

SUPPORT FOR ADULT BIOLOGICAL FATHERS DURING TERMINATION OF THEIR PARTNERS' PREGNANCIES



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ABSTRACT

Nobody denies the fact that termination of pregnancy has an effect on women, but very few people realise that termination of pregnancy also has a major impact on men.

Men experience a sense of powerlessness related to an inability to have a choice in the process of the termination of pregnancy. They also experience emotional turmoil related to the impact of the decision on interpersonal and intra-personal relationships. A way for the adult biological father to deal with these stressful effects is to utilise psychological defence mechanisms (Myburgh, 1999:39-57).

The goal of this article is to describe guidelines for the advanced psychiatric nurse practitioner to support adult biological fathers in mobilising their resources and therefore promoting their mental health. A qualitative, descriptive and contextual research design was utilised, where results from phenomenological interviews and a literature control, served as a basis for deducting and describing guidelines for supportive counselling. The counselling process will allow the adult biological father to ventilate his feelings, thoughts and behaviour and put the termination of pregnancy into perspective as a starting point for constructive change, therefore facilitating his mental health.

OPSOMMING

Niemand ontken dat die beëindiging van swangerskap 'n uitwerking op die vrou het nie, maar baie min mense beseft dat die beëindiging van swangerskap ook 'n beduidende invloed op mans het.

Mans ervaar 'n gevoel van magteloosheid ten opsigte van die feit dat hulle geen sê het in die prosedure wat gevolg word om die swangerskap te beëindig nie. Mans ervaar ook emosionele verwarring ten opsigte van die impak van die besluit op interpersoonlike en intra-persoonlike verhoudings. Volwasse biologiese vaders gebruik verskeie psigologiese verdedigingsmeganismes om die stresvolle uitwerking van die beëindiging van die swangerskap te probeer hanteer (Myburgh, 1999:39-57).

Die doel van hierdie artikel is om riglyne vir die gevorderde psigiatriese verpleegpraktisyn te beskryf om

sodoende biologiese vaders te ondersteun in die mobilisering van hulpbronne ter bevordering van hul geestesgesondheid. 'n Kwalitatiewe, beskrywende en kontekstuele navorsingsontwerp is gebruik, waar die resultate van fenomenologiese onderhoude en 'n literatuurkontrole, as basis gedien het om riglyne vir ondersteunende berading te beskryf. Die beradingsproses sal die volwasse biologiese vader in staat stel om sy gevoelens, gedagtes en gedrag in perspektief te plaas. Dit dien ook as vertrekpunt vir konstruktiewe verandering en dus die fasilitering van sy geestesgesondheid.

INTRODUCTION AND BACKGROUND

To describe men as unfeeling is to fall prey to social myth. Like women, men have a rather complex emotional make-up. However many of the roles that society has constructed for men to play, unlike those for women – do not allow for the expression of emotional feelings. A soldier who cries in battle might sacrifice his life; the executive who freely expresses personal misgivings may lose credibility. Most of men's roles moreover are underpinned by cultural stereotypes, which call for men to be tough, objective, stoic and emotional inexpressive. The end result is that many men play a complicated game of masking or denying inner emotions in order to conform to the expectations attached to many traditional roles. Like seeds in an apple, men's feelings lay inside their core hidden from public view but present and vital nonetheless (Hendrix, 1992:121).

Research (Shostak & McLouth, 1984:110) conducted internationally indicates that many men tend to intellectualise and rationalise their emotions about the termination of pregnancy of their partner. It is extremely important for a man to acknowledge these feelings or they will manifest themselves in other undesirable ways. These suppressed emotions can also undermine the future of the relationship. The emotions men have toward a termination of pregnancy are many. Some are angry and upset with themselves and for their partners for being in this situation. Others may be afraid or feel guilty; believing the termination of the pregnancy is murder. They fear being an accomplice. Some feel helpless and powerless not knowing what to do, and having little input. A general sense of sadness and regret is prevalent among men who

prefer the women to carry the foetus to full term, rather than carry out her decision to terminate. Many men vow never to be in this predicament. The emotions men feel, when faced with a termination of pregnancy are limitless. What is important to remember is that they have genuine feelings and concerns about the termination of pregnancy that need to be expressed (Watson in Shostak & McLouth, 1984:24).

