual meanings engendered by borderwork (Thorne, 1993), Jason's awareness of his singlehood and uncertainty about his place in the environment became a barrier to meaningful interaction with mothers:

> I don’t have that many friends in town like blokes […] lots of the people I know are actually mums and that means that, you know, I’m, and they’re in a situation where they’ve got their own family and that. And, you know, so actually talking about anything sort of emotional doesn’t quite work or seem appropriate or, I don’t know. Just seems slightly odd.
>
> Jason (40-44), father of one (Megan, 10).

Many fathers (Chris, Robert, Jeremy, Greg, Mark, Tim, and Eddie) spoke of their experiences of being in public places with their children where public members would make assumptive statements about their fathering role. Potentially reaffirming many fathers’ pre-existing perceptions of the lesser importance of fathering versus mothering, solo fathers in public were frequently viewed as assistant parents to mothers who were assumed temporarily absent; or as divorcees providing weekend childcare only:

> No, it’s… it’s odd, ‘cause people have said things to me, not people I know or anything, but you know, but… Well I remember being in a restaurant not long ago, a few months ago, and I went into the restaurant on Saturday, and I was sort of there with the two kids, and the waitress sort of said, “Oh, are you in charge today, dad?” Sort of thing… well, I’m in charge all the time, you know, like it’s not custody Saturday, you know? You know, I did feel like, I don’t feel like so much now, but I did maybe for the first, you know, sometimes during the first year, (whispering) “That’s him, there’s him over there…” You know, I felt like people would be saying things like that.
>
> Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

Further, due to the continued centrality of breadwinning in men’s identity construction (Henwood and Procter, 2003), several participants felt required to explain their presence at certain venues at specific times of day in ways mothers would not have to. James for instance, explained how there was a social expectation that he was employed and interacting with others he felt obliged to give his “life story” to appease to the public examination:

> […] the natural questions “Oh, what do you do?” […] and then you sort of feel […] you have to explain your life story and, you know like, why you're not working. […] I think if I was a female I maybe wouldn't have quite so many of those conversations. They'd say […] “Oh, are you working?” and you'd say “No” and that would probably be the end of it, whereas probably with the men you feel you need to explain to the next level […] it's you have an automatically in-depth conversation with somebody you've only just met and you just… in answer to a random, seemingly innocuous random question.
>
> James (40-44), father of one (Ava, 1)

Fathers’ perceptions of these encounters articulated their awareness that they, as male solo primary caregivers, were not the norm. Such encounters also provide insight into how these fathers felt they were not recognised as primary caregivers by the communities in which they lived.

5.4 “There’s always somebody who’s been through more, and stood up and stood tall”: fathers’ capability under question

A phenomenon that was voiced by some fathers as an irritation was how those around them would seemingly question their capability as primary caregivers. Many of these concerns appeared to centre on gender stereotypes of men’s lack of ability to perform domestic labour. Concerns were rarely explicitly raised, but often/occasionally implied:

> I mean the other thing that I occasionally notice, and it doesn’t happen very often because people don’t come round very often, but when people do come round it’s almost like they’re surprised that the house is relatively tidy and that I’m cooking. (laughs) That sort of

> thing. And it just makes me ‘Really? How come you’re surprised that the house is tidy?’
>
> Jason (40-44), father of one (Megan, 10)

Explicit comments were sometimes made:

> I think there was a bit of… I found out from another parent, there was a bit of playground chat about me. At Thomas’ primary school in the sort of the last year. ‘Cause I guess I was probably one of the few males that were there, it was all, you know, there were lots of women who were ta- you know, taking their kids to school. And apparently there was a bit of, “Oh, how’s he getting on, is he capable or...” You know, stuff like that.
>
> John (45-49), father of two (Thomas, 10, and Jess, 24)

From ostensibly well-meaning offers of support, at times fathers inferred that people believed they, as men, were not able to cope as primary caregivers. Such interpretations provide insight into how fathers, as primary caregivers, saw themselves as transgressing gender norms and anticipated judgement as a result. Kevin for example rejected support in discussing menstruation with his daughter because he rebutted the assumption, he needed help:

> […] the fact that I’m a bloke doing that, and actually that would almost certainly have been Sinead having that conversation, and I’ve actually had friends go, “If you need me to talk to Ruby about, you know, any of that stuff, you can just ask me.” And I went, “Oh… ‘cause I can cope.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

When speaking about the expectations of others, fathers expressed two opposing yet similarly gendered views that contributed towards feelings of increased pressure to perform as fathers. More often fathers believed that those around them expected them to “fall apart”; whilst others thought people expected them to be stoic and “dust themselves off and get on with things”. The former made fathers believe there was less room to falter for risk of proving the doubters right, whilst the latter left little scope to fail for risk of appearing emasculated:

> It was just that thing that… I don’t know, I think it’s more of a… an internal feeling, rather than something that people have put onto me, that I’ve set the expectation that people expect me that I should be stronger. And I haven’t been. You know, I’ve… I’ve rang the school and said, “Is Charlie all right?” For no other reason than I just wanna know that Charlie’s all right. That’s a weakness. You know?
>
> Tim (50-54), father of one (Charlie, 10)

Whilst Kevin:

> […] think the world has expectations about fathers and grief, and I think maybe they assume, from what I’ve seen, there’s an assumption that mums will crack on and fathers will go to pieces. You know, bit of a sweeping statement but […] I think there’s that cultural assumption that men can’t really cope, especially with the domestic stuff or whatever it is, and we need more help.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

It was common for fathers to perceive questions over their coping ability as a gauntlet being laid down. Aware of social expectations, many fathers sought to prove their ability as primary caregivers.

> So, yeah, I think there’s a societal assumption that […] blokes are going to come off the rails, especially with raising the kids. And I quite like that in a subversive way, that I’ve kind of, I don’t want to tempt fate but, you know, right now we’re okay, we’re in an okay place. […] I think for me being a dad, I wanted perhaps… you don’t

> want to be judged. That was something straight after Sinead died, that the edges have worn off that but you’re terribly aware that you don’t want to be judged, but you do want to make sure that you can kick ass in every department and, you know, look after the kids and hold down a job and do all those societal norms that are expected. But it’s also quite a lot of pride and satisfaction from going, ‘Well, so far, so good’, you know?
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

In the context of their bereavement this was often a challenge. Fathers were grieving the death of their partner and were in low mood, experienced reduced confidence, and many perceived great uncertainties. Fathers’ narratives frequently fluctuated between statements of their confidence as solo parents and expressions of self-doubt. Doubts were prompted by a range of challenges from smaller everyday tasks, like doing something for the first time, “I had […] to understand hair clips and what on earth a hair clip is, how to put it on and all those sort of things” (James, 40-44); to being in receipt of praise, “people tell me […] how wonderful me bringing me kids up are, and you should be really proud […] and I think, well, you know, am I doing as well as everybody is saying? I don’t know” (Eddie, ≥55). Where fathers doubted themselves, it was the norm for fathers to look to their deceased partner for guidance. This constitutes *continuing bonds* and will be explored further in Chapter 6.

5.5 “Oh, we can’t fit the business model”: Reconciling paid-work and care work

Since all participants were in full-time employment prior to major transition, employment transitions expectedly emerged as a prominent theme. After the death of their partner, the distribution of fathers’ employment statuses closely mirrored that of participants’ partners prior to their diagnoses, decline, or death (see Table 5.1). These observations reflect fathers changed position as central caregivers and some father’s difficulty reconciling paid-work and care-work.

	Pre major transition	At interview
Full-time paid	18	4
Part-time paid	0	6
Unemployed	0	6
Signed-off	0	2

Table 5.1 Fathers' employment statuses prior to major transition compared with statuses at interview

Though fathers' experiences of reconciling paid-work with care work were diverse (in terms of hours worked, location, and timing of transition for instance), there were commonalities. Across cases, father *entitlement* to flexible conditions of work to perform care-work were inconsistently acknowledged by employers and by fathers themselves. Half of participants previously held senior or management positions and being in such posts appeared to curtail the *scope* to accommodate fathers changed domestic demands. Despite fathers often describing individual colleagues as supportive, fathers frequently described workplace structures as less so. It was common for fathers in senior positions to describe paid-work demands as rather immovable and not particularly conducive to fulfilling care demands at home:

> And it was just… it was just unviable, I couldn't see a way of making me being a single parent and having a full… and it was a full-time job, you see, and I couldn't do anything about reducing me hours or changing them, because there was only limited… the [office] was only open certain hours, and it was a full-time job, I was the [manager]. I had thirty staff to look after […] and all the associated nonsense that comes wi' that. So I had to give up me job, then.
>
> Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

Mirroring the “tremendous devotion” (p. 315) towards children observed among bereaved fathers in McClatchey’s study (2017), the lack of opportunity for compromise within *their* roles led a number of participants (5/18) in this study to cease their employment. Three fathers were out of paid-work having been made redundant in the months after their partner’s death and decisions to accept redundancy were, in part, based on participants’ appraisal that full-time paid-work and primary caregiving conflicted:

> But, I knew from before the time when Melissa died, that I couldn’t do it [return to work]. You know, like I said, I used to get up early, go and work in [city], come back […] it’s an hour each way. To get to the [other side of town], you know, particularly once I walk to the station. And, I just couldn’t see how I could do that with the kids, someone had to look after them. […] I just thought, ‘I need to be here with them.’ And, so, I took the decision that I wasn’t going back to work you know, quite a long time before it actually happened.
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

Mark perceived himself as somewhat fortunate to have been offered redundancy and felt his employer had been as accommodating of his changed circumstances as they could be. Some employers seemed less ‘accommodating’ than others and in response to Greg’s underperformance and emotional fragility during his partner’s health decline he believed his employer sought to force his resignation:

> [workplace] that I was at was far from supportive. […] they've got huge resources. They don't have that many [employees] who's partners had died from cancer, so it wouldn't have been difficult for them to kind of […] attach a mentor to me, and just check I was okay and, you know, take some of the workload and… but […] there was nothing. In fact, quite the opposite. Yeah, a few months before she died, they were putting loads of pressure on me. I think they just wanted me to resign, they thought I was gonna be useless afterwards, so they were just thinking about the bottom line.
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

Workplace structures rarely provided adequate support to enable fathers to fully carry out their care duties. For those not offered redundancy or financially positioned to cease employment, uncompromised workplace demands reduced the quality and time spent with their children. For example, "[my boss] does want a full-time manager, but I absolutely crave one day a week at home […] to be able to have a bit more time with my kids" (Kevin, 45-49). Imbalance often left fathers feeling guilty that they were letting their children down. Unlike many, Anthony related his difficulties in reconciling paid work and care work with his partners experience; though he stressed it was made more difficult by the unfamiliarity of the role:

> So, the whole dialogue has been, 'I'm gonna give up work and be a full-time parent at home, so I can have a meal cooked, and just have music on, and…' you know, 'some sort of middle-class…' literally games laid out, or some crap like that. I don't know. […] a lot of this stuff's universal to a lot of the parents. But, you know, you're always feeling like you're second best, or you're not good enough, or you're letting them down somehow, and this is a lot of what Liz used to feel as well […] It's just a thankless sort of a task really. So, so much of it's normal parenting. But, I think the thing is that so much of it […] was a new experience for me as well, that's what was difficult.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

A proportion of fathers (Jason, Robert, Anthony, and Chris) were able to negotiate various flexible working conditions, such as working from home or organising paid-working hours around the school run. This was not simple, however. For example, Jason had to give up his senior role to be approved a reduction in hours, and Robert had to “battle” to action his entitlement to flexible working:

> […] they [female HR staff] understood […] what it was like being a single parent, regardless of gender. So, they all, were always supportive. But, I’ve had lots of barriers, particularly from management […] just generally trying to battle and keep my flexible working. Again, the last thing that I should’ve had to worry about, but it’s just one of those things that happens, I think, because people don’t know… luckily for them, what it’s like. So, you know, to them, the important thing is, you know, “Oh, we can’t fit the business model…” Whereas to me I’m trying to get more of the balance right of children, you know, and work life. […] to me, obviously, family is the most important thing.
>
> Robert (45-49), father of two (Amelia, 3, and Sam, 7)

While there were a handful of cases where fathers were well supported in their transition such as John, where his workload was divided amongst colleagues to give him the time to care for his partner; and Tim, who was given indefinite leave on full pay so that he could care for his son; these experiences were rare. More often fathers’ entitlement to time with their children was not perceived as a right. Conforming with outdated cultural discourses around father care involvement being unessential; most fathers were confronted by a binary choice to *either* participate in paid work *or* be a present primary caregiver.

5.6 “A job that I never applied for, that I couldn't leave”: perceptions of new fatherhood

According to feminist scholarship (O'Brien, 1981), in upholding patriarchy the public domain, as ‘masculine’ site of production, has historically been exalted above the private sphere of family, relationships, and reproduction – associated with ‘femininity’. Consequently, transition for the majority involved a shift from work which was highly valued and rewarded (see 4.5) to labour which was often unacknowledged. Perceptions of new fatherhood were varied and not straightforward; with many describing conflicting feelings. These are explored over the next paragraphs.

Whilst several participants (Anthony, Bruce, James, Kevin, Mark, and Robert) expressed an explicit desire to be available and present for their children, for example “[…] you wanna be there for them, and you want to do as much as you can to compensate for the fact their mum’s not here” (Mark, 50-54), numerous fathers indicated not wanting their new father role. Participants’ perceptions were often formed in relation to uncritical constructions of mothers’ satisfaction and natural ability to parent (see 4.4); and the ostensibly stark contrast between fathers’ lived experience of the primary caregiver role and their perceptions of partners experience appeared to cultivate role alienation:

> So, like, toddler groups, I was there so the children could play, not so I could really have a nice time, as Laura would be like, you know, getting involved wi' all the mums and, like, you know, having a chat an' all that. […] I wasn't like not talking to anyone but I wasn't really wanting to be there. So I just, yeah, for me, solo parenting was like… it was like a job that I never applied for, that I couldn't leave.
>
> Chris (≤39 years), father of two (Jack, 3 and Lewis, 6)

Partner sanctification in this context disadvantaged fathers as it led to feelings of not accomplishing the ideal – that of mothering. Perceptions of partners’ as unfalteringly devoted and uncompromised in their mothering roles established a basis from which participants argued that theirs and their partners' experiences were dichotomised. For example, in believing his partner was entirely fulfilled by primary caregiving, James recognised his own feelings as distinct from the contentment a 'mother' is expected to feel:

> Now, with me, yes, you know, it's a balance and I want both [career and child involvement] like that, you know, in a way. So I'm more torn in two. […] So… I guess it's more… it's often easier for a mother to stay at home with the child, with baby, than it is for the father to.
>
> [Continued…]
>
> […] one thing [about being unemployed] is the lack of intellectual stimulation. So [work] would keep me occupied and it would help stimulate me to, you know, in a way that obviously looking after a child doesn't. I think maybe more so with men there's a recognition or you're defined by your job, and so if you don't have a job, okay, what are you? What is my ro-…? I mean, my job is as a stay-at-home father or parent, so… that doesn't quite define you in the same sense. […]
>
> James (40-44), father of one (Ava, 1)

In inadvertently appeasing patriarchal narratives, of men needing superior intellectual stimulation than women and of domestic labour and childcare not being 'worthy' work, perceived distinctions were seen to evidence the way 'mothering' is not considered as valid an occupation for men as it is for women. "What are you?" was a statement made by a handful of fathers and it signalled how reduced employment contributed towards participants' feelings of being obsolete.

Disillusionment in the primary caregiving role was frequently articulated in terms of experienced losses of masculine privileges. Illustrating participants' often conflicted stances, despite Mark's determination to compensate for his partners absence by being there, he found his loss of autonomy stifling:

> So, it was quite hard. […] come home and she [eldest daughter] should've been in bed for two hours, and she's peering round the bannister, "Oh, you're home now, okay. I'll go to sleep now," type stuff. And, I get it, and… But, that's quite hard to deal with as well, it's quite sort of claustrophobic… […] that's something I'm still wrestling with is the… handcuffs that I'm in. […] I had a lot of freedom at work as well, if I was to go and disappear to go and meet people, it was fine I did it, there was no one looking over my shoulder. So, now I've got this straitjacket of nine 'til three when the kids are at school. So, I do find it incredibly restricting.
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

As time is understood to be capital (Whitehead, 2002), reductions in one's ability to command its utilisation equates to a loss of power. Reflecting an acknowledgement of Brian's compromised freedom, he spoke of largely unspoken accommodations from friends to socialise in his home rather 'out'. Recognition by others of his need to not "be obvious" in these negotiations suggested that being tied to the home engendered deeper meaning – perhaps a loss of dignity or carried humiliation – and that this was understood by all:

> […] the only extra thing that from, is people coming here 'cause you're sort of tied to the house because the kids are so young you can't really leave them on their own and stuff like that, so. […] Maybe one of them [friends] wasn't [understanding] and it was like, "Well I thought we were going out." […] So, but, the majority worked it out without me needing to be obvious. I think I said, even said to them, "Just could you come round on Friday for a bit o' company," and stuff like that.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

Consistent with other studies that found loneliness to be a significant issue (Daggett, 2000, Holmgren, 2019, Lund and Caserta, 2001), all fathers described experiencing loneliness at some time during their partner's illness and/or after their death. Most fathers described how after their partner died, they felt the absence of everyday interactions with their partner and stated that opportunities to bounce ideas around and collectively problem-solve family matters were now unavailable. For example, James:

> […] even when it's… you're just a stay-at-home parent, they will be able to tag-team the other parent – the husband or wife – for, you know, when they're back from work and so on. You know, so they'll be able to say “Okay, can you look after her while I go now to toilet or go to the shower or cook a meal or whatever?” Anything else like that. Which I can't do in that sense.
>
> James (40-44), father of one (Ava, 1)

Many fathers (James, Bruce, Anthony, Kevin, Greg, Chris, and Paul) expressed explicit awareness that the responsibility for the family unit was now solely theirs and for some this increased pressure contributed towards feelings of being alone. Feelings of loneliness were compounded for many (Anthony, Brian, Eddie, and Paul) by a lack of knowledge around what their partner’s wishes or intentions for their family were. Indeed, this was described by one father (Anthony, 40-44) as the hardest thing about being a father in this context and some (Will, Bruce, Eddie, and John) described being a solo parent as “terror” inducing, “scary”, “terrifying” and a “frightening” prospect.

No longer able to electively parent, some fathers’ propensity toward care avoidance was made impossible, and subsequent reductions in ‘doing the fun stuff’ with their children due to increased domestic demands meant some participants perceived a loss in aspects of parenting they had enjoyed. For instance, Brian:

> […] I’m doing a lot more of the domestic side, so as much as I’d prefer to play, be playing with them, keeping them occupied […] I’m doing more of, like sort of keeping the house up-to-date, even though which I’m doing quite a poor job of.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

However, there was a handful of fathers (Anthony, Eddie, Kevin, Robert) who expressed primary caregiving as less of a duty and more of a privilege. Illustrating the constant negotiation of gender construction, while many of these fathers also encountered feelings previously explored here, so too did they experience happiness, amazement, and enjoyment in their new caregiving role. Highlighting how expressions of parental enthusiasm by men are viewed as unusual, Kevin explained how grief had been partly displaced by the privilege of doing parenting:

> […] the rawness has been replaced with sadness and a sense of loss, but also a sense of having the kids, you know, a sense of ‘actually, that’s pretty amazing that we’ve got these two kids and we, you know, I’m loving the fact it’s a real privilege to be able to bring them up.’ Which sounds slightly weird but I’m actually really enjoying being a dad, and it’s bloody hard and it’s ridiculous some of the things […] For me, I’ve now got a much, much, much closer relationship with both of my kids. Understandably because, you know, if I’m the kind of… I’m the parent now. […] I think it’s just the amount of time I spend with them.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

Having explored fathers’ experiences of gender role transition at length, the contents of this chapter are summarised in the following section.

5.7 Chapter summary

This chapter directly addressed research question one (what are the transition experiences of fathers around the death of a partner?). Given the combined sample of men bereaved following illness and suddenly, for clarity the chapter first examined these participants' experiences separately. Many of the experiences encountered by those bereaved through illness were experienced by the suddenly bereaved at an accelerated pace.

Unsurprisingly all participants experienced a major transition in the division of labour. More often transition was a dynamic and ongoing process, with gender role shifts more commonly occurring pre-bereavement. Transition was marked by a withdrawal from the physical place of work to the home, wherein care work became the priority for fathers. The men frequently utilised flexible employment arrangements to accommodate new care demands. Although most had mediocre involvement in household and childcare work prior to transition (see 4.5), momentous demands specifically associated with severe illness alongside inherited roles often left men stretched. Support from others was described as essential. Fathers' support engagement will be explored further in Chapter 7.

For families bereaved by illness, over time, mothers' role in childcare lessened and fathers became integral caregivers – rather than helpers or assistants (see: 4.5.2). Among involved as well as lesser involved fathers, as part of a "training period" the majority became more physically present and had greater interaction with their children than previously. Importantly, this adjustment involved a transition in responsibility for children's welfare and nurturance (otherwise referred to as maternal work, see Ruddick, 1990). In response to significant upheaval fathers sought to maintain structure, through various means – including continued participation in paid work and facilitation of the mother-child bond. It was suggested that efforts to facilitate the mother-child relationship while the partner was still living might act as an introduction to continuing bonds practices (explored in the next chapter). To date, pre-bereavement engagement in continuing bonds has not been identified among fathers in studies elsewhere.

Contributing insights to answer research question two (how do gender and masculinities influence these fathers' experiences?), Thorne's (1993) work on gender – specifically their borderwork and border crossings concepts – proved helpful in describing fathers' experiences. This chapter outlined how explicit mention of masculinities and femininities were remarkably absent in descriptions of gender role shifts during the illness period. It seemed the sheer scale of demands left little capacity for concern of crossing gender boundaries, and as such these transition experiences more closely resembled border crossings (Thorne, 1993). Accounts of illness related transition mostly focused upon changes taking place in the home and it may be that gender boundaries were experienced as much looser in this setting. Traditionally 'feminised' labour had already been a feature of the majority of fathers' gender role arrangements previously (see: 4.5) and the advancement of feminine labour prompted by events was found to be more of an extension to existing gender negotiations. Though pre-existing attitudes towards domestic involvement shaped how most transitioned, seeming to particularly influence the speed of withdrawal from the workplace; serious illness seemed to collapse patriarchal distinctions between home and workplace for all those effected by illness.

Responding to the dearth of research exploring fathers' bereavement experiences from a sociological perspective, section 5.3 examined how public interactions prompted border work (Thorne, 1993). Child age appeared to be one of the most influential demographic characteristics to shape labour transitions; with older children sometimes easing domestic burden by adopting chores; and fathers of older children maintaining breadwinning for longer. Child age also influenced the environments fathers were expected to engage with and the majority were thrown into spaces they would not usually frequent.

The 'playground' was experienced as a site of suspicion by many participants and several fathers were similarly rejecting of playground culture. As differently gendered bodies in majority female environments many of the men felt subject to the social gaze. Significantly, in taking over maternal work, fathers' experiences were often framed in relation to partners' 'natural' capabilities and enthusiasm. By applying Lopata's (1996) concept of partner sanctification, this chapter argued that seemingly idealised images of the deceased's parenting alongside gendered notions of the innate capability and desire for women to parent disadvantaged fathers' transitions. Participants infrequently recognised their partners ability as accomplished and the contrast between perceptions of their partners comfort in these settings and their discomfort prompted borderwork (Thorne, 1993). For some this manifest as an alertness to their sexuality and singlehood when interacting with mothers. It was described that many felt excluded by the school-set and that bereavement compounded perceived gender-based exclusion. Reaffirming cultural beliefs that fathers are mere secondary parents, in section 5.3 participants' experiences of being quizzed while in public places with their children were described. These findings illustrated how fathers felt they were not recognised as primary caregivers by the communities in which they lived.

Section 5.4 followed with an outline of participants' experiences of their capability as primary caregivers being under scrutiny. Though queries over the men's abilities were occasionally explicitly said, more often doubts were veiled and deciphered by fathers. Frequently these hinged upon gender stereotypes such as men being domestically ill-equipped or struggling to talk in-depth with their children. It was described how participants, as male primary caregivers, recognised themselves as transgressing gender norms and anticipated judgement. This reflects the moral character of gender performance (Goffman, 1963) (see: 2.3.2.2). Rich data illuminated an aspect of bereaved fathers' increased pressure not observed elsewhere; that fathers felt they were expected to either collapse or be stoic. In response to increased pressure, many fathers sought to prove their aptitude as solo caregivers. Nevertheless, performances were challenged by grief and confidence loss prompted by the magnitude of change. Participants described how they fluctuated between confidence and self-doubt in their parenting; and it was common for fathers to engage in *continuing bonds* by looking to their deceased partner for guidance (explored more in 6.2).

When interviewed, the distribution of fathers’ employment statuses mirrored partners’ prior to major transition; and for most, this reflected changed demands at home and difficulties reconciling paid work and care work. This was explored in section 5.5. The section began by describing how father's entitlement to flexible conditions was inconsistently acknowledged. Whilst individual work colleagues tended to be supportive, workplace structures on the most part were unsupportive. Being in senior positions seemed to particularly curtail scope to accommodate changed domestic demands. Those that did negotiate flexible working arrangements, accepted reduced status as a condition. Full time employment alongside primary caregiving were appraised by most as conflicting. Reflecting this, 5/18 ceased employment entirely as a result of workplaces inflexibility to accommodate care. Those unable to reduce hours or cease employment felt they did not spend enough time with their children and the quality of time spent was compromised, leading to feelings of guilt and disappointment.

Perceptions on new fatherhood were examined in 5.6. Views expressed were varied and complex, often involving conflicting feelings. For example, fathers both expressed a desire to be available and present for their children yet losses in autonomy were described as stifling for some. Building upon assertions in 5.3 that partner sanctification and gender stereotypes around the natural abilities of women to parent disadvantaged fathers’ adjustment, these constructs informed fathers perceptions of their new role and cultivated role alienation many. Partner sanctification in this respect was unhelpful to fathers as it contributed toward feelings of not accomplishing the ideal – ‘mothering’. Participants interpreted theirs and their partner’s experiences as dichotomised due to perceptions of mothers ostensible devotion versus their own complex feelings on caregiving. Losses in masculine privilege, such as doing less of “the fun stuff”, contributed towards caregiving disillusionment. Compromised autonomy seemed to engender feelings of dignity loss. Significantly, loneliness was experienced by all and the challenge of sole responsibility for children increased feelings of loneliness. There were, however, fathers who described how being the primary caregiver was a privilege and provoked positive feelings of happiness and wonderment.

Having explored fathers’ experiences of gender role transitions in detail in this chapter, the next explores fathers experiences of bereavement further with a particular focus upon their coping and its intersection with custodianship.

6 Custodianship as central to fathers' experiences

6.1 Chapter overview

The death of a partner who was also a parent is said to increase pressure on the surviving parent to be attuned to their children's needs and maintain the family's wellbeing (Yopp et al., 2015, Saldinger et al., 2004). The nature and form of fathers' increased pressure is little explored in the literature and I introduce the concept of 'Custodianship' to help fill this knowledge gap. 'Custodianship' is a concept which was inductively developed by this study and is useful in elucidating the relation between several themes identified in the data. It is best understood as a paradigm through which fathers' coping efforts are configured. Following the death of the mother, fathers become the only persons with deep knowledge of former family life and inherited sole protection of the family unit as before. To "retain standards" (Anthony, 40-44) and guard against "going backwards" (Mark, 50-54) fathers facilitated and performed *continuing bonds* (see: 2.3.1) and sought to stay alive to nurture their partner's legacy. In this way, fathers are both custodians of the family practically and conceptually; interpreting what the family was 'with mum' and what form it should take into the future.

The chapter begins with an in-depth exploration of fathers' experiences of *continuing bonds*. In considering the salience of gender stereotypes related to parenting, section 6.2.2 explores the ways in which custodianship and continuing bonds practices specifically are accomplished through gender performance. Experiences are understood to be situated in relation to life-limiting diagnoses, encounters with severe health decline, and/or death; and in section 6.3 these are examined. Section 6.4 explores how these experiences early in the life-course altered perceptions of health and mortality. Building upon the learning, fathers coping and their performance of custodianship is explored in chapter section 6.5.

6.2 Continuing bonds as central to custodianship

Continuing Bonds theory is conceived as a framework for understanding grief as interpersonally experienced between survivor and deceased *but also* between survivors (see introduction to the theory p.31 in 2.3.1) (Klass et al., 1996). Existing application of the theory has predominantly focussed on the former without adequate attention upon how *continuing bonds* are operationalised between living persons. Consequently, although *continuing bonds* are accepted as fundamental to bereavement experience (Klass and Steffen, 2017), there has been no comprehensive application of the theory in analyses of fathers' experiences of partner bereavement. There has been little work to understand the prevalence of *continuing bonds* expressions among fathers; whether fathers encourage their children's *continuing bonds*; and the engendered meaning of such practices. In responding to these significant gaps, this study provides an in-depth exploration of how *continuing bonds* are constructed in father-headed households. Alongside addressing research question one (what are the transition experiences of fathers around the death of a partner?), by continuing to address research question two (how do gender and masculinities influence these fathers' experiences?) this chapter section contributes novel insights into the relationship between *continuing bonds* and gender performance.

The inclusion of too diverse an array of sensations and behaviours in definitions of *continuing bonds* practice has previously been criticised as obscuring conclusions around the adaptive efficacy of *continuing bonds* (attempts at drawing such conclusions are critiqued in 2.3.1). Such behaviours have included: looking at photographs, reciting stories about the deceased, and conducting fundraising in the person's name (see review: Root and Exline, 2014). Concurrently theorists have also been criticised for prematurely narrowing enquiry by limiting recognised behaviours (Root and Exline, 2014). Given this lack of consistency in definitions of *continuing bonds* practice, and lack of theoretical focus on fathers, I adopted an inductive approach to analysis, building a picture of fathers' *continuing bonds* practices, from father's accounts. I begin this chapter section by introducing the behaviours most identifiable with existing *continuing bonds* definitions, before progressing onto more abstract and latent practices.

6.2.1 “Lasagne was her favourites”: Explicit continuing bonds practices

All fathers in this study described occasions where they performed *continuing bonds* practices. Ensuring their partner was not forgotten was expressed by participants as important. *Continuing bonds* were articulated via a range of methods, and although there were examples of more ritualised *continuing bonds* practice, fathers demonstrated a strong preference towards routine practice; where remembrance was more commonly embedded in everyday family activities such as eating dinner or doing the school run. Routine remembrance practice is said to provide consistency (Klass et al., 1996), and ritualisation might be felt as a further departure from ‘normalcy’ and in this respect would contrast with fathers’ inclination towards maintaining and establishing routine. Several fathers were apprehensive about how proactive they should be in facilitating their children’s *continuing bonds* construction, as some worried that exploration of memories could harm children; by triggering trauma that was otherwise dormant. For example, “was I doing the right thing? […] putting pictures of Nicola and me up in our bedroom? You know, was I gonnae spark, you know, too much trauma for her” (Bruce, 50-54); and “I've got memory boxes but we don't do much with them […] We probably should. […] I should be saying ‘Oh, do you remember that time?’ Maybe unconsciously I'm worried it'll upset them? I don't know” (Jeremy, 45-49). Fathers’ accounts often indicated a tension between what they were doing and what they believed they should be doing more of – ritualised remembrance; often positioned as a superior practice to routine.

Fathers did engage in some ritualised *continuing bonds* practices and therefore these will briefly be outlined over the next paragraphs. Very little is known about men’s engagement in *continuing bonds* more broadly and in the context of fatherhood specifically, *continuing bonds’* impact upon repartnering is the extent of examination (see: Holmgren, 2019). Two (Daggett, 2000, Starek, 2001) articles included in the literature review did describe men’s use of remembrance or mourning rituals such as: visits to and maintenance of burial sites; disposal of partner’s belongings; and tree planting. Authors did not however reference *continuing bonds* theory or examine whether remembrance practices involved others. *This* study found that men engaged in a wide variety of ritualised methods (including use of artefacts, fundraising activities, getting remembrance tattoos, and revisiting significant places, for example) and more often did so with the involvement of their children (see Appendix 13 for further illustrative examples of *continuing bonds* expressions). For example, Ron:

> He’s got a picture of his mum in his bed, and he’s got a pillow with him and his mum. The last ever picture of him and his mum together. Basically, that’s upstairs on his bed, and he sleeps with it. But that up there is her memory shelf. And what that is, that red rose was laid by my friend at Tricia’s cremation. So what I basically did, ‘cause the rose died, I basically went and bought a fake flower, but kept the same thing, and the same message. And we left it like that. And the tealight thing was made by my best friend’s mum and her wife […] where it says “I miss you so much,” that’s a memory jar [...] And a picture […] is the last time we got proper dressed up.
>
> Ron (45-49), father of one (Callum, 13)

Explicitly exploring memories with the assistance of visual and audio artefacts was a common practice among participants. Strategies such as these are understood to be expressions of proximity seeking towards the deceased (Root and Exline, 2014). Studies among other bereaved groups have similarly found that bereaved persons used creative methods to explore *continuing bonds* (Foster et al., 2011), and as part of ritualised remembrance practice fathers in this study also used bereavement specific artefacts such as memory boxes, sand bottles, and balloons to explore loss with their children.

