

FROM COUVADE TO “MEN’S INVOLVEMENT”

Sociocultural perspectives of expectant fatherhood

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I’m perched on the edge of a couch next to a woman while several other women recline on the other couches in the dimly lit living room. There are children and teenagers sitting on the rug on the floor—the proper place for children in a room full of adults. Except for the towering man leaning in the doorway, I’m the only guy here. This circle of women is chatting about food, gossip, and childrearing while an unnamed, tightly-swaddled, three-day-old girl is rocked from side to side in the lap of her mother. She passes the baby to the next woman who does the same for several minutes before passing her on to the next and the next. I can see where this is going—the baby will eventually come to me. I realize I’ll have to forgo rocking her in my arms and try out this leg-rocking thing. Turns out the leg thing is all in the hips, and I just can’t get the rhythm right. After a few minutes, I passed the baby to her father—the man in the doorway—whose smile lights the room for a brief moment as he rocks her in his arms.

“Oh, so you hold babies now, huh,” I rib him. “Look, he’s a natural,” I tell the room.

“I can’t believe I was ever afraid.” He looks into her eyes. “This is ... this is life.”

This man, the father, is my *grand* (big brother) and I’ve been living on and off with his family for the better part of a decade while he pieces together income from his job as a contractor and from remittances of expatriated friends and relatives. For the last seven or so months, he’s thrown his hustle into overdrive—working as much as 14 hours at a time in construction sites and calling on everyone he knows who can give money. This is his responsibility as an expectant father: *Serse larzañ*, or “to find the money.” Expectant fathers in Senegal and throughout the Global South are often targets of global health campaigns that aim to empower women, increase women and children’s access to healthcare resources, and reduce maternal and infant mortality by educating men and encouraging them to take up a more active role in prenatal care, childrearing, and domestic labor. In Senegal, where pregnant women have an *entouraz* (“people who surround”), prenatal care is often diffused among her social circle—her female in-laws take up the more intimate care roles like emotional support, accompaniment to clinical appointments, and teaching from experience, while her male partner’s job is to make sure that all of the expenses of pregnancy (on top of daily life and struggles, which never cease) can be paid. And while some men in my research were open to the possibility of taking on roles that are generally

considered “women’s business” (*affaire u jigeen*), women were very often resistant to what they saw as a masculine encroachment on women’s space.

The study of expectant fatherhood is both on the cutting-edge in the field of global reproductive health and one of the oldest objects of fascination in North Atlantic anthropology, having taken on different forms created by different lenses for the last century and a half. It was once referred to by E.B. Tylor (1865) as “*couvade*,” an Anglicized derogatory term that described French Basque peasant-men who “took to childbed” following the delivery of a newborn. The term traveled and evolved, as terms do, most famously into the ethnographies of Indigenous peoples of the Amazon. There, *couvade* became synonymous with how an expectant father took on certain nutritional, sexual, and other behavioral prescriptions and proscriptions in an effort to keep his pregnant partner and the unborn child in good health and spirits (literally). At some point in the early twentieth century, while anthropology and psychiatry were strange bedfellows, *couvade* even became a pathological *syndrome* by which (white Euro-American) men sympathetically felt the pains and pangs of their pregnant partners. Peter Rivière once remarked that the regular re-evaluation of *couvade* is itself a lens on the history of anthropological thought more broadly (1974: 424); my work demonstrates that the study of expectant fatherhood is, additionally, a lens onto both researchers’ and research participants’ practices and expectations of gendered space.

The ethnographic study of expectant fatherhood has a long history, but it seems to have been on hiatus for almost 40 years since Carole Browner published on Colombian men’s pregnancy symptoms (1983). What is new is the approach. The careful consideration of gender as an inherited and shared suite of practices and expectations associated with the body reveals new insights about masculinity, fatherhood, and partnership that were once considered biologically natural. Ethnographic work that, for example, focuses on pregnant people’s experiences and how they navigate local healthcare systems tends to very often neglect their partners and their partners’ experiences in a way that suggests and reinforces pregnancy as a purely biological phenomenon rather than the social experience that ensnares entire social groups (Johnson-Hanks 2006).