Excluding men from a termination of pregnancy isn't just a problem for the man. A pregnancy that isn't expected or wanted is both an individual crisis and a crisis for the relationship between the man and the woman. Therefore male detachment can have ill effects for the woman and the relationship between the couple (Shostak & McLouth, 1984:313).

Research has seldom explored the emotional reactions of men and their styles of coping in response to a termination of pregnancy. This is unfortunate because even though men do not directly experience the physical aspects of a termination of pregnancy process in the way women do, many have feelings about the pregnancies that their partners terminate (as well as those who wanted their partners to terminate) (Shostak & McLouth, 1984:72). As mentioned previously, understanding men's termination of pregnancy roles is also important because research suggest that male partners' coping expectations affect women's adjustment to the termination of pregnancy process (Marsiglio & Diekow, 1998:176).

PROBLEM STATEMENT, RESEARCH QUESTION AND OBJECTIVE

Research done (Myburgh, 1999:1-82) indicated that

adult biological fathers experience **powerlessness related to the inability to have a choice** in the termination of pregnancy, as they believed that the termination of pregnancy was the only option they had. The powerlessness was about having **little control** over the situation and their own needs. In addition, the adult biological fathers experienced **emotional turmoil** related to the **impact of the decision on interpersonal and intra-personal relationships**. Finally, the adult biological fathers who participated in this study experienced various emotions and it was found that they use **psychological defence mechanisms**, in an effort to cope with their feelings and to maintain emotional equilibrium.

All of the above is a clear indication that these adult biological fathers need support to provide the opportunity for them to ventilate their thoughts, feelings, and behaviour in order to put the termination of pregnancy into perspective as a starting point for constructive change and facilitation of mental health.

In lieu of the above, the following research question was posed:

What guidelines can be described for the advanced psychiatric nurse practitioner to support adult biological fathers whose partners had a termination of pregnancy?

The objective of this article is to describe guidelines for the advanced psychiatric nurse practitioner to provide support to adult biological fathers who accompany their partners to the various identified private clinics in Gauteng for a termination of pregnancy, and to assist them in mobilising their resources to facilitate the promotion of their mental health as an integral part of health. A literature control will also be completed to recontextualise guidelines and verify it.

RESEARCH DESIGN AND METHOD

A qualitative, descriptive, and contextual research

design was utilised (Mouton & Marais, 1994:43–44) where the results of the in-depth, semi-structured, phenomenological interviews and the literature control served as a basis for the description of guidelines for the advanced psychiatric nurse practitioner to provide support to adult biological fathers whose partners had a termination of pregnancy, and assist them in mobilising their resources to facilitate their promotion of mental health (Creswell, 1994:15; Mouton, 1996:134; Morse & Field, 1996:106-107; Lincoln & Guba, 1985:290-327; DENOSA, 1998:7).

Sampling, data gathering and data-analysis

A purposive sample of nine single, adult, biological fathers, who met the sampling criteria, was utilised. Phenomenological interviews were done to elicit their experience of the termination of pregnancy their partners had. Interviews were done until saturation of data occurred with repetition of themes (Kvale, 1983:81-107). Data was analysed by means of the descriptive method of open coding of Tesch (in Creswell, 1994:154-156). Data gathered for the purpose of this article included results from interviews and a literature control that served as a basis for deduction of guidelines. A literature control was also done to verify guidelines and recontextualise it within the context of psychiatric nursing.

DESCRIPTION OF GUIDELINES AND LITERATURE CONTROL

From the results of the interviews it was clear that the adult biological fathers experienced the termination of pregnancy as a stumbling block in their lives, and they expressed a need for counselling. Consequently for the reason mentioned above it is important to encourage the adult biological father to tell his story. Guidelines for the study propose the development of counselling guidelines for integrating men into termination of pregnancy counselling services.

Therefore the objective (Egan, 1986:34) when doing this is to allow him to ventilate his feelings, thoughts and behaviours. By giving him the opportunity to do this it will help the adult biological father to put the termination of pregnancy into perspective and to use this as a starting point for constructive change, and therefore facilitate the promotion of his mental health.

The advanced psychiatric nurse practitioner as illustrated in figure 1 functions in the capacity of facilitator supporting the adult biological fathers in improving their well-being and alleviate their distress, by helping them to use their existing resources and skills, and guiding them in developing new ways to help themselves.