Illustrating how *continuing bonds* expressions are culturally situated, socially constructed interpretative activities (Klass et al., 1996), there was a continuum of exploration and what was be deemed routine remembrance by one father was often determined ritualistic by another. Indicating their awareness of social expectation to ‘get over it’ (Footman, 1998, Walter, 1996), remembrance practices were constrained by perceptions of being judged by others and fathers expressed a strong aversion to perceived “shrine[s]” (Greg, 45-49) which were deemed “weird” (Paul, 45-49). As greater disruption is often experienced among father-headed, versus mother-headed, bereaved households (Boerner and Silverman, 2001, Silverman and Worden, 1992); it may be that fathers are less forthcoming with regards to ritualised practice as they have a greater challenge in terms of maintaining normalcy. Many found it a challenge to locate the balance between everyday life, the establishment of ‘normality’, and performing more ritualised remembrance activities. Highlighting the difficulty reconciling paid-work with new care duties (introduced in 5.5), the following excerpt from Kevin, illustrated how ritualised practice was often seen by fathers as an additional demand:

> I don’t have much time, and whenever I do have time, like in the evenings, everybody’s tired and nobody wants to start having this conversation. They come home from school, they’re tired, it’s really hard actually to find when the perfect time is to… But I don’t, actually I don’t want to make it into a thing, I don’t want to say, you know, “At 7 o’clock tonight, I’m going to talk to you about mummy.” My way of dealing with it has been to just try and make it normal to speak about her and to talk about things, which is what I do, and I think possibly they find that okay as an approach.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

Routine remembrance was performed without the same barriers as those associated with ritual remembrance activities. Routine practice offered fathers ways to perform continuing bonds as part of everyday parental duties. The remainder of this chapter section will mostly focus upon routine *continuing bonds* practices. As the nuances of performing *continuing bonds* are less well documented, these are prioritised.

As previously stated elsewhere in the thesis, child age was found to be highly influential to fathers' behaviours. Fathers' appraisal of children's memory of the deceased influenced their sense of custodianship and their subsequent performance of *continuing bonds*. As described in 4.2, most families (11/18) included children aged ≤5 years. While some of these children had memories of their mother, most fathers of under-fives (Mark, Paul, Greg, Chris, Bruce, Robert, James and Jeremy) expressed uncertainty around the extent of their children's memories.

Akin to Silverman and Nickman's (1996) observations in their study of parentally bereaved children, participants often made the deceased present through talk of memories and things their partner liked or enjoyed doing. Like others (Kevin, Greg, Jason, Jeremy, Eddie), by nurturing an "open an' honest" environment where talk of their mother is understood to be okay, Chris endeavoured to keep his partner present in the everyday. This involved finding meaning in mundane occurrences and *continuing bonds* between himself, his children and Laura by involving her in ordinary family happenings through talk:

> [...] the button's fallen off Lewis' trousers so, like, "Daddy's not very good at sewing this 'cause Mummy used to like sewing" so she used to do all the sewing and stuff like that. [...] I used to say, you know, "Can you remember seeing Mummy at her sewing machine?" 'cause Laura was into sewing so, you know, "Can you remember you used to hear Mummy's sewing machine going away?" an' stuff like that.
>
> Chris (≤39 years), father of two (3, 6 at the time of death)

In this way, fathers as custodians demonstrated acknowledgement of their responsibility to facilitate their children's *continuing bonds* with their mother. Having younger children appeared to generate a stronger sense of custodianship, wherein fathers felt they needed to play a more significant role. For example, Mark (partner to Melissa) explained how, in response to his youngest's lack of memory, he *always* tried to keep Melissa present:

> […] we always make an effort to talk about Melissa and talk about things we did together, ‘cause I’m very concerned, conscious with Alfie [youngest] that he won’t have the same memory that the girls have got, you know, ‘cause they were nine and eleven, they will have a lot more memory of what happened or of her and doing things with her than he will.
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

Further illustrating how *continuing bonds* are interpersonally accomplished (Klass et al., 1996), Mark described how his older child helped in the construction of memories for his younger son. By actively talking about *his* partner on a regular basis Jeremy, who had similar concerns, consciously sought to make *his* memories his children’s memories:

> 'Cause I think I need to implant those memories. I want them to remember her. Max I think will remember better but, I mean, when Steph [partner] got ill Isla was… she wasn't two. […] So I know she's not going to remember mammy very well but I also know that if you talk about things with children often enough and well enough, they will remember them as if they remember them, rather than remember being told. I want them to know her, you know?
>
> Jeremy (45-49), father of two (3, 5 at the time of death)

Illuminating a key aspect of fathers’ increased pressure which remains unexplored in the literature, Jeremy’s description of his *need* to make his partner known to their children by establishing *continuing bonds* demonstrated how fathers, as family custodians, viewed themselves as holding greater knowledge of their partner and felt a sense of responsibility to embed this knowledge. Fathers as sole surviving custodians become containers of knowledge: of who their partner was, memories of how she lived, how she did things, and how she may have wanted things done; and beyond essential care responsibilities most fathers made efforts to uphold family values and practices as their partner envisaged.

As indicated in previous excerpts, where children had few memories of their own, ownership of memory was a recurrent concern for fathers negotiating *continuing bonds* facilitation. In contrast to Mark and Jeremy's approaches, Bruce believed his youngest child had some memory of her mother and therefore consciously sought to foster *her own* memories rather than seeking to implant his:

> […] one day I said, right, I'm gonna take Emily back to the area where she first skied. […] and she got on the [ski lift] and she went, "I went skiing with mummy and you, didn't I?" I went, "yeah." […] I used to try and kind of go, "What did you say?" And try and video her, so she would, you know, see that, and that was actually a memory of hers, you know? […] Tough for me to do, initially. You know, going back to somewhere like that where, you know, we spent so much time. I couldn't go there for a good while, you know?
>
> Bruce (50-54), father of six (Emily, 3, Cameron, 12, Amy, 14, Chloe, 15, Rachel, 16, and Lauren, 19)

The prospect of children not knowing their mother caused participants distress and was expressed by many as one of the "most sad" and "heart-breaking" (Eddie, ≥55) aspects of bereavement. The seemingly inevitable erosion of memory over time exerted pressure upon fathers and acting to counteract memory loss was viewed as their lone "battle" (Paul, 45-49). Where children were so young and their memories few, memories were not shared as such, and the unidirectional nature of remembrance contributed towards concerns around the sustainability of custodianship practices long term:

> Yeah. It's really hard to actually try and imagine how […] they hold onto that [memory] - and that's the battle that you have, trying to keep that memory alive […]
>
> Paul (45-49), father of three (5, 6, 11 at the time of death)

Further illustrating the pressure encountered by occupying the custodian role, as sole vehicles of deep knowledge of their partner, forgetting memories posed risk of further loss:

> […] I'll try and share a few memories, but I've found my memory's pretty bad anyway, like it's trying to remember what we did on a certain birthday or a certain time of year […] She'd always finish my stories 'cause she'd get fed up of my bad memory (laugh) so… That's really hard, 'cause you think that's all gone as well.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Participants' actions to instil children's sense of 'authentic' recollection (through ingrained *continuing bonds* practice or efforts to document 'genuine' moments of recall for example) represented custodians' efforts to fix the problem of waning memory. Fathers' actions to embed knowledge may represent an attempt to share or alleviate pressure of custodianship; and could be characterised as restoration-oriented (see: Stroebe and Schut, 1999) approaches aimed at altering solo parenthood. Efforts to 'fix the problem' might also be interpreted as stereotypically 'male' problem-focussed approaches to loss-oriented stressors (see: 2.3.1) (see: Pearlin and Schooler, 1978, Stone and Neale, 1984, Lazarus and Folkman, 1984, Stroebe and Schut, 1999). However as indicated by Bruce, *continuing bonds* also entailed emotion-focussed rumination for participants. Being a father gave rise to a more oscillatory, and less gender stereotypical coping approach (see p. 26 on the Dual Process Model) (see: Stroebe and Schut, 1999, Schut et al., 1997). Jason explained how his responsibility to nurturing *continuing bonds* for his daughter meant his approach was less avoidant than it might have been had he been child-free:

> You know, I've had to try and be open with Megan so I suppose… now you're making me think about it, I suppose… I think if I was on my own it would've been very easy to just put something, you know, put it all in a box and move on. Whereas because I've been aware that I needed, I wanted to keep talking about Heather [partner] […] I didn't want Megan to just shut down and not think about Heather.
>
> Jason (40-44), father of one (Megan, 10)

Parallels might be drawn between custodianship duty overriding personal coping inclination and Martin and Doka's (2000) notion of incongruent or dissonant grief; however there are important differences. According to Martin and Doka men are curtailed from engaging with 'intuitive grief' *by* their masculinity to their detriment, whereas in this study men demonstrated agency in dismantling and reframing masculinities so to fulfil their children's needs without feeling particularly compromised. Numerous participants described how at times during bereavement they found engaging with memories "painful […] overwhelming […] too hard to talk about" (Anthony, 40-44), and "horrendous" (Kevin, 45-49). Fathers' accounts reflected a sense of sacrificing their own comfort and enduring personal turmoil for their children. A core feature of the heroic male construct (see: p.117, Whitehead, 2002) (introduced in 5.3) is the concept of self-sacrifice for one's family. Despite engagement in the "touchy feeling stuff" being seen as feminised practice, exposure to pain without complaint is associated with notions of hegemonic masculine endurance (O'Brien et al., 2005). In the context of fatherhood therefore masculine gains were *made* through engagement in intuitive grief. Many expressed awareness of dominant cultural narratives around the importance of working through grief (see: 2.3.1); and the way that fathers' *continuing bonds* facilitation behaved as a gateway to their own engagement in intuitive grief was viewed positively. For example: "it's possibly helped me because I've had to just be open about it […] so maybe, maybe that's a positive thing." (Jason, 40-44).

Among other bereaved groups Tyson-Rawson (1996) found that the formation of *continuing bonds* was challenged by a lack of expressed support by other survivors, and likewise this study found that children's responses to fathers' facilitation attempts had capacity to delegitimise as well as validate participants own engagement with *continuing bonds*. For example, although Greg expressed a strong desire to keep his partner present, with little feedback from his young children on these attempts, he eventually learnt to accept his partner's absence to the children and in turn ceased communication himself:

> […] she goes, "Oh, I've been on a horse. […] Yes, Henry fell off." I was like, "Yes, he did." So like she was 4 at the time […] and Henry was like ~2 […] And she remembered that, and I said "Do you remember who was there?" "Yes, yes. You, Henry… was [family friend] there?" [...] "No." And then she went through a list of people… "who was there, no, those people weren't there, do you not remember?" "No." "Well your mummy was there." "Oh." […] [upset] that was tough, because, you know, there will be memories like that for the rest of our lives […] I want them to kind of have the love and respect and appreciation that I have for… for their mum. But, you know, it really struck me then. Like… like she's not gone to me, she's here with me every day. But to them, she is gone. And they've kinda, not so much accepted it, but just to them, she has gone. 'Cause she has. But not even, there's not even a memory. […] I hadn't expected to be in such a state talking to you today, I'll be honest. I was… it's certainly made me think. 'Cause I don't… I don't talk about Pamela anymore really. 'Cause… 'cause no-one wants to hear it.
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

Participants described numerous caveats to engaging their children in *continuing bonds* practices and navigation of conditions were laden with uncertainty. For instance, over time fathers learnt that certain topics of exploration were considered 'safe' whilst others were out of bounds; for example, "[...] they seem to shy away from anything that is directly related to her death, but they're quite happy to talk about her existence and the things they did together" (Mark, 50-54). Child reluctance to talk about 'unsafe topics' (generally those directly related to their mother's health decline or death) and rejection of their fathers' attempts was a common theme across the sample. *Continuing bonds* practices involved a process of “testing the water” (Robert, 45-49), wherein fathers floated topics and depending on their children’s body language or overt statements either pursued the topic or retreated according to their children’s comfort. Many participants expressed the importance of not “forcing” exploration: “they told me they feel uncomfortable about that. So I, I don’t so much anymore” (Keith, 50-54) and “So, if that’s how they wanna do it, I’m not gonna force them to do anything else” (Mark). Contributing towards uncertainty, the rules around engagement were inconsistent and continuously shifting. For instance, exploration would frequently be rejected at an earlier time before later being safe to broach:

> […] she’s [youngest] processed her grief in a very contained, controlled way, that was very different to Harry, and says a lot about her mind and how she works, and probably her age as well. […] The hospice, straight after Sinead died, tried to get them to do memory boxes, and Harry was fairly happy to bung one together, Ruby was like… She did it and she chucked it into a cupboard and never looked at it again. […] [Later] she got really into it […] she went around the house, putting up little pictures on all the doors, of Sinead […] I couldn’t get my head around it because she said, “Could you help me with the memory box?” “Sure.” So, we sat there, we did it, and it was almost, she suddenly got to the stage where she said, “Right”, she closed the box, and I’d gone off, and I said “Oh, I found some more pictures”, and she goes “Oh, I’ve closed the box now, Daddy, we’ve finished with that.” I said “oh, you don’t want to do it anymore?” “No, that’s fine.” So, she… so, it was almost like physically closing the box, had mentally gone ‘Yeah, that’s enough for now, I’m done with that.’
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

As most participants (14/18) had more than one child, most fathers also had to balance sibling differences and where one child might “talk more readily” whilst another might be “more guarded and resistant” (Anthony, 40-44) fathers’ *continuing bonds* facilitation sometimes entailed trying to accommodate opposing child needs:

> […] I talked about Mummy then. But, it's to varying depths because sometimes I will have to stop because Sam [eldest] might get upset about the conversation. Amelia will be quite intrigued because she'll want to know about this. But then, Sam will say like, "Can we stop talking about this now?" So, it's obviously, not all the time, and it's just a varying, it's random, very random. [...] in the car hearing a song and I'll say, "Me and Mummy used to really love this song." […] And I'll turn it up, you know, and then I'll gauge the response, you know? Of, whether Sam or Amelia gets quite silent or whether they want to ask more questions about it [...] So, it's kind of, it's about […] getting the balance right, working out what reactions you're getting and then learning to know whether to shut up or carry on basically (laugh).
>
> Robert (45-49), father of two (Amelia, 3, and Sam, 7)

The majority of families included adolescents (10/18 families) (World Health Organisation definition 10-19 years, 2018); and three of these families included both adolescents *and* children aged ≤5 years. Fathers with older children and adolescents described experiencing greater challenges to knowing when and how to engage their children in remembrance. A few fathers (Will, Kevin, Robert, Jason, and Ron) described their children's autonomy in engaging with remembrance. Will for example:

> […] he's talked to me, he's talked to other people about not wanting to come home, that mum's everywhere, and (stutter) he really struggled with that.
>
> [RP] So, he struggled with memories?
>
> Yes.
>
> Will (50-54), father of two (Hannah, 12, and Joshua 14)

Characteristic of 'new father' ideals (see: 4.3) (see: Henwood and Procter, 2003), and conflicting with Boerner and Silverman's (2001) finding that fathers were "parent-centred" (p. 212) (see: 2.4.2.3); this study found that *continuing bonds* facilitation involved being child-led, attentive, and sensitive. Discrepancies between the current study findings and Boerner and Silverman's likely reflect generational changes in fathering having occurred in the thirty years since data were collected (data collected pre 1990 for Harvard Child Bereavement Study: see Silverman and Worden, 1992, Worden and Silverman, 1993). The findings described here also seem in stark contrast with the authors' other conclusion that bereaved fathers are unlikely to engage in meaning-making with their children. Boerner and Silverman did not explore *continuing bonds* and the disparity between findings could relate to definitional differences in 'meaning-making'.

As a main objective of this PhD study was to explore the role of gender in father's bereavement experiences, a more detailed exploration of fathers' everyday *doing* of *continuing bonds* will now follow.

6.2.2 "It's like learning to be a mum sort of thing": Continuing bonds as gender performance

A number of fathers (Brian, Greg, Kevin, Anthony, Will, and Paul) spoke disparagingly of men's ways of being with their children; with some perceiving men as distracted, less sympathetic parents, and less 'natural' empathisers. As briefly introduced earlier (see: 4.5.2.1), when compared with their own parenting, fathers often positioned their female partners as more adept parents with greater sensitivity and more holistic insight into children's needs. Half of participants perceived mothers, unlike fathers, as innately more nurturing. As observed in other research on gender and fatherhood (Doucet, 2006, 2018, Connell, 1995, 2019), it was common for fathers to reference reactions to occasions of child injury as 'evidence' of the distinctions between mother versus father traits. Disclosures indicated the salience of parenting discourses – even where father involvement in hands-on care work evidenced transgression from traditional gender norms (see 4.5.2), deeply embedded beliefs around gendered parenting practices endured. For example Greg, who had previously been primary caregiver, stated:

> I'm quite self-centred. […] And the kids need someone who's gonna just give them a cuddle when they fall over. Not say, "Let's have a look, get up." 'Cause that is my instinct and much as I try to go against it and go 'oh, I'll give them a cuddle,' it's not sincere. […] The five of us went out for a bike ride […] And he [youngest] just got his wheel caught in part of the pavement, and he just went over onto the handle and hit [his face]. And it was, it's rubberised, but it just made an impression on his… and he had blood, a bit of blood on his face, and a bruise on the side, and he obviously took a bad tumble. And all I was thinking was like, 'Fuck sake, we've got to get back […]' Looking back on it, terrible. But I don't think it's that different from most blokes. Whereas I think most women are like, the first thing is 'Fuck all that, how is he?' You know, cuddle. So… and I had to consciously think, 'No, no, stop, stop, stop,' you know, just… you know, wipe his mouth, give him hugs.
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

As illustrated, fathers' constructions of parenting frequently upheld traditional discourses around the instinctive and natural character of 'mothering' for women; and in turn the unnatural or "not sincere" nature of men engaging in the same behaviours or doing 'mothering'. Such discourses, along with idealised perceptions of partners' parenting practice – resulting from partner sanctification, informed conceptualisations of the integration of mothering into fathering, as distinct practices of doing fathering *and* doing mothering through *continuing bonds*.

In an attempt to reconcile Continuing Bonds theory (Klass et al., 1996) with sociological theories of gender and masculinities, the following paragraphs will articulate how *continuing bonds* are accomplished through doing gender. In so doing, I also argue that the performance of *continuing bonds* is fundamentally gendered.

Though a proportion of fathers (7/18) stated that they had always been close to or emotionally involved with their children, the majority stated that they had become closer to their children as time together increased, and ways of being together changed. This echoes findings of other parent studies, in which greater parental attunement and sensitivity are found to be achieved through routine practice and time spent (Ashbourne et al., 2011, Miller, 2010). In attempting to take on maternal work and mother status (Ruddick, 1990), many fathers recognised gaps in emotional provision. Of relevance here is Bowlby's (1980, 1969, 1973) Attachment Theory and a concept he termed 'monotropy'. According to Bowlby, an individual's network of significant others (attachment figures) is organised into a hierarchy in which one primary attachment figure is exalted; and preferential emphasis is placed on the emotional and physical availability of this figure. Bowlby identified the mother as the monotropic figure, although this hypothesis has been criticised as seriously undervaluing others' influence (such as father, sibling and peer) (Lamb, 2000). In this study fathers certainly viewed themselves as becoming this figure to their children. Others have also found that fathers do meet emotional responsibility for children when mothers are not available (Doucet, 2006, 2018, Inhestern and Bergelt, 2018, Burgess, 1994). In response to identified gaps in emotional provision, in order to raise "balanced human beings" (Greg, 45-49), many fathers in this PhD study sought to address these by consciously *doing continuing bonds* through performing 'mothering'. Practices were constructed by both re-enacting their partner’s ways of being with their children and by drawing upon wider social discourses around what it is to ‘mother’.

On performing custodianship, many fathers (Bruce, Greg, Kevin, Paul, Robert, Jeremy, and Tim) stated how they felt a need to be both ‘father’ and ‘mother’ to their children after their partner’s death. Most fathers sought to provide continuity between their partners’ availability and their own by prioritising being there and demonstrating availability to their children. Efforts to provide continuity for children through increased father presence may seem somewhat of a paradox, when continuity in father presence for most would have involved significant time away from the home in paid-work. However, the kind of continuity fathers sought to provide, attempted to conserve *mothers*’ presence; and fathers made efforts to be there for their children like their partner had been. For example, elsewhere Mark spoke of how his interaction with his children had changed “beyond all recognition” and described how increased time together as a family became about ensuring “that seamless family bond”. He later explained how, through being there, he sought to embody his partner:

> By being here for them, as in, physically replacing the role their mum played and emotionally replacing the role their mum played and doing loads of things together as a family. […] just to, A) make sure that things don’t go backwards from where they were in terms of things we enjoyed as a family, and B) hopefully, they get some more of them [family activities].
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

No longer able to opt-out of childcare work, children’s sole reliance upon their father prompted a transition in how most fathers emotionally viewed their protective role. Where fathers had not previously viewed their absence as detrimental to their children, they now viewed their presence and availability as an essential resource:

> Friday night, my new partner and I were going out, Emily [youngest] wasn’t feeling too well. You know, “Dad, I don’t want you to go, I

> don't want you to go." […] I want her to sleep and make sure she's okay before I do anything. So yeah, […] your parenting changes because the demands upon you change, you know, as well. You're dragged into being this mother/father role. You're everything. You are. You do become everything.
>
> [Continued…]
>
> […] I was a constant, I was the… I was… I saw myself as having to be her rock and her stability and, you know, she could come to me any time, I was always there for her.
>
> Bruce (50-54), father of six (Emily, 3, Cameron, 12, Amy, 14, Chloe, 15, Rachel, 16, and Lauren, 19)

Father descriptions of their realisation of the full extent of their children's reliance on them echoed narratives more commonly associated with first-time parenthood (see: Miller, 2010). Bereavement in this context then, may be understood as a kind of return to first-time fatherhood or more aptly, an introduction to first-time motherhood. Prioritising child caring responsibilities was a novel challenge to some, and fathers often aligned their experiences with those of *other* mothers. Doing continuing bonds was an ongoing negotiation; and doing 'mothering' required other entrenched gendered behaviours associated with breadwinning to be switched off:

> […] you just sort of learn over time, you develop a bit more a gut instinct for what they need, and you think about it more as well, 'cause what's the word I've heard a few mums use, it's the mental load. It's sort of planning… It's the empathy. […] when you're… the responsible, the accountable person for that, you know? You've got a dependant, you've got to consider their wellbeing. You know, all the time. […] I'm used to being selfish. So, you just kind of… Like you put your work first and it's that single-mindedness […] having to think about someone else it's really annoying, and it sort of, it doesn't

> come naturally. […] And, try and switch off from that singlemindedness, that’s really hard to do.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Accounts provided insight into transitions in fathers’ conceptualisations of appropriate parenting behaviour. Reflecting the disparity in social discourse around ‘good mothering’ and ‘good fathering’ (see: Johansson and Klinth, 2008), fathers’ absence and distraction from care-work was culturally expected, however in doing mothering this was no longer perceived as socially acceptable.

As over a third of fathers (7/18) had defined their role within the family as the authority figure previously (see 4.5.2.1), in doing custodianship many participants understood there was a need to occupy a “softer” position and “become different” from “bad cop” (Tim, 50-54) or the “stricter one, the sterner one” (John, 45-49). For example, Will described how he learnt that being the “big, bad, dad” figure was not working, and with the support of social services, he learned to moderate his authoritarian stance to better empathise with his children:

> I’ve had to learn so many things that I just, they were her things […] I definitely think it, if I’d been female there would’ve—things would have been different. I don’t think I would’ve, the conflict would’ve been so intense […] the need for me to control, the need for me to be the, be what I was, be the big dad figure didn’t work and whereas there are times when I have to pull that out and sort of, […] there are times when I will shout, but there are also times when I will listen to her [daughter] a lot more than I ever did. […] I’ve had to learn a lot more empathy, that I never needed, you know, in the male role. […] There isn’t anything that I do now, that is similar to […] where I was. I… understand my children a lot more than I ever did. I understand who I am more than I ever did.
>
> Will (50-54), father of two (Hannah, 12, and Joshua 14)

Changes in fathers' interactions with their children often also required corporeal adjustments and softening. Where mothers were often viewed as tenderer than fathers, mothers were characterised as soothers and cuddlers whilst fathers were playmates and fixers. For example, "he would come and sit snuggled up to her […] He would come for tickles and fun fights […] with me" (Tim, 50-54); and "having a cuddle for no particular reason […] they would get from Sinead […] if they came to me with a problem […] I'll try and solve it for them in that very masculine way" (Kevin, 45-49). Alert to children "missing out on" having a mother, participants described how they sought to provide a mother's presence through doing continuing bonds by embodying their partner. For instance, having watched *his* partner's seemingly enthusiastic hands-on engagement with the children, as custodian, Jeremy recognised he had to do the same. He performed continuing bonds by doing the "gentle side" of parenting. Illustrated by having to get on the floor and hold the dolly, embodying Steph required him to use his body differently to that of performing "Dad":

> The way I've always put it is that I'm mam and dad now, which means I can't just be dad. […] So I've got to make sure that they get the gentle side of a parent as well […] Most of it is through play, I think. Play and cuddles. So basically Steph loved nothing more, I think, than getting on, down on the floor, playing with them. It's never really been me but I have to do that now. I have to get involved. I have to help feed the dolly. You know, she [daughter] wants to give the dolly a bottle, and wants me to hold it, I've got to do those things, whereas Steph would've just done all that and loved it. Whereas me, it's kind of, I was raised with two brothers. Wasn't hugely sort of… I didn't have a lot of relationships. So not only did I not really know kids very well but I didn't… I didn't really know women very well. So I've kinda had to feel my way there and just… try and think what Steph would do in certain situations.
>
> Jeremy (45-49), father of two (Isla, 3, and Max, 5)

Despite earlier descriptions of the attunement and sensitivity demonstrated by fathers doing continuing bonds, fathers infrequently identified the 'motherly' qualities they in fact exuded. Doubting *he* had the required knowledge to do “gentle” parenting, Jeremy made “Mam” present by consciously performing what he believed *her* actions would be. Lopata observed how partner sanctification could to be positive to survivors, as the deceased may be viewed as a supportive “adviser” (p. 118, , 1996). As seen among other cohorts (Marwit and Klass, 1996, Suhail et al., 2011, Tyson-Rawson, 1996), most participants in this study sought guidance from their partner to assist in parenting. As illustrated by Tim (50-54), “sometimes I look, look inside meself to think, ‘[…] I’m not here, she’s here, what would she do now?’ [...] ‘cause something complex is going on, and I don’t understand why Charlie is doing it, and I’ve tried to look at […] how Linda would try to decipher it”. In sanctifying their partner, mothers care knowledge was often positioned as superior even if fathers had had considerable care involvement prior. In contrast to Lopata’s (1996) suggestion that sanctification may be good for self-esteem, in the context of parenthood, exaltation of mothering at times left fathers feeling like they were incapable of meeting an unattainable standard. For some this led to abandonment of so-called mothering traits, “the caring side […] I’m… men are, they’re not too good at. But how much caring do […] boys need. […] obviously they do need some and I think my sister’s quite good at that” (Brian, 40-44); and, “you sort of realise well you can’t do all that, you can’t be her. […] I’m never gonna be that sort of person. […] you’ve got to appreciate that’s a loss as opposed to some gap you’ve got to fill” (Anthony, 40-44).

Having described fathers’ engagement in continuing bonds, the following section explains how participants experiences of custodianship are understood as situated in relation to illness and death encounters.

6.3 Understanding custodianship in the context of illness and death

Fathers lived experiences of ‘new fatherhood’ were situated within the context of their partners “cancer journey” (p. 530, Thomas et al., 2002) and death (13/18), or sudden death (5/18). Thomas and colleagues’ (2002) state that illness is actively participated in by informal caregivers, occasioning a shared experience. Care involvement is believed to have a profound effect on survivors' lives (Anderson and Bury, 1988). Caring responsibilities (for partners) differed across the sample as a result of varied illness trajectories. To provide context, prior to exploring the ways in which fathers' custodianship practices were informed by illness and death experiences, the next sections will briefly describe illness experiences.

6.3.1 "People call it the big C, cancer or whatever, it scares the shit out of you": Unbelievable diagnoses

Whereas partner bereavement in later life, particularly among women, is considered a normative event; partner bereavement early-on in the life course is a non-normative experience. It is widely referred to as 'off-time' due to events seeming out of sync with expectation according to life course position (Crafter et al., 2019). Janoff-Bulman's (1989, 1992) shattered assumptions theory, posits that prior to experiencing traumatic events there are core assumptions held by people about their interactions with the world. These are: we are deserving; the world is benevolent; and things happen for a reason. Traumatic life events, like bereavement dispute these assumptions. Due to the 'off-time' nature of the event: with partners being in mid-life, being mothers to often young children, and frequently in good health otherwise; many fathers experienced the diagnosis as an assault. For Greg and Pamela, after repeated visits to the doctors over several months with concerns about a "crusty" mole, the life they built together was turned upside down when results of a biopsy showed it was a malignant melanoma:

> [Health care professional] said, "Yeah, she has cancer. It's quite serious skin cancer." And I was like, "Well, it's skin cancer, that's fine, you know just cut the mole out, it'll be okay." […] we'd seen the doctor, who was like talking all this like, "Oh, she's got a 50% chance of living for five years," […] and "Stop, stop. Run that past me again. 50% chance of living five years? What, she's… she's got a two-and-half-year life expectancy from now?" "Yes, that's right." "No, don't, that… that's ridiculous, look at her, she's healthy, it's a bloody mole.

> Clearly, she's gonna be fine." And then we went to see the Macmillan nurse […] and she had like a very long face and she went, "Right, you understand what this is?" And yeah, I think, Pamela had a better idea, but I clearly didn't, ha! So she goes, "You do understand, you know, there's… there's treatments, and we're gonna treat it, but you do have to understand this is a very serious situation." I said, "Yeah, yeah, they said like a 50% chance of dying in five years, what's all that about?" "Right". I said, "What, she's gonna be dead in two-and-a-half years." "Well, you need to prepare yourself for that." And I was like, "What the fuck? You can't be serious." And it was, yeah, it was, it was, that was horrific. Horrific, this kind of, this sudden realisation […]
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4, partner Pamela was ill for 13-24 months)

Greg described how prior to learning this news, life had looked "really rosy". In Bury's (1982) highly influential article on chronic illness and biographical disruption he states that "the worlds of pain and suffering [and] death […] are normally only seen as distant possibilities or the plight of others" (p. 169); and as Greg's disbelief illustrates, fathers did not expect their partners to become severely unwell or to die so early in the life course. It was evident across the sample that most fathers experienced their "world collapse" (Bruce, 50-54). Paralleling the re-examination of plans and expectations prompted by illness (Bury, 1982), others (Lowe and McClement, 2010, Soulsby, 2011) have captured related descriptions of the loss of hopes and dreams among adults bereaved at younger ages. Supporting Janoff-Bulman's (1989, 1992) assertion that traumatic events shatter assumptive world views, fathers' understandings of their lives were ruptured by their experiences. Chris' comment that serious illness was not "on the radar" illustrated how good health is presumed early in the life course, and reflections show how diagnosis was consequently viewed as a momentous and unexpected event that signalled a juncture between worlds:

> […] she was probably ill for about a month and ill, I mean, she probably felt like she had a bit of a flu that didn't go away. […] But

> you'd never have… you know, it was not even on the radar this could be a serious illness 'cause she wasn't feeling that unwell […] there was about four appointments to the GP where, like, you know, Laura would go along an' GP fobs you off a bit, you know, “Take some painkillers,” blah, blah, blah, blah, blah. An' then it wasn't 'til that Friday when the GP actually sent some bloods off that Laura's consultant phoned the GP up and said “It's actually leukaemia” an' then that was it. Half five on a Friday night, it was like from normal life to this new life.
>
> Chris (≤39 years), father of two (Jack, 3 and Lewis, 6; partner Laura was ill for >25 months)

6.3.2 “Don’t be silly. You’re not going to die”: Illness and forewarning of death

Communication of the likelihood of death is argued to be important particularly when bereavement occurs at an unexpected time in life (Balkwell, 1981). Though some suggest that prolonged life-limiting illness allows better preparation for the death and for anticipatory grieving to take place; others argue the evidence is mixed (Donnelly et al., 2001, Stroebe and Schut, 2001). There are myriad reasons why forewarning of death ought not to be assumed from illness. Consistent with others’ (Macpherson, 2018, Inhestern and Bergelt, 2018) observations that dying persons and/or those around them sometimes withhold information on the extent or severity of illness from other family members, particularly children; this PhD study found examples of parents omitting, withholding, or actively concealing illness severity. For instance, Robert’s partner Kim sought to conceal health deterioration from their young children by obscuring her considerable weight loss with layers of clothing, “she could hide it […] She could put on dressing gowns […] lots of clothes, because although physically she was changing, she could disguise it”. Being forward looking, keeping a positive attitude, and retaining optimism have been reported elsewhere (Inhestern and Bergelt, 2018, Helseth and Ulfsæt, 2005) as helpful in gaining a sense of control when living with cancer. Nevertheless, according to

MacPherson (2005) such approaches may interfere with the integration of prognostic information and news may not penetrate the dying person's or family members' reality. Accordingly, for Mark (50-54), omissions were informed by his partner's (Melissa) rejection of her life limiting prognosis, "part of my balance was that Melissa was in denial about the fact she was gonna die from it and having that conversation with the kids was… would've been again against what she—how she was approaching it. […]".

