

Couvade Syndrome: What We Know and What We Can Do

An Honors Thesis (HONRS 499)

by

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### Abstract

This discussion of couvade syndrome begins with an explanation of what couvade syndrome actually is and what all it involves. One must note that this thesis describes couvade syndrome, not ritual couvade. After giving a thorough explanation of what the syndrome is, there is a review on three research projects that have been conducted. The first project discussed was conducted by Longabucco and Freston, the second by Clinton, and the third by Strickland. Following this discussion, the nursing implications are addressed; the existence of couvade syndrome has drastic ramifications on the entire field of nursing. The overall purpose of this thesis is to help explain what couvade syndrome involves and how the nursing profession can help to combat this problem.

The topic that I have elected to investigate over the course of this semester is couvade syndrome. Most people's first response to this topic is, "What is couvade syndrome?" The word couvade is derived from the French word "couver" and it literally means "brooding or hatching" (Fishbein, 1981, p. 356). In our society, "couvade is a term used to refer to a group of related male practices connected with childbirth" (Fishbein, 1981, p. 356). In more understandable terms, couvade syndrome is the presence of a variety of physical symptoms that occurs in the husbands of pregnant women. I find this topic to be extremely interesting. I was first introduced to this subject in a maternity nursing class a year ago and found it to be highly interesting even then. After learning what couvade syndrome was, it was hard for me to believe that it actually occurred. Needless to say, my interest grew immensely as I began to collect and study the research that had been done on this topic. In this thesis, I hope to convey what couvade syndrome really involves, review the research that has been done on it, and discuss the implications it has on the nursing profession.

A very brief definition of couvade syndrome has been given, but what does it all mean; what does this syndrome actually involve? The physical symptoms that men have reported are remarkably similar, if not identical, to some of the symptoms that pregnant women experience. Some of the most common symptoms reported by expectant fathers include: gastrointestinal upset, including nausea and vomiting; anorexia; abdominal swelling; increased appetite; abdominal pain; headache; dizziness; leg

cramps; insomnia; elusive toothaches; backaches; syncope; fatigue; and increased "aches and pains." These are the most frequently reported complaints; however, some of the less common ones reported include nosebleeds, muscle tremors, and skin eruptions. After reviewing the symptoms that men report, it may seem very hard to believe that couvade syndrome actually occurs; but, "sufficient evidence does exist to confirm that experiences of pregnancy are not confined to women only" (Clinton, 1985, p. 222). Couvade syndrome is fairly prevalent among expectant fathers, as high as 79% of fathers have at least one symptom. This seems a little more understandable if one takes it into consideration that the transition to fatherhood can be just as dramatic as the transition to motherhood. In our society, the majority of people do see pregnancy as a strictly "female" experience. It is only in the past two decades that the father's role in a pregnancy has even been looked at or wondered about. In the past, most of society limited the male's role in a pregnancy to "paying the bills and acting as a role model in later years" (Longabucco & Freston, 1989, p. 482). The research suggests that the males of today are becoming much more involved in their partner's pregnancies. Some researchers have suggested that the occurrence of couvade syndrome could be described as "an expression of the father's subjective involvement" (Clinton, 1987, p. 290). Others have supported the idea that couvade syndrome is a means for men to participate more fully in the entire birth cycle. I believe that fathers are becoming increasingly involved in the pregnancy

process; this is evident by the very occurrence of couvade syndrome.

Couvade syndrome is a very real, very prevalent ailment among men, but what exactly causes it? Until the early 1960's, scientists explained its occurrence as a "deviant phenomenon exhibited primarily by neurotic individuals" (Clinton, 1985, p. 223). This explanation is no longer regarded to be true. Several theories have been suggested regarding the actual cause of couvade syndrome; however, none have been confirmed. One theory, that has been shown to be significant, suggests that the physical signs and symptoms of couvade syndrome increase proportionately with increased levels of stress, anxiety, and depression. Fishbein (1981) suggests that it may be associated with "ambivalence in the marital relationships, parturition envy, and most importantly, identification" with the female (p. 356). Along with identification, Clinton believes that couvade syndrome may be an expression of profound caring for the pregnant partner, as well as the unborn baby. On a fairly different level, some researchers believe that the syndrome may be related to the absence of a male's father from the home at an early age, having an unplanned, unwanted pregnancy, experiencing financial difficulties during the pregnancy, and perhaps, possessing a low-level education. The literature supports the belief that social/cultural determinants play a big role in its occurrence. For example, a study conducted by Clinton (1987) revealed that "ethnic minority status was found to be a significant predictor for number of couvade

symptoms" experienced during a pregnancy (p. 293). If it is not already obvious by all of the possible explanations, couvade syndrome is not well understood and nobody is really sure what causes it.

As stated previously, this is a very new, very under investigated topic in the field of nursing research. While doing research on this subject, however, a few quality research studies were discovered.