The following counselling guidelines could be made for the advanced psychiatric nurse practitioner based on the findings of this study. Counsel-

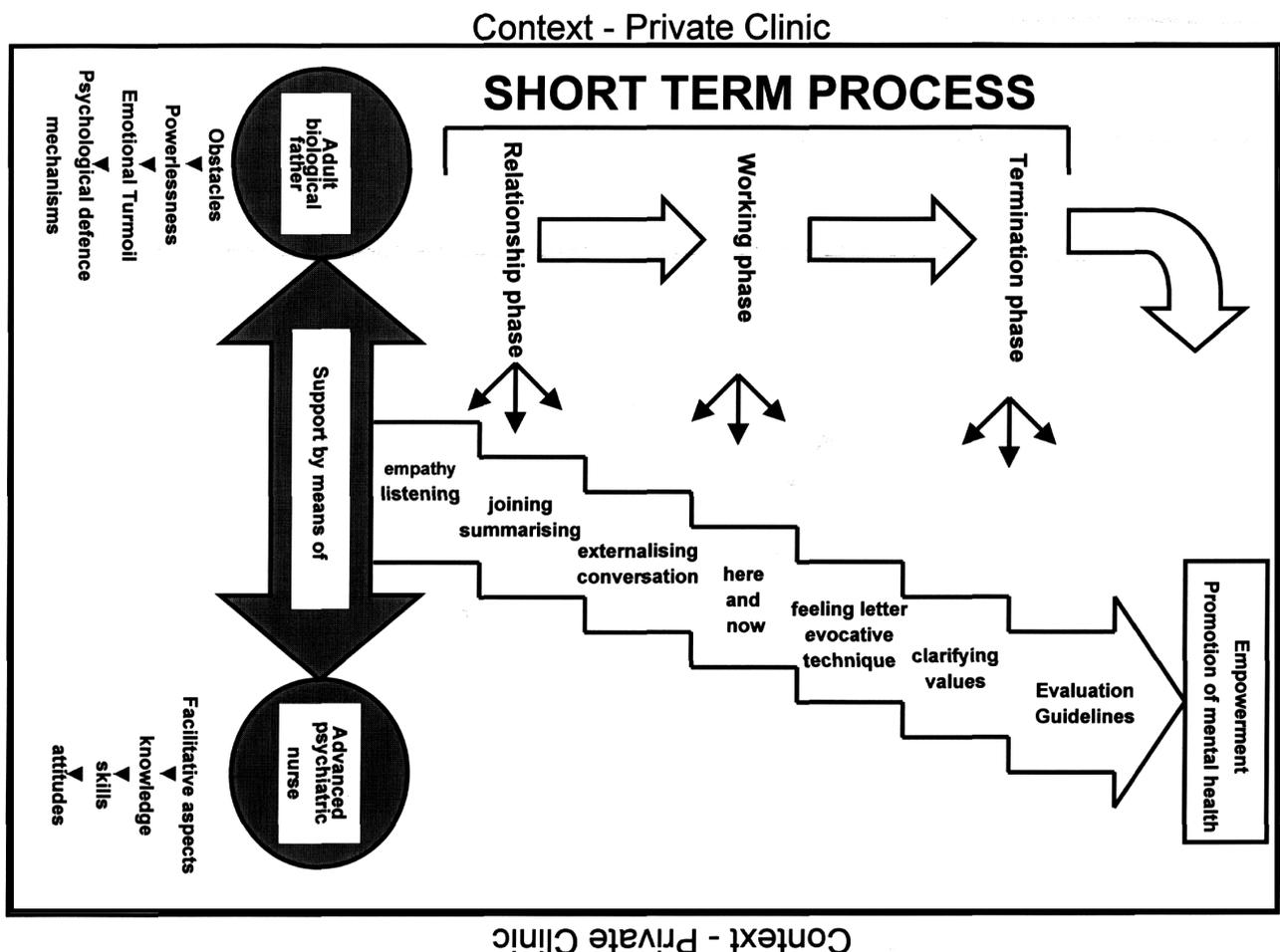
ling is understood by helping professionals as a relatively short process, often occurring in one session and rarely comprising more than five sessions (Corsini, 1995:79). Therefore it is hoped that the following counselling guidelines within the context of the termination of pregnancy clinics will contribute in a unique manner to the adult biological fathers healing and facilitation of their mental health.