In this study diagnosis was perceived by most fathers as a "sudden realisation" (Greg, 45-49) marking transition from old life to new, but contradictory narratives of long lasting disbelief and denial as events unfolded were also common (Anthony, Chris, Jason, Kevin, Mark, Paul, and Greg). For example Kevin:

> I think the reality of it is really quite hard to accept […] even though they said "This disease is going to kill you", and those were the words he used, I still think you struggle to accept it, especially when actually they look completely normal […] You kind of think, 'This is not, doesn't feel real.'
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10; partner Sinead was ill for 7-12 months)

However candid end-of-life communication was, fathers struggled to integrate this seemingly incongruous information into beliefs about their lives and tended to dissociate from events taking place. As Greg said:

> […] you can't believe it's really happening. It's really weird talking about it now, you know, kinda, if you heard someone's story or you're kinda watching it on a film, you think, 'Oh that's so sad.' And you think like, 'Oh fucking hell, that's me. That's what happened to us.' […] [Denial continued] all the way. […] Because we knew that that these… immunotherapy, there were, you know, tiny percentages, but there were people that did make full recoveries from skin cancer, or

> from metastasis. And you kind of think, ‘well that… why shouldn’t that be us? It’s happened to others, it could be us.’
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4; partner Pamela was ill for 13-24 months)

Thus, whilst participants’ perceptions of diagnosis often presented transition as sudden, lived experience of transition more often involved a dynamic backwards and forwards. No longer ‘distant possibilities’, life-limiting illness became intimately experienced; yet assimilation of diagnosis and prognosis required prolonged negotiation between the assumptive world and a seemingly unintelligible world. Reestablishment of an un-jeopardised assumptive world is thought to involve finding positive meaning in events (Stroebe, 2011). As illustrated by Greg, active treatment appeared to offer some hope of overcoming diagnoses and, whilst treatment undoubtedly signalled health decline, it also conversely supported rejection of the life-limiting nature of illnesses. As treatment became the ‘new normal’ (p. 457, Balmer et al., 2014) for many, routines established a sense of predictability:

> I think there’s an element of when she was first diagnosed, of it’s all crazy […] but then there’s a period when you’d get the new normal feeling and you know what’s coming, you know there’s some treatments coming up […] and then she’s going to be there then and then she’ll be home then.
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10; partner Sinead was ill for 7-12 months)

Having constructed a ‘new normal’ amongst illness and treatment, a number of fathers were able to achieve some semblance of security, regarding their partners’ survival, by assuming the ‘new normal’ would be ongoing. For instance, for Paul (partner Dawn was ill for >25 months), illness and treatment became so well integrated into his view of family life that his partner’s eventual death following prolonged illness was perceived as sudden: “we went from normal, if you like, to ‘She’s not here anymore’. So, that was… so, it was a very sudden sort of end" (Paul, 45-49). Indeed, the 'adaptive denial' (p. 385) engendered by prolonged illness may mean the death event is perceived as a shock, even if there is underlying knowledge that the illness is life-limiting (Stubblefield, 1977).

Health care professionals may evade end-of-life conversations and prognosis may therefore not adequately be communicated (Fearnley, 2010). There were examples of this among fathers: for example, Keith (50-54; partner to Wendy, ill for >25 months) described how in the final days of Wendy's life he "didn't really know what was going on" because "nobody was saying anything"; and when Brian (40-44; partner to Julie, ill for <6 months) asked about prognosis he was told "not [to] dwell on the negative". Mark similarly described how a culture of silence surrounding end-of-life left him and his partner in the dark:

> [Health care professionals] don't seem to be particularly forthcoming with telling you things that you really want to know sometimes, or when you want to know them […] and I think that makes it harder for… for patients. […] as we progressed there was no update on [the prognosis], even… […] when it spread to her brain. I remember [Melissa] saying to the doctor, […] "Is—does that affect the amount of time I'm going to be here [alive] for?" And she didn't answer. […] the first that anyone really said about the fact that, "She's at death's door," was when the doctor said to me on the doorstep, "have you signed a 'Do not resuscitate' form?"
>
> Mark (50-54), father of three (Alfie, 5, Grace 9, and Mia 11; partner Melissa ill for 7-12 months)

Forewarning of death is highly subjective and cannot be presumed based on duration or severity of illness. There were significant distinctions between the experiences of participant's whose partners died following a period of illness (13/18) and those that did not (5/18); for example the former encountered 'caregiving burden' (Payne et al., 1999) whilst the latter were more likely to have intervened to save life. Irrespective of mode of death however, when considering timing in the life course, all fathers experienced the death of their partner as an unexpected life event.

6.3.3 “They saw her—the state she was in, she was in a wheelchair”: witnessing the dying body

For most, living through the decline of their partner and closely witnessing the failing body brought health fragility to the fore. Fathers in this study gave vivid descriptions of their partners’ health decline and spoke of their partners’ loss of bodily function: eating, toileting, and breathing unassisted. For instance, Jason recounted his partner’s struggle:

> […] she really struggled with the feed and getting enough food and, and it was, you know, times when she’d be on this thing for like twenty hours a day, it just pumping very slowly sort of the feed into her. It was horrible […] she had lots of problems with her tube blocking. So then suddenly she’s not getting any food at all. And so it was, she had a really difficult time. […] we were away on holiday and she was, you know, trying to take this feed in through this tube but then retching all the time and being sick and it was, so it was… she had such a hard time.
>
> Jason (40-44), father of one (Megan, 10; partner Heather was ill for 13-24 months)

Through talk of their partners’ difficult time or of their children’s feelings, fathers found ways of proximally disclosing their own feelings. As observed among other informal caregivers (Thomas et al., 2002), alert to social ‘feeling rules’ (Hochschild, 1979), fathers narratives positioned the dying person’s suffering above all others, and they ‘appropriately’ minimised their own distress. ‘Feeling rules’ is a term coined by Hochschild (1979) in reference to social guidelines formed in interaction, which stipulate notions of appropriate and legitimate feeling responses in relation to specific situational ‘framings’ (see: p. 566). The data concurred with those of Inhestern and Bergelt (2018) who found that fathers could not allow themselves to breakdown. Statements like “I was quite messed up, but I couldn’t really show it. Obviously, I had to be strong […]” (Robert, 45-49) illustrated how fathers in this study were similarly constrained by the parameters of ‘appropriate’ behaviour in the context of being the ‘well’ person. It may be that feeling rules associated with caregiving might compound existing gendered expectations related to hegemonic masculinity, such as concealment of vulnerability (see: O’Brien et al., 2005, Connell, 1983, Jefferson, 1998).

Extended periods of caregiving can take their toll upon relatives’ physical and emotional wellbeing; with anxiety found to be particularly high around the palliative care stage (Higginson et al., 1990). Fathers’ talk of their partners decline asserted the impact these experiences had had. For example, Keith described how scary it was for his daughters to witness their mother have seizures. Indeed, severe health decline was made tangible for fathers and often their children in observing their relative’s fading body and such experiences generated fear. As her illness progressed and deterioration became no longer concealable, Kim (partner to Robert) stopped the children from seeing her. When Robert’s children did see their mother again she was not “Mummy” anymore, she was “ghost”-like, “her hair was all gone in patches” and she “had physically changed to like a skeleton”. The children were fearful of this person they did not recognise as their mother. Their last meeting was “the most traumatic thing of it all” for Robert:

> […] I took the kids in and that was when they really didn’t want to go anywhere near [their mother] and I just remember kissing Kim’s forehead and just tasting what is kind of like radiation […] the kids didn’t want to give her a hug or anything, so that was basically the last time they saw her. I just said [to the children] basically, you know, “Mummy’s having a sleep. Doctors are looking after her.” You know, she was obviously still alive, but just sort of like pretty much out of it. She was trying to talk, but she couldn’t, it was just grunts, so she was obviously trying to tell them that she loved them and stuff

> like that, I imagine, but you know, she couldn't talk. So, that in itself was quite horrific for the kids [...].
>
> Robert (45-49), father of two (Amelia, 3, and Sam, 7; partner Kim was ill for 13-24 months)

As these accounts illustrate, experience of prolonged illness, despite its absence of 'suddenness' featured traumatic or distressing experiences. This is not an unexpected finding, as others have found incidences of post-traumatic stress disorder among those bereaved through cancer to be high (Kristensen et al., 2012).

Considering findings described in these sections, the following section develops upon learning to describe how participants' perceptions of their health were changed by their experiences.

6.4 Altered perceptions of health and mortality risk

As outlined in section 6.3.1 diagnoses commonly emerged from seemingly banal physical symptoms and were often perceived as incongruous with individual biography — commonly seen as the "basis for recognition of [...] illness as illness" (p. 171, Bury, 1982). In proceeding chapter sections I explore how illness experiences and premature death set in motion a destabilisation of many fathers' own sense of health. It is widely accepted that the death of a significant other prompts survivors to examine their own existence and mortality (Footman, 1998, Kim et al., 2013, see also: Holmgren, 2019, McClatchey, 2017, Starek, 2001). Findings from this study show that experiences of illness and death 'off-time', impact father and child perceptions of longevity. This chapter section will explore this in detail; by firstly describing fathers concerns for their children; children's concerns for their father in section 6.4.2; and lastly 6.4.3 explores fathers' perceptions of their own health having been undermined.

6.4.1 “The worst thing that could happen is Callum died”: Fathers’ concerns for their children

In the main, protective care of children is seen as the responsibility of women (Doucet, 2018). In this normative view, ‘paternal’ patterns of care, such as instilling child independence and autonomy through promotion of risk taking, are not fully considered as protective care (Doucet, 2018). After the death of their partner most fathers were highly cognisant of having inherited protective care responsibility from their partner. Similar to Inhestern and Bergelt’s (2018) observation of parents’ heritability concerns, with the assumptive world profoundly undermined, a proportion of fathers in this study (James, Ron, Bruce, Tim, and Brian) worried their children would also die. All but one (Brian) of these fathers’ partners died suddenly, and while there was <6 months between diagnosis and death for Brian, as described earlier in this chapter, partner death was unexpected for all. Tim explained how events had altered his perspective on health and mortality:

> Last weekend, Charlie had his first cold since Christmas. I sat up all night listening to him breathe. I was… I… I’m quite scientific, I’m quite, I suppose, blasé about things, from the point of view that what will be will be, or that’s the way I used to be. Now it’s… it’s just… you know, I sat up all night, worried that he was going to get a crackle in his voice and twenty minutes later, he was gonna be dead.
>
> Tim (50-54), father of one (Charlie, 10)

Accounts of fathers’ attentiveness to changes in their children’s breathing as they slept, resembled others’ findings of first-time parents’ experiences of anxiety in caring for new-borns (McKenna and Volpe, 2007). Participants’ descriptions reflected fathers’ changed understandings of corporeal fragility. A handful of fathers (Bruce, James, and Ron) described how they bed-shared with their children after their partner’s death and the ability to monitor child wellbeing was one reason for doing so. For example, “that helped me as well as making sure that Ava was okay. […] I would worry about how she was […]”

(James, 40-44). Whilst fathers elsewhere (Dodd and Jackiewicz, 2015) have been found to participate in night-time rituals, such as putting infants to bed, overnight care is more commonly performed by mothers.

Dominant understandings of protective care position connectedness as central; and is believed to be accomplished through responsiveness, attentiveness, and competence (Doucet, 2018). Elsewhere, Doucet observed how fathers displayed a relaxed attitude towards protective care, whilst mothers contrastingly showed more caution. In the current study, fathers' heightened concerns over their children's physical health after the death of their partner signalled a transition in protective caring to an approach more akin to that of mothers.

6.4.2 "They understood that she'd been ill and you can die from being ill": children's concerns for the surviving parent

All but two participants' (Will, and James) children either directly or indirectly expressed concerns about their father's health. It is common for children to worry about the survival or safety of the remaining parent (Beale et al., 2005, Silverman and Worden, 1992). Perhaps indicating the omnipresence of children's worries, concerns were often raised in-passing for example: at bedtime "probably in the first six months or so, bedtime, I used to get the, get some direct questions" (Paul, 45-49); when watching the television "did you ever think about committing suicide after mummy died?" (John, 45-49); or upon routine separation "every time I tried to go out, Mia would say, "Do you have to go? You might have an accident." (Mark, 50-54).

The majority of the fathers in the sample described how their children displayed signs of anxiety prior to their mother's death and/or afterwards (see Appendix 12 for illustrative examples). Anxiety is understood to be common among parentally bereaved children, particularly in relation to separation from the surviving parent (Bergman et al., 2017, Dowdney, 2000).

Children's concerns were not always directly or explicitly communicated, and some fathers had to decipher their children's concerns about their health. Tim for instance, interpreted his child's concern from the body-language he displayed. When asked if his child had expressed concern for his health, Tim responded:

> Charlie did some strange things in the days after [the death] […] he witnessed me doing CPR. I was sitting there, and he came and sat over me legs, and he was playing with his hands, and he got his hands and he started to do CPR on me. 'Cause at first I thought he was just punching me. But then it wasn't, it was just he, he lifted his hands up and he was doing that with his hands. And I sat and cried […] And he was crying.
>
> Tim (50-54), father of one (Charlie, 10)

Jason learnt of his daughters concerns upon reading her schoolwork:

> I went to parents evening and I saw Megan's [work on the wall] and, and it's all, you know, these are the things I like and, you know, these are the things I care about. And there was one line in there which was 'I need my dad to live'. […] I think that was a, was an eye-opener.
>
> Jason (40-44), father of one (Megan, 10)

Alongside concern for their fathers' survival, participants described how their children had concerns over what form their own futures might take. Many children acknowledged the sole dependency they now had on their father and sought reassurance by asking "What will happen to us if you die?". Fathers' responses to children's concerns, provided rich insight into fathers' altered perceptions surrounding their own health and mortality.

6.4.3 “As long as I can get 15 years out of my life”: Fathers’ concerns for self

Fathers concerns for their own mortality were mostly discussed in the context of providing reassurance to children. Most sought to establish a sense of security for their children by providing reassurance that they would *be there*. However, these assurances tended to be accompanied by internal doubts around their legitimacy. Intimate experiences of health decline and/or death prompted all but one father (Will) to have concerns around their own health and/or mortality. Indeed, other bereaved father studies have observed reduced confidence in perceived health among survivors (Holmgren, 2019, McClatchey, 2017). Whilst this is a widely accepted phenomena that is understood to increase the intensity of loss and effect adjustment (see Footman, 1998), until now the nuances of fathers’ experiences of undermined health status following bereavement have remained under explored.

When responding to children’s concerns several fathers with younger children (Anthony, Brian, Jeremy, Greg, and Chris) provided responses that drew upon ‘logic’; often stating life expectancy. Demonstrating concerns, assurances of living into old age were approached tentatively; with fathers employing language like *“trying”*, *“expected”*, and *“planning”* to live. Fathers’ apprehensions in providing a guarantee of their continued presence in definitive terms, unveiled changed health assumptions. A fine balance was sought between providing reassurance and retaining integrity; and fathers’ efforts to avoid making breakable promises illuminated how real the threat to life was perceived to be. As illustrated by Jeremy:

> Max did say to me in the car a couple o' weeks ago, he said “Daddy, I hope you never die.” And I decided to say “Well, you know, absolutely nobody, nobody wants to die and most people, you know, most people are very old before they do.” You know? […] I didn't want to say “Oh…” Say something that made him think I'm gonna live forever, but obviously I didn't want to say something that would make him think I might die next year.
>
> Jeremy (45-49), father of two (Isla, 3, and Max, 5)

Despite greater prevalence of severe illness and higher mortality rates among men, in the West, women have culturally been portrayed as being the poorlier gender (Courtenay, 2000b, Gijsbers van Wijk et al., 1991). Verbalisation of health complaints by women are socially sanctioned, whereas expression of vulnerability by men risks relegation of masculine status (Courtenay, 2000b, Nathanson, 1977). It is argued that such disparities make men’s poor health less visible and contribute towards the structural privileging of men’s bodies as superior and women’s bodies as deficient (Annandale and Clark, 1996, Courtenay, 1998). In contrast to dominant notions of body-strong masculine performance (see: Connell, 1983), and more aligned with “feminine existence” where the body is experienced as “a fragile thing” (p. 39, Young, 2005), numerous participants described the brittleness of their bereaved bodies. For example, Tim stated, “I’ve never felt so physically fragile in me life”; and Jason (40-44), “(exhale) I don’t know how you talk about it. Like you don’t know what words. […] I guess I, fragile, up and down, all over the place, type thing”. Others have similarly observed the physical manifestations of grief among men (Daggett, 2000). The gendered implications of a changed assumptive world – the loss of assumed health – on embodied masculinities have not been explored before.

Though aging represents opportunities for some men, for others, the aging process is associated with insecurities (such as: occupational, sexual, health) that necessitate an interrogation of the male body in relation to notions of masculinity more commonly imbued upon youthful bodies (Whitehead, 2002). A number of participants (Bruce, Kevin, Jeremy, and Paul) referred to the process of aging when discussing their perceived health and mortality risk. For instance, Bruce (50-54) expressed grave concern regarding his age and sole responsibility for his youngest daughter: “[…] now you’re also thinking about how you’re gonnae bring up a young child on your own. […] Which is… which is a frightening prospect […] when she’s finishing school, I’ll be [≥65] […] most o’ your numbers up by that stage”. *Paul’s* (45-49) concerns centred around aging too: “[…] you switch to survival mode immediately after […] I just need to make sure […] the two kids get to leaving school. […] as long as I survive 15 years, that’s fine, they’ll be left school”. Similarly, many other fathers (Anthony, Bruce, Chris, Greg, James, and Kevin) expressly stated that their survival was essential to accomplishing custodianship.

As established elsewhere in the thesis, on inheritance of primary caregiving, the majority of fathers experienced a new sense of sole responsibility for the protection and nurturance of the family (see Chapter 5). Building upon descriptions of undermined health status and mortality awareness outlined in preceding sections, section 6.5 explores how the possibility of children’s orphanhood exerted a strong influence on fathers’ coping behaviours.

6.5 Fathers performing custodianship

As the body is understood to be a site through which engagement in the social world is made (see Robinson and Hockey, 2011), the following sections explore how fathers’ changed assumptions around health and life expectancy informed their coping.

Health behaviours are understood to be a vehicle of gender production and both alcohol use and sport participation remain “the two dominant” (p. 303, Wenner, 1998) social practices which contribute towards upholding hegemonic masculinity (Hunt et al., 2013). When participants spoke of their coping, though other coping efforts were employed, alcohol consumption and exercise activity or sport often foregrounded fathers’ talk. When asked about either topic, many spontaneously introduced the other, for example, “I’ve always been into, sort of, keeping fit […] drink for me has never been a massive thing” (Kevin, 45-49);

“running's my thing […] I wouldn't ever have turned to drinking” (Chris, ≤39); and “if I hadn’t been the type of guy that says, ‘No, I want to go to the gym,’ […] What else would you do? Go down the pub.” (Bruce, 50-54). How participants discursively constructed their responses in this way indicated how these efforts were conceptually related for fathers. As these were frequently articulated as the *two* efforts available to men and previous studies of fathers’ bereavements experiences have given little focus to these efforts, these will be the focus of following chapter sections.

Appraisal of the family unit as threatened meant that for many only optimal parenting was perceived as satisfactory; and most engaged in health promoting behaviours to better position their bodies and minds to accomplish the ideal. Practices also provided other opportunities, such as respite from grief, or conversely offered heads pace to ruminate. These themes and their implications upon gender performance will be explored in the following sections. Section 6.5.1 first describes participants’ efforts to ensure their presence for their children, followed by section 6.5.2 which explores fathers’ efforts to ensure the quality of their *being there*.

6.5.1 “[I’ve] just become a ‘body is a temple now’, sort of character”: Ensuring ability to be there

A considerable proportion of participants (8/18) disclosed that they considered ending their life after their partners death. This coheres with others’ observations of suicidal thoughts among survivors of partner loss (see: Bennett, 2005, Daggett, 2000, Glazer et al., 2010, Piatczanyn et al., 2016). One participant stated, “the Doctor said to me, ‘Have you thought about joining Linda?’ And I said, ‘Every fucking minute of every fucking day.’” (Tim); and another, “Certainly if there'd been no kids, yeah, I would've killed myself” (Jeremy, 45-49). While Greg (45-49) elaborated on his reasons for considering suicide, “I was quite rational about it. My life was so much better with her in it, and […] so inferior without her […] that daily pain was… you know, the innate, indefinite future was not something that appealed”.

Among an older cohort, Bennett (2005) found that some men's decisions to live centred around their responsibilities to others. Similarly, the current study observed that all men who expressed having felt suicidal stated that their parental responsibilities were crucial in deciding to live. For example: "you think about 'what's life for?' And at the moment my reason for life is to make sure that Ava's okay" (James, 40-44); "Callum's the only thing I used to wake up for in the mornings. Callum's all I've got to live for." (Ron, 45-49); and "[being a dad] has given me focus […] there's a very clear reason for living, reason for looking after myself" (Anthony, 40-44).

Having commonly inherited primary caregiving from their partner, solo fathers were often required to be dependable in a whole new way (see 6.2.2). Perceived threats to health and longevity (see: 6.4) undermined fathers' confidence in the reliability of their presence, however. As observed in other father studies (see: Holmgren, 2019, McClatchey, 2017), to safeguard *being there* for their children, fathers in this study principally sought to stay alive. Increased awareness of mortality risk led to greater consciousness of the health implications of lifestyle choices and many made changes to maintain or improve health. Such as improving diet:

> I struggle to eat processed meat more than twice a week […] any cancer warning, now, particularly, I will take heed. […] I don't smoke, I'm not fat […] I exercise and, you know, I don't get sunburnt. So… so all of the risk factors, but it's about what you eat, isn't it? The nutrition is the kinda thing I look at now […] those are the things, really, that I've made big life changes on.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Descriptions often included talk of increased exercise activity. For example, "I've gotta keep healthy […] and keep as fit as I can, you know? And that's what I've done […] So… I play football three times a week, I go to the gym five times a week." (Bruce, 50-54). Responsibility towards children foregrounded fathers' "need" to be as healthy as possible and many engaged in exercise activity to accomplish this. Optimal health pursuits were actioned by fathers to both reclaim their own sense of health *and* to rebuild their children's belief in their health. The following excerpts, for instance, illustrate how participants viewed their bodies as devices to communicate wellness: "when the kids say, 'what happens if you get ill?' And I say, 'well, you know, I hope I won't, […] I'm trying to be as… as virtuous as I can with my health'" (Kevin, 45-49); and "they [children] ask me about my health and I try and demonstrate that by doing lots of exercise […] I think I'm doing okay in terms of trying to stay alive for a long time" (Anthony, 40-44). As such, fathers' experiences of bereavement are best understood as embodied. In response to the destabilisation of health assumptions induced by experiences of severe illness and death, participants used their bodies to both perform health to others and ascend from a jeopardised position to reconstruct family unit security:

> [RP] what was your motivation [for attending the gym]?
>
> Making sure the kids had a parent here. […] Deep down, that's probably a big part of it. You know, general things about being healthier and losing a bit of weight, and all that stuff. But that's one thing that is in there, is not doing anything stupid or that would deprive the kids of having a parent at all. You know, that's quite a big motivator and issue for me.
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

While many gained enjoyment from exercise activity – to counter health risks – some participated in activities they gained little pleasure from. Similar to others who viewed the gym as a "bit of a trudge" (Anthony, 40-44), Mark had "never liked" non-competitive exercise activity yet shortly after his partner's death he became a regular attendee at a gym. In contrast to earlier descriptions of stereotypically male "singlemindedness" (Anthony, 40-44) and "self-centred[ness]" (Greg, 45-49) (see 6.2.2), descriptions of health improvement often demonstrated fathers' personal sacrifice. Like others, Mark viewed working out as a "necessity" to ensuring his presence for his children. As custodians, many no longer regarded their body as their own to possibly neglect or mistreat and participants seemed to view their position as solo fathers through the lens of caretaker of the surviving parent body. In both deconstructing *and* reproducing masculinities, health preservation involved reduced autonomy at times yet also presented opportunities to accomplish the "heroic male project" (p. 118, Whitehead, 2002) through self-sacrifice toward dependents. Though other authors have found facilities like the gym to be perceived as feminised spaces due to their association with body-image concerns (Hunt et al., 2013), no such views were expressed by participants in this study.

The association between deficient bodies and women (see 6.4.3) (see: Annandale and Clark, 1996, Courtenay, 1998), according to Young (2005), informs a "feminine bodily existence" (p. 39) wherein women's bodies are inhibited and restricted in ways men's bodies are usually not. Contrary to the carefulness and timidity expected of girls and women, dominant masculine tropes endorse aggressive, competitive, confidant motion; an assertion of one's physicality without hesitation toward risk or danger (see: pp. 189-190, Whitehead, 2002). Consistent with McClatchey (2017) who found reduced risk-taking among bereaved fathers, *this* study found that fathers became more risk-averse following their partner's death. Prior to illness and/or bereavement, for the majority, childcare involvement had been limited and mostly elective (see: 4.5.1). However, on becoming *the* responsible adult, fathers experienced changed parenting parameters that redefined their freedoms and reduced masculine privilege (see: 5.6). No longer able to rely on their partner to "always" be there, and experiencing their bodies more like a "fragile encumbrance" (p. 34, Young, 2005), many participants voiced distinct caution and commonly withdrew from risky scenarios. In this sense, participants rejected revered masculine tropes related to risk-seeking and demonstrated behaviours usually aligned with feminine embodied experience. Anthony for example, stated:

> […] all I can do is provision for that [dying], you know, I can't control it, other than trying to live healthily and not to go and do extreme sports. So, I'm not gonna go to this stag do I've been invited to, to run the bulls in Pamplona, for example, 'cause I think that's kind of slightly risk—risky behaviour for me to be doing.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Despite some claims of a lack of control, statements like, "if I get ill, I don't want it to be […] something that could've been prevented" (Kevin, 45-49); along with participants' avoidance of "doing anything stupid" (Mark, 50-54) indicated fathers' sense of agency to alter their health trajectory through their behaviour. Such beliefs are understood to positively influence attitudes towards support engagement (Courtenay, 2000b, 2000c, 2003) (see 7.4).

Among men aged under 25 bereaved of a friend through accidental death, Creighton et al. (2015) found risk practices mostly unchanged following events. Men in this study however were older – in mid-life – and were beyond the "prolific risk-taking years" (p. 357, Creighton et al., 2015). Reflecting the influence of life-course transitions on risk practices (see: Robertson, 2007), risk reduction was situated by participants in the context of aging and first-time parenthood, but more so in relation to bereavement and solo parenthood. Accounts illustrated how increased responsibility and risk aversion moved in tandem.

With the gendering of 'deficient' bodies as feminine (Annandale and Clark, 1996, Courtenay, 1998), fathers' undermined sense of health following their experiences of illness and death may have engendered an additional layer of jeopardy – the contestation of masculine standing. Participants' *talk* indicated that physical activity represented opportunities to reassert masculinities through elite pursuits. For example, Tim's construction of his account of running drew upon multiple hegemonic masculine ideals. Such as: being resilient, enduring pain, fearlessly encountering danger, and achieving exceptional feats:

> […] I ran eleven and a half miles in less than ninety minutes. […] I think it was so I hurt. ‘Cause I must o’ hurt, running at that pace. ‘Cause I’ve… apart from being at school, I’ve never liked running. […] I think in all running, that’s part of it, it’s the pain of it. […] I’ve done martial arts since I was [a child] […] You know, you don’t go and spar with somebody thinking that they’re gonna tickle you. My friends don’t tickle. You know? They rarely pull punches. […] [Mitts] takes a large part of the sting out, but it will knock you off your feet. But I’ve never ran like that. And I’ve kind of kept it up.
>
> Tim (50-54), father of one (Charlie, 10)

Despite some exercise activity demanding sacrifices in autonomy, at other times, sport conversely enabled the reassertion of the autonomous self. For example, “it gets me away from everyone else. So it's like a… just me and the street […] it's like an escape” (Chris, ≤39); and “it’s me time again” (Kevin, 45-49). As well as providing respite from grief, “you’re in goal, you know you’ve got a job and you’ve got to concentrate, so you don’t let a goal in. It gives you an hour off grief” […] if someone’s running at you with the ball and you’ve gotta defend” (Anthony, 40-44). Confirming Starek’s (2001) observation of men experiencing grief in motion, reclamation of time to oneself contrarily also provided participants the space required to ruminate,

> That’s when I process stuff and I think about, ‘God, actually, everything that’s happened is pretty awful, isn’t it?’ […] the chance I get to process life, really, and, yeah, which I don’t probably get. I think you’re on the go all the time […] when I go for a run, that almost certainly has helped me a great deal is that ability just to be in my little space, actually not have to talk to anyone […] I just think about what I want to think about, and a lot of it has been about Sinead and how she died and the actual day itself […]
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

Several fathers (Anthony, Brian, Bruce, Chris, and Kevin) explicitly described how participation in physical activity had been vital in their adjustment. For instance, Anthony (40-44) described sport as “a lifeline” and “the biggest self-care coping strategy I’ve got”; and Chris and Kevin stated that exercise activity improved mood, “I get a good buzz out of it” (Kevin, 45-49). Given that all participants described experiencing loneliness (see 5.6), it was notable that sport offered the men valuable opportunities to socialise. Fathers elsewhere have been shown to be more structured during bereavement than mothers (Saldinger et al., 2004, Silverman and Worden, 1992), and some participants in this study found that exercise activity offered day-to-day structure that improved their mental wellbeing: “that routine, I think is excellent for kids, and I think it’s excellent for adults as well. And it’s been, has been my saviour” (Bruce, 50-54). Establishment of routines helped fathers to provide stability for their children and efforts represented attempts to lessen the departure from life before.

6.5.2 “I need to be coherent for the, you know, for the family”: Ensuring the quality of being there

Fathers’ alcohol use was a negotiated practice, which drew upon multiple discourses; often involving conflicted messages around the efficacy of alcohol use as a coping approach. Drinking practices are understood to be informed by gender roles (Emslie et al., 2009) and cultural influences (Shipton et al., 2013). Alcohol consumption for many had been associated with leisure – relaxation, enjoyment, and socialising – often rewarded after performance of paid-work. For example, “previously […] I enjoyed having a few beers, particularly my job was probably quite stressful like that so it was nice to come and unwind” (James, 40-44). Several fathers (Bruce, Eddie, James, Mark, and Robert) explicitly described themselves as having always liked a drink.

Drawing upon these pleasant associations, in bereavement, alcohol was used in an attempt to gain respite from grief. In contrast to studies which observed purposeful self-destructive misuse (Bennett, 2005, Piatczanyn et al., 2016), no fathers in this study used alcohol to self-harm. Several fathers (Bruce, Eddie, Jeremy, Paul, and Robert) increased their alcohol consumption. This commonly involved participants consuming “definitely […] quite a lot more” (Eddie, ≥55); for instance, Robert’s daily alcohol consumption increased by 1.5-2 bottles of wine from 2 pints of lager. These accounts described frequent consumption without rest days, “I had a drink probably every night for the first six months” (Jeremy, 45-49). Fathers engaged in alcohol use in part to achieve a relaxed state and, as others have found (Creighton et al., 2016, Horwitz and Davies, 1994, Stroebe, 1998), to suppress intrusive thoughts:

> […] I think I was trying to get relaxed […] I was just thinking about everything too much. I was obviously stressed and depressed. […] I didn’t drink to kill myself […] But it was to block out stuff. So, it’s literally like to make yourself blotto, so you’re not thinking about stuff […] So, literally to get off your face, so that you didn’t think about the things that were making you upset.
>
> Robert (45-49), father of two (Amelia, 3, and Sam, 7)

To assist with sleep:

> I used to sit in here and open a bottle of wine and then maybe open another one, or have a few beers and a couple of whiskeys, when I was watching TV […] ‘cause I thought I couldn’t sleep without it, and things like that.
>
> Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

And as a gender appropriate way to occupy time in the lonely hours:

> Well, if you think, you know, Emily was in her bed at seven o'clock at night. From seven o'clock 'til eleven, what do you do? Sitting in the house on your own. It… you know, because… you know, blokes in particular, I don't think they […] like to lean on people.
>
> Bruce (50-54), father of six (Emily, 3, Cameron, 12, Amy, 14, Chloe, 15, Rachel, 16, and Lauren, 19)

The assertion that fathers performed health (see: 6.5.1) may seem to be undermined by described increases in alcohol consumption. This contradictory (self-defeating) behaviour, however, actually serves to highlight the performative nature of their 'healthy practices'. As increased consumption was observed among fathers with younger children and drinking was described as occurring mostly after children had gone to bed "the kids would go to bed an' I would get a bottle o' Coke an' a bottle o' spiced rum out o' the cupboard" (Jeremy, 45-49). Practices that could undermine the wellness messages constructed through *doing* health, were largely reserved for the hours when fathers were out of their children's sight.

Notions of the positive role of alcohol use in bereavement were often complicated however by opposing discourses around misuse and mental health, which positioned alcohol use as deleterious to wellbeing. Directly rebutting others' perception of the benefits of alcohol and endorsing *grief work* (Lindemann, 1944, Freud, 1917) (see: 2.3.1), a few fathers (John, Anthony, Ron) expressed that alcohol consumption was obstructive to the process of assimilating events and was not a sustainable coping strategy. For example, according to Ron, using alcohol with the aim of dulling pain merely delayed inevitable acknowledgement of events:

> […] I'd think, 'would it make me feel better?' I had days where I thought, 'I just wanna get wasted, to make me...' So you can get completely drunk and just pass out, and then forget about your… forget about everything. […] but, when I wake up in the morning, it hasn't gone away, it's still gonna be there. It's not, it's gonna be worse. 'Cause I feel worse in myself. […] That's why I didn't… that's

> why I stopped meself doing it. Because what would it have achieved? Nothing, all it would have done is given me a massive hangover, and I've still got to live my shit life.
>
> Ron (45-49), father of one (Callum, 13)

It was common for participants to describe having complex relationships with alcohol. A third of fathers framed their own consumption habits in relation to familial or personal histories of "heavy" consumption, dependency, or alcoholism. For *Robert* (45-49), experience of his own fathers' self-medication with alcohol established consumption as a norm which he then modelled: "I was trying to drink all my sorrows away […] 'cause I'd seen other people do it, as well, and I know that's how people cope. [RP: Who had you seen do that?] My dad". For most however, family histories of misuse had a limiting effect on alcohol use, for example: "so I grew up with an alcoholic […] So I've just very, been very, I've consciously not wanting to get into that sort of habit. […] So I've been not buying alcohol" (Jason, 40-44).