As Matthew Dudgeon and Marcia Inhorn wrote almost 20 years ago, “Only recently have men as men—that is, as gendered agents, with beliefs, behaviors, and characteristics associated with but not dependent upon biological sex—become subjects of theory and empirical investigation with the social sciences, including in anthropology” (2003: 37–38). Importantly, taking a gender theory approach to men and reproductive health not only provides a fresh perspective on contemporary issues in global reproductive health, but also helps us see the limitations of the work already done, work that often perpetuates harmful gender stereotypes and assumptions. For nearly 120 years prior to Browner’s work, when men appeared in any research about pregnancy, they were regularly represented as deviating from what was, at that time, considered natural. We now understand that those men were likely deviating from the ethnographer’s sense of “proper” masculinity, rather than from their own.

I think that, with significant adjustment, *couvade* is still a useful concept with which to look at pregnancy as a social phenomenon. The limits of *couvade* as an analytical concept in the past were built into the gender assumptions about what an expectant father should be, as well as who could and could not be pregnant. Decoupling pregnancy from sex and gender and expanding our view of pregnancy as an unfolding event that captures not only the individual but their entire social environment, or what Jennifer Johnson-Hanks (2006) calls a “vital conjuncture,” shows us that *couvade* is not just applicable to expectant fathers, but all kinds of people who adopt new practices and expectations in the vicinity of pregnancy. That said, my own research on pregnancy in Dakar and this chapter focus solely on expectant fathers, but a newly reformulated *couvade* is certainly amenable to less heteronormative contexts as well.

Ethnographic reflections on “male involvement”

When it comes to reproductive health research, men, in particular, tend to be slotted into categories that position them in relation to risk: Sexual behavior and risk (see Davids et al. 2011); sexuality (see Niang et al. 2003; Poteat et al. 2011); sex work (see Sangaramoorthy and Kroeger 2013); contraceptive use and family planning (see Wynn and Trussell 2006; Sargent 2011); sexually transmitted infection (STI) avoidance (see Middelthun 2001; Yu 2013); infertility and assisted reproductive technologies (ARTs; see Inhorn 2003; Roberts 2012); and adoption (see Seligmann 2009; Berman 2014). Men are hardly represented in pregnancy-related works on abortion (see Storeng and Ouattara 2014), prenatal screening (see Rapp 1999; Taylor 2008), childbirth education (see Sargent and Stark 1989; Ketler 2000), or surrogacy (see Teman 2010; Deomampo 2013); nor do men appear much in ethnographic works on birth models (see Davis-Floyd et al. 2009), placental practices (see Young and Benyshek 2010), fetal loss (see Layne 2003), nutrition practices (see Moland and Blystad 2009; Chary et al. 2013), postpartum taboos (see Desgrées-du-Loû and Brou 2005; McKenna et al. 2007), or clinical depression (see Stern and Kruckman 1983; Harkness 1987). In these works, to paraphrase Amade M'charek and colleagues (2014), men are made present only in their conspicuous absence. They are, however, featured prominently in ethnographic work about paternity testing (see Fonseca 2011) and obstetric emergencies (see Wall 1999). Across the board, where men do appear in ethnographic works on reproductive health, and pregnancy specifically, they are influencers—negligent, obstacles, gatekeepers, sometimes emotionally or physically supportive—and with few exceptions are men's lived experiences of pregnancy conveyed in ethnography.

In *Birthing Fathers: The Transformation of Men in American Rites of Birth*, anthropologist Richard K. Reed (2005) explores the roles that American men play during pregnancy, including couvade, and how men's experiences during labor and delivery have changed over the last century, childbirth education and men as partners, and how men experience fatherhood. Reed argues that American men perform ritual couvade just as their Indigenous South American counterparts do: Men's diets change as the partner's cravings change (eating is social, after all), they undertake the preparation of the forthcoming baby's crib and room, and they may abstain from sex (2005: 58–63). Reed reasons that like some anthropological interpretations of ritual couvade in other cultures, the American couvade need not make sense scientifically, it only needs to make sense to the expectant partner as a form of acting in his unborn or newborn child's best interest (2005: 63–64). Reed is not only interested in interrogating how fathers are affected by pregnancy and childbirth, but he also explicates the historical transformations of American fatherhood relative to the biomedicalization of birth. Reed argues that as American birthing practices ebb and flow, so too do the meanings and experiences of men as partners and fathers.