One of the few research studies done on couvade syndrome was conducted by Longabucco and Freston, who based their investigation on the Role Transition Theory. This theory is based on the belief that first-time expectant fathers experience several changes related to their roles during the course of a pregnancy. Three research hypotheses were tested by this investigation. The first one states that "The incidence of couvade syndrome in the first-time expectant father is positively correlated with a high degree of anticipated paternal-role preparation" (Longabucco & Freston, 1989, p. 483). The second hypothesis tested states that "Males who experience the couvade syndrome consider themselves more involved in the pregnancies than males who do not experience symptoms of the syndrome" (Longabucco & Freston, 1989, p. 483). The last hypothesis states the "Males who receive higher scores in activities related to preparing for the role of the father also will receive higher scores related to involvement in pregnancy" (Longabucco & Freston, 1989, p. 483). These researchers set out to see if their hypotheses were correct.

The subjects in this study were selected using a convenience sample; the sample was drawn from couples attending childbirth education classes at a small rural hospital. To be included in the sample, the men had to possess the following qualities: not have fathered a previous child, been between the ages of twenty and thirty-six, and have been married to a woman experiencing an uncomplicated first pregnancy. After the sample of sixty-four men was gathered, a questionnaire was administered. The first part of this questionnaire consisted of a somatic symptom checklist. It measured for the presence of symptoms commonly associated with couvade syndrome. This checklist divided the sixty-four men up into two groups; Group A, whose members seemed to demonstrate the syndrome, and Group B, whose members did not. To be included in Group A, one had to possess two or more unrelated symptoms. The last part of the questionnaire was made up of twenty-one items scored on a Likert scale. This part of the questionnaire gathered information regarding the father's preparation in role taking, involvement in the pregnancy, and perceived stress related to the transition to fatherhood.

results from the first part of the questionnaire found thirty-five of the sixty-four men belonging in Group A, or possessing symptoms of couvade syndrome. The most common symptoms reported were difficulty sleeping, increased indigestion, increased appetite, weight gain, anxiety, restlessness, irritability, and tiredness. Results of the second part of the questionnaire revealed that the individuals with

couvade syndrome consistently had a "higher degree of paternal-role preparation, less perceived stress related to the transition, more activities related to role preparation, and more involvement in the pregnancies" (Longabucco & Freston, 1989, p. 486). These results supported the first and third hypotheses. The second hypothesis was not statistically significant, therefore, it could not be supported.

Another research study that investigated the occurrence of couvade syndrome was conducted by Jacqueline Clinton. This study looked into a different aspect of the syndrome than the previously described study. The specific purpose of this particular investigation was to "determine the risk factors associated with the incidence, duration, and perceived seriousness of couvade syndrome experienced by expectant fathers during each trimester of pregnancy and the early postpartum period" (Clinton, 1987, p. 290).

The subjects were recruited for this study through the regular use of television, newspapers, radio, and poster announcements. All in all, eighty-one expectant fathers served as subjects. Their ages ranged from eighteen to forty-four years old, and incomes ranged from \$5,000 to more than \$100,000. Ninety percent of these men were married to and living with their pregnant partners. Clinton also added that these men "were healthy and free of serious or chronic health conditions with no prior history of prolonged hospitalization for any physical or mental problems" (Clinton, 1987, p. 291). The design method used in this study was a repeated measures survey. This

made it possible to monitor the expectant fathers' conditions over the entire course of the pregnancy and into the postpartum period. Information was collected at each lunar month and two months postpartum.

Three different instruments were administered to each subject. The first was called the Expectant Father Preliminary Health Interview (PHI). It contained 194 items, and was used to gather information about possible risk factors associated with couvade syndrome. It included questions regarding demographics and cultural background, social history, and health events prior to the partner's pregnancy. The second instrument was called the Expectant Father's Monthly Health Diary (MHD). It contained 218 questions. These questions elicited information from nine categories: self-perceptions of physical and emotional status; incidence, duration, and perceived seriousness of thirty-nine couvade symptoms; self-initiated actions taken to lessen couvade discomforts; perceived effectiveness of self-care actions; professional health utilization; physical and social role disabilities related to couvade symptoms; work hour and salary loss related to the syndrome; involvement in the pregnancy; and how much he felt he was able to help his partner. The last tool used was the Ireton Personal Inventory (IPI). The IPI was used to elicit measures of stress perceived. It included an assessment of the degree of worry related to situations such as employment, health, work conditions, marital relationship, sex life, personal habits, leisure time, friends, and family.