Alert to the addictive qualities of alcohol, a prevalent concern amongst discussions of alcohol use was risk of dependency. Many (John, Jason, James, Anthony, Jeremy, and Eddie) were cautious about using alcohol to manage grief, as they thought drinking could become habitual and the prospect of addiction prompted alarm. For example, "alcohol could then become a crutch or something […] I think there is a significant risk if you have… if you drink by yourself then it could become far too much of a habit. So, yeah, I think it's probably dangerous like that" (James, 40-44). Indeed, alcohol use was frequently positioned as a risky pursuit and dependency appeared to symbolise a loss of control and represented a catalyst to unravelling. For example, "[drinking] can then multiply to another bottle or two, or whatever. […] I didn't want to do it 'cause I know it's a slippery slope […] once you go down that slope it's very hard to pull yourself back" (John, 45-49).

Resembling the stigma women encounter when drinking heavily (Ettorre, 2004), the way fathers broached the topic highlighted their awareness of social judgement and indicated how alcohol use in the context of solo parenthood was seen as a social taboo. Despite taking measures to encourage participants to speak openly on the topic (see 3.4.2.1 and 3.4.5.2), some participants were not forthcoming in disclosing their alcohol intake and sought to conceal or excuse their consumption. Framing disclosures with statements like “I didn’t get drunk” and “am I justifying myself”. Others understated the quantity they consumed before later making more accurate disclosures. For instance, Robert (45-49) initially explored the topic through others’ use and only when directly probed did he divulge his own use, “a lot of the dads were drinking a lot […] [RP: Speaking of alcohol? Did you ever…] I did. Yeah, I mean, I…”.

Illustrating how endurance strategies engendered greater reverence, seeking solace in alcohol use was viewed by some as unhealthy, dishonest, and as taking the easy route. Those who *had* to use alcohol to numb pain were positioned by some as lesser men to those who could withstand emotion without the *need* to use alcohol. For instance, “If you need drink to live then you’ve got a problem […] it means he [vignette subject] hasn’t, he’s not on it […] he’s mentally not there” (Paul, 45-49). Resistance to alcohol’s pull and performance of resilience through confrontation of emotion and perseverance with pain were alternatively positioned as a more courageous endeavour. For example, “[…] it wasn’t a case of let’s try and bottle all the emotions, all the pain, and sort of block it away and hide it, you know, I knew that’s not healthy. […] I knew it needed to be confronted” (John, 45-49). Meeting pain and emotion unassisted by alcohol appeared to embolden greater respect and appeared to represent rationality – traditionally associated with masculinity – overcoming emotionality – historically, positioned as feminine (Whitehead, 2002).

Dependency was perceived by many to undermine independent coping and seemed to pose risk of affirming entrenched cultural doubts around the ability of men to be primary caregivers. Getting “blotto” or “off your face” as Robert (45-49) had described, was not endorsed by many fathers. In contrast to the social acceptability for young men to negotiate grief by getting drunk (Creighton et al., 2016), among fathers intoxication appeared to symbolise a loss of capacity and was perceived as problematic to fulfilling primary caregiving. Many conceptualised an important distinction between having a drink and “being drunk" (Paul). For example, though Paul increased his intake he was resolute in stating that he would not get "drunk" at home:

> I've got two kids I'd need to make sure – I need to be coherent for the, you know, for the family. It's no good me being drunk down here and we've got a fire, smoke alarm going off upstairs or whatever, so, you know, kids are priority regardless of the situation and I'm fully aware of that. Whereas somebody like that [vignette subject] [...] They're probably more self-centred, you know, thinking about themselves rather than the bigger picture.
>
> Paul (45-49), father of three (Jacob, 5, Lily, 6, and Holly, 11)

Hyper vigilant to risk (as described in 6.5.1), intoxication was believed to impair one's ability to protect and be responsive to children. As found elsewhere (Daggett, 2000, Holmgren, 2019), numerous fathers found their senses somewhat impaired after their partner's death. Many sought to safeguard their ability to be "coherent" for their children by restricting their alcohol consumption. For two, moderation even extended to prescribed pain relief medication, "the doctor wanted to give me codeine [...] But suck the pain up, can't afford to be in a fog" (Tim). The "tough road" (Bruce, 50-54) of medication reduction represented significant sacrifice given the implication of living with chronic pain.

Accounts reflected the transition in responsibility, where sole protection of children required fathers to be on constant duty. Where patriarchy had previously facilitated fathers' carefree enjoyment of alcohol, often at the cost of their partners' overload, "I could do that [drink] in the knowledge that my wife was there [...] so it wasn't just incumbent on myself to be the primary caregiver like that" (James, 40-44). After their partner's death, interaction between alcohol use and parenting became more complicated. With increased responsibility came not only a greater need to be physically present for children but also a greater requirement to be attuned, "the drinking clouds your brain a bit, and you could get away with more of it before, when there's two of you [...] So, I had to cut that down and [...] just become a body is a temple now, sort of character" (Anthony, 40-44). In performing custodianship, many fathers made lifestyle changes to secure their presence for their children *and* ensure the quality of their being there.

Evidencing how fathers’ lives became foregrounded by thoughts of health preservation and life prolongation, many fathers’ disclosures of their alcohol consumption situated their drinking in relation to ‘safe’ consumption levels and some made specific reference to government low risk drinking guidelines. Even amongst those who employed alcohol consumption as a coping effort, alcohol use was acknowledged as an unhealthy practice. Those who suspected they were becoming dependent on alcohol either stopped or reduced drinking within the first year of bereavement. One participant sought formal support to reduce his consumption (see: 7.4.1).

7 Fathers’ engagement with support around the death of their partner

7.1 Chapter overview

A significant body of literature has established that men are more reluctant to seek formal and informal support (see Glossary) than women, and this trend is sustained across diverse health concerns, including mental health (see reviews by: Courtenay, 2000a, 2003, Addis and Mahalik, 2003). Literature on help-seeking behaviour and support use in the context of bereavement remains scant however (Aoun et al., 2018). Belief in bereaved men’s reluctance toward support is widely accepted in clinical spheres, despite remaining empirically underexplored (Yopp et al., 2015). To contribute towards addressing this knowledge gap this chapter addresses research question three: what are the support needs and preferences of partner bereaved fathers?

Participants’ complex support-seeking and engagement practices were constructed in negotiation with social regulations around gender conformity. Results of systematic searches suggest that no other study to date has explored partner bereaved fathers’ experiences of help-seeking in the context of masculinities. Thus, this chapter begins by exploring the ways in which participants’ attitudes towards support engagement were influenced by discourses related to masculinities. It then goes on to describe the kinds of support men sought and used (sections 7.3 and 7.4). Barriers and facilitators to support access are woven throughout the chapter. The chapter closes with an overview of fathers’ ideas for formal support improvement in section 7.4.4 before concluding.

7.2 “Depends what you mean by support”: Masculinities and support engagement

As established elsewhere in the thesis (see Chapter 6) masculinities are understood to have a strong influence upon health behaviours; and this includes help-seeking and support engagement (Addis and Mahalik, 2003, Connell, 1995, Courtenay, 2000b, Good et al., 1989, O'Brien et al., 2005, O'Neill et al., 1995). As introduced elsewhere (see: 2.3.2.2), gender stereotypes often label characteristics of independence, strength, self-reliance, and robustness as masculine (Golombok and Fivush, 1994, Williams and Best, 1990, Eisler, 1995). Although people have agency in constructing gender, there tends to be a high level of community consensus as to what constitute typical 'masculine' and 'feminine' characteristics (Courtenay, 2000b, Golombok and Fivush, 1994, Williams and Best, 1990). People encounter pressure to conform to stereotype (Bohan, 1993, Courtenay, 2000b, Geis, 1993). It is understood that both men and women often display similar characteristics (Connell, 2000), however the meanings of performances are understood to differ between the genders. Thus, fathers' demonstrations of characteristics such as independence, strength, self-reliance, and robustness can be understood to relate to masculinities production.

In relation to health behaviours, 'masculine' characteristics are understood to be mostly unhelpful and are usually in direct conflict with tasks associated with support engagement (for example interfering with: recognition of problems, admission of need, and acceptance of help from others) (Addis and Mahalik, 2003, Brannon and David, 1976, Courtenay, 2000b, Levant, 1996). Consistent with others' findings that men are far less willing to seek support even when needed (Courtenay, 2000c, 2001), most fathers (15/18) in this study described not being comfortable seeking support. Many stated they found it difficult and this echoes the findings of two other studies with partner bereaved men (see: Starek, 2001, Holmgren, 2019).

Other bereavement and help-seeking studies have tended to examine *either* formal *or* informal support engagement, generally among already support engaged cohorts (see: Ellis, 2014, Cherlin et al., 2007, Kaunonen et al., 1999). Broad exploration of 'support' by this study meant this research was able to discern the ways in which formal and informal support were conceptualised as quite distinct prospects for fathers. For instance:

> Depends what you mean by support. But, family, close family, I’m fine with it. Beyond that, I find it a bit difficult […] I don’t particularly ask for support beyond that from other people. […] I don’t much impose on other people. So, if it’s to do with professional services, I’m fine with it […]
>
> Mark (50-54), father of three (Alfie, 5, Grace, 9, and Mia, 11)

Illustrating how levels of endorsement of masculine ideals vary – both within men but also between different situations and contexts (Addis and Mahalik, 2003) – seeking formal support was expressed by many participants as more socially acceptable than seeking informal support. In taking an almost business-like stance, formal support was frequently conceptualised as a manageable resource that offered greater personal agency in comparison to informal support which seemed a riskier endeavour. For example, James expressed comfort in seeking formal support but voiced reluctance and caution toward informal support:

> [I]n terms of asking for support, if it's booking somebody… Ava in somewhere or doing something like that, I have no problem in doing that because that's a professional thing. If it's calling on people to ask them then I don't try and overdo that. So I try…It's a fine line with doing that […] it's quite difficult to actually get support in that sense […] rather than over-using that, I'm erring down the side of maybe trying to get a babysitter for Ava, moving forwards, somebody you could pay.
>
> James (40-44), father of one (Ava, 1)

Notions of masculine self-reliance establish that deviation from independent practice may result in a loss of control and ultimately reduction in power (Addis and Mahalik, 2003). Participants expressed uncertainty towards informal support etiquette, and James’ preference instead for “somebody you could pay” illustrated how informal support, unlike formal, was associated with risk of indebtedness. Outside of bereavement literature perceptions of reciprocity have been found to influence men’s willingness to help-seek (Greenberg and Westcott, 1983, Wills, 1992). Indeed, asking for informal support was made more difficult for fathers by feeling “in deficit”. Anthony for example felt his sense of independence, ability, and pride were undermined:

> It’s a very hard thing to do. So… it still is, ‘cause you’re always in deficit. So normally it’s tit for tat, give and take. And then this situation is not […] But yeah, really not easy thing to do, because you just feel like you’re a burden, and you feel like you’re useless. […] So… so it’s not only that you can’t ask for help, it’s difficult because of the pride aspect and the… the way it makes you feel.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Men’s need for reciprocity in support interactions has been described by Addis and Mahalik (2003) as reflecting an essential need to preserve masculine status; through opportunities to mirror helpers’ competence and avoid indebtedness. Conversely, limited reciprocity and being in continuous receipt of support was perceived by participants to jeopardise social standing. As demonstrated by statements like “it’s really humiliating […] it doesn’t boost your confidence” (Anthony), and “[…] we don’t like asking for help ‘cause, ‘I can do it. I’m a man.’ And then, when you’re grieving and you’re like, ‘I don’t feel very manly at the moment, but I’ve got to pretend I’m a man, […] Why can’t you go, ‘[…] Really, I need help’?” (Ron, 45-49). Mythology of the ‘heroic project’ (introduced in Chapter 6) positions men as protectors of the vulnerable – traditionally women and children (Whitehead, 2002) – and being supported is associated with femininity and subordination. In addition, “fear of knock-back” (Brian, 40-44) prompted by perceived imbalances in support transactions appeared to compound existing feelings of vulnerability brought on by grief:

> [T]here is a reticence, a worry. And it gets smaller in the future, but it never really disappears ‘cause you’re thinking ‘am I taking the piss, am I… am I’, […] ‘Cause people are loathe to say, “No, I’m not gonna do this,” because who would say that to someone. “I want your support”, “I think you’ve asked enough times” […]

> [continued…]
>
> So it is… much as you… you don't wanna fear rejection […] 'Cause you're lacking in confidence, you don't wanna…
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

In the context of bereavement then, the prospect of rejection brought about by support-seeking may be appraised as more threatening due to bereaved persons' compromised state.

The pursuit of support (especially informal) appeared to represent the actions of a particular type of person with traits deemed undesirable and was viewed by a number of men as posing risk of misrepresenting who they were, for example "it's just not how, not how I am" (Mark, 50-54). Such perspectives seemed to capture men's negotiation with the 'ego-central problem' (p.10), a term used by Addis and Mahalik (2003) to describe the centrality of masculinities norms in identity construction. Conforming with others' observations of pejorative language use (such as "wimp" and "sissy" (p. 79, Connell, 1995, Connell, 2019)) in the subjugation of non-hegemonic masculinities and femininities, some participants associated support-seeking with a feeble mindset. For example, in distancing himself from *these* men, Paul described how his low engagement with support set him apart as a person who *is* competent in the face of adversity and *is* mentally robust:

> But mentally I’ve not needed it, I haven’t had to go (makes crying noise) and go, “Ooh, help me.” […] I’ve not asked for any help. But I could if I wanted to. […] there are people that do hold onto this for ten years or so or even longer. And there are people that are psychologically, you know, they just can’t cope with it. […] I’m probably one of your, your extreme situations that actually I’m handling it extremely well. But I suspect you’re meeting people that are just not ever gonna get over it. And that is a mental, it is a mental state. It’s literally whether they choose to […]
>
> Paul (45-49), father of three (Jacob, 5, Lily, 6, and Holly, 11)

When referring to *his* attitude of a decade earlier Tim spoke of how he would demean those who sought help. In accordance with numerous masculine tropes, he would denigrate ‘support-seekers’ using hyper masculine language. Multiple losses later and having accessed counselling support himself he since changed his view:

> [J]ust cracked on with me life, get kicked in the teeth, fine, it’s only a kick in the teeth […] it only hurts for so long. And, that’s what I was like, and you know, people around me, you know, always said, “How do you stay standing when you’ve had a kick like that?” And, it was like, “What do you mean?” Didn’t get what they—what they were talking about. […] if somebody told me when I was thirty or forty that, “You will go and see a counsellor.” I was going, “No. No chance. Never will. Don’t need to. You’ve got to have an eggshell personality to need a counsellor. They’re just quacks,” you know, “they’re… shouldn’t even be a profession.” It was that kind of attitude, totally negative. But, I picked meself and dusted meself off and just got on with it […] I wasn’t frightened to do something dangerous because I knew even if I hurt meself, I was only hurt for so long […] I didn’t step away from something that… that might be emotionally bruising.
>
> Tim (50-54), father of one (Charlie, 10)

Demonstrating how masculinities are negotiated as part of an ongoing process, fathers' narratives were beset by contradictions and even those who berated 'help-seekers' engaged with informal and formal support. In an effort to position themselves above *these types* of people fathers used various strategies of self-reliance.

7.2.1 "There's just years of conditioning that, you know, actually you should be able to handle that": Negotiating self-reliance

Whilst several of the reviewed studies identified self-reliance as a significant theme in men's accounts (Glazer et al., 2010, Lund and Caserta, 2001, Saldinger et al., 2004), none explored how this behaviour intersects with masculinities. This is despite a significant body of knowledge on self-reliance and masculinities more broadly (Brannon and David, 1976, Courtenay, 2000b, Eisler, 1995, Golombok and Fivush, 1994, Williams and Best, 1990). Limited research has suggested that bereaved fathers show les intention toward seeking support than mothers; and in rejecting input of others "fathers may foster a dynamic in which they and their children grieve in isolation" (p. 1326, Yopp et al., 2015, Saldinger et al., 2004). Greater understanding into fathers' constructions of self-reliance is therefore of obvious benefit.

Most participants spoke on the topic of self-reliance and it appeared to influence the majority's engagement practices. Authors elsewhere (Courtenay, 2003, Sandman et al., 2000) have found that self-reliance can delay access to required support. Similarly, several participants (Anthony, Kevin, Ron, Bruce, Eddie, and Robert) initially endeavoured to cope independently by drawing on little to no support but as time progressed some learnt that support proved essential. Illustrating how self-reliance behaviours are shaped by multiple theories of masculinities (such as the breadwinner (Davidoff and Hall, 1987, Davidoff et al., 2019), and the lone hero (Whitehead, 2002)), Kevin described how he strove to accomplish the independent and competent masculine ideal expected of his previous marital role despite now being a solo parent:

> I find it really hard, ‘cause I feel like god I, I wanna do everything, and I want be, prove that I’m independent and I can do this. […] I don’t know whether it’s, you know, social conditioning or whatever of, you know, the bread winner, and the person that sort of does everything. […] as a man, you go through life, there’s an expectation that you’re, you know, you’re gonna fix things, you’re gonna sort things out […] I think when we were married, it was, you know, oh, I don’t know, the light’s broken in the lounge, or this, that, and the other, and that you kinda like, right, I sort all this stuff out. And I think then, when you’re on your own, and you’re juggling everything, you’ve then got to, I think, you have to ask for help, otherwise you’d go nuts. But it isn’t a natural thing, it feels like… not failure, that’s probably too strong a word, but it just feels like you’re putting on someone else, and maybe you shouldn’t be […] maybe people are thinking that you’re not coping, or something, which is ridiculous […] when you think, I’m only asking for a bloody dress for a school play, it’s not like life and death here. But yeah, it’s… yeah, but I think maybe there’s just years of conditioning that, you know, actually you should be able to handle that[.]
>
> Kevin (45-49), father of two (Ruby, 8, and Harry, 10)

Accounts frequently demonstrated how fathers’ intentions towards support engagement evolved alongside their understanding of new solo parenthood. Despite “social conditioning” that positioned male support seeking as inappropriate and unnatural, Kevin found that overcoming the discomfort of transgressing gender norms became essential to maintaining mental wellbeing. The ability to endure or conquer discomfort and pain is itself an important measure of hegemonic masculinity (Connell, 1995, Connell, 2019, O’Brien et al., 2005), and although seeking support presented risk of undermining masculinities it also provided opportunities to reproduce them. For example, in the quote below Robert ultimately reinforces hegemonic forms in describing his ongoing ‘struggle’ to accept the ‘easy’ path of support seeking, despite knowing that he can cope and always has done:

> So the real struggle is not struggling, the real struggle is saying, “Okay, I don’t need to struggle.” So that’s what your question is really, so basically, I know I can cope, and I do and I always have done. But I know, or I find out, more often than not too late that there’s an easy way. Whether that’s accepting help, or, you know, as in someone will say to me, “Oh, you know, do you want me to have the kids this weekend while you have some time alone?”
>
> Robert (45-49), father of two (Amelia, 3, and Sam, 7)

Practicing independence was conceptualised by many (Kevin, John, Will, Tim, Eddie, and Robert) as proof of coping, with deviance from self-reliance often being perceived by fathers as indicating a lack of ability to manage. Given earlier findings which described fathers’ experiences of feeling under significant public scrutiny as primary caregiving men (see Chapter 5), participants’ endorsement of efforts which projected an image of competence are not surprising.

While fathers often welcomed support, they nonetheless experienced feelings of frustration at not having accomplished the masculine ideal. In negotiating risk of power status loss, self-reliance was key in countering threats posed to their autonomy (see: Addis and Mahalik, 2003). For example, Eddie (≥55) said, “now when I look back, [I was] very fiercely independent as much as it could be” and John held similar beliefs:

> So I guess the way I look at it from a logical point of view is if, look, if I can manage it, as much as possible, or pretty much all by myself, and only on a need to basis get the support, then actually… you could say, I suppose, psychologically it proves to myself in some ways I’m, you know, or in some aspects I’m coping. But also that there’s probably less long term issues because I am sort of doing it, as opposed to becoming, you know, dependent on somebody or something.
>
> John (45-49), father of two (Thomas, 10, and Jess, 24)

Fathers sought to preserve their control by demonstrating agency in how they engaged with support. Many participants (Anthony, John, Ron, Bruce, Eddie, Jason, and Robert) expressed the importance of not becoming reliant on the support of others. Reliance on others presented multiple risks. Fathers expressed concern that support may be withdrawn; that by accepting support one may deskill oneself; and that dependence could undermine their general sense of control. For example, Robert illustrates the jeopardy faced:

> I just don't want to rely on people I guess. […] I feel I'm not in control, if I'm relying too much on other people, then I'm not in control[…] if I rely on it [support] too much, if it's suddenly not there, I'll be back to square one but worse, because I haven't had to do that for a while. Or, you know, fully do it all on my own. […] to me that's important.
>
> Robert (45-49), father of two (Amelia, 3, and Sam, 7)

By rejecting or limiting informal support and alternatively practicing self-reliance fathers achieved a greater sense retaining power over their situation.

The degree to which fathers' practices conformed to masculine ideals varied, yet the majority of fathers' accounts articulated consciousness of masculine discourses around what is expected of them as men in their communities. Consistent with hegemonic masculine endurance narratives (Connell, 1995, Connell, 2019, O'Brien et al., 2005), despite the severity of events, half of participants conveyed awareness of expectations "to step up and get on" (Chris, ≤39) and "be strong". Fathers' understandings of doing gender included practicing perseverance and demonstrating resilience. For example, Tim stated:

> There is… there is that constant feeling, you're a man, you need to be strong, crack on. And I don't know whether that's an internal feeling, or it's a feeling that comes from outside. But there's… there is that feeling that people think that you should be strong and be able to deal with it.
>
> Tim (50-54), father of one (Charlie, 10)

Although fathers' accounts demonstrate their awareness of discourses around gender appropriate practice *all* transgressed hegemonic masculine ideals and sought help of some kind.

Considering the significance of gendered expectations surrounding men's emotional disclosure and performances of robustness on attitudes to support seeking, the following section briefly explores this.

7.2.2 "I have feelings, where a lot o' men don't": Emotional robustness and disclosure

Emotional non-disclosure is often seen as a cornerstone of hegemonic masculine practice (Courtenay, 2000b). Aligned with gender stereotypes around 'masculine' robustness, men may be expected to exhibit emotional control, and deny vulnerability. The majority of fathers in this study referenced men traditionally not disclosing feelings or being emotionally closed, for example: "the stereotypical trait is to sort of try and fix things, deal with it yourself […] sometimes the dealing with it is probably a case of not dealing with it, certainly from an emotional point of view" (John, 45-49); and "I've been fairly open to doing and trying things that I understand, I believe lots of other men aren't. So, I've taken, I'm prepared to talk about my emotions" (Mark, 50-54).

Some accounts firmly endorsed gendered notions of emotional disclosure indicating weakness. For instance, "it's not a macho thing, but you don't want to appear weak. […] So a bloke crying tae another bloke, doesn't happen too often, does it?" (Bruce, 50-54). Tim similarly described *his* reduced ability over time to persevere in 'playing the part' of resilient man as a failure to achieve the ideal:

> [S]ociety has an expectation on men to… to kind of dust themselves off and get on with things. And I think I've… I've played that part previously. And I'm… and I think it's got to the point where I haven't been able to play that part anymore.
>
> Tim (50-54), father of one (Charlie, 10)

As Bennett (2007) also found among an older cohort, participants appeared to reframe their ideas on masculinity to accommodate emotional disclosure in bereavement. While a minority situated their own practices as conforming with gender stereotypes, as previous excerpts indicate, most sought to distance themselves from this. For example, Ron described his level of emotionality as different from other men and associated emotional openness with honesty, integrity and bravery:

> I'm a very emotional man. I have feelings, where a lot o' men don't. A lot o' men can't cry. I can cry. […] I'm honest […] A lot of men ain't honest. […] When they do this campaign about different men should… people should talk, they're right. And this, for me, emphasises the fact, talk… it's good to talk. And but a lot o' men don't. […] losing Tricia was the one thing that made me shout, "I'm fucking struggling, I'm drowning here, I need help." And I used to do it all the time […] I'd put it out there. I don't care, I'd stick it on Facebook to two thousand people.
>
> Ron (45-49), father of one (Callum, 13)

Demonstrating continuous production of gender, while some fathers rejected hegemonic masculine ideals surrounding emotional nondisclosure, often their descriptions of doing so implicitly endorsed other hegemonic constructs. Similar to observations made among other non-bereaved father cohorts (see: Finn and Henwood, 2009, Yarwood, 2011), numerous fathers positioned *their* ability to be vulnerable in front of others as exceptional. For example, "[I] was very open about talking, very touchy, feely or whatever, expressive. So I wasn't a sort of stereo-typical guy in that respect" (John, 45-49). Such constructions uphold masculine images of the male loner, courageously striding out independently (see: Whitehead, 2002, Yarwood, 2011). Despite conceptualising emotional expression in different ways, fathers mostly integrated active emotional disclosure into doing masculinities.

7.3 Informal support

Mirroring the array of support sources represented in the literature (Burgess, 1994, Daggett, 2000, McClatchey, 2017), informal support (see Glossary) was received from a range of network members. These sources included work colleagues, new intimate partners, neighbours, and looser acquaintances, “a lot of the people that were offering help were not really people I would have classed as close friends or people I really knew very well” (Eddie, ≥55). Mostly however, family and friends provided the bulk of informal support and this is therefore the focus of following two sections.

7.3.1 “I had Sinead’s sister stay with me for a bit, my mum stayed.”: Support from family

Though fathers’ experiences of informal support were varied, it was common (14/18) for participants to receive support from family members. While some (James, Anthony, Kevin, and Robert) had support from extended family, such as cousins and aunts, support from family was mostly provided by parents and siblings. Some fathers (Brian, Mark, Robert, and Will) described the importance they placed on keeping their partners parent/s involved and accepting support became a mechanism for this.

It was common for fathers to state that they had support from family during the period their partner was ill and often this support was provided by their partner’s mother or their own mother. Mothers have been found by others (Piatczanyn et al., 2016) to be influential support figures following partner death. A number of participants (Bruce, Ron, Brian, Kevin, and Jason) described their sister or their partners’ sister as being particularly supportive. Mentions of male relatives providing support were notably infrequent. The observed bias in support provided by female figures seemed to represent the continuation of the "umbilical cord to the female" (p.119, Whitehead, 2002); where the reliance of men upon women to nurture is the norm.

As part of building new routines many (James, Bruce, Eddie, Anthony, Brian, Mark, Robert, and Chris) had regular support from family members on set days of the week. A handful of participants (Eddie, Jeremy, Robert, and Chris) organised overnight stays for their children to stay with their parent(s). Many participants (James, Ron, Kevin, Greg, Jason, and John) described how their family provided live-in support for an extended period of weeks to months. For most (4/6) this occurred prior to their partner's death. The partners of a few men (Robert, Chris, and Brian), who had children aged five or under at the time, stayed at their parents' home rather than the family home for extended periods during their illness.

A considerable barrier to receiving family support was family members not living locally, and while some (Anthony, John, and Chris) were able to draw upon the resources of other more local relatives, others could not. Several participants (James, Tim, Paul, and Keith) described a complete absence of family support, with two stating this was their "biggest" support deficit. During interviews it was not uncommon for participants to talk of previous bereavements and some fathers (James, Ron, and Tim) spoke explicitly about how relatives who may have been able to support at an earlier time in their life were now no longer living. Tim described this as a curse:

> […] I was old when I had him, me dad was about the same age as me when he had me, it's the curse of being an older parent. You know?
>
> Tim (50-54), father of one (Charlie, 10)

Almost half of participants (8/18) spoke of how their relatives' aging influenced their expectations around support availability – particularly regarding childcare. Where fathers had children with complex needs, they expressed concern that care demands were too steep a request for aging relatives.

Echoing the findings of others (McClatchey, 2017, Burgess, 1994), the support provided by family members was predominantly of a practical nature and while many received support with household chores such as meal preparation and cleaning (Ron, Brian, Kevin, John, Will, Bruce, and Anthony) much of the support that was received by fathers related to childcare. Reflecting perceived losses in autonomy described in 5.6, Mark (50-54) described his position as primary caregiver as akin to being in a “straightjacket” and family support was described by many (James, Bruce, Anthony, Jeremy, Mark, Greg, John, and Chris) as enabling them to do activities outside of childcaring. For two fathers, this meant they could participate in paid work (Chris, and Greg); while for others (Anthony, Bruce, James, and Jeremy) respite meant they could engage in self-care and health promoting activities, such as participating in sport, for example:

> So my mum and dad come on a Tuesday, and stay overnight, and let me go and play tennis. And they have… they put the kids to bed, and they help in getting ready for school. […] And, they cook and they bring food and it’s… it’s great. […] Liz’s brother and his wife come on a Wednesday and babysit while I go to play football.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Or to conduct “basic” bodily maintenance:

> At least if somebody else is there then I know at those times I can have a shower, I can go and do things […] I mean, they were basic things I needed to do like go to the opticians […] you can't have a contact check with a little toddler […] and dentists similarly […] and various things like that that they helped with, so appointments.
>
> James (40-44), father of one (Ava, 1)

During the illness period, support from family, particularly with childcare, relieved resource strain and enabled some participants to provide better quality care for their partners. Overnight and extended support made regular attendance at hospital alongside childrearing more possible (Jason, Robert, Chris, and Brian):

> 'Cause, actually, that's another point – when Laura was quite unwell but at home, Laura actually stayed with her parents 'cause it was easier for her mum to look after her rather than me 'cause I had like the two kids an' I couldn't, like, manage, like, looking after Laura as well. So, like, she had her room round there. And, like, me and the kids would be round there, like, all day kinda thing, then we'd come back here.
>
> Chris (≤39 years), father of two (Jack, 3 and Lewis, 6)

However, many fathers described efforts to maintain a sense of normality for their children and to establish themselves as present and available (see Chapter 5); for some involvement of others risked undermining efforts. While acceptance of support was found to be essential for most, feelings around acceptance of support were often conflicted. Temporary separation from children was perceived by some as inadvertently projecting unavailability to the children, "I find it [acceptance of support] a bit difficult and part of that is because I don't want the kids to think that I'm pushing them away or not there for them […] what I've tried to do is to make sure I'm there for the kids all the time" (Mark, 50-54). For this reason, some stated that they tried to avoid "palming" (Anthony, 40-44) and "farming" (Eddie, ≥55) the children off to others.

7.3.2 "Guys don't do this, you know, touchy, feely, talky, you know, stuff": Support from friends

During interviews, comparisons were drawn between the friendship networks of men and those of women; with a shared narrative emerging about differences in how these networks operate. Many men (Bruce, Anthony, Kevin, Greg, Jason, and Keith) stated that women's networks were more likely to "rally round" and that women were more effective at "getting together". Further women were believed to demonstrate greater benevolence toward one another with emotional support being more readily available. It is understood that men are far less likely to have persons to confide in outside of their intimate partnership (Courtenay, 2003). Many (James, Jeremy, Jason, Paul, and Will) described themselves as being rather self-contained at times in their life and some fathers (Anthony, Kevin, Jason, and Paul) described their friendship networks as small. This ties in with what is already known about men's social networks being smaller (Courtenay, 2003). Many participants (Brian, Kevin, Greg, John, and Paul) described feeling excluded or avoided by members of their network as a result of their experiences and many (Tim, Ron, Brian, Greg, Paul, and Will) felt they had learnt who their "true friends" (Ron, 45-49) were. For example, Greg:

> I've cut off a lot of my friends who just weren't supporting me and, you know, weren't responding, didn't come to things and, you know, I had a barbecue a few weeks ago. I didn't… didn't invite loads of the people I invited a few years ago. And it's well, you know, you're not a friend if you can't… and it's like, there is a price to friendship sometimes. Sometimes you have to actually deal with bad shit, as well as the good times and having a drink with somebody. And that's… you know, that's what a… you know, a proper fulfilling, rounded friendship is about. And a lot of my friends who are mainly male, they just evaporated. You know, they'd say, "Oh, we're going for a drink, do you wanna come?" "Yeah, so which of your wives is looking after my kids for the next two days, while I get drunk and get hungover? Who's gonna do the ironing? No? No-one, okay, right […] "Oh right, we're going off to get pissed, there's our pictures on Facebook of us getting pissed." "Oh, that's nice."
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

Conforming with gender norms around the role of alcohol in the maintenance of man-to-man relationships (Emslie et al., 2013), fathers frequently described interactions with male friends as involving obligatory alcohol consumption. Considering the learning around fathers' prioritisation of custodianship and the commitment of many to reduce their alcohol consumption that has emerged from this study (see Chapter 6), the association between male friendships and alcohol use may represent a significant barrier to engaging with these networks.