More recently than Reed's book, the last quarter of the edited volume *Reconceiving the Second Sex: Men, Masculinity, and Reproduction* (Inhorn et al. 2009) is a collection of four chapters that focus on men's experiences of pregnancy. In the first, Tsipy Ivry (2009) explores what it means to “share a pregnancy” by working with Israeli couples attending childbirth education courses. She finds that the fathers-to-be must reconcile the biomedical knowledge taught in the course with the embodied experience valued by their own local masculinities (301). Since the men in her study view the pregnancy of their partners as primarily a physical hardship, some men question the relevance of the courses and of medicalization (297), and as a result, they find it difficult to define their roles in pregnancy and the childbirth process (299).

In her chapter “Making Room for Daddy,” Sallie Han (2009) argues that “belly talk”—the action of communication or contact with a pregnant belly and, by extension, the fetus inside—not only constructs and reinforces kin relations, but it also serves as a mechanism for

American men to make the expected child and the pregnancy “real” (308), thereby reifying their roles as expectant fathers. Following the historian John Gillis, Han suggests that as the American economy shifted to necessitate two incomes for middle-class households, so too did the roles of parental division of labor (315), thus leading to what Han and other anthropologists have described as a new, more involved model of American fatherhood. Ultimately, belly talk facilitates fathers’ “head start” into bonding with their expected child (319). I argue that belly talk represents the makings of a socio-spiritual bond that unites the partner and the child in a way that is similar to the bonds forged in classically anthropological descriptions of ritual *couvade*.

In the third chapter of the series, Janneli F. Miller (2009) documents Indigenous childbirth practices of the Rarámuri in Northern Mexico, which are unique not because women typically give birth without assistance, but because they are often assisted by their husbands. While the husband does not actually deliver the baby (the woman does this herself), he does have duties that we might typically associate with those of a birth doula—bringing warm water, deflecting unwanted visitors, keeping the other children occupied—as well as particularly local customs like peeling and delivering a pine log for the laboring woman to hold on to and, later, burying the placenta (337–338). Miller points out that, despite the apparent sex-segregation of Rarámuri society, the division of labor is flexible in that men and women often trade certain tasks, and it is a cultural expectation that men assist their wives in childbirth (343). It is by sharing in such intimate and equal partnerships with their wives that they affirm Rarámuri ideals of masculinity (343) and that they produce and reproduce the “egalitarian nature of Rarámuri society” in their own families (345). The behavior of Rarámuri men, I would argue, falls into the new holistic definition of *couvade* in that their practices require partnership with the expectant mothers in order to protect her and the child.

In the final chapter, Maruska la Cour Mosegaard (2009) reveals another gap in the literature on homosexual men’s pursuit and experience of fatherhood. Contextualized in an ongoing legal and political debate about homosexual parenthood in Denmark, the discourse was largely related to lesbians and their desires to have children, to the exclusion of gay men (349). Mosegaard’s research describes the ways in which homosexual men navigate Danish law and reinvent Danish conceptualizations of kinship to become fathers, thus distinguishing their needs and strategies not only from those of lesbians, but from those of heterosexual fathers as well.

Biological anthropologist Lee Gettler and colleagues (2011) have found that following the birth of a child, men’s testosterone rapidly declines. Further, the authors find that interacting with dependent children suppresses testosterone (2011: 16, 196). Lower testosterone is associated with higher paternal investment and nurturing behavior (2011: 16, 196). The work of Gettler et al., which does not itself mention *couvade*, might serve as a starting point for interrogating the ways in which *couvade* is hormonally manifest, perhaps differently in local contexts. And *couvade* need not even be limited to *Homo sapiens*. Sánchez Rodríguez et al. (2008) found that expectant male cotton-top tamarins (*Sanguinus oedipus*), as well as adult male and female alloparent helpers, gain about 3.3% of their baseline weight in the third trimester of the expectant female’s pregnancy, though it isn’t quite understood why or how (827). A far-reaching redefinition of *couvade* would certainly open it up to a primatological perspective.

Finally, in a 2011 study, researchers aimed to describe the childbirth experiences of Swedish first-time fathers using a phenomenological lifeworld approach and re-enactment methodology. By focusing on the lived experiences of men, Premberg et al. found that men intended to support and strengthen their partners-in-labor and that their experience—highly dependent on the state of his partner and the presence of health care providers—moved back and forth between overwhelming euphoria and agony (2011: 849). They conclude that the consideration of hospital

birth as a mutually shared experience could be both beneficial for the father-to-be and the well-being of the new family (852).