Results of this study revealed that 93.7% to 97.0% of the expectant fathers reported experiencing at least one couvade symptom every month. On the average, 9.37 symptoms were reported per month during the first trimester, 12.4 symptoms per month in the second trimester, 11.8 symptoms per month in the last trimester, and 7.1 symptoms were reported when two months postpartum (Clinton, 1987, p. 292). These numbers indicate that men's couvade symptoms seem to peak during the second trimester. The study also revealed a few potential risk factors for having couvade syndrome. Identified risk factors included having a low income, having several previous children, having experienced poor health during the year prior to the pregnancy, and being a member of an ethnic minority. Men in these categories seem to experience couvade syndrome much more often than men who are not. This study also revealed that the survey questions should be asked directly to the men, rather than through the pregnant partners. "The majority of expectant father subjects in this study deliberately withheld information from their partners as a gesture of protection" (Clinton, 1987, p. 294).

Ora Strickland's study on the occurrence of couvade syndrome "evaluated the occurrence of symptoms in expectant fathers during early, middle and late pregnancy; assessed the association of social class, race, planning of pregnancy, and fathering experience with symptom manifestation in expectant fathers; and to determine the relationship of symptoms expressed by expectant fathers to their emotional state" (Strickland, 1987,

p. 184).

The sample for this study was gathered from a large southeastern city. More specifically, they were all volunteers from a private obstetrics clinic. All of the volunteers were mailed a questionnaire. Those that returned it completed, had no past history of physical or psychological illness, and were not single, were included in the sample. The final sample was made up of ninety-one expectant fathers, twenty-one of whom were black, and seventy whom were white. Of the ninety-one subjects, 49% were middle class, and 51% were working class. Ages ranged from twenty to fifty-four years old. The method used in this investigation consisted of two checklists that the men completed three different times; once during early, middle, and late pregnancy. The first checklist was called the Multiple Affect Adjective Checklist and it contained 132 items. It measured the subjects' levels of anxiety, depression, and hostility. The second checklist was a symptom checklist, and it merely measured physical and psychological symptoms experienced by the expectant fathers. It had a total of thirty-two questions.

Couvade syndrome was reported as being experienced by 87% of the sample. Seventy percent of the expectant fathers had one or more symptoms in early and middle pregnancy, while this percentage increased to 76% in late pregnancy. Most frequently reported symptoms of couvade syndrome were backaches, difficulty sleeping, irritability, increased appetite, fatigue, and restlessness. The results also revealed that experienced

expectant fathers complained of more symptoms than did the inexperienced fathers. The researchers also discovered that total number of symptoms reported was higher in unplanned pregnancies than in planned pregnancies. Differences in social class and race were also found to be significant factors. Working class men consistently experienced more somatic and psychological symptoms than did middle class men. The same holds true for black men; they were shown to report more symptoms than white men. These results indicate that emotional state does play a significant part in couvade syndrome. Emotional stress and anxiety seem to be major predictors of couvade syndrome symptoms.

Every one of the previously discussed research studies has provided valuable information about couvade syndrome. These studies have uncovered important data but, many more studies need to be conducted in this area to further knowledge and understanding of couvade syndrome.

One thing becomes evident after reviewing the research literature; the very existence of couvade syndrome has drastic implications on the nursing profession as a whole. The existence of couvade syndrome holds implications for the clinical nurse, the nurse educator, and the nurse researcher. Clinton has stated that "nurses are in strategic position to generate new knowledge about the experiences of expectant fathers and to influence their ability to cope" (Clinton, 1985, p. 225). I think Clinton is saying that if anyone can help these expectant fathers deal with the problems associated with couvade syndrome, it is the

nursing profession.

It is understood that the nursing profession is going to have to help these expectant fathers, but what exactly needs to be done? As a nursing student, it is my belief that college professors need to place much more emphasis on the existence of couvade syndrome. I say this because with an increased understanding of the syndrome, it would be much easier to detect it early and to treat it. Also, as students, we are in the position to learn. If we are taught something while still in school, we will be much better able to deal with it when we are in the "real world." On a different level, I think that the clinical nurse needs to start monitoring the expectant father's health status, just as they do the pregnant woman's. I believe this holds especially true for those men who possess any of the previously discussed risk factors of couvade syndrome. It is said that if clinical nurses began this monitoring, it "would greatly enhance the goal of truly family-centered maternity care" (Clinton, 1987, p. 294). All of the previously mentioned interventions are important, but to me, teaching the expectant father about couvade syndrome is by far the most significant. First, I think the father needs to be educated about what couvade syndrome is and what it involves. He needs to be told of the potential risk factors of experiencing couvade syndrome and what puts him at risk of getting it. I also think that expectant fathers need to know that this syndrome is not some rare, unusual occurrence. They need to be told that it is a natural process. The nurse teaching childbirth education

classes is in the perfect position to do some of this teaching. As nurses, we need to offer these expectant fathers support, guidance, counseling, and, teaching. Clinton has stated that "All the symptoms found to be related to couvade are highly amenable to nursing influence" (Clinton, 1987, p. 294). I truly believe that the nurses of this world can make an impact on this problem.

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