All participants did describe receiving support from friends, which - like support from family - was mainly provided by women. Indeed, a handful of participants (James, Bruce, John, and Paul) stated explicitly that women were more supportive than men. For example, “it is female friends that I can talk about it. Mainly because, guys don’t do this, you know, touchy, feely, talky, you know, stuff or whatever” (John, 45-49). While two (Bruce, and Kevin) described receiving support from female partners of their male friends, almost half of all participants described their partners’ close female friends as providing them with support. Some stated that since their partners’ death they had more daily interactions with women rather than men; and most of the support received by fathers (James, Anthony, Brian, Kevin, Jeremy, and Jason) from local people was from mothers met through school/nursery/toddler group. For example, Brian:

> I don’t know how we’d coped if we’d just started schools ‘cause for me the biggest thing was we knew lots of people at school. I’ve got two children in the same year, there are potentially sixty parents or sorry, fifty, fifty-eight, fifty-six parents. We know ten of them quite well. I know ‘X’ doesn’t work or she picks the kids up every day. “Could you, would you, would you mind if you pick, for the next few weeks, if you pick, the kids went to your house on Tuesday?” Or, and stuff like that. Just people have volunteered but we knew them well enough.
>
> Brian (40-44), father of two (Leo, 5, and Riley, 5)

A minority of fathers (James, Kevin, Mark, and Keith) disclosed that male friends had been supportive; with one participant (Greg) stating that a small number of his male friends had provided support; and another (John) stating that one friend had been particularly supportive. A few participants (Anthony, Brian, Kevin, Mark, Greg, and Will) received support from those they considered peers (people with experiences of severe illness or bereavement). Although two fathers (Anthony, and Mark) stated that there were few widowed fathers to draw support from. Although these friends did not always live locally, most participants described longstanding friendships as being an important source of support, and these included women and men.

Unlike descriptions of support from family, support from friends was rarely described as being a regular arrangement that occurred on set days or involved prolonged engagement. Two fathers who did receive such support both had children aged 5 or under. Otherwise, support from friends was described as more ad hoc and far less embedded than that of family.

7.4 Formal support

According to Courtenay, alongside masculinities influence, support engagement is strongly influenced by a series of health-related beliefs (2000b, 2000c, 2003). These include self-rated health status, sense of vulnerability to risk, perceived level of control over health trajectory, and willingness toward changing unhealthy behaviours (Courtenay, 2003). According to Courtenay, men are typically more likely to have an inflated sense of their health, perceive themselves as at lower health risk, have lesser sense of agency to effect the health-course, and display lower intention towards introduction of positive health behaviours (see comprehensive review: Courtenay, 2003).

Previous chapters have outlined how men in this study, however, were atypical in that many felt their health status was undermined following encounters with severe illness and death, and men felt at risk themselves (see Chapter 6). Further, chapter sections (see: 6.5) evidenced that many fathers attempted to alter their health trajectory by introducing or prioritising positive health behaviours. Considering these findings alongside Courtenay's assertions, one might assume that fathers' bereavement-related divergence from typically male health behaviours might also include higher than expected engagement with formal support. This was confirmed by the data.

The following section firstly outlines motivations for support engagement, before exploring the prevalence of support uptake and types of support utilised. These sections are then followed by section 7.4.3 which examines support inequalities.

7.4.1 Motivations for support engagement

Fathers sought and/or accepted support for several reasons and over the next paragraphs these will be summarised. Despite participants experiences of accessing support being highly diverse, a common theme that arose during analysis was that access to support was made in the performance of custodianship to address present and future family needs.

Many participants accessed support prior to their partners' death, and much of fathers' engagement with support at this time essentially involved guidance around how to have difficult conversations. Two participants (Greg and John) described accessing support to better understand the diagnosis and prognosis, and to achieve greater clarity regarding clinical discussions. A further two (Jason and Kevin) had support to explain 'cancer' to their children, and ahead of their partners death two (John and Kevin) accessed support to provide advance warning to their children that their mother was going to die. Prior to their partners death many others (Paul, Greg, Chris, and Anthony) sought guidance around how to disclose the death to their children, with two fathers (Brian and Robert) seeking such guidance *after* their partner's death. Knowing that time was limited, a handful of families (Keith, John, and Jason's) had support with legacy related activities such as exploring family memories and wishes; or writing letters to be opened in the future.

Following their partner's death, many participants engaged with support to ensure that they and their children were healthy in the present and future. Two sought support to curb specific unhealthy behaviours such as alcohol use (Robert) and aggression (Anthony). As stated in section 6.4 it was common for participants to describe feeling that their health was compromised or at risk following their partner's diagnosis and death and a number of fathers (James, Anthony, Kevin, Greg, and Keith) promptly sought health check-ups as a result of concerns (also observed by McClatchey, 2017). Fathers' concerns frequently extended to their children’s health, with concerns being predominantly related to their mental health. Many (Anthony, John, Kevin, Will, Eddie, Jason, Tim, Ron, and Robert) engaged with support where their children’s behaviour change was of concern (See Chapter 6 and Appendix 12).

Although only a handful of the men (Anthony, Tim, Jeremy, and James) stated explicitly that access to support for themselves was made in response to mental health concerns, others (Jason, Eddie, Keith, Kevin, and Robert) implied this was the case through the language they used. Akin to observations by O’Brien et al. (2005), the men used language such as “struggling”, “despair”, “stressed”, “crazy”, and “messed-up” to describe their state of mind upon deciding to engage with support; and some questioned whether something was “wrong” with them or if their feelings were “normal”. Support seeking to gauge whether grief is normative has been observed elsewhere (Holmgren, 2019, Starek, 2001). Speaking with an expert listener about their experiences was described by some (Keith, James, and Robert) as a necessary activity to safeguard their ability to effectively care for their children in the future.

All participants described experiencing loneliness at some time during their partner’s illness and/or after their death. As described in Chapter 5, most fathers felt the loss of their partner’s input in everyday family matters and in response to increased responsibilities, and the fear they induced, a handful of men (Bruce, Chris, Mark, and John) engaged with support partly to obtain guidance and reassurance around parenting in the context of bereavement.

Around half of participants described how a need to talk openly provided motivation to engage with formal support. Many participants (Chris, Anthony, Greg, Mark, John, Kevin, and Will) said they felt that few around them were able to empathise with their situation; and they frequently spoke of feeling marginalised by others. Some (Paul, Anthony, and Jeremy) described an existential shift, where following their partner’s death their lives felt external to the world in which non-bereaved members existed. This outsider status was affirmed for many through experiences of borderwork (see Chapter 5). Consequently, formal support became a preferred option for open talk.

The ‘off-time’ nature of their bereavement meant that the men often did not know others who had experienced similar events and for many (Anthony, Bruce, Mark, Keith, Eddie, and Jason) the need for peers was a key motivation for accessing support. Similarly, several fathers (John, Eddie, Mark, Kevin, and Jason) thought their children needed peers and this was a reason for seeking and/or accepting support. In response to concerns that children were not expressive with their grief, there were multiple examples in which participants engaged with support as a precautionary measure to limit risk of long-term harm. Further, a few fathers (Paul, Eddie, Jason, James, and Robert) predicted that their children might need support in the future as their understanding of events matured. Numerous participants indicated that they viewed talking as an adaptive long-term strategy and engagement with formal support was positioned by many as the responsible thing to do for the whole family.

7.4.2 Support accessed

In contrast to widely held beliefs (see: Yopp et al., 2015), all the participants had actively sought some kind of formal support for themselves or their children (see Figure 7.1). This contrasts with a recent study of people bereaved of a relative, in which the rate of bereavement support uptake was found to be around 30% (Cherlin et al., 2007). Higher levels of help-seeking in my sample may partially reflect a selection bias in the sense that taking part in this research reflects a willingness to talk about personal experiences. As has been found by others (Aoun et al., 2018, Ghesquiere, 2013a, Ghesquiere, 2013b), support took various forms and multiple support types were commonly accessed. See Figure 7.1 (for close-up see Appendix 14); colour coding denotes: where access was successfully made (black); or not (red); and whether men were actively invited to access the support (yellow); signposted towards the service (blue); or support was self-initiated (no yellow or blue). Information is extracted from fathers’ narrative accounts and therefore items refer to explicit statements made about support accessed, signposting and invitations received. Support was inconsistently described in temporal terms; therefore, items are ordered as they appear in the narrative rather than providing a chronological account of support access. Reflecting the UK bereavement support landscape, support was frequently delivered by a number of different organisations, such as: cancer charities; hospices; child bereavement charities; peer support organisations; general practice; mental health charities; spiritual care providers; and local authority social services.

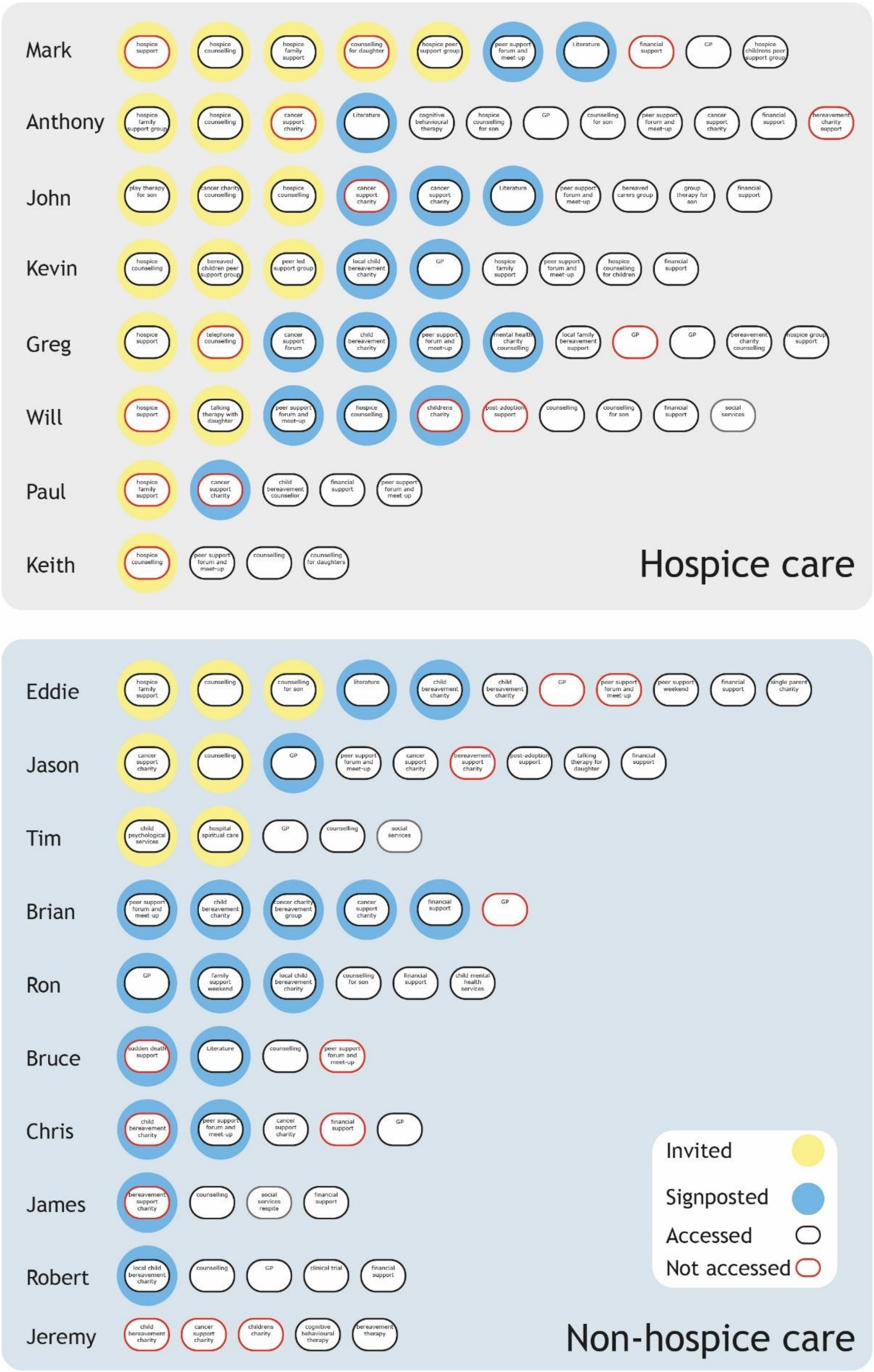


Figure 7.1 Diagram of support experiences

As the majority of mothers (13/18) were ill for some time prior to their death, (1->25 months) a significant proportion of participants (Jason, Kevin, John, Paul, Chris, Greg, Anthony and Will) first accessed support during this period. A handful of men (Will, Kevin, John, and Anthony) commenced talking therapy alongside their partner, whilst two others (Brian and Keith) declined this support despite their partners engaging. A number of fathers (Chris, Mark, and Paul) accessed support only as their partner neared the end of their life. The children of several participants (Kevin, John, and Anthony) accessed talking therapy prior to their mother's death.

The partners of eight participants died in receipt of hospice care and most families (7/9) offered support by their local hospice accepted this help. This includes Eddie, who was invited to access hospice family support even though his partner had not died there. Except for Chris and Paul, all others accessed a form of talking therapy. Participants described gaining access to talking therapies through several pathways: through the hospice (n=7), through cancer or bereavement charities (n=7), through occupational health (n=5), and/or privately (n=3). For most participants, talking therapies took the form of one-to-one counselling, and/or group sessions. In significant departure from the findings of two US studies (Daggett, 2000, McClatchey, 2017), fathers rarely included spiritual care among the types of support received; only three did so (James, Bruce, Tim). The difference in this rate as opposed to that found in US studies likely reflects the reduced religious affiliation of UK citizens in comparison to US (Voas and Bruce, 2019).

The majority of participants engaged with formal peer support; many (11/18) described themselves as members of a UK online forum/meet up organisation; and two (Eddie, and Ron) attended other support weekends away from home. Most fathers were also in receipt of financial support such as the widowed parent's allowance or the bereavement allowance.

Though participants generally had high engagement with support services there were some fathers who sought support but did not gain access and there were other instances of support offers being declined by participants. The former will be explored at length in the following section on support inequity.

Though many of the men (7/18) declined support at some time, it was uncommon for participants to describe a lack of need as the reason for declining. The few that did decline (Keith, Paul, Jason, and Will) because of a lack of need, did so temporarily and went on to access alternative support later upon recognising they did in fact require support. Though continuing bonds facilitated formal support seeking for some, such as Robert who promised his partner before she died that he would seek support for the children; for others (Anthony, Greg, Mark, and Brian) the ongoing bond with their partner informed non-access. A handful of mothers were rejecting of support because of the negative connotations of certain care settings, as was the case for Mark (50-54) “we got referred at some stage to the hospice locally because it was a hospice, Melissa’s mind was […] ‘People who are dying go to the hospice, I’m not going in the hospice”. The stigma attached to such settings has been recognised by others as a barrier to appropriate care/support being received (Marie Curie, 2016). Similarly, during her illness Anthony’s partner (Liz) did not want their children being around cancer and the family declined certain formal support offers as a result. After Liz’s death he aligned his support approach to observe her wishes, despite wanting to access the support himself:

> [The practitioner] still invites me to stuff, but I don’t go, because we never took the kids in. But Liz didn’t wanna take them to the cancer centre at the time, ‘cause, you know, it’s not a fun place. […] she didn’t like the look of it, but I don’t… I think it was, ‘I’ve got cancer in here.’ […] I don’t blame her not wanting to go in there, and look at all the dying people, to be honest. […] So, she wanted to keep the kids away, so I never took them back. But I really wanted to go […]
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

In a similar vein, others expressed how their partners’ service experiences continued to influence their own support engagement. Often mothers approached their GP surgeries presenting symptoms and some were “fobbed off” (Chris, ≤39). Two participants (Greg and Brian) described how their partners’ misdiagnosis formed the basis of their non-access to their GP surgery. Brian (40-

44), “you’re thinking […] I’m struggling a bit, I could do with some help and stuff like that […] I wasn’t keen to go to the GP ‘cause they misdiagnosed Julie”.

7.4.3 “If there’s help out there […] we should have it”: Inequities in support

During analysis it became evident that place of death had a major influence on the support received by fathers and their family members. Place of death has elsewhere been recognised as an indicator of healthcare inequalities (Barratt et al., 2017, Dixon et al., 2015, Macfarlane and Carduff, 2018). Signposting to support services among the non-hospice group was less common (see: Figure 7.1) and was predominantly informal (mostly provided by female friends or relatives), whereas the hospice group described receiving more signposting generally; commonly provided by formal services. Though there were outliers (Paul and Keith), signposting by hospices was described as “good”. Anthony for example described the interaction between support offers as well coordinated:

> [I]t was through the hospice. […] we were referred to the palliative team […] So, I had some counselling while she was ill, and that was a lifeline at the time […] after that it was straight into individual counselling at the hospice, which I asked for, and was offered. […] And… and then you get referred into the family groups, so widowed parents and the kids go at the same time. So, that was all really very joined up, and… […] So it’s… and it’s part of hospice care, and it’s… it’s access to services.
>
> Anthony (40-44), father of two (Oscar, 5, and Ethan, 7)

Those whose partners received hospice care made up a greater proportion of participants who declined support offers, and whilst this could echo the greater number of support invitations received by this group, it may also indicate greater confidence in the availability of support.

In contrast, most participants whose partner’s died without hospice care reported a distinct lack of proactive support (see: Figure 7.1) and showed low confidence in support availability. Represented by statements such as “I don't believe there is any [support] out there” (Jeremy, 45-49); “there’s no support, […] there is no support mechanism” (Bruce, 50-54); and “I walked away from the hospital with a booklet. That was it. There was nothing to tell me where to turn to” (Ron, 45-49).

There were outliers though in both groups. *Paul* (partner to Dawn) for instance encountered a disconnect between himself and *his* local hospice whom he felt let him down:

> I was told […] leading up to it that they have somebody there that will talk to me […] three weeks later [I learnt] they’d rung Dawn’s phone and left a message. […] So they’d never turned up, they never had came to my house […]
>
> Paul (45-49), father of three (Jacob, 5, Lily, 6, and Holly, 11)

Despite Dawn having been ill for many months (≥25 months), he interpreted his experience as an outcome of his partner’s rapid decline and their family not having “bed-in to the system” pre-bereavement. Indeed, a significant proportion of UK hospices only support those with whom they have had prior involvement; though, where there is capacity, others aim to support outside referrals (Wakefield et al., 2020). Eddie is an example of this having occurred (see Figure 7.1). Though his partner (Donna) died in hospital just hours after receiving a diagnosis, had her illness been prolonged she could have received hospice care. The critical care nurse looking after Donna recognised this, referred the family to their local hospice, and they were supported as if Donna had died there.

Hospice involvement appeared to foster greater belief in being supported. As Anthony’s earlier statement avowed, family access to support services was commonly experienced as a fundamental part of holistic end of life care in the hospice setting. Whereas support offers and signposting in hospital settings appeared to be delivered at practitioner discretion — based more so on individual compassion and resource, rather than operating as embedded institutional practices. The minority who described being well supported in the hospital setting indicated having lower expectations with regards to support and seemed astonished by the support received. For instance, despite Tim (50-54) receiving far less support in the hospital setting than many of those whose partners died in a hospice setting he stated, “the NHS have […] always gone above and beyond anything that I expected”. Indeed, these fathers expressed distinct gratitude at perceived levels of exceptional support. For example, Eddie described his appreciation towards the “genuine kindness” of the critical care nurse for her actions in referring his family for support:

> I think it was sort of above and beyond the call of duty. I mean, she’s a… a nurse on the high-dependency unit, she must have all sorts of things come through her sort of ward and different people she looks after from… having major operations, from trauma, from accidents […] But I think it was really, really kind of her and a really thoughtful thing for her to do, that she didn’t have to do. You know? […] I’m sure she’s got plenty enough to be doing. But she went out of her way and did that for us […]
>
> Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

As Holmgren (2019) and Daggett (2000) similarly found, half of the participants in the sample disclosed feeling ill-informed of what support is out there. For example “it’s not that easy to know where to go, because no-one’s told you where to get help from” (Chris, ≤39); and Paul (45-49) “if there’s help out there […] we should have it. Whether… or at least be informed to decide whether we need it or not. I’m not informed enough to know whether I needed their help or not”.

A number of fathers (Chris, Greg, John, and Mark) disclosed feeling “let down” (Greg, 45-49) by inadequacies in pre-bereavement support; and the most common complaint was that they were ill-supported in preparing for death. When asked whether he was offered support after his partners diagnosis and what he thought, Greg stated:

> No. […] Poor. Yeah, I get that the… the patient is the primary recipient of care and attention, I get that. […] But, to be brutally frank, they're going to die, and there are those who are, are gonna have to deal with this after. […] And… in a way you kind of need more tools to deal with what's going on […] if someone had said, "Look, it's—Pamela is very likely to die in the next three or four years, it's not inevitable […] but it would be wise to accept it." If that's the case, you really need to get your ducks in a row. […] If that's gonna happen, what would you want to remain after you've gone?" And, to have been encouraged to kind of get her to write letters […] I would've loved for Pamela… I was never clear what was in her head […] Yeah, 'cause there's nothing. […] life's obviously moving on, that would be kind of a nice thing to open up and she would've spent some of her time thinking about that. And I would've thought that would've helped her, if she needed it, to reconcile herself with the situation.
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

It was the norm for participants to connect with other bereaved people following their own loss (as described in section 7.4.2) and learning of others' support experiences often highlighted disparities. Greg, who went on to struggle with exploring continuing bonds with his children (see: 6.2), expressed regret at not having been supported with pre-bereavement legacy building as others had been and thought such activities would have better equipped him to go on "living". Despite generally high engagement with support, the majority of participants described experiencing a lack of formal support at some time.

7.4.4 "There's a missing link": Fathers' ideas for support improvement

Previous to now, just one study has enquired about fathers' preferences for bereavement support improvement (Holmgren, 2019); and the current study contributes insights from UK fathers based on their experiences in this setting. Whilst visual prompt cards (see 3.4.5.3) helped to generate rich and diverse descriptions for ideas on support improvement (for example individual suggestions included additional workplace support, bereavement cafes, assessment of existing familial support and forms of emotional support), during analysis a clear consensus between participants was identified around improved facilitation of access to existing support. Therefore, this is the focus of the following paragraphs.

Many participants were perplexed by the current system's expectation for bereaved persons to find appropriate support for themselves, considering the unfamiliarity of the "very fragmented" (Mark, 50-54) and "scattered" (Anthony, 40-44) landscape. Fathers highlighted that some people may not be as astute as others at navigating the system; and suggested that grief may impede ability to "drill and find" (Anthony, 40-44). For instance, Greg stated:

> If it's there, I would've found it. […] I'm quite tech savvy, and I'm quite persistent. But, like, I would've thought the vast majority of people are not like me. […] You know, if I feel paralysed, I sometimes think, […] what if someone whose normal state of, you know, state of paralysis, what's it like for them when they lose someone close to them?
>
> Greg (45-49), father of two (Henry, 2, and Freya, 4)

Certainly, some fathers seemed to experience just this:

> [T]he trouble is you don't know where to start. When you've lost your, you know, your life partner, your loved one […] you don't know what to do. […] I was in points where I was in complete despair, I just didn't know what I was gonna do.
>
> Eddie (≥55 years), father of two (Maisie, 5, and Dylan, 8)

In response to the challenges they themselves identified, numerous participants outlined ideas for support which centred on providing a link between place of death and support provider (if they are different). Participants described how a person with expert knowledge of the field, a “health visitor” (Anthony, 40-44) or “district nurse” (Brian, 40-44) for instance, should automatically be assigned to the bereaved person to act as their “single portal of contact” (John, 45-49). Chris explained:

> […] if you have a baby, or say your child is ill, the sort of GPs link into that. So, like, perhaps a health visitor would come out and […] tell you a bit about it and, […] you know, if you need support, like breastfeeding support, or parenting support or something, these are the groups. I think if you lose a parent, health visitor should come along and do that for the children. Like, you know, ‘This is where you can get support’ […]
>
> Chris (≤39 years), father of two (Jack, 3 and Lewis, 6)

Understanding the loneliness encountered in bereavement, a number of fathers stressed that interaction with this “bereavement tsar” (Brian, 40-44) ought to be delivered in-person or over the phone — to provide personal and human contact. For example, “you want to speak with somebody” (Bruce, 50-54); and “to hear someone’s voice reassuring you it’s okay” (Ron, 45-49). It was suggested that this ‘bridge support’ should primarily provide: a welfare check, consistent signposting to the most appropriate support for family members and provide reassurance around parenting.

8 Conclusion

8.1 Chapter overview

The following chapter provides a summary of key findings presented in chapters 4, 5, 6, and 7. The significance of research findings in relation to existing knowledge on the topic are explicated. For clarity and given the entangled nature of research findings, the overview of key findings is structured to directly address study research questions (introduced in 2.6). Section 8.4 follows with an exploration of implications for practice and policy. In section 8.3 the strengths and limitations of the research design are examined, and building upon these, section 8.4 suggests avenues for future enquiry.

8.2 Overview of key findings

The principal aims of this study were to better understand fathers' experiences around the death of a partner and to provide rich insight into men's bereavement in the context of parenthood today. To contribute towards building a stronger evidence base, the current study specifically sought to explore the day-to-day influence of bereavement on family life and capture the coping efforts employed by fathers. To address identified knowledge gaps, a set of research questions were outlined in 2.6, and following sections now summarise the answers to these questions.

8.2.1 What are the transition experiences of fathers (with resident children, aged ≤16 years) around the death of a partner?

The findings of this study suggest that fathers' transition experiences are dynamic and prolonged. Partner bereavement early-on in the life course is considered non-normative (Crafter et al., 2019), and premature partner bereavement was found to be an unexpected life event for all. Reflecting this, this study described how most fathers found their assumptive world views disputed by experiences of traumatic and distressing events related to severe illness and death (see: Janoff-Bulman, 1989, 1992).

While all participants identified a point of major role transition, more often changes began pre-bereavement and were commonly negotiated interpersonally over time. This contrasts with the impression given by much bereavement literature which frequently represents fathers' role shifts as occurring upon bereavement (for example: Bandini and Thompson, 2013, Glazer et al., 2010). To gain a comprehensive understanding into fathers' baseline circumstances so that transition experiences could be appropriately contextualised, this study uniquely explored participants' gender role arrangements prior to bereavement (see: 4.5). Findings indicate that most fathers transitioned from full-time employment, and mediocre involvement in domestic upkeep and childcare (including mostly task-based care, and disciplinary and activity-based input). A minority shared parenting or had been primary caregiver. These findings are significant, as before now fathers have routinely been assumed inexperienced in the home (for example in: Boerner and Silverman, 2001, Saldinger et al., 2004, Silverman and Worden, 1992) and this may misrepresent the nature of fathers' transitions around the death of a partner presently.

Unlike previous research, the current study discussed findings in relation to wider fatherhood literature and, by doing so, contributes towards better understanding the nuances of fathers' transitions. Findings indicate that transition is more complex than merely the practical inheritance of labour once performed by the deceased. Frequently, alongside continued paid work, fathers increased childcare and domestic involvement and took on considerable illness related demands. Findings show that as mothers became less present, transition often involved a perceptual shift from helper-parent to monotropic figure (see: Bowlby, 1969, 1973, 1980). On performing 'maternal work' (Ruddick, 1990), fathers were found to prioritise being there for their children. This is in divergence from earlier research which found bereaved fathers to be absent from their children (Boerner and Silverman, 2001, Silverman and Worden, 1992) and is more consistent with the devotion observed in more recent studies (Holmgren, 2019, McClatchey, 2017). Such discrepancies likely reflect increased endorsement of 'new father' ideals over the last decades (see: Lamb, 2000). Full-time employment and primary caregiving were typically appraised as incompatible by participants, and significant redistribution in employment statuses to echo partners’ previous roles showed how bereaved fathers experience considerable difficulties balancing paid work and care work. This research contributes towards understanding the complexity of fathers’ perceptions of new roles; describing how transition prompts varied and conflicted feelings. For example, the loss of autonomy associated with primary caregiving was stifling to many yet increased time with children also provided welcome opportunity to bond.

8.2.1.1 How does bereavement shape fatherhood?

Severe illness and bereavement early in the life course are understood to engender specific challenges in reconciling childcare and employment (Kim et al., 2007). In-depth analysis of gender roles in 4.5 described how fathers’ prior childcare involvement was commonly fitted around paid work. This research explored how, because of illness and/or bereavement, care work became the priority for most as breadwinning was negotiated around care. As notions of breadwinning continue to foreground fatherhood construction societally (Henwood and Procter, 2003), for most participants this represented a significant refocussing of priorities. On assuming the elevated primary caregiver role many fathers were found to conceptualise their presence quite differently from ‘before’ and many experienced a reduction in fatherhood privileges. Fathers’ parental availability became viewed as essential to being there for children as their partner’s had been.

By exploring how Lopata’s (1996) concept of partner sanctification intersects with gendered parenting discourses, this research contributes in-depth insight into parental transitions prompted by bereavement. ‘Involved’ as well as lesser involved fathers were found to reconstruct seemingly idealised narratives of their partner’s parenting which often drew upon essentialist parenting discourses. This included that mothers are naturally more: adept, knowledgeable, sensitive, nurturing, enthusiastic, and satisfied primary caregivers. To address gaps in nurturance which are perceived to emerge as a result of partner absence, many consciously perform ‘mothering’.

Despite Continuing Bonds Theory being conceived as a framework for understanding grief as interpersonally experienced between living and deceased and between survivors (Klass et al., 1996), until now limited application of the theory has meant little focus has been given to the ways continuing bonds operate between living persons. By reconciling Continuing Bonds Theory with sociological theory on gender performance, this study develops upon Klass et al's theory by contributing novel insights into understanding continuing bonds as gendered parenting practice.

Partner sanctification was found to disadvantage fathers – as mothering is frequently exalted above fathering – it contributed toward feelings of parental inadequacy and role alienation among survivors. Findings suggest that many fathers attempted to embody their partner by both performing their partners ways of being with their children and rehearsing 'mothering' in accordance with broader gendered parenting discourses. In line with traditional gender roles a considerable proportion of fathers continue to act as the family's authority figure, yet on doing continuing bonds many 'moderate' their stance. Doing the "gentle side" of parenting was found to demand different bodily movements and postures and fathers' experiences of transition should be understood as embodied. Fathers' transition around the death of a partner in practice involved integration of mothering into fathering. Partner sanctification shaped fathers' conceptualisation of this integration process though and parenting was viewed as distinct fathering and mothering practices performed by doing continuing bonds. Findings seem in stark contrast to those of Boerner and Silverman (2001) and Saldinger et al. (2004) who found fathers to be parent-centred, as the current study found fathers' engagement in continuing bonds involved being attentive, sensitive, and child-led.

Findings suggest that although many felt emotionally bonded with their children prior to bereavement, with increased time together, the majority become more attuned. Bereavement prompted a transition in fathers' perceptions of appropriate parenting behaviour; where, in the context of increased pressure to perform as parents, absence and distraction are unacceptable. Given the scrutiny bereaved men encountered as primary caregivers, many sought to prove their ability as solo parents and fluctuate between self-confidence and self-doubt. Changed understandings of corporeal fragility as an outcome of bereavement also resulted in increased attentiveness to child wellbeing.

8.2.1.2 How does fatherhood shape bereavement?

Findings show that loneliness was experienced by all partner bereaved fathers. Whilst others have identified loneliness as a prevalent concern and have observed that children do not appear to alleviate these feelings (Bandini and Thompson, 2013, Holmgren, 2019), until now the prospect of fatherhood *compounding* loneliness has not been explored. Child age was found to dictate the kinds of environments fathers engaged with and findings suggest that the majority were thrust into traditionally ‘feminine’ spaces; wherein many felt surveyed and scrutinised, and likewise exude scepticism (for more see: 5.3). As Piatczanyn et al. (2016) similarly observed, encounters with severe illness and bereavement leave some feeling avoided by other community members. These findings are significant as they indicate that being a father may introduce a further layer of perceived ostracization.

Building upon others’ observations that surviving parents experience increased pressure to safeguard the family’s wellbeing following partner bereavement (Yopp et al., 2015, Saldinger et al., 2004), this study contributes rich insights to understand the pressure experienced by surviving fathers in-depth. A previously unexplored and significant aspect of fathers heightened pressure is the need to make the deceased known to children. To the best of the author’s knowledge, this study provides the first comprehensive application of Klass et al.’s Continuing Bonds Theory (1996) in the analysis of fathers’ experiences of partner bereavement. Findings suggest that even prior to their partner’s death many fathers began to facilitate the mother-child bond as part of efforts to maintain normalcy and this continued after the death. In significant departure from claims that fathers are unlikely to engage their children in meaning-making (Boerner and Silverman, 2001), this analysis established that all fathers within the study engaged in meaning-making through ritualised and/or routine continuing bonds practice. Appraisal of children’s memory of their mother was found to inform the extent of fathers’ engagement in continuing bonds – with younger children needing more facilitation, and the older, greater autonomy. This study observed how engagement is negotiated interpersonally according to specific conditions. Whilst being a father can prompt greater engagement in continuing bonds and a more oscillatory coping approach as a result, research showed that children's negative responses to fathers doing continuing bonds also had capacity to deter men's engagement.

This study found that the magnitude of sole responsibility for child protection and nurturance contributed toward loneliness. With regards to suicide however, findings show parenthood was a protective characteristic influencing firm decisions to live. Two decades ago Bennett and Bennett (2001) highlighted that some aspects of common experience such as thoughts on suicide had been overlooked by bereavement research, and this has remained largely the same for father-studies in the intervening years. This study contributes important insights towards better understanding fathers' risk. Findings indicate that a high proportion of bereaved fathers considered ending their own life following their partners death but that responsibilities towards children prohibited action upon these urges. Survival was conversely perceived as essential by many and informed the kinds of coping efforts employed by fathers.

8.2.1.3 What specific coping behaviours are employed by fathers?

A concept which was inductively developed by this study to describe how fathers' coping efforts interrelate is 'custodianship'. This thesis set out how after the death of a partner who is also a mother, surviving fathers become both practical and conceptual custodians of the family's welfare, legacy, and future prosperity; and adopted specific coping efforts in their performance of custodianship.