The framework of the counselling guidelines will be discussed as a process under the following headings:

Relationship phase

The goal of this phase is to form a strong therapeutic alliance with the adult biological father, to fully examine the male experience. The heart of the counselling process is the relationship. The relationship is important in counselling because it

Figure 1: Guidelines for counselling for adult biological fathers facilitated by the advanced psychiatric nurse



handles significant feelings and ideas. In special ways the counsellor models how to establish and maintain a relationship (Brammer, Shostrom & Abrego 1983:83). Disclosing these feelings and emotions that the adult biological father experience on an intimate level with a counsellor help work against the sea of isolation and personal withdrawal, that the adult biological father often experience following this benchmark, emotional event. Since many adult biological fathers haven't talked with anyone about their situation, this contact breaks down isolation and allows for initial expression of emotion.

Skills that the advanced psychiatric nurse practitioner would need to help the adult biological father tell his story, would be empathy, which is the ability to enter into and understand the world of another person, and to communicate this understanding to him (Egan, 1986:85); active and reflective listening where the advanced psychiatric nurse practitioner listens to feelings and deeper meanings behind what is being said, and lastly summarising so that all the issues that need to be worked on can be identified.

Joining with the adult biological father lets him know that the advanced psychiatric nurse practitioner is working with him and for him in a common search for alternate ways of dealing with what has likely become an impasse. In the process the advanced psychiatric nurse practitioner is encouraging the adult biological father to feel secure enough to explore other more effective ways of interacting and solving problems together (Goldenberg & Goldenberg, 1996:203).

Tools and techniques to invite this conversation could be used, by using a narrative perspective. Narrative therapy is based upon the belief that there is always "lived experience" or stories that challenge the dominant stories of disempowerment, and that therapy is about bringing forth these alternative stories (White & Epston, 1996:155). An

individual's stories have been influenced by the social, cultural, political and economic environments in which the individual has lived (White, 1991:110). According to White and Epston (1996:112) a client brings the dominant story about the problem to counselling. The dominant story is usually problem-saturated and ignores the trouble free experiences of the individual. Dominant stories therefore work against the positive experiences by filtering them out. As experiences that do not fit within the dominant story are filtered out, so too are positive attributes, such as strength and courage (Chasin & Roth, 1995:111). A narrative approach to therapy seeks to collaboratively re-author the person's self-narrative into a more liberating and positive life story.

Here the advanced psychiatric nurse practitioner can invite the adult biological father into a conversation about his account of the experience of the termination of pregnancy, and introducing a particular conversation called an externalising conversation. Externalising conversations encourage adult biological fathers to separate themselves from the effect the problem is having on their lives and relationships (White, 1991:10). The influence of the problem is explored while also investigating how the individual has been recruited into this self-identity by social, cultural and political practices. People then gain a reflexive perspective of their lives (White & Epston, 1996:110-112) and are able to experience a separation from the story and are then free to explore alternative and preferred stories (White, 1991:110).

Externalisation occurs primarily through wording of questions that separate people from internalising language. This also encourages the adult biological father to provide an account of how the termination of pregnancy has been affecting his life and relationships.

Working phase

Most of the counselling work is carried out during

the working phase (Stuart & Sundeen, 1991:101). The adult biological father and the advanced psychiatric nurse practitioner explore relevant stressors and promote the development of insight, by linking his perceptions, thoughts, feelings and actions. It is therefore important for the adult biological father to share his feelings and experiences with the advanced nurse practitioner as this helps him to gain insight into a better understanding of the termination of pregnancy.

Working in the “here and now” will allow the advanced psychiatric nurse practitioner to explore some of the categories and themes highlighted in the research. The here-and-now focus, to be effective, consists of two symbiotic tiers, neither of which have therapeutic power without the other. The first tier is an experiencing one, the adult biological father lives in the here-and-now. The thrust is ahistoric, the immediate events in the meeting take precedence over events both in the current outside life and in the distant past of the adult biological father. This focus greatly facilitates feedback, catharsis, meaningful self-disclosure, and acquisition of socialising techniques. The second tier which is the elimination of process (Yalom, 1998:45-48) where the advanced psychiatric nurse practitioner together with the adult biological father examines the here-and-now behaviour that has just occurred in the counselling session. The advanced psychiatric nurse practitioner could reflect on some of the feelings the adult biological father experiences, encouraging him to verbalise them, as well as his use of psychological defence mechanisms, and what meaning and functions these might serve.