While there has been a recent focus of scholarship on men's subjectivities and reproductive health, much of the work has been disproportionately limited to the Global North. This means there is virtually no literature on men's perspectives of childbirth in the Global South and, with respect to my own area of study, there is no such research that has been done in West Africa. Furthermore, excepting Mosegaard's aforementioned book chapter, there is virtually no published work on single, queer, or polygamous parents and their perspectives of expecting childbirth or childbirth itself. All studies of couvade have systematically focused on heteropatriarchal forms of kinship, overlooking those created by assistant reproductive technologies, surrogacy, and LGBTQIA unions. This is fertile ground for researching the ways in which queer folks experience the pregnancies of their partners or surrogates. What does couvade look like for queer and trans folks? How might couvade manifest in the tetrad of two expectant parents (of any configurable sexuality), a surrogate, and the child? What forms of ritual do they practice, in what ways do they construct a socio-spiritual connection with their unborn child, and how do they respond physiologically and psychologically to these expectations? More recently, some researchers have just begun undertaking ethnographic work that falls into a wider view of couvade. Michelle Walks et al. (2019) have looked into how pregnant transmen engage with and are perceived by healthcare professionals. And Willow Rosen's nascent ethnographic work "Trans and Queer Babymaking" confirms that no two lived experiences of prenatal care are the same, and that they are only generalizable in that people deviate significantly from their normal practices and expectations in response to pregnancy and in anticipation of a new family member.

A brief history of "male involvement" discourse

Where Dudgeon and Inhorn argue that "only recently have men as men ... become subjects of theory and empirical investigation with the social sciences, including in anthropology" (2003: 37–38), they are correct to the extent that a refocusing of the anthropological lens is nascent. But interest in men's experiences of pregnancy and childbirth is by no means new. It is, in fact, one of the earliest objects of research in the history of North Atlantic anthropology. Over 150 years ago, E.B. Tylor popularized the concept of couvade in his 1865 publication of comparative work, "Researches into the Early History of Mankind and the Development of Civilization." There, it is discussed in the tenth chapter, "Some Remarkable Customs," like an afterthought.

Most literature rightly attributes the coining of "couvade" to Tylor, but few scholars discuss from whom he borrowed it, and only one scholar (as far as I know) has picked up on his mistranslation (see Doja 2005). It is true that the word "couvade" is related to the French *couver* (to brood or hatch) and *couveuse* (a brooding hen), but Tylor took it from a description of French Basque men who *fait la couvade*, which he took to mean that they perform the proscriptions associated with our current understanding of couvade. As it turns out, *fait la couvade* is a derogatory phrase meant to ridicule the men who, by "taking to childbed," were deviating from the hegemonic masculinity of France, the symbol of which is opposed by the brooding hen: The Gallic rooster (Doja 2005: 920). In other words, they were "being women." Anthropologists have used this signifier for 150 years, and the concept has become no clearer since Tylor first misunderstood it.

Couvade has taken a number of forms in scholarly literature. Less than 100 years after its first use, Alfred Kroeber first called attention to the problem of its plasticity, writing that he believed couvade to be "a variable or series of intergrading phenomenon" (Riviere 1974: 424–425). Writing a note for *American Anthropologist*, Harriet J.K. Kupferer (1965) dissented, opining that

the word should not be used as indiscriminately as she argues it had been. After summarizing a number of forms of couvade from ethnographic literature, she demarcates two major types: Real and ritual. She writes,

One is clearly an instance of psychosomatic or psychogenic illness. There is little question of simulation or imitation about it. On the other hand, the ritual couvade is most assuredly simulative or imitative. Nowhere is the suggestion made that the husband is actually unwell.

(Kupferer 1965: 101)

Responding to Kupferer in the same journal, Lucile Newman (1966) prefers to distinguish between the types of couvade as two separate spectra of either “social” or “psychosomatic” behavior, thus delineating between voluntary and involuntary couvades (154). She suggests that a clearer description of couvade will facilitate a better understanding of its purpose, function, and cause in the future (Newman 1966: 154). Later, Peter Rivière also distinguished between two types of couvade: Ritual couvade and Couvade Syndrome (Rivière 1974: 425)—a typology that has survived ever since, not only in name but in scientific understanding, and it is the distinction that I use here, if only to stitch them back together. For most anthropologists, couvade is a set of behavioral, nutritional, and sexual restrictions to which men adhere, sometimes during the pregnancy of their partners but often after childbirth for a set amount of time. Rarely is this form identified in industrialized environs; couvade, as far as North Atlantic forebearers have been concerned, is the domain of Indigenous peoples and their “exotic ways.” Couvade, as it manifests among white men in the Global North, is under the gaze of biomedical scrutiny; a suite of psychological and physiological “symptoms” renders this version a “syndrome.” Thus, in academic literature, couvade is found among Indigenous peoples while Couvade Syndrome is a problem of “modernity.”