As observed among other bereaved fathers (Saldinger et al., 2004, Silverman and Worden, 1992), fathers in this study commonly demonstrated a propensity towards establishing structure and restoring some semblance of normalcy. All fathers were found to engage in continuing bonds practice to keep their partner present to their children, and a clear preference towards routine rather than ritualised practice was observed. Significantly, this study found that ritualised remembrance was sometimes perceived by parents as an additional chore and further departure from normalcy, whereas routine remembrance was performed without the same barriers. Fathers' remembrance practices were constrained by notions of appropriate behaviour and there was a continuum of engagement wherein practices that were acceptable to one father may be unacceptable to another. Very little is known about men's engagement in continuing bonds more broadly and this study contributes key insights to better understand support needs.

Fathers' engagement in continuing bonds (Klass et al., 1996) represented efforts to fix the problem of waning memory. Whilst orientation towards fixing the stressor may appear to be a stereotypical gender appropriate response to coping with bereavement, this research complicates this conclusion as the process of doing continuing bonds was also found to prompt less gender stereotypical confrontation and emotion focussed rumination. Fathers' sense of duty towards facilitating children's continuing bonds gave rise to a more oscillatory coping approach than some might otherwise employ if child-free. In this respect, children were recognised by fathers as a positive influence on coping.

Whilst there were numerous examples of emotionality in interview interactions (see 3.6.1) and in the data (for instance participants explicitly expressed despairing or feeling terrified; they proximally disclosed their feelings through talk of their partner's difficult time; and expressed feelings of vulnerability prompted by grief); a lack of in-depth focus by fathers upon their internal emotional experiences was notable. Although most dissociated their own practices from gender stereotypical norms around emotional nondisclosure, the overriding inclination of many to "get on" despite the severity of events indicated an engrained stoicism. Arguably fathers' inclination toward demonstrating resilience shaped their disclosures and this perhaps provides some explanation as to why emotionality – particularly regarding internal experiences – was largely absent in the data.

Changed health and mortality assumptions as a result of encounters with severe illness and/or death were found to influence coping. As custodians of the family unit, fathers attempted to provide security to their children by providing assurance of their survival. While other studies have observed fathers' determination to stay alive for their children (Holmgren, 2019, McClatchey, 2017), to the author's knowledge no study to date has articulated the nuances of fathers' efforts. This study contributes towards addressing this knowledge gap.

In response to feeling at heightened risk, many reported increasing health promoting behaviours to better their bodies and minds to accomplish optimal parenting. In understanding fathers' experiences of bereavement as embodied, this study observed how men used their bodies to both reclaim a sense of stability in their own health and reconstruct children's belief in their health. Through exercise activity, and changes to diet and drinking habits bodies were used to communicate wellness messages to children. In distinct contrast to research with younger bereaved men (Creighton et al., 2016, Creighton et al., 2015), there was a firm rejection of risky practices among fathers.

This study significantly adds to understandings of alcohol use among partner bereaved fathers with dependent age children. It found that, although a minority initially increased alcohol use in pursuit of pleasurable sensations associated with its consumption, this was reduced within months. Use of alcohol as a coping strategy was mostly rejected by fathers as it represented risk of dependency, and loss of control and capacity. For many it was perceived to undermine independent coping and was thought to impair father-child attunement. These findings are important as they articulate the specific influence of parental responsibility on men's coping. Accounts evidenced fathers' sense of agency to change their health trajectory and this arguably informed their engagement with formal support (see: 8.2.3).

8.2.2 How do gender and masculinities influence these fathers' experiences?

This thesis argues that fatherhood (and motherhood) are fundamentally gendered institutions. Not surprisingly household labour division is informed by traditional gender roles. While many fathers showed awareness of gender equality and 'new father' discourses, justification of mediocre domestic involvement while the bulk of labour was performed by female partners often demonstrated hegemonic complicity (see: Connell, 1995, Connell, 2019). However, contrasting with earlier research (Bandini and Thompson, 2013), findings indicate that even prior to bereavement most fathers routinely performed traditionally ‘feminine’ labour without threat to masculine identity. Fathers alternatively appeared to perceive masculine gains from doing such work. As observed by other fatherhood studies (Henwood and Procter, 2003), nevertheless findings suggest that notions of breadwinning endure.

Findings also suggest workplace structures remain patriarchal. Prior to bereavement many were in senior positions and the supposed incompatibility between role seniority and primary caregiving were often uncritically accepted. Performance of maternal work was largely associated with reduced status and lesser hours in paid work. Following the death of a partner the redistribution of fathers’ employment statuses reflected the inflexibility of employment structures to accommodate fathers’ primary caregiving. Men often aligned these experiences with those of *other* mothers.

In response to the lack of sociological enquiry into fathers’ experiences of bereavement, this study uniquely drew upon Thorne’s (1993) work to explore the role of gender across settings. This research observed how the scale of fathers’ demands around major transition appeared to collapse the patriarchal distinction between home and workplace. The absence of discussion on gender is notable in accounts of acute transition and indicate how fathers’ prioritisation of maternal work during this time resembled border crossings. Reflecting the shifting significance of gender however, many fathers’ encounters as male primary caregivers in public settings particularly brought gender to the fore. Highlighting how many aligned their identity more closely with manhood than parenthood, as solo parent men, fathers were alert to their transgression of gender norms and anticipated judgement as a result. Borderwork was manifest in interactions between father-father where the tone of gender appropriate talk was kept professional; while father-mother kept unemotional to not signal intimacy. It was also experienced in situations where fathers felt they had to justify their presence or the mothers’ absence. By integrating Thorne’s theory, this study contributes rich insight into the role of gender in everyday bereavement experiences.

Despite opposing premises, solo parent fathers described feeling subject to others' gendered expectation that they would either collapse under caregiving pressure or be stoical. Both hinge upon gender stereotypes. A prominent experience was for fathers to perceive their capability as primary caregivers under question. In line with gendered parenting discourse many identified 'mothering' as superior to 'fathering' practice and performed continuing bonds to prove their parental capability. This study adds to the literature by conceptualising continuing bonds as gender performance. Partner sanctification arguably accentuated the perceived gender dichotomy. These findings are important as they contribute towards better understanding the mechanisms behind partner bereavement and reduced self-esteem.

Unlike other authors that argue men are restricted from engaging with intuitive grief by masculinity (Martin and Doka, 2000, Thompson, 2001), this study found that men dismantled and reframed masculinities to engage in gender divergent coping for their children. This is consistent with Bennett's findings of older men reframing masculinities to disclose feelings to others (2007). Whitehead's (2002) work on the heroic male project was useful for exploring the duality of fathers' efforts which often deconstructed and rebuilt masculinities in tandem. To the best of the author's knowledge, the gendered implications of a changed assumptive world on embodied masculinities have not been explored before now and this research consequently explored how fathers used their bodies to ascend from a jeopardised position. Crucial to understanding fathers' experiences specifically, this study found that most men rejected commonly revered practices associated with hegemonic masculinity – such as risk taking and excess alcohol consumption – in favour of practices more closely aligned with caring masculinities (see: Elliott, 2015, Hanlon, 2012).

Findings suggest attitudes towards help seeking and support engagement were formed in relation to social regulations around gender conformity and masculinities discourses. This generally did not result in low support uptake however as fathers' sense of custodianship appeared to override apprehensions.

8.2.3 What are the support needs and preferences of partner bereaved fathers?

To date research on help-seeking and support use during bereavement has been limited (Aoun et al., 2018); and studies specifically focussed on fathers' support engagement around partner death are even more scant. This study contributes much needed insight into fathers' experiences in a UK context, and castes light upon the specific aspects of support that need improved.

Findings of this study highlighted the preponderance of informal networks to provide fathers with mostly practical support (such as meal preparation, cleaning, and childcare). Participants were found to largely welcome this support as it offered valuable respite from childcare; and facilitated the continuation of aspects of their pre-bereavement lifestyle. This contrasts with Burgess' (1994) assertion that fathers abandon their outside interests as a result of bereavement. It may be that Burgess' cohort was less receptive to support involvement and this could explain divergences.

To compensate for shortfalls in informal support – in recognising feelings of loneliness and acknowledging a need to talk with an expert listeners or people who could empathise suitably – the majority sought emotional support from formal sources.

8.2.3.1 What support, if any, did these men seek and use?

Complicating a widely held belief that men are support averse (see: Yopp et al., 2015), this research contributes towards a growing body of evidence that suggests men *do* seek support following partner death (Holmgren, 2019, McClatchey, 2017, Daggett, 2000). Significantly though, this study observed a distinction in attitudes between informal versus formal support seeking; wherein the latter was perceived more positively (summarised in 8.2.3.2).

This study found, informal support with everyday family labour was essential in navigating the logistics of severe illness and in maintaining some semblance of normalcy during this period and/or in bereavement. In-depth analysis of support use by this study contributes towards understanding important nuances in how support arrangements are formed. Descriptions of supportive male friendships were a minority and practical support was primarily provided by female immediate family members and friends. Network members were often forthcoming in offering their support; and thus, informal support engagement predominantly involved *acceptance* of support offers rather than active pursuit of help. Together with understanding the influence of masculinities construction on attitudes towards informal support-seeking in particular (see: 8.2.3.2), these findings suggest that high levels of support engagement *and* reluctance towards help-seeking can coincide.

Formal support seeking was a more laborious task for many. Despite this, all fathers actively sought and accessed formal support for themselves or their children. Sources and kinds of support were diverse and reflect the current UK bereavement support landscape. Significantly, an overwhelming majority accessed talking therapy either prior to their partner's death or afterward, and most engaged with peer support. Findings from this study indicate much higher engagement by survivors following early partner-mother death than levels observed elsewhere among persons bereaved of another relative (see: Cherlin et al., 2007).

8.2.3.2 What are the key challenges, barriers, and facilitators to seeking and using support?

Findings indicate that fathers' sense of custodianship likely facilitates formal support engagement. By drawing on Courtenay's (2000c, 2001) scholarship on support seeking and healthcare utilisation, which posits both masculinities *and* health-related beliefs as influential to men's support behaviours, this study contributes towards better understanding the complexity of bereaved fathers' support experiences.

Most fathers' health assumptions were dismantled by their experiences of illness and/or death, and perceived frailty and feelings of being at risk represented atypical health-related beliefs for men to hold (see: Courtenay, 2003). The men's sense of agency to alter their health trajectory is also seen as divergent from typically male health behaviours. These findings combined to build an understanding of most participants’ willingness toward formal support as situated in relation to other gender divergent practices. On performing custodianship fathers were found to engage with formal support to safeguard family members’ physical and mental health and wellbeing. Urgency to fulfil custodianship duties largely overcame support-seeking apprehensions with regards to formal support. The introduction of the ‘Custodianship’ concept by this study helps to make sense of the interactions between behaviours.

Formal support was viewed quite differently from informal – which was conversely associated with risk of dependence, deskilling, and indebtedness for many. As attested by Courtenay, help-seeking attitudes and support use were found to be constructed in accordance with social expectations around gender conformity and notions of masculinity. Findings showed that many viewed informal support in the context of bereavement as offering limited opportunities for reciprocity and feelings of being in permanent receipt of support undermined social standing. Being a support-seeker was believed to be associated with seemingly undesirable personality traits related to non-hegemonic masculinities and femininities. In-depth exploration of fathers’ self-reliance strategies by this study adds rich descriptive insight not yet captured by others (see: Glazer et al., 2010, Lund and Caserta, 2001, Saldinger et al., 2004). Before now bereaved fathers’ experiences of help-seeking have not been explored through a masculinities lens and this research contributes towards better understanding the complexity of men’s decisions whether to engage with support.

This study provides evidence for considerable inequities in support provision across the UK. Observed inconsistencies between support received by families according to place of death were stark. Hospice involvement offered greater support offers, signposting to other services, and appeared to foster greater confidence in support availability. Notably, half of participants described feeling ill-informed of what support was out there and not knowing what existed represented a considerable barrier to accessing the bereavement support.

8.2.3.3 What ideas for support improvement might fathers offer?

To date, just one other study has examined fathers' preferences for improving bereavement support (Holmgren, 2019); and to the authors knowledge the current study represents the first UK study to do so. This is significant as identified improvements respond to the needs of this population given their support experiences in this setting. Taken collectively, findings evidence a clear preference among participants for greater facilitation of bereavement support access. Many expressed bewilderment at the expectations placed upon bereaved persons to navigate an unfamiliar and complex bereavement support landscape without significant guidance. Numerous participants consequently outlined an idea for support which primarily joins-up place of death and support provider (if they are different). To offer a single – human – point of contact, to ensure consistent signposting to the most appropriate support for their family. Fathers' perspectives on support improvement provided by this study help to strengthen calls by Wakefield et al. (2020) to “bridge the gap” (p. 4) between knowledge of services and support accessibility.

8.3 Strengths and limitations

This research study contributes in-depth insight into an underexplored phenomenon. As an outcome of methods selection, the qualitative data generated by this study provides notably rich understandings into the complexities of bereaved fathers' lived experiences. Use of two interviews per participant (except one) arguably achieved greater depth than a single interview design. This method was not employed to gain longitudinal insights though and a limitation may be that opportunities to capture change over time were missed.

Since bereavement enquiry to date has shown a bias toward exploring intrapersonal experience (Stroebe and Schut, 2010, Stroebe and Schut, 1999, Penny, 2020, Penny and Rice, 2012) a major strength of this study is its sociological approach to also capture interpersonal perspectives to reflect the social embeddedness of fathers' experiences. Disclosures are situated in relation to relevant sociological theory to explore their broader meaning. Very little research has been conducted with partner bereaved fathers generally but in the last two decades there has not been another UK study. This is significant as fatherhood, gender, and masculinities are all understood to be culturally situated. Further, discussions of support experiences reflect the landscape of support provision of a particular locale. Although much can be learnt from studies conducted elsewhere, this study addresses an urgent need for UK insight. Findings represent detailed accounts of 18 fathers living across 17 different counties in England, Scotland, and Northern Ireland. This is considered a relatively large sample size for an in-depth study of this kind.

The sampling strategy aimed to achieve maximum variation and succeeded in representing some important characteristics (see: 4.2). A major critique of existing research is that analyses have been conducted using non-contemporary datasets and may not represent current attitudes towards gender roles or family configurations today. This study effectively sampled a range of family configurations to better reflect contemporary family make up — with inclusion of non-married individuals and blended families. Nonetheless this study was unsuccessful in recruiting an ethnically diverse sample and similarly failed to recruit fathers who had been in a same-sex partnership. Further, those belonging to the two least deprived IMD quintiles make up most participants and the voices of more deprived fathers are therefore not as well represented. As described in 3.4.4 a minority of participants were recruited to this study via online bereavement forums and the fact that these participants could be considered support engaged may represent a limitation for drawing conclusions around support use.

Interview data is understood to represent participants’ interpretation of events and inherently carries risk of recall bias. One concern may be that participants recite only the most confronting events in interview and that such accounts might construct a warped representation. There are numerous examples of how this did not seem to occur and although accounts included sometimes shocking disclosures, at other times these same men explored seemingly mundane occurrences. Another concern maybe that some years had passed since some partners had died and that presents risk of participants forgetting much of what they experienced. In section 3.6.1 participants distinct clarity and ostensible amnesia around specific topics was embraced as a feature of emotionally constructed data. A benefit of the research design was that inconsistencies could either be explored in the moment due to the flexibility of in-depth interviewing or could be followed-up upon in the second interview. Data ascertained through in-depth interviews are thought to provide less insight into how widespread phenomena are than alternative methods such as surveys.

8.4 Implications for future support and research

Previous to now fathers' challenges in adjusting to life following partner bereavement have been assumed to largely reflect inexperience in the domestic setting, however findings of reasonable prior involvement by this study challenge these assumptions. Findings evidence the challenges fathers particularly face in negotiating breadwinning with considerable increased demands upon their time, often in the context of unsupportive workplace structures. Findings suggest there is much need for improvement in this regard. It is possible that if lesser emphasis were placed upon fathers to be providers by UK workplace policy (see: Miller, 2011) this may translate to a greater expectation of men's involvement in care work generally, as well as more supportive mechanisms in place at times of acute role strain and reduced breadwinning burden. By securing men's position as caregivers in the public sphere such changes could lessen experiences of borderwork. Findings indicate there is a need for greater guidance targeted towards community members on how to better support bereaved fathers.

Findings from this study suggest that the timing of much role transition may commence sooner than commonly thought and extend over a prolonged period. Having a more complete understanding of which challenges are faced when may better inform the specificity and timing of appropriate support. Findings evidence the significant impact intimate encounters with severe illness and death can have on fathers' ongoing conceptualisations of their own health. Greater support, ideally prior to bereavement, is needed to better reconcile the meaning of relatives' life limiting diagnoses for survivors. Findings indicate that effective support received by family members prior to death fosters greater belief in being supported during bereavement and appears to increase the likelihood of fathers' support engagement afterwards. Therefore, where possible, it is vital to provide effective support to families during the illness period to establish rapport.

The findings of this study do not support the need for parenting interventions aimed at improving the parent-child bond as others advocate (Kwok et al., 2005, Sandler et al., 2003). Reflecting fathers' endorsement of new father ideals today (see: Henwood and Procter, 2003), participants descriptions of father-child interactions in this study indicated that fathers' were mostly child-centred (as defined in Saldinger et al., 2004) and were well bonded with children. As a negative outcome of partner sanctification, fathers did struggle at times to *recognise* their parenting accomplishments however and findings suggest interventions ought to focus more upon deconstructing unhelpful aspects of partner sanctification, providing reassurance, and building parental self-esteem.

Of all the bereavement and widowhood models examined in 2.3.1, inductive analysis by this study established that continuing bonds theory (Klass et al., 1996) is the most relevant and helpful for describing fathers' experiences; as continuing bonds were a central feature. Nonetheless, this study drew further upon multiple sociological theories to locate the vocabulary to describe the complexity of fathers' experiences.

Fathers felt under pressure to engage more with ritualised remembrance as this was viewed as somehow better than routine practice. The privileging of either practice according to 'effectiveness' conflicts with the ethos of Continuing Bonds Theory which seeks to describe complexity and legitimise grief expression in all its forms. Treating the theory as a prescribed model has potential to reinforce messages of normative versus pathologised grief and ought to be avoided. As such, practitioners should be mindful when applying Continuing Bonds Theory to provide balanced reassurance around ritualised *and* routine practices so to avoid introducing unnecessary pressure on fathers to grieve differently.

Issues of inconsistency in access to bereavement support services are well documented (Breen et al., 2014, Wakefield et al., 2020), and despite the Department of Health (2011, 2005) and National Institute for Health and Care Excellence (2011) recommending equal access to bereavement support according to need inequities remain stark. Rebutting assumptions that men do not engage with formal support, this study found the majority recognised a need for help and actively sought support; however, appropriate, and timely support were often unavailable to many. Findings of this study help to bolster calls for more equal provision and greater consistency in signposting regardless of place of death. Given the system's overreliance on mostly third sector organisations, the "devastating" (Lewis, 2020) impact of the Covid-19 pandemic on fundraising recently may compromise an already disparate and disjointed network further. Addressing the considerable systemic changes that are needed will be a challenge especially given the current climate.

Given the influence intersectionalities have on masculinities construction, considering their impact on fathers' bereavement experiences ought to be a priority for future research. Such enquiry should seek to sample an ethnically and socioeconomically diverse participant group; and should aim to capture the experiences of men who were in a same-sex relationship also.

8.5 Conclusion

In response to considerable knowledge gaps this study set out to contribute rich insights into fathers' experiences around the death of a partner. It sought to explore the ways in which being a father specifically shaped bereavement, and how everyday fatherhood today is impacted by partner death. It aimed to contribute knowledge to better inform the support of fathers into the future and sought to better understand bereaved fathers' coping in order to do so.

To comprehensively understand existing knowledge gaps, two literature reviews were conducted. The first to ascertain the key theories most relevant to understanding fathers' experiences of partner bereavement. A second review employed systemic methods to explore the treatment of gender and application of theory in empirical studies and to synthesise what is known more broadly about partner bereaved fathers' experiences. Findings of the reviews were consolidated to inform three main research questions:

1. What are the transition experiences of fathers (with resident children, aged ≤16 years) around the death of a partner?

2. How do gender and masculinities influence these fathers' experiences?

3. What are the support needs and preferences of partner bereaved fathers?

To address these questions this study adopted an interpretivist approach and – aligned with this tradition – employed qualitative methods. To ensure study objectives were met without overburdening participants and to achieve maximum richness, a two-stage in-depth interview design was used. Creative methods were used alongside to guard participant wellbeing and generate additional depth. The following conclusions are drawn from data generated from 35 in-depth interviews with 18 fathers.

Fathers' transition experiences were found to be dynamic — commonly beginning pre-bereavement and extending over a prolonged period. Despite all having been in full-time employment, participants had been more involved domestically than other studies would suggest and consequently had experience to draw upon in transition. More often, as mothers gradually became less present in the home, fathers felt they became the monotropic figure to their children and subsequently prioritised being available to them. Fathers were found to encounter significant challenges when trying to reconcile care work and paid work, and full-time employment and primary caregiving were appraised as conflicting by most. This research found that perceptions of new fatherhood were mixed.

Bereavement was found to shape fatherhood in several ways. Severe illness and/or bereavement were a catalyst to prioritising care work above breadwinning. On doing 'maternal work' many experienced reduced fatherhood privileges. Essentialist parenting discourses endured even among 'involved' fathers and in bereavement and afterwards participants often reconstructed idealised narratives of their partner’s parenting which would disserve them. In response to perceived gaps in nurturance, many sought to perform ‘mothering’ in accordance with these discourses and in doing continuing bonds. Partner sanctification however led to feelings of parental inadequacy and role alienation for many. Continuing bonds were conceptualised by this study as gendered parenting practice.

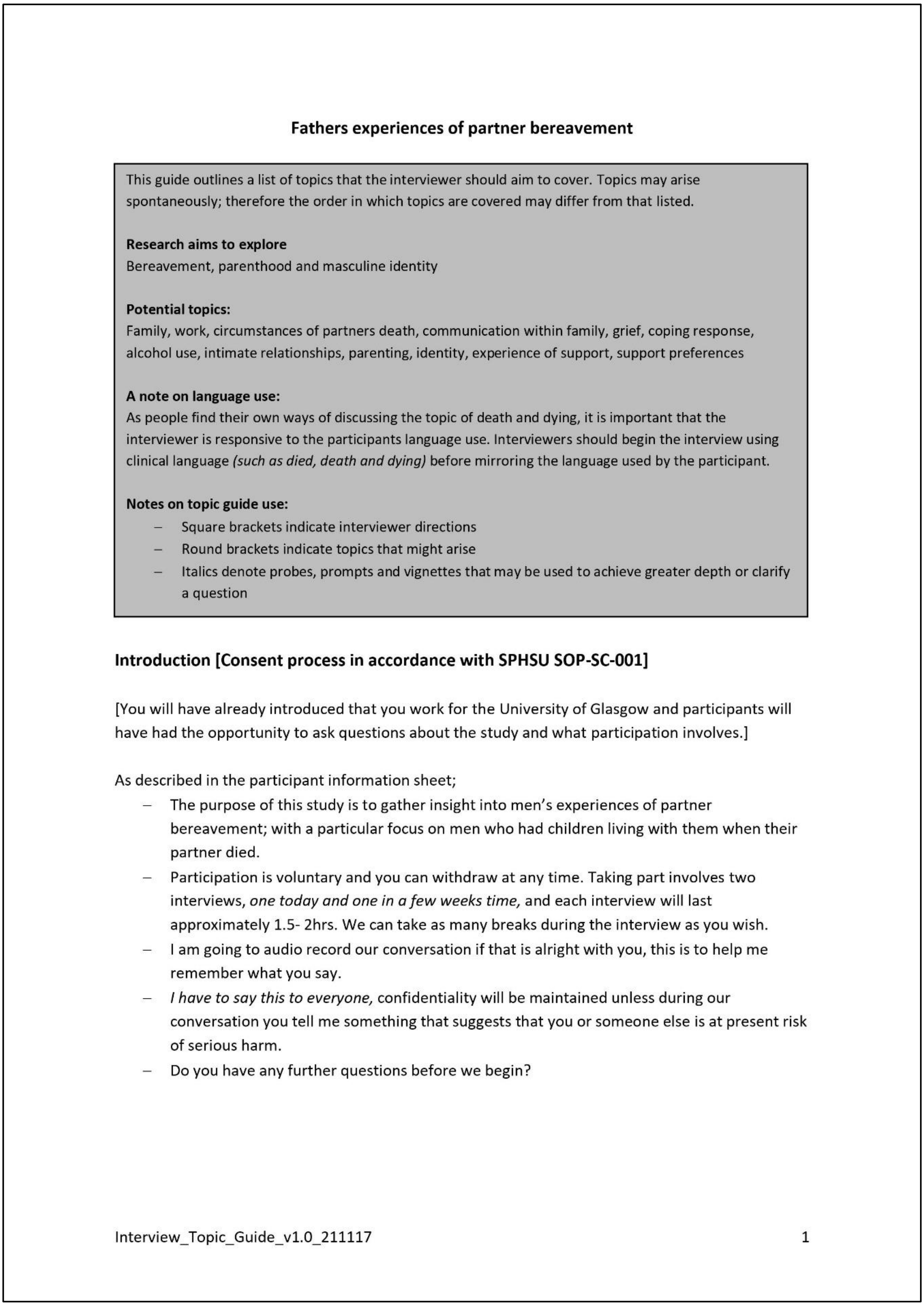
Fatherhood shaped bereavement in numerous ways. Loneliness is common in bereavement and was experienced by all participants. Stigmatising public encounters related to being a bereaved father were found to compound loneliness. Being a father was associated with increased pressure to engage with continuing bonds to facilitate children’s bonds with their mother and all engaged in routine and/or ritualised remembrance practices. In this way, fatherhood likely increases engagement in continuing bonds and appeared to prompt more oscillatory coping. However, children’s lack of receptivity to their fathers continuing bonds practice was also found to deter practice. A significant number of participants considered ending their life after their partner’s death however parental responsibilities kept these men alive.

This study introduced the concept of ‘custodianship’ to describe the specific coping behaviours employed by fathers and how efforts interrelate. On becoming practical as well as conceptual custodians of the family’s welfare, fathers sought to maintain structure and construct a sense of normality. In the main, fathers demonstrated a firm preference towards routine continuing bonds practice rather than ritualised. Engagement with continuing bonds to assist children was found to prompt greater confrontation with loss and more oscillatory coping. To establish a greater sense of their own health stability and to provide reassurance to children of their survival, most fathers increased health promoting behaviours. Given parental responsibilities, most fathers expressed an aversion to risky behaviours.

Gender and masculinities are understood to be highly influential to fathers’ experiences; in that they inform labour division, social positioning, and health behaviours. The redistribution of fathers’ employment statuses during bereavement and afterwards reflected the inflexibility of patriarchal employment structures to accommodate maternal work. The significant demands encountered at major transition however appeared to deconstruct gender boundaries between home and workplace, and experiences represented instances of gender imperceptibility. Many fathers' public encounters alternatively brought heightened awareness of gender borders, as participants were able to recognise their transgression of gender norms and perceived scrutiny as a result. Findings show how fathers felt their ability to cope as male primary caregivers was under question and they themselves endorsed gender stereotypes around the supremacy of women as parents, through their conceptualisation of continuing bonds practice and partner sanctification. This study did find that men dismantled and reframed masculinities though to engage in gender divergent coping. Though support seeking behaviours were highly influenced by masculinities discourses, this did not result in low uptake.

Formal and informal support were found to be conceptualised quite differently. In drawing upon notions of masculinity, informal support carried negative connotations for many around dependence, indebtedness and impacts upon social standing. Notably, informal support was mostly provided by female family members and friends; and was of a practical nature. Informal support with everyday family duties was found to be essential; and more often arrangements involved support acceptance rather than overt support seeking and this resulted in high engagement despite aversion toward informal support seeking. All fathers sought and accessed formal support for themselves or their children in response to lapses in informal provision. Custodianship was found to prompt engagement with formal support. Considerable inequities in UK bereavement support provision across the UK were observed, and participants ideas for formal support improvement primarily centred on greater facilitation of bereavement support access.

Appendix 1. Interview topic guide



Fathers experiences of partner bereavement

This guide outlines a list of topics that the interviewer should aim to cover. Topics may arise spontaneously; therefore the order in which topics are covered may differ from that listed.

Research aims to explore
Bereavement, parenthood and masculine identity

Potential topics:
Family, work, circumstances of partners death, communication within family, grief, coping response, alcohol use, intimate relationships, parenting, identity, experience of support, support preferences

A note on language use:
As people find their own ways of discussing the topic of death and dying, it is important that the interviewer is responsive to the participants language use. Interviewers should begin the interview using clinical language *(such as died, death and dying)* before mirroring the language used by the participant.

Notes on topic guide use:

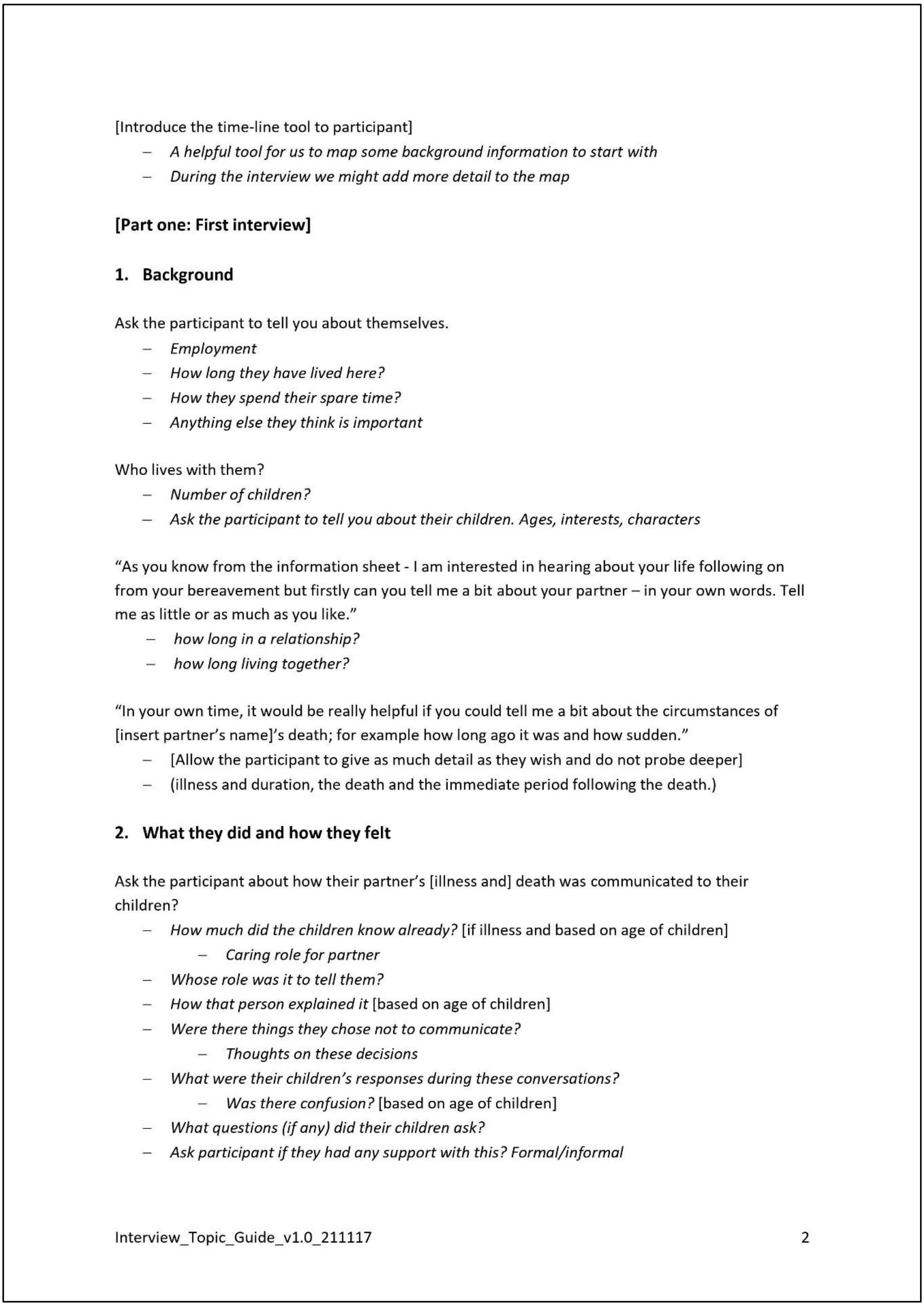
- Square brackets indicate interviewer directions
- Round brackets indicate topics that might arise
- Italics denote probes, prompts and vignettes that may be used to achieve greater depth or clarify a question

Introduction [Consent process in accordance with SPHSU SOP-SC-001]

[You will have already introduced that you work for the University of Glasgow and participants will have had the opportunity to ask questions about the study and what participation involves.]

As described in the participant information sheet;

- The purpose of this study is to gather insight into men's experiences of partner bereavement; with a particular focus on men who had children living with them when their partner died.
- Participation is voluntary and you can withdraw at any time. Taking part involves two interviews, *one today and one in a few weeks time,* and each interview will last approximately 1.5- 2hrs. We can take as many breaks during the interview as you wish.
- I am going to audio record our conversation if that is alright with you, this is to help me remember what you say.
- *I have to say this to everyone,* confidentiality will be maintained unless during our conversation you tell me something that suggests that you or someone else is at present risk of serious harm.
- Do you have any further questions before we begin?



[Introduce the time-line tool to participant]

- *A helpful tool for us to map some background information to start with*
- *During the interview we might add more detail to the map*

[Part one: First interview]

1. Background

Ask the participant to tell you about themselves.

- *Employment*
- *How long they have lived here?*
- *How they spend their spare time?*
- *Anything else they think is important*

Who lives with them?