The adult biological father could be encouraged to confront and become curious about “inherent” beliefs of being a male, such as not having permission to talk about feelings for fear of being viewed as a failure, thereby reconstructing a new way of viewing his world. Working in the “here and now” the advanced psychiatric nurse practitioner could

explore issues of trust, openness, decision-making, power, separation, control, equality and feelings of anger, sadness and loss. The psychiatric nurse practitioner may urge the adult biological father to signal the very moment such feelings occur during the session so that the advanced psychiatric nurse practitioner together with the adult biological father can track down and relate these experiences to events in the session (Yalom, 1995:58).

Corsini (1995:10) identified that negative feelings must not be avoided but rather expressed. If these feelings are allowed to surface and be experienced they can be put into a useful perspective. The advanced psychiatric nurse practitioner can suggest that the adult biological father write a “feeling letter” adopted from the feeling letter technique (Gray, 1993:223-225). The best way to learn how to communicate upset feelings is to write them out. The feeling letter helps to give yourself the support you need when your partner can’t. In brief the feeling letter technique has two parts, the first consists of writing out the complete truth about how you feel, while imagining you are being heard and understood and the second part is then to write a loving response to your letter, responding with an open heart. Write a response expressing the feelings and acknowledgements that you need to hear. The purpose of writing a feeling letter is to expand your awareness to incorporate positive loving feelings without having to repress your negative emotions. Shostak & McLouth (1984:79) support this by saying, “If the man is given encouragement to acknowledge his negative feelings about the termination of pregnancy, a lot of pressure can be taken of the woman, and the relationship”.

In the research conducted, themes of loss and isolation arose repeatedly. Unfortunately because they are so rarely discussed their impact tends to be destructive rather than constructive carrying many men to a point of emotional detachment and despair rather to a sense of emotional maturity and

enhanced intimacy (Shostak & McLouth, 1984:155).

Therefore the advanced psychiatric nurse practitioner can propose the following evocative techniques that facilitates communication with self, by evoking feelings, thoughts and emotions that when worked through may deepen the individuals insights and enhance his self-concepts (Okun, 1992:111). The following exercise adopted from Hendrix (1992:278) could be used:

Take two chairs, place one in front of you and sit on the other. Place the "loss" on the chair and pretend it to be there. Begin speaking to the loss and put into words all your feelings about it. Include all the positive things it meant to you, how your life has been affected by its absence, how you hurt because it is gone. Express any anger you may have that was not expressed when you had it or that you have about it being gone. When you have finished, imagine that you are at a burial site and you are now going to say a final goodbye. In the way that you may choose, bury the person or object. Imagine the entire process, for instance, see the person you are grieving for in the casket, see it lowered into the ground and covered with dirt, visualise the flowers and the weather. Then leave the scene in your imagination. The purpose of this exercise is that all past angers and unrieved losses will follow you into any relationship. The more a person completes any past experiences the less unconscious and archaic emotions will erupt (Hendrix, 1992:279).

In addition the advanced psychiatric nurse practitioner should emphasise the importance of communication, as lack of communication shows disinterest and lack of concern for their partners. Hendrix (1992:111) supports the above. An inability or unwillingness to communicate may be harmful, establishing emotional and behavioural patterns that not only hurt men and women individually but also preclude their ability to engage in loving rela-

tionships. Skills for building relationships and communication skills could be taught to the adult biological fathers. Dinkmeyer (1990:99, 121) provides the following techniques to improve communication. Effective listening by "hearing" both non-verbal and verbal messages, including the skills of reflection of feelings, paraphrasing, clarification and the use of open responses to encourage further communication. Egan (1986:83-85) is of the opinion that achievement of the ability to be intimate is indispensable if the maturing male is to mitigate excessive isolation. Intimacy he contends is "The critical experience that brings the self back into connection with others, making it possible to see both sides to discover the effects of actions on others as well as the cost to the self". For this reason intimacy is the transformative experience for men through whom adolescent identity turns into the generativity of adult love and work, and for this reason termination of pregnancy clinic counselling for males should be dramatically revised and expanded to include intimacy-gaining skills.

Another area of need, once options and feelings have been discussed, is how the adult biological father can support his partner's decision. If there is a mutually agreeable decision for the adult father and his partner then the adult biological father can be a valuable source of support. For example, the adult biological father may help his partner through the termination of pregnancy with emotional support, financial contribution and with the logistics of getting to and from the clinic. Furthermore he can be an important encouragement to comply with termination of pregnancy after care, instructions and in making sure that she remembers to follow through on a post-termination check-up appointment.