Ritual couvade

Rivière’s (1974) description of Niels Fock’s account of the Waiwai of Brazil serves as a typical case of couvade as it has been problematized in anthropology. Couvade as it is practiced among the Waiwai features restrictions put upon the father during pregnancy and after childbirth (Rivière 1974: 428). Toward the end of the pregnancy, it is the expectant father’s duty to build a birthing hut in which he and his wife will reside when labor begins, for fear that the blood of birth could pollute the communal house (Rivière 1974: 428). Following the delivery, mother and child continue to stay in the hut for about two weeks—the father comes and goes, though always adhering to couvade behaviors, and the child is named (Rivière 1974: 428). After a cleansing ritual, the mother and child move back into the communal house (Rivière 1974: 428).

For the postnatal restrictions, Rivière relays, individuals from the society may give completely different lists—ultimately, it depends on experience and on the health of the child, but the purpose of adhering to restrictions is the same: To accumulate the soul of the child and make it spiritually strong enough to be self-sufficient (Rivière 1974: 429). As the souls of the parents are apparently tied to the soul of the child, any prohibited behavior or food consumption could contaminate or impede the growth of the child’s spiritual matter (Rivière 1974: 429). Until the child’s soul has been fully delivered, after about three years, they are referred to as *okopuchi*, meaning “little corpse” (Rivière 1974: 429).

It is worth noting that Rivière explains that the seclusion, naming, and reintegration ritual of the Waiwai actually have little to do with the couvade, which he writes can last up to three years

after the birth of the child (1974: 428). Why does he bracket this time off as unrelated to Waiwai *couvade*, particularly after describing it as including “both pre- and postnatal restrictions on the activities and diet of both the father and mother” (1974: 428)? I would argue that those particular rites don’t fit into Rivière’s idea of ritual *couvade* because their focal point is the family unit itself, not the father alone, thereby exposing the heteropatriarchal androcentric preoccupations of *couvade* studies in this period of time.

In 1865, Tylor first interpreted *couvade* as a mechanism of “sympathetic magic,” a kind of magical relationship between like causes and effects (Frazer 1890). In his summation, *couvade* is exclusive to the “savage” psychology—a “confusion of imaginary and real relations” between a man and his child whereby there appears a belief that one is spiritually bound to the other (293), and that the father’s health and well-being were intrinsically linked to his child’s. He would later revise his interpretation to be more consistent with his theories of cultural evolution—*couvade* marked a stage of transition from a matriarchal society to a patriarchal society (Tylor 1889). Functionalists, namely Bronislaw Malinowski (1927) and, later, Mary Douglas (1968) viewed *couvade* as a mechanism for “establishing social paternity by symbolic assimilation for the father to the mother” (Doja 2005: 922) or establishing paternity where paternity might be ambiguous (Douglas 1968), respectively. Ritual *couvade* has also been interpreted through the psychoanalytic lens as one of a suite of psycho-sexual phenomena that aim to reconcile anxieties about castration, penis envy, womb envy, gender dysphoria, and unconscious sexual hostility (Doja 2005: 925).

With respect to the ritual *couvade*, a Western fascination with men’s involvement in pregnancy has exoticized the roles that they play in preparation for the imminent or recent birth of their children while overlooking the similar proscriptive behaviors of their pregnant or newly delivered partners. Laura Rival (1998) found in her work with the Huaorani that women were not participating in restrictions without their partners and that there was no documented case of men participating in *couvade* without their partner (622–623). Albert Doja would later use this generalizable finding to state that *couvade* is therefore not a rite of fatherhood, but what he identifies as “a rite of co-parenthood” (2005: 930). Thus, while anthropologists have historically been interested in the father (or father-to-be), they have created a large blind spot for themselves by neglecting two-thirds of the triad—an interesting inversion of the predominant gender problem in ethnographies of reproductive health.