- *Number of children?*
- *Ask the participant to tell you about their children. Ages, interests, characters*

"As you know from the information sheet - I am interested in hearing about your life following on from your bereavement but firstly can you tell me a bit about your partner – in your own words. Tell me as little or as much as you like."

- *how long in a relationship?*
- *how long living together?*

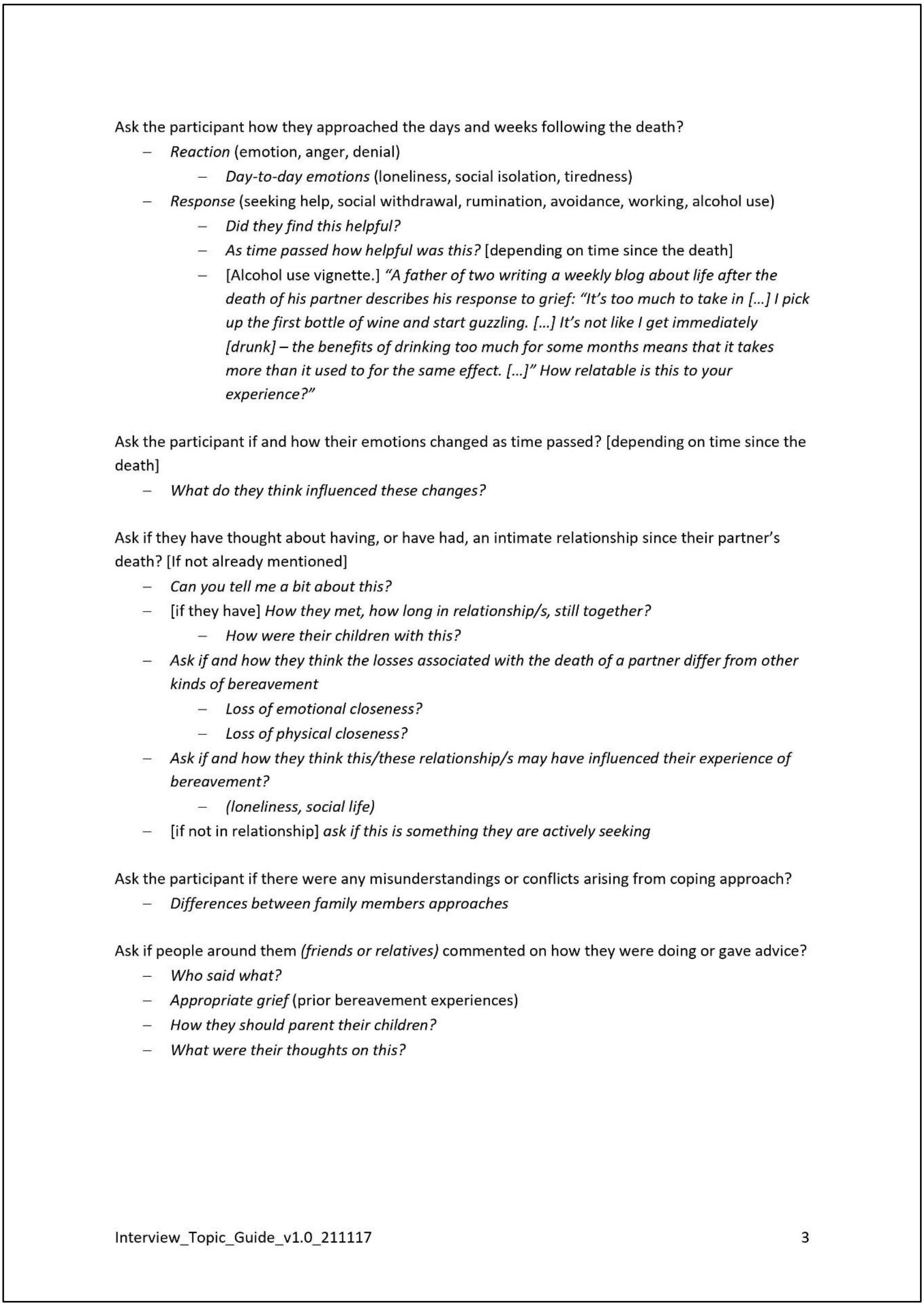
"In your own time, it would be really helpful if you could tell me a bit about the circumstances of [insert partner's name]'s death; for example how long ago it was and how sudden."

- [Allow the participant to give as much detail as they wish and do not probe deeper]
- (illness and duration, the death and the immediate period following the death.)

2. What they did and how they felt

Ask the participant about how their partner's [illness and] death was communicated to their children?

- *How much did the children know already?* [if illness and based on age of children]
    - *Caring role for partner*
- *Whose role was it to tell them?*
- *How that person explained it* [based on age of children]
- *Were there things they chose not to communicate?*
    - *Thoughts on these decisions*
- *What were their children's responses during these conversations?*
    - *Was there confusion?* [based on age of children]
- *What questions (if any) did their children ask?*
- *Ask participant if they had any support with this? Formal/informal*



Ask the participant how they approached the days and weeks following the death?

- *Reaction* (emotion, anger, denial)
    - *Day-to-day emotions* (loneliness, social isolation, tiredness)
- *Response* (seeking help, social withdrawal, rumination, avoidance, working, alcohol use)
    - *Did they find this helpful?*
    - *As time passed how helpful was this?* [depending on time since the death]
    - [Alcohol use vignette.] *"A father of two writing a weekly blog about life after the death of his partner describes his response to grief: "It's too much to take in […] I pick up the first bottle of wine and start guzzling. […] It's not like I get immediately [drunk] – the benefits of drinking too much for some months means that it takes more than it used to for the same effect. […]" How relatable is this to your experience?"*

Ask the participant if and how their emotions changed as time passed? [depending on time since the death]

- *What do they think influenced these changes?*

Ask if they have thought about having, or have had, an intimate relationship since their partner's death? [If not already mentioned]

- *Can you tell me a bit about this?*
- [if they have] *How they met, how long in relationship/s, still together?*
    - *How were their children with this?*
- *Ask if and how they think the losses associated with the death of a partner differ from other kinds of bereavement*
    - *Loss of emotional closeness?*
    - *Loss of physical closeness?*
- *Ask if and how they think this/these relationship/s may have influenced their experience of bereavement?*
    - *(loneliness, social life)*
- [if not in relationship] *ask if this is something they are actively seeking*

Ask the participant if there were any misunderstandings or conflicts arising from coping approach?

- *Differences between family members approaches*

Ask if people around them *(friends or relatives)* commented on how they were doing or gave advice?

- *Who said what?*
- *Appropriate grief* (prior bereavement experiences)
- *How they should parent their children?*
- *What were their thoughts on this?*

3. Parenting

Ask if their relationship with their children changed *(during the period of illness and)* after the death of their partner?

- *In what ways?*
- *Can you tell me more about this?*

Has their fathering role changed since the death of their partner?

- *In what ways?*
- *Can you tell me more about this?*
- *Amount of day to day tasks related to child care*
- *Amount of emotional support for children*

Ask the participant how they think their children are coping?

- *Are they coping differently?* [depending on number of children]
- *Changes in children's behaviour?* (Clinging, disturbed sleep, behaving younger or older, misbehaving, anger, attentiveness)
- *Has the way they communicate and parent changed?*

Ask the participant if they have conversations with their children about [insert deceased name]?

- *Can you tell me about these conversations*
- *explore memories*
- *any activities to maintain bond with* [insert deceased name]
- *And as time has passed?* [depending on time since death]

Ask if being a father has influenced how they have grieved for their own personal loss?

4. 'Masculinity'

Explain that as part of this research you are interested in exploring if and how gender shapes experiences of bereavement. Ask the participant, what 'being a man' means to them?

- *Have their ideas on this changed at all as a result of their bereavement?*

To what extent do they think 'being a man' has influenced how they have felt and their approach to coping after their partner's death?

To what extent do they think 'being a man' has influenced how others acted towards them?

Ask if they feel their identity has changed following this experience?

- *Their thoughts on terms like widower?*

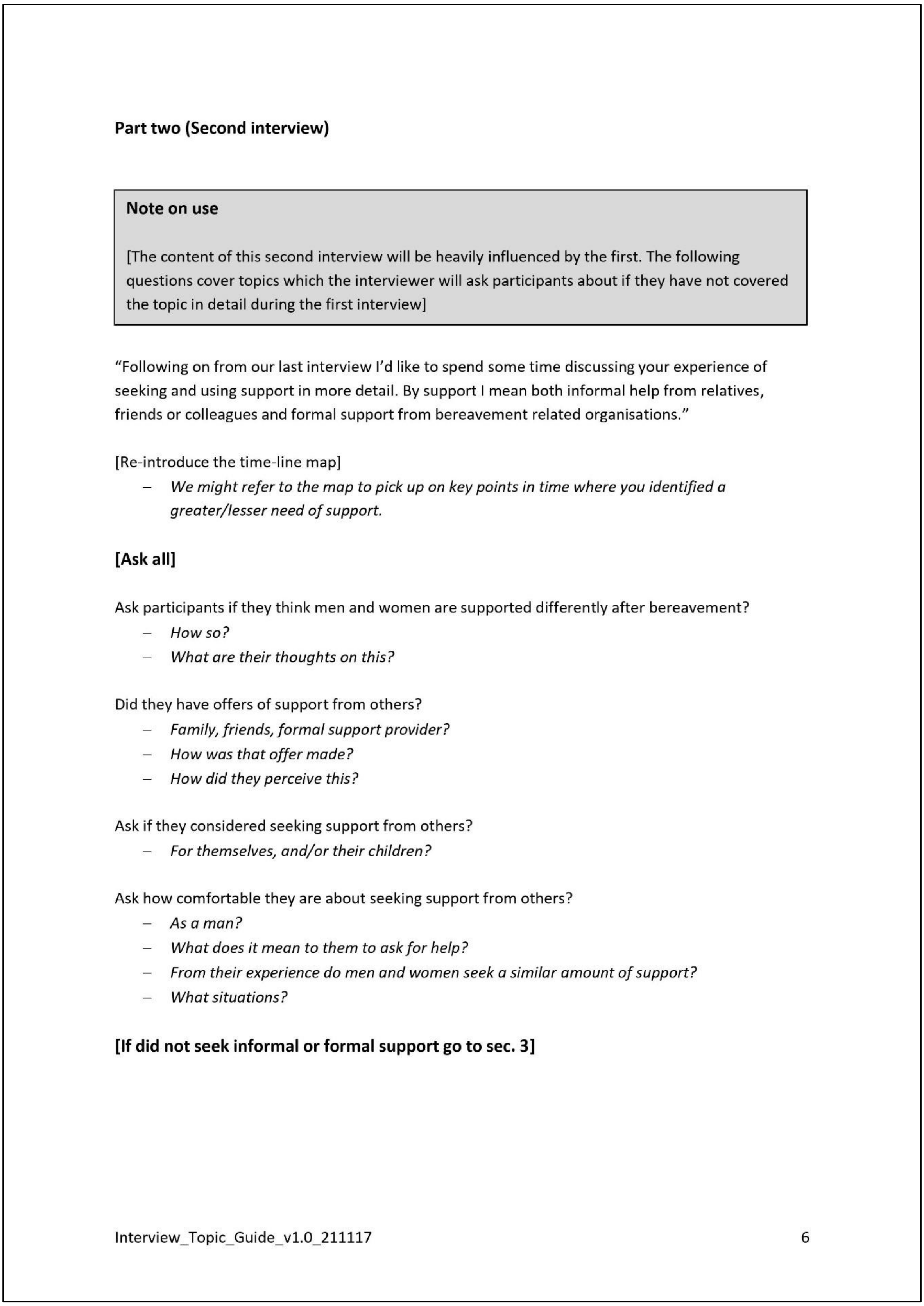
5. Support seeking

Ask the participant if they sought support for themselves? Or/and for their children?

- *Can you tell me more about this*
- *Key points in time where more/less support was required*
- *Level of support received*
- *from family, friends or formal support services*
- *Help with day to day tasks*
- *Emotional support*
- *Financial advice/ assistance*
    - *Did their employment circumstances change?*
- *Childcare*

Note to close

- Thank the participant for their time
- Give them the thank you voucher
- Introduce the topic focus of the next interview
- Say that you will be in touch shortly to arrange the next interview. Explain that if they have any questions about the research in the mean time you are contactable by email and telephone. Reassure them about confidentiality and anonymity.



Part two (Second interview)

Note on use

[The content of this second interview will be heavily influenced by the first. The following questions cover topics which the interviewer will ask participants about if they have not covered the topic in detail during the first interview]

"Following on from our last interview I'd like to spend some time discussing your experience of seeking and using support in more detail. By support I mean both informal help from relatives, friends or colleagues and formal support from bereavement related organisations."

[Re-introduce the time-line map]

- *We might refer to the map to pick up on key points in time where you identified a greater/lesser need of support.*

[Ask all]

Ask participants if they think men and women are supported differently after bereavement?

- *How so?*
- *What are their thoughts on this?*

Did they have offers of support from others?

- *Family, friends, formal support provider?*
- *How was that offer made?*
- *How did they perceive this?*

Ask if they considered seeking support from others?

- *For themselves, and/or their children?*

Ask how comfortable they are about seeking support from others?

- *As a man?*
- *What does it mean to them to ask for help?*
- *From their experience do men and women seek a similar amount of support?*
- *What situations?*

[If did not seek informal or formal support go to sec. 3]

Section 1: Informal support; *family, friends, colleagues*

Ask them to tell you more about when they decided that they needed some help?
- *Did they know what help they needed?*
    - *childcare, financial assistance, emotional support*

Ask the participant who they approached?
- *Family member, friend, colleague?*
- *Why they approached this person?*

Did they think the support provided by family/friends/colleagues was adequate?
- *Family and friends potentially also grieving*
- *Ability to empathise? Ability to speak openly?*
- *Did network members have the specific skills required?*

Did they consider seeking help from a support organisation?
- *Ask if there is/was any appeal to receiving support from someone outside their family or friendship network?*

[If they did not seek formal support go to sec. 3]

Section 2: Formal

Ask them to tell you more about when they decided to seek formal support?

How did they find out about what support was available?
- *[If online] can they remember what they searched for?*
- *How easy was it to know they were eligible to receive this support?*
- *Did they think the support available was appropriate for them and/or their children?*
    - *Did the options feel relevant to them?*

What support did they use?

Ask how initial contact was made?
- *Did they phone, email, chat online, fill out a form?*
- *How did they find this?*
- *Their thoughts before making contact?*
- *Do they think the process of making initial contact could be made easier?*

What were their thoughts before using the service?

How did they find using this support?
- *Did they easily relate to the support content?*
- *As a man?*

  - *Could they relate to other attendees? Any other men?*
  - *Venue of delivery*
  - *Did they find it helpful?*

Section 3: Non- support-seeking

Did they look into what formal support was available?

- *[If online] can they remember what they searched for?*
- *How easy was it to know they were eligible to receive this support?*
- *Did they think the support available was appropriate for them and/or their children?*
  - *Did the options feel relevant to them?*

Were there barriers to seeking support?

- *Time and work commitments*
- *process of making initial contact*
- *concerns about eligibility, cost*
- *venue of delivery*
- *concerns about other attendees*
- *uncertain about what support might entail*

[If they said they did not need support] Ask them, if they had needed help or support, how they think they would go about it?

- What point in time?
- *Who would they approach first and why?*

Ask All

Ask the participant what their ideal support would be?

- [Introduce picture elicitation tool] *"These cards may help you to think through a range of support designs and are provided to encourage ideas on the topic. If you have ideas already you might not need to use them."*
- *Support focus*
- *Style of support delivery*
  - *Gender and age of support provider*
- *Type of participation*
  - *Gender and age of participants*
- *Venue of delivery*
- *Support availability and access*
- *How is contact made*

Note to close

- Thank the participant for their time
- Reassure them about confidentiality and anonymity
- Ask if they would like to be provided with a summary of the research findings in future
- Ask if they have any remaining questions about the research.

Appendix 2. Partner causes of death

breast cancer, cardiac arrhythmia, colorectal cancer, endometrial cancer, gastrointestinal cancer, kidney cancer, leukaemia, lymphoma, melanoma, myeloma, ovarian cancer, road traffic collision, sepsis, stroke

Appendix 3. Recruitment invitation

Research exploring how to better support bereaved fathers

Are you a recently bereaved father?

We would like to hear from you if:

- your partner died from non-violent causes
- your partner died between 6 months and 5 years ago
- you were living with your partner at the time AND
- you had one or more children living with you

Taking part would involve meeting with a researcher twice to talk about your experiences, at a time and place that suits you and the researcher.

For more information please contact **Rebecca Phipps**

This is a University of Glasgow research study

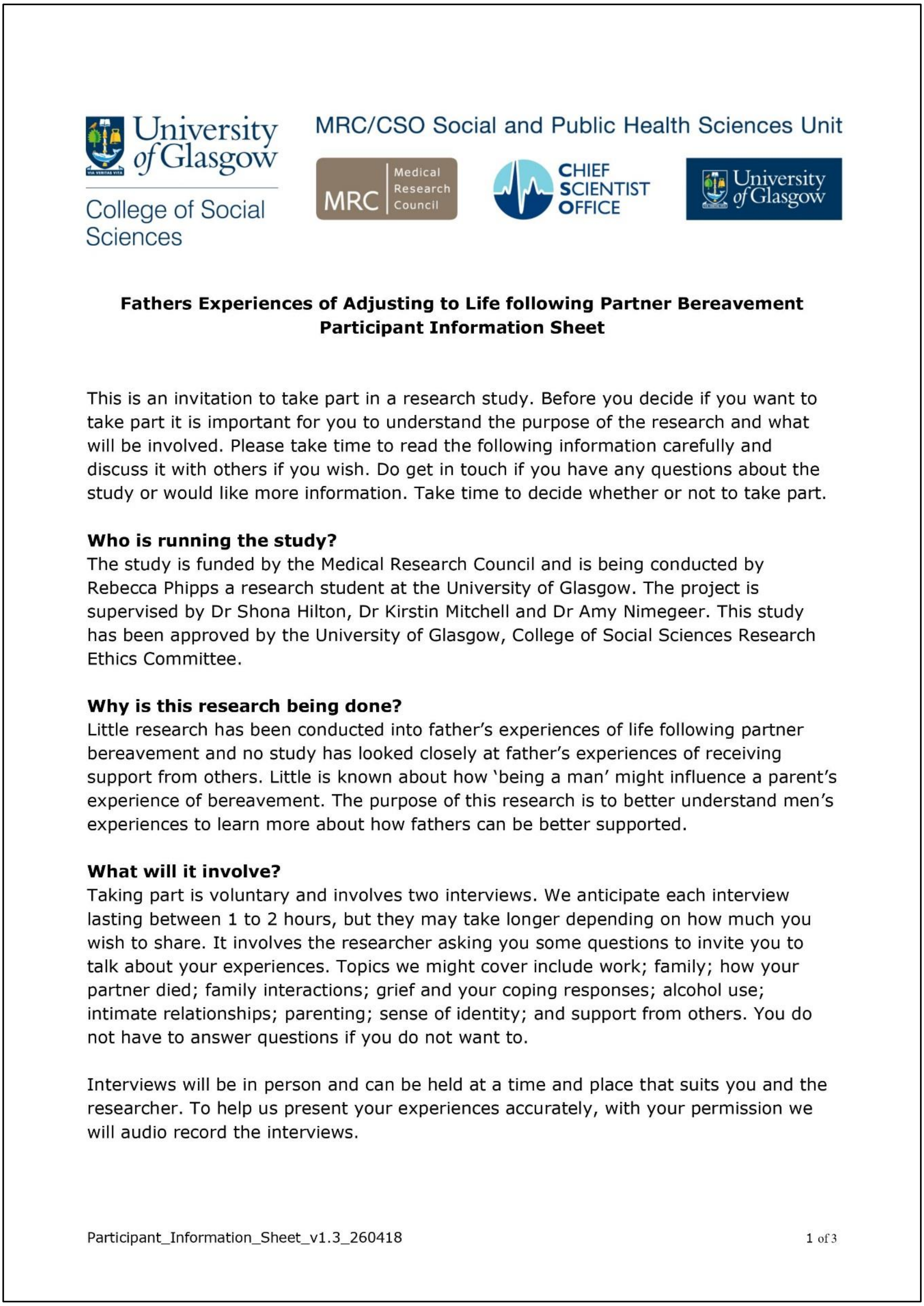
http://bit.ly/2szQtXV

Recruitment_Advert_v2.1_140218

MRC/CSO Social and Public Health Sciences Unit

The University of Glasgow charity number SC004401

Appendix 4. Participant information sheet



University of Glasgow
College of Social Sciences

MRC/CSO Social and Public Health Sciences Unit

Fathers Experiences of Adjusting to Life following Partner Bereavement
Participant Information Sheet

This is an invitation to take part in a research study. Before you decide if you want to take part it is important for you to understand the purpose of the research and what will be involved. Please take time to read the following information carefully and discuss it with others if you wish. Do get in touch if you have any questions about the study or would like more information. Take time to decide whether or not to take part.

Who is running the study?

The study is funded by the Medical Research Council and is being conducted by Rebecca Phipps a research student at the University of Glasgow. The project is supervised by Dr Shona Hilton, Dr Kirstin Mitchell and Dr Amy Nimegeer. This study has been approved by the University of Glasgow, College of Social Sciences Research Ethics Committee.

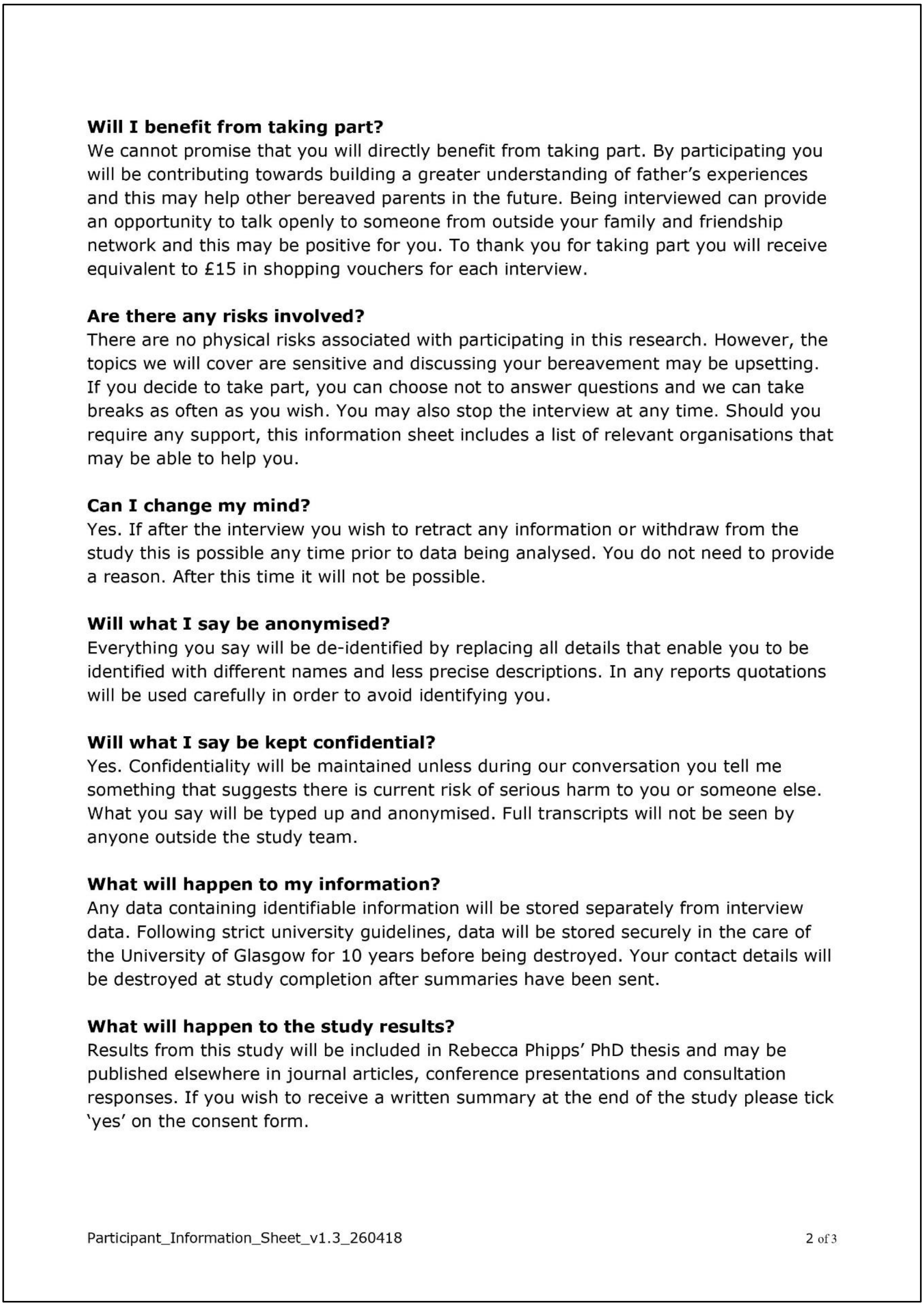
Why is this research being done?

Little research has been conducted into father's experiences of life following partner bereavement and no study has looked closely at father's experiences of receiving support from others. Little is known about how 'being a man' might influence a parent's experience of bereavement. The purpose of this research is to better understand men's experiences to learn more about how fathers can be better supported.

What will it involve?

Taking part is voluntary and involves two interviews. We anticipate each interview lasting between 1 to 2 hours, but they may take longer depending on how much you wish to share. It involves the researcher asking you some questions to invite you to talk about your experiences. Topics we might cover include work; family; how your partner died; family interactions; grief and your coping responses; alcohol use; intimate relationships; parenting; sense of identity; and support from others. You do not have to answer questions if you do not want to.

Interviews will be in person and can be held at a time and place that suits you and the researcher. To help us present your experiences accurately, with your permission we will audio record the interviews.



Will I benefit from taking part?
We cannot promise that you will directly benefit from taking part. By participating you will be contributing towards building a greater understanding of father's experiences and this may help other bereaved parents in the future. Being interviewed can provide an opportunity to talk openly to someone from outside your family and friendship network and this may be positive for you. To thank you for taking part you will receive equivalent to £15 in shopping vouchers for each interview.

Are there any risks involved?
There are no physical risks associated with participating in this research. However, the topics we will cover are sensitive and discussing your bereavement may be upsetting. If you decide to take part, you can choose not to answer questions and we can take breaks as often as you wish. You may also stop the interview at any time. Should you require any support, this information sheet includes a list of relevant organisations that may be able to help you.

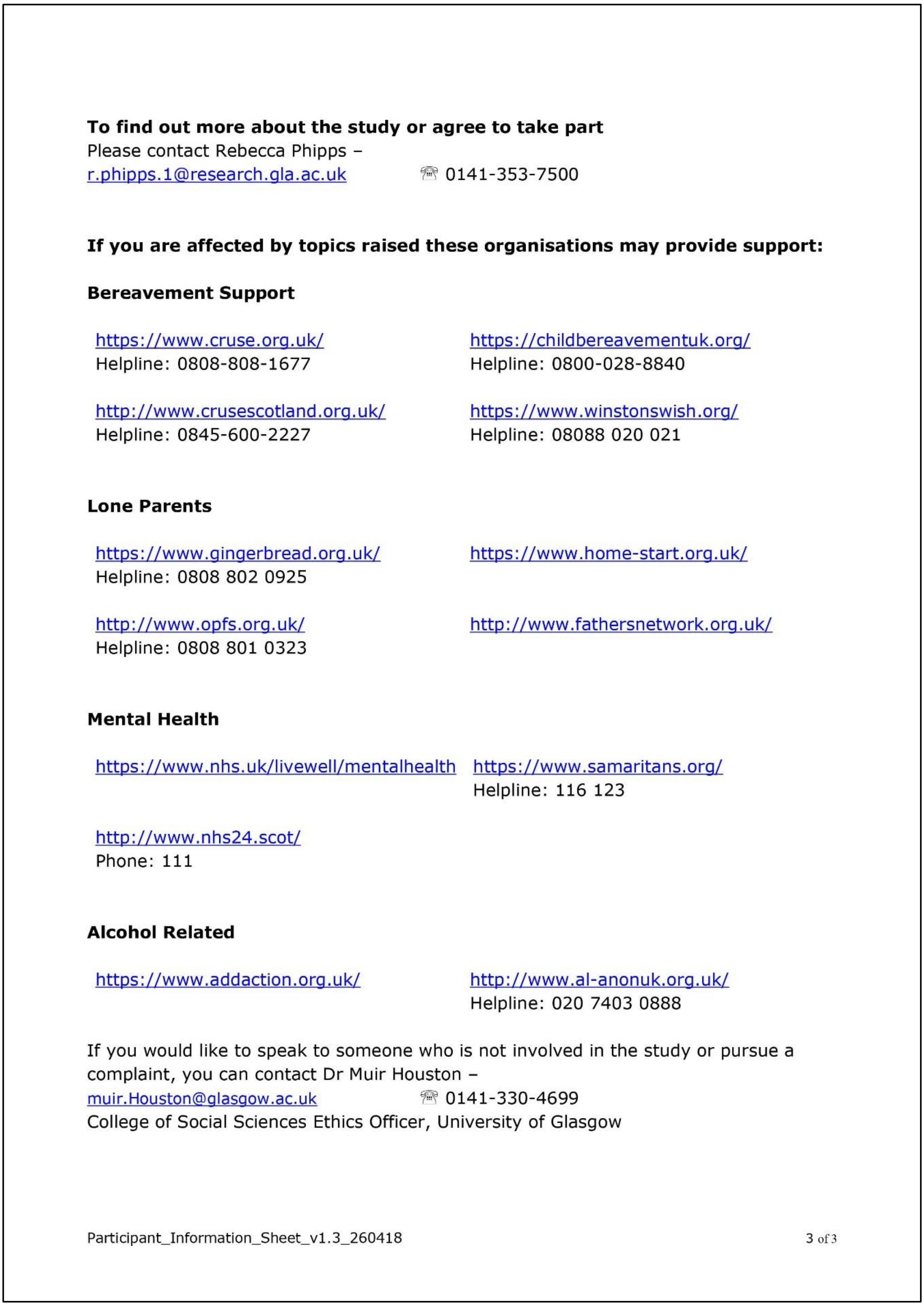
Can I change my mind?
Yes. If after the interview you wish to retract any information or withdraw from the study this is possible any time prior to data being analysed. You do not need to provide a reason. After this time it will not be possible.

Will what I say be anonymised?
Everything you say will be de-identified by replacing all details that enable you to be identified with different names and less precise descriptions. In any reports quotations will be used carefully in order to avoid identifying you.

Will what I say be kept confidential?
Yes. Confidentiality will be maintained unless during our conversation you tell me something that suggests there is current risk of serious harm to you or someone else. What you say will be typed up and anonymised. Full transcripts will not be seen by anyone outside the study team.

What will happen to my information?
Any data containing identifiable information will be stored separately from interview data. Following strict university guidelines, data will be stored securely in the care of the University of Glasgow for 10 years before being destroyed. Your contact details will be destroyed at study completion after summaries have been sent.

What will happen to the study results?
Results from this study will be included in Rebecca Phipps' PhD thesis and may be published elsewhere in journal articles, conference presentations and consultation responses. If you wish to receive a written summary at the end of the study please tick 'yes' on the consent form.