Lastly, the adult biological fathers encountered conflicts with familial values and morals. The task of the advanced psychiatric nurse practitioner then is to facilitate clarifying values and start the adult

biological father onto what may be a re-examination of long held values. Shostak and McLouth (1984:146) believes that the age of the average client – between 18 and 25 years old – makes him an appropriate candidate for this potentially uncomfortable process.

Termination phase

Here the advanced psychiatric nurse specialist can evaluate with the adult biological father his progress and goal attainment.

The advanced psychiatric nurse practitioner should make herself available after the termination of the last session, should the adult biological father require further discussion and/or therapy.

Listed below are some suggestions for facing the pre- and post-termination of pregnancy periods. This can be printed on a pamphlet, which could be available at clinics. This could satisfy a need many males have for something more substantial than the single sheet of post-termination of pregnancy medical tips routinely offered.

The following guidelines are adapted from Leslie Butterfield (in Shostak and McLouth, 1984:295-297):

- Allow yourself to take termination of pregnancy seriously.
Termination of pregnancy is not an abstraction; it is an event with great physical and emotional significance to a couple.
- Be patient with yourself and with your partner.
Feelings and perceptions change rapidly in stressful situations. You may find yourself alternating from acceptance to uncertainty with astonishing rapidity. Don't give into the temptation to tidy your emotions into a neatly organised package. Feelings take time to settle into a state of finished

completeness; rushing the process will only delay true integration and rob you of the change for further understanding.

- Allow each other to grieve.
Grieving any loss whether tangible or not, is normal. It does not mean you blame one another. It does not mean you are aware of your loss. Grieving this loss for an extended period of time may set you up for a repeat termination of pregnancy experience, or a series of poor relationships.
- Actively share your feelings with each other.
When a couple communicates their emotional experience of a termination of pregnancy to each other, both have a better chance of gaining increased understanding about themselves as individuals and as a couple. This is extremely valuable knowledge whether you plan to continue in the relationship or not.
- Remember that sharing pain, decreases it. Many couples feel that if they express emotional pain to their partners, the experience will be too overwhelming for them to cope with. Actually, when we share any feelings at all, we are creating a kind of human connection that lessens pain.
- Don't be afraid of "negative" emotions. Feelings of sadness, anger or regret are a valid part of the termination of pregnancy experience – and need to be attended to. If these feelings are allowed to surface and are experienced, they lose some of their frightening power and can be put into useful perspective.
- Understanding that by not communicating

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- Understanding that by not communicating

you are communicating:

1. disinterest
2. lack of concern for your partner.

· Seek help.

If you can not do these things on your own, seek help. Mental health professionals are trained to facilitate emotional understanding and clear communication.

The historically advanced view that men and women can not really understand each other has produced much sorrow and isolation as we struggle through the termination of pregnancy experience. Our society's avoidance of grieving in general, and of termination of pregnancy in particular, has also contributed to the fact that the termination of pregnancy experience becomes one that is faced and grieved alone.

RECOMMENDATIONS

It is clear that from the research results that the adult biological fathers require professional help and support in dealing with their experience of the termination of pregnancy and the impact it has on their lives and relationships. Psychiatric nurse practitioners should be involved at their local termination of pregnancy clinic as consultants by applying guidelines proposed for this article to facilitate the promotion of the adult biological fathers' mental health.

CONCLUSION

There is very little known about the male's experience of a termination of pregnancy. This opens one's eyes to the stark and regrettable features of the scene – the absence of any helpful preparation for the experience: the embarrassment and sense of uselessness men feel during the termination of pregnancy and the wish to talk about it versus the social pressure to tell no one and the need to appear supportive regardless of their own ambivalence

and heartache. This leads one to ask if there isn't a better way for males to help their partners and themselves to meet the termination of pregnancy challenge.

The authors would like to conclude with these words from Arden Rothstein (1974:837):

“... all that we know of psychological functioning suggests that active involvement of a person in his own life planning fosters mastery, while we cannot say that every man who is thus engaged will be more active in subsequent family planning, that he will become more supportive of his partner at the time of abortion, or that he will be a better father in years to come, it is possible that some small movement in these directions could take place. The abortion experience considered as a whole might well serve to perpetuate or suggest alternatives to a man's proclivity for active or passive modes of dealing with stress, thus potentially influencing further development”.

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