To find out more about the study or agree to take part
Please contact Rebecca Phipps –
r.phipps.1@research.gla.ac.uk ☎ 0141-353-7500

If you are affected by topics raised these organisations may provide support:

Bereavement Support

https://www.cruse.org.uk/
Helpline: 0808-808-1677

http://www.crusescotland.org.uk/
Helpline: 0845-600-2227

https://childbereavementuk.org/
Helpline: 0800-028-8840

https://www.winstonswish.org/
Helpline: 08088 020 021

Lone Parents

https://www.gingerbread.org.uk/
Helpline: 0808 802 0925

http://www.opfs.org.uk/
Helpline: 0808 801 0323

https://www.home-start.org.uk/

http://www.fathersnetwork.org.uk/

Mental Health

https://www.nhs.uk/livewell/mentalhealth

http://www.nhs24.scot/
Phone: 111

https://www.samaritans.org/
Helpline: 116 123

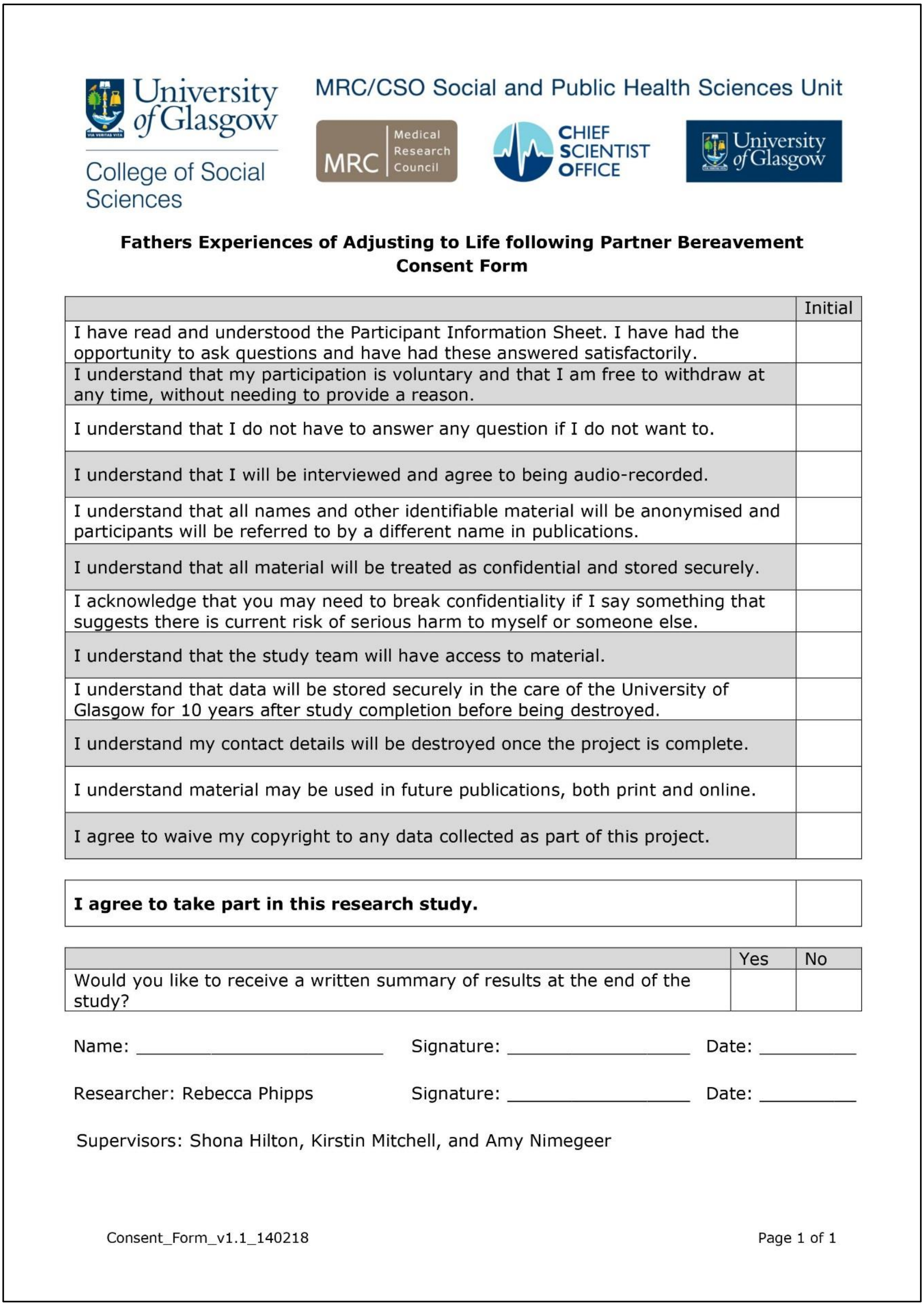
Alcohol Related

https://www.addaction.org.uk/

http://www.al-anonuk.org.uk/
Helpline: 020 7403 0888

If you would like to speak to someone who is not involved in the study or pursue a complaint, you can contact Dr Muir Houston –
muir.Houston@glasgow.ac.uk ☎ 0141-330-4699
College of Social Sciences Ethics Officer, University of Glasgow

Appendix 5. Participant consent form



University of Glasgow

College of Social Sciences

MRC/CSO Social and Public Health Sciences Unit

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

University of Glasgow

Fathers Experiences of Adjusting to Life following Partner Bereavement
Consent Form

	Initial
I have read and understood the Participant Information Sheet. I have had the opportunity to ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without needing to provide a reason.	
I understand that I do not have to answer any question if I do not want to.	
I understand that I will be interviewed and agree to being audio-recorded.	
I understand that all names and other identifiable material will be anonymised and participants will be referred to by a different name in publications.	
I understand that all material will be treated as confidential and stored securely.	
I acknowledge that you may need to break confidentiality if I say something that suggests there is current risk of serious harm to myself or someone else.	
I understand that the study team will have access to material.	
I understand that data will be stored securely in the care of the University of Glasgow for 10 years after study completion before being destroyed.	
I understand my contact details will be destroyed once the project is complete.	
I understand material may be used in future publications, both print and online.	
I agree to waive my copyright to any data collected as part of this project.	

I agree to take part in this research study.	

	Yes	No
Would you like to receive a written summary of results at the end of the study?		

Name: _________________________ Signature: ___________________ Date: __________

Researcher: Rebecca Phipps Signature: ___________________ Date: __________

Supervisors: Shona Hilton, Kirstin Mitchell, and Amy Nimegeer

Consent_Form_v1.1_140218 Page 1 of 1

Appendix 6. Process of escalating risk concerns

Process of escalating risk concerns

A confidentiality and duty of care statement included in the PIS details when confidentiality may need to be compromised in order to report risk of harm concerns to relevant organisations. To help participants make an informed choice about how much they wish to share, the statement should be read aloud at the start of each interview.

As the topic of alcohol use is included in the interview topic guide, it is expected that participants may speak about ‘binge drinking’ behaviours. The researcher is not qualified to assess a person’s health or wellbeing and are not in a position to measure levels of alcohol ‘misuse’. While there are long term health risks associated with alcohol misuse, influencing the trajectory of these may be beyond the researcher’s ability. The researcher does have a duty of care towards participants in respect to their immediate to near future safety and has a responsibility to consider whether a participant’s disclosures indicate risk of serious harm to themselves or others and escalate concerns appropriately. Where disclosures refer to alcohol related crime (such as driving whilst intoxicated) this will only be reported to the police if descriptions are specific and an individual has been harmed.

The process for escalating concerns is that unless risk is deemed to be imminent, the researcher is discouraged from making decisions about disclosure alone. The researcher and supervision team will discuss the concerns at the earlier opportunity and make a decision whether disclosure to relevant agencies (such as the Police or local authority children and families services) is justified and proportionate. The researcher should inform supervisors of their concerns at the earliest possible opportunity after leaving the study visit. Each incident will be assessed on a case-by-case basis. If the researcher believes the participant or someone else is at imminent risk of serious harm (eg. where there is risk of physical or psychological injury from which it may be difficult to recover from) they will call the emergency services on 999.

When conducting fieldwork researchers should be alert to warning signs of aggressive behaviour; if the researcher feels their safety is threatened for any reason they will make a tactical exit from the venue. If the situation requires an immediate response and the researcher judges it appropriate they will call the emergency services for assistance on 999. The researcher should report incidents as soon as possible to the supervision team.

In line with SPHSU reporting procedures, supervisors and their line managers will be informed of any fieldwork incidents. If an incident resulted in any harm or injury, a Fieldwork Incident Report will be completed for SPHSU records and the University of Glasgow Safety and Environmental Protection Service (SEPS) Incident Report Form will be completed and submitted to SEPS.

Appendix 7. Initial coding frame

1. Bereavement influences Fatherhood
   - 1.1 Type of bond
   - 1.2 Feelings
     - 1.2.1 Blur fog capacity
     - 1.2.2 Perceived sympathy
   - 1.3 Gendered spheres
     - 1.3.1 Roles

1.3.2 Isolation
   - 1.3.3 Mum is somewhere
   - 1.3.4 Parent or kids first
- 1.4 Protecting enabling family members

1.5 Child behaviour

1.6 Alone

2. Fatherhood influences bereavement
   - 2.1 Coping approaches
   - 2.2 Custodian of memory
   - 2.3 Health and mortality
   - 2.4 Understanding the death

2.5 New normal

3. Future
4. Support or lack of
   - 4.1 A type of friendship
   - 4.2 Accepting and seeking support
   - 4.3 Sources
     - 4.3.1 Formal
     - 4.3.2 Colleagues acquaintances
     - 4.3.3 Family
     - 4.3.4 Friends
     - 4.3.5 Intimate relationships
     - 4.3.6 Those with shared experience

Appendix 8. Second cycle coding frame

1. Accepting and seeking support
    - 1.1 Signposting
    - 1.2 Barriers and challenges
    - 1.3 Feel
    - 1.4 Reasons for seeking
    - 1.5 Seeking offering accessing
    - 1.6 Strength and self reliance
    - 1.7 Turned away let down
    - 1.8 What’s out there
2. Coping approaches
    - 2.1 Respite
    - 2.2 Emotion
    - 2.3 Getting on
    - 2.4 Routine normality familiarity
    - 2.5 Sport exercise gym
    - 2.6 Thinking and not
    - 2.7 Use of substances
    - 2.8 Working
3. Custodian of memory
    - 3.1 Conserving values wishing
    - 3.2 Explicitly exploring memories
    - 3.2 How it is
    - 3.2 How much do children remember
    - 3.3 Motivations
    - 3.4 Mum as present
4. Gendered spheres
    - 4.1 Balancing and juggling
    - 4.2 Being there and how are they
    - 4.3 Capability
    - 4.4 Chores and tasks
    - 4.5 Comfort zone
    - 4.6 Employment
    - 4.7 Settings
5. Health mortality
    - 5.1 Awareness of fragility
    - 5.2 Concern and not
    - 5.3 Lifestyle changes
    - 5.4 Own health
    - 5.5 Self harm and suicide

6. Protecting enabling family members
    - 6.1 Being around
    - 6.2 Child supports dad
    - 6.3 Leading by example
    - 6.4 Showing or concealing upset
    - 6.5 Talking and not

Appendix 9. Story of the data

Data story

Prior to their partners' diagnosis a high proportion of participants and their partners occupied 'traditional' gender roles. So what are these? Many women either gave up work or reduced their hours of employment to become primary caregiver to their children. With the exception of a handful of fathers, participants were in full-time employment seeing children in the evenings and at weekends. Doing the fun stuff and having disciplinary input.

For many at the time of diagnosis their partner was experiencing pain and this is when participants inherited the bulk of domestic tasks previously performed by mum. While some participants described having to learn how to perform domestic tasks, the majority were proficient in domestic skills.

Many of the fathers reduced their work hours and they spent more time with their children than they ever had done before. For many this involved stepping into 'female' spheres and to varying degrees experiencing marginalisation as primary care giver.

A strong thread across cases is the fathers' desire to be present for their children. Both father and child experience anxiety relating to either their own or other family members' health and mortality. Many of the children display clinging behaviours. Many fathers express concern around their children's long term mental health.

Many fathers try to enable 'healthy' grieving; crying in front of their children to promote open expression and exploring memories of mum. This takes a number of forms. This more often involves talk about mums favourite things and recollections of banal family happenings. Some fathers describe how they have tried to embody mum, learning to play on the floor and nurture. Fathers have a heightened awareness of their responsibility to make family decisions now and often think "what would their mum have wanted for them?" Many fathers will make decisions based on this question and in so doing will attempt to preserve the family as mum wanted. Fathers experience great uncertainty in performing this task.

Fathers are aware of their role as custodian of memory and sometimes feel they do not talk about mum enough. Some fathers are aware they *should* be talking about mum but find it too painful to approach.

The immediate family is seen as primary source of support however it is not always the most successful. After the event the unit is sacred to these men, and self-reliance feeds into this narrative. Both father and child try to protect each other from upset and sometimes conceal their upset and take it out of the house. Some fathers try to seek support from their children in discussing traumatic memories relating to their partners illness and death; children do not want to discuss this period.

Some children have not responded to the death of their mum with frequent overt expressions of upset and where fathers become emotional in their presence, fathers describe how their children will continue to play or just ignore them.

Appendix 10. Example of one writing-up plan

Pre	
Fathers work arrangement	Chris (ft), Bruce (se), Robert (ft), James (ft), Greg (ft), Kevin (ft), Mark (ft) (KQ), Paul (se), Jeremy (ft) (KQ), Eddie (ft), Brian (ft), John (ft), Jason (ft), Will (ft), Ron (ft), Keith (ft),
Partner was not in employment	Bruce, James, Mark, Jeremy, Will, Ron,
Partner was in employment	Chris (mat.l), Robert (?), Greg (ft), Kevin (pt), Paul (ft), Anthony (pt), Eddie (pt), John (pt), Jason (pt), Keith (?),

Partner was main child carer	Chris, Bruce, James, Kevin, Mark, Anthony (KQ), Jeremy, Jason, Will, Ron, Keith,
Father main child carer	Greg, Paul (prior) (KQ), Eddie (prior),
Childcare shared	Robert, Greg, Paul, Tim,
Being present	Robert, Greg (KQ), Eddie,
Emotionally involved/close	Greg, Mark, Jason, Ron, Chris, Eddie, Keith
Action oriented/fun stuff	Kevin, Mark, Jeremy, Brian (KQ), Ron, Tim,
Discipline and authority	Mark, Jeremy, Jason, Ron, John (KQ), Will (KQ), Tim (bad cop),
Partner did the school/nursery engage	Chris, James, Paul (shared), Anthony, Jeremy, John, Will, Tim (shared), Ron,
Involved in chores	Chris, Robert, James (KQ), Paul, Anthony (KQ), Eddie, Brian, John, Will, Keith,

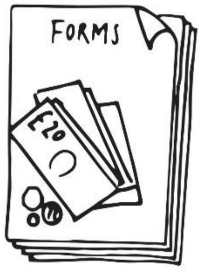
Partners enjoyment in role	Chris, Kevin, Mark, Will,

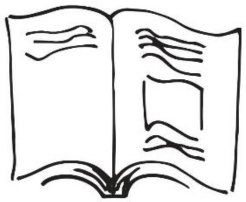
Partner good at role	Anthony, Jeremy (KQ), Brian, Ron, Paul, Anthony,
Partner born to mother/lifes ambition	Bruce, James (KQ), Mark, Jeremy (KQ),
Being selfish	James (n), Greg (KQ), Kevin, Mark(n), Anthony, Paul (KQ),
not being around enough	Robert, James,

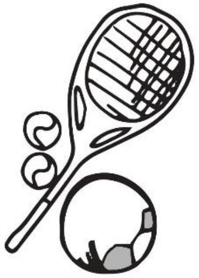
Major transition at diagnosis (d), during health decline (hd), death (de)	Chris (d), Robert (hd), Bruce (de), James (de), Greg (hd), Kevin (d), Mark (d), Paul (d), Anthony (hd), Jeremy (d), Eddie (de), Brian (d), John (d), Jason (d), Will (hd), Ron (de), Keith (hd),

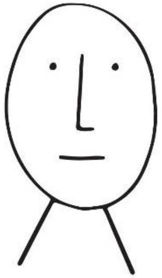
Post	
Reduced employment	Chris (fle), Bruce, Robert (fle), James (red) (KQ), Mark (red), Paul, Jeremy (so), Eddie (une), Brian (red), John (une), Jason (pt),
Continued work	Anthony (fle)(KQ), Will, Ron, Keith
New “feminine” spaces	Chris
More time/ greater reliance	Chris, Bruce (KQ), Kevin (KQ), Mark (KQ), Anthony (KQ), Brian, Jason, Tim, Robert, Eddie, Ron, ~~Keith~~
Becoming the go to parent/number 1	Chris, Bruce (KQ), Robert (KQ), Kevin, James, Mark, Paul (KQ), Jeremy (KQ), Brian, Tim (KQ),
Emotionally… closer	Chris, Robert, Kevin (KQ), Mark, Anthony (KQ), Brian (more honest?), Jeremy (KQ), Eddie, John, Jason, Tim (KQ), Keith,
Desire to be available/ present	Bruce, Robert, James (KQ), Kevin (KQ), Mark (KQ), Anthony (KQ),

Appendix 11. Remaining visual prompt cards







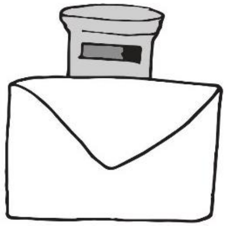


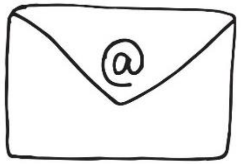
Practical things

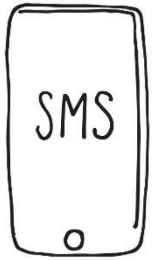
Information sheets
Books

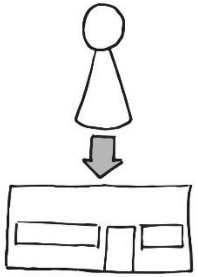
Active
Social
Play

Self







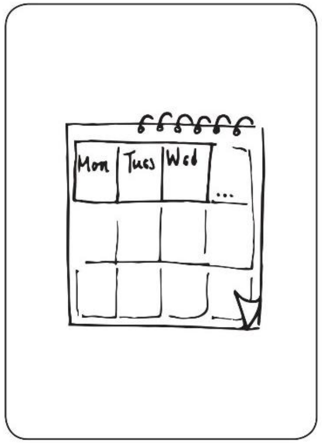


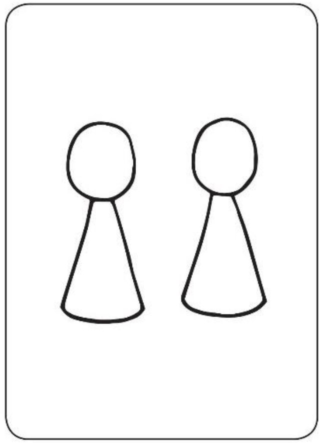
Contact by letter

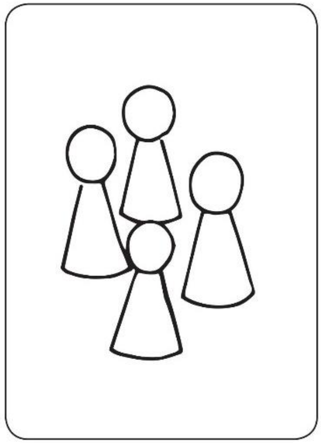
Contact online

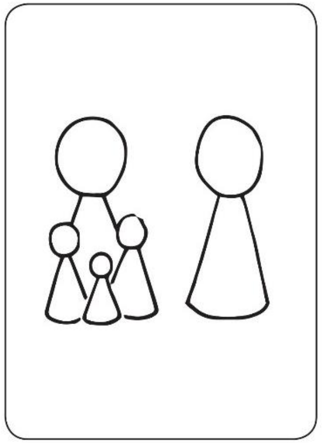
Phone
Text

Drop-in







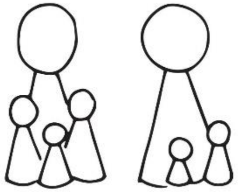


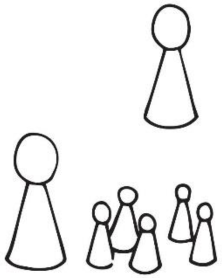
Date
Day
Time

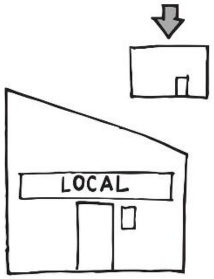
One to one

Group

Family





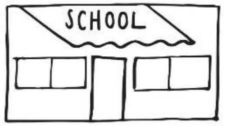


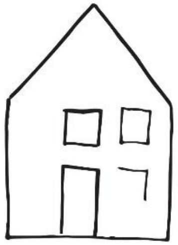
Peer to peer

Kids only

Professional
Family member
Friend

Not local





Community venue

Local

School

Home

Away

Online

Appendix 12. Signs of child anxiety

Running away	He was running away from home – [the counsellor said] “He’s running away from home because he’s actually running away from the situation and thinking that by doing that it’s going to stop” (Kevin, 45-49)
Bedwetting or incontinence	[…] strange things started to happen with Charlie. He was totally toilet trained by the time he was just over two-year-old. And he started to soil himself and wet himself, even though the toilet’s just here. (Tim, 50-54)
Difficulty sleeping	Ethan would get really anxious at night, ‘cause mum was ill, and you know, he knew cancer wasn’t a good thing, and, you know, kids aren’t daft, they pick up on the fear going through the house […] Ethan developed some sleep problems, probably for a good year, he’d get really anxious at night. (Anthony, 40-44)
Preoccupation with hygiene	So, it was stuff like, “oh this fork’s dirty” […] “oh somebody’s walked past me, whilst I’ve been eating my lunch. They might have blown some dust onto my sandwich and I can’t eat that sandwich now”. So there was some OCD stuff, you know, and sort of anxiety stuff that he thought, ‘okay, if I eat that I’m gonna get ill.’ (John, 45-49)

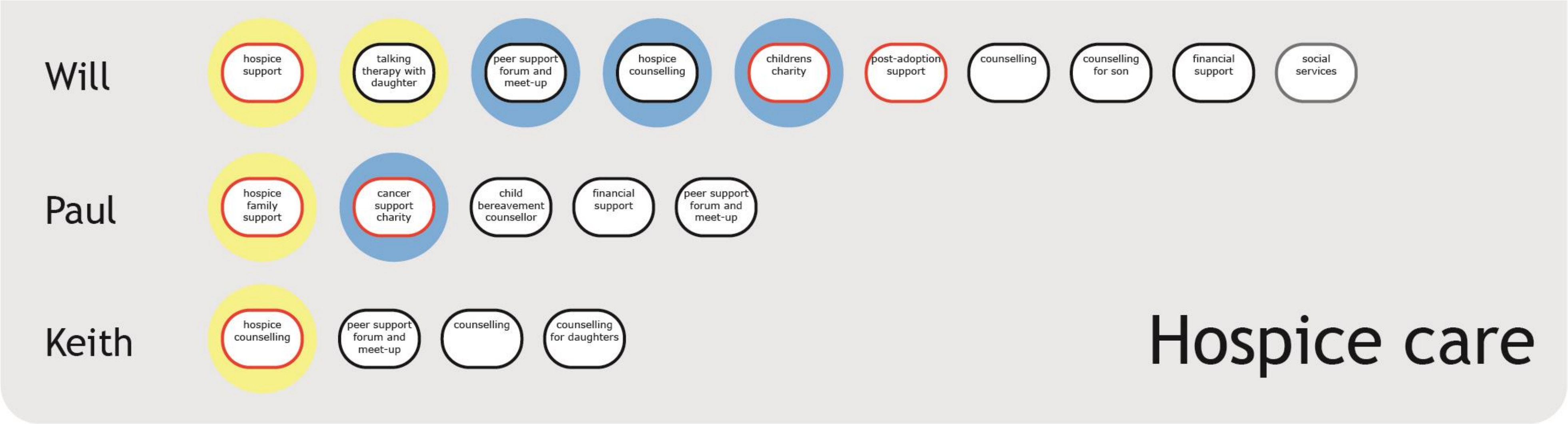
Clinging	[…] she would go nowhere without me, in terms of if I'd want… do sport […] then she would have to come. She wouldn't go without me. She wouldn't let me to go without her. She… she became very controlling, subconsciously, obviously. (Bruce, 50-54)
Hyperalert	And it's strange, 'cause if I get up out of a chair, I'll go (Demonstrates pain sound) or something like that, and he'll go, "Are you all right, dad, are you all right, dad?" You know, "Yeah, fine, Dylan, I'm just… my back's just feeling a bit tender or whatever." So he's sort of really […] concerned about me in that way. (Eddie, ≥55)
Worry at healthcare use	whenever I have to go to the doctors, for pretty innocuous things – I ended up getting an infection in my toe, something ridiculous, you know? Kind of pretty minor in life's rich tapestry but they would be super-worried and they'd want to come with me […] So, I just sort of say, "Are you worried about [me dying]?" and certainly Harry said "Yes" […] (Kevin, 45-49)

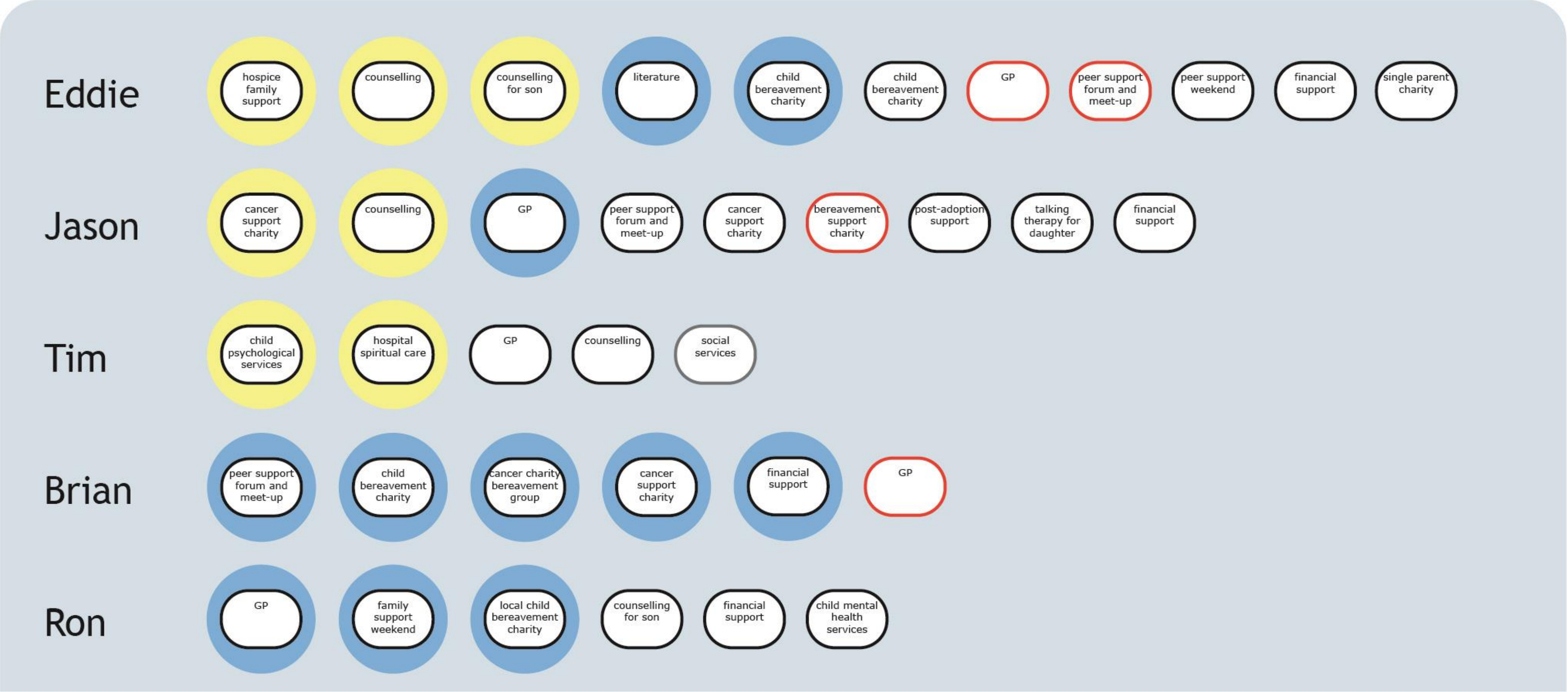
Appendix 13. Continuing bonds expressions

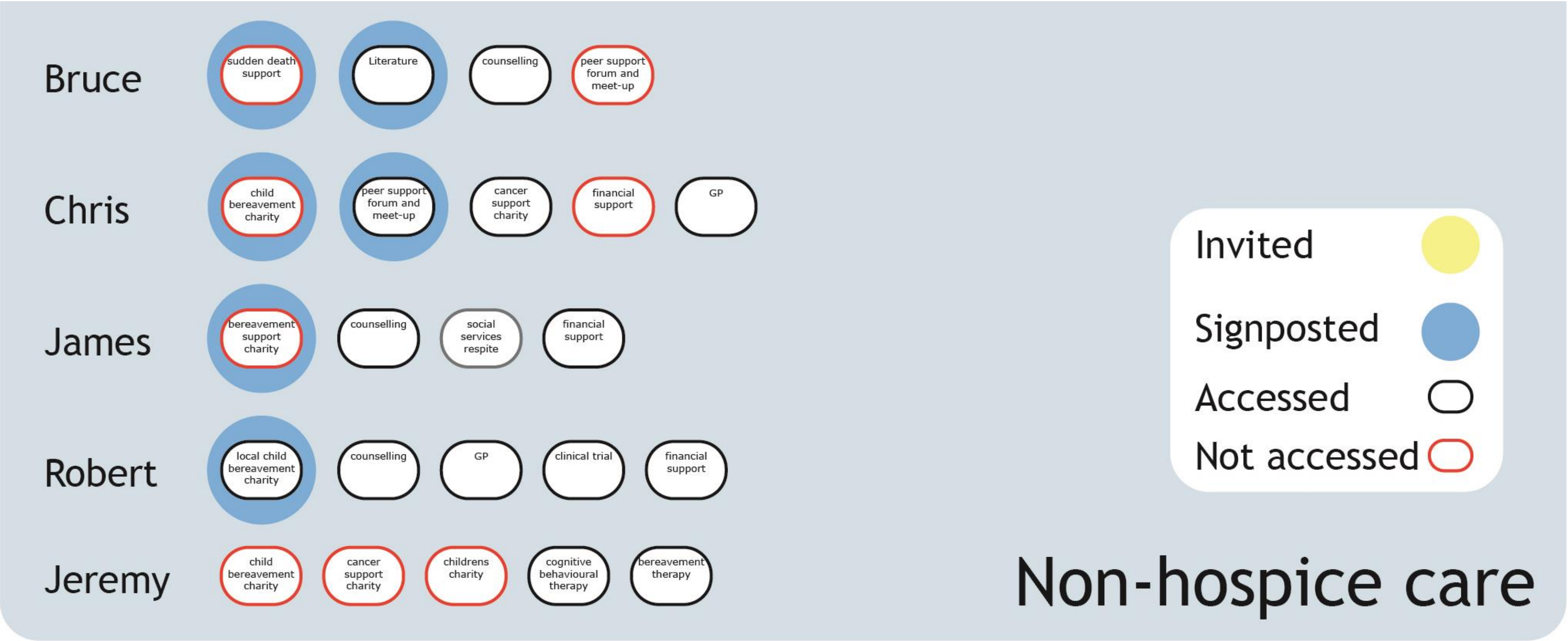
Visiting resting place	[…] we had Laura buried in a wood near here so Lewis will say "I want to go visit Mummy's wood" so we do that once a month or something […] we thought the advantage of not having like a graveyard, it's not too formal. They can just go there, throw sticks about, you know, muck about in the wood, it's just a wood. (Chris)
Memorial tattoos	I've got [a family picture] tattooed on my chest and got [song lyrics] added [a track] she walked up the aisle to it and it was the song that played as she… well, as she was… coffin was brought into the… the crematorium. And it meant I could say to the kids "You know, mammy's in here, in our hearts, always with me and always with you" and that seems to have given them some comfort and it's given me a little bit as well. (Jeremy, 45-49)
Reliving experiences	The first time we went to the beach together, it was difficult for me. But Charlie wanted to do exactly what me, Linda and Charlie did last time. […] Even to the point of standing outside the women's toilets […] And then it was that memory, and you know, I got down on me knees and explained to him that we didn't need to do this part. We could just go to the toilets, we didn't have to wait outside. (Tim, 50-54)
Keeping artefacts	I want to keep a lot of things as memories for Ava, particularly being female, having things

	like, you know, so it's easier to inherit. “Okay, you can have this, your mum had this” and so on. So I want to keep as many memories and things like that so you can say “Oh, yes, your mum enjoyed doing that” and so I talk to her so she can recognise if I show a photo on my phone she'll go “Mummy.” (James, 40-44)
Fundraising	[I]n Wendy’s memory […] we did the memorial game at the rugby club, which was probably only about six weeks after Wendy died, they [children] were involved. […] so they kind of kicked off the game and they went round with collecting buckets and collecting money for it. (Keith, 50-54)
Communicating with the deceased	I’ve still got Liz’s email account. I started to write her a series of emails to help gather your thoughts about what you wanna do with the kids. ‘Cause I just thought that gives you a structure to do it. I don’t think it’s particularly weird or mad to do it, ‘cause I know she’s not gonna read them […] but I’m in control of the mailbox. (Anthony)

Appendix 14. Close-up of Figure 7.1 Diagram of support experiences


Will
hospice support
talking therapy with daughter
peer support forum and meet-up
hospice counselling
childrens charity
post-adoption support
counselling
counselling for son
financial support
social services
Paul
hospice family support
cancer support charity
child bereavement counsellor
financial support
peer support forum and meet-up
Keith
hospice counselling
peer support forum and meet-up
counselling
counselling for daughters
Hospice care


Eddie
hospice family support
counselling
counselling for son
literature
child bereavement charity
child bereavement charity
GP
peer support forum and meet-up
peer support weekend
financial support
single parent charity
Jason
cancer support charity
counselling
GP
peer support forum and meet-up
cancer support charity
bereavement support charity
post-adoption support
talking therapy for daughter
financial support
Tim
child psychological services
hospital spiritual care
GP
counselling
social services
Brian
peer support forum and meet-up
child bereavement charity
cancer charity bereavement group
cancer support charity
financial support
GP
Ron
GP
family support weekend
local child bereavement charity
counselling for son
financial support
child mental health services


Bruce
sudden death support
Literature
counselling
peer support forum and meet-up
Chris
child bereavement charity
peer support forum and meet-up
cancer support charity
financial support
GP
James
bereavement support charity
counselling
social services respite
financial support
Robert
local child bereavement charity
counselling
GP
clinical trial
financial support
Jeremy
child bereavement charity
cancer support charity
childrens charity
cognitive behavioural therapy
bereavement therapy
Invited
Signposted
Accessed
Not accessed
Non-hospice care

Glossary

bereavement. is the state of having experienced the death of a significant other - with generally short-term effects lasting around two years (Bennett and Soulsby, 2012)

coping. the verb refers to acts of ‘doing’ in response to trials or adversity; and is used to define the cognitive and behavioural efforts made in response to situations deemed challenging and resource intensive (Gass and Chang, 1989, Lazarus and Folkman, 1984, Pearlin and Schooler, 1978)

partner. unless otherwise stated, refers to participants deceased intimate partner with whom they had previously resided

protected adult. defined as a person over the age of 16 years who is in receipt of particular support or care services as detailed by the Protection of Vulnerable Groups (Scotland) Act (2007).

public settings. non-private places, outside of the home, where actions are viewable by others (see: p. 1, Hearn and Dawson, 1992)

support, formal. support provided in an official capacity by a professional or community organisation whose role it is to provide support (see (Aoun et al., 2018)

support, informal. support not provided in an official capacity

widowhood. a prolonged and ongoing state with wide ranging personal and social implications (Bennett and Soulsby, 2012)

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