Couvade syndrome

In a study by the psychologist Maria Kazmierczak and colleagues (2013), 143 Polish expectant fathers who attended antenatal classes were asked to fill out surveys listing 16 symptoms associated with *Couvade Syndrome*. They include nausea, vomiting, abdominal pain, flatulence, changes in appetite, weight gain or loss, intestinal problems, toothaches, skin problems, leg cramps, fainting, weakness, colic, diarrhea, and constipation. They were also asked to complete an “Empathic Sensitiveness Scale,” of which 117 men did. What they found was that men who indicated as being emotionally sensitive (according to the Empathic Sensitiveness Scale) were prone to symptoms of the *Couvade Syndrome*. The authors state that their work confirms that of Brennan et al. (2007a), who found that men experience *couvade* when they are distressed or uncertain of their futures as fathers.

In another article by Brennan et al. (2007b), the authors critically review the literature that surrounds *Couvade Syndrome*. They begin almost immediately by stating that there is no mention of it in the Diagnostic Statistical Manual of Mental Disorders—Version 4 (DSM-IV) or the International Classification of Diseases—Version 10 (ICD-10), but that the Dictionary of

Medical Syndromes defines it as a “neurotic disorder which occurs in men whose partners are pregnant” (Brennan et al. 2007b: 174). They add that the incidence of Couvade Syndrome is highly varied all over the world and that sociodemographic factors are completely contradictory (Brennan et al. 2007b: 175–176). Again, there are myriad interpretations. Some psychoanalysts have written that Couvade Syndrome is a manifestation of parturition envy, while others have claimed expectant fathers view the fetus as a rival (Brennan et al. 2007b: 182–183). Psychologists hypothesize that Couvade Syndrome is what results when men are secluded from pregnancy or that men experience Couvade Syndrome as an embodied response to their transition into fatherhood (Brennan et al. 2007b: 183–185). Finally, as Kazmierczak et al. have stated (above; 2013), some see Couvade Syndrome as a mechanism by which men insert themselves into the pregnancy, either because of anxiety or the feeling of marginalization, by organizing and attending antenatal care, adhering to dietary restrictions, and so forth (Brennan et al. 2007b: 185–187). Personally, I believe that Couvade Syndrome is a result of sympathy activities whereby expectant fathers’ diets and physical activities change in step with that of their pregnant partners.

The search for a definitive cause of or reason for Couvade Syndrome is not unlike the exemplum that Scheper-Hughes and Lock (1987) share in their interrogation of Cartesian dualism in which a patient explains to a room of first-year medical students all of the determinants of stress in her life. Impatiently, one student interrupts to ask, “But what is the real cause of the headaches?” (1987: 8). With respect to the so-called Couvade Syndrome, the biomedical fascination with men’s involvement in pregnancy has pathologized the physiological and psychological changes that they make in response to the imminent or recent birth of their children while overlooking men’s contextual behaviors (Reed 2005: 32–35). Richard Reed (2005) notes that a biomedical view of pregnancy locates it not only in the female body, but one that inherently deviates from the “normal” female body (72). To the biomedical gaze, for a man to experience pregnancy in any way, especially psychosomatic, is doubly deviant.

Recalibrating couvade

The argument that I make here is simple and it is based on three corollaries to the critiques that I have established above. First, all analysis of couvade originates in the West. It is overwhelmingly White European and North American scholars that have defined ritual couvade and Couvade Syndrome. As producers of hegemonic knowledge, their research and analysis on such phenomena set the stage for the ways that men’s subjectivity is treated in clinics, in discourse, and by global health and development scholars. Second, if one examines the total geographic distribution of ritual couvade (i.e., the Global South) and Couvade Syndrome (i.e., the Global North), one could suppose that some form of couvade is nearly universal, if only by virtue of the fact that it is so nebulously defined. Finally, the practices of ritual couvade are widely variable (Reed 2005) and the varying definitions of Couvade Syndrome are profoundly contradictory (Brennan 2007b). Following these three points, I argue that couvade should be reformulated as a catchall for a partner’s or alloparent’s locally situated, conscious or unconscious changes in practices, expectations, and physiology in the pre-, para-, or postnatal period. It is important that there is no distinction between ritual forms and psychological forms—a distinction that says more about how a researcher sees race than anything else—and that it is inclusive of other persons in the community of care; indeed, future scholarship of couvade demands an ethnographically holistic view of all of the influences on one’s experience. This recalibration of couvade would fashion it as a valuable tool in the emerging scholarship on men’s subjectivities during pregnancy and childbirth.

Perhaps the most complete and most recent problematization of couvade comes from Doja (2005) in which he asks us to “rethink” how couvade has been interpreted and theorized over the last 150 years. While I agree with the core of Doja’s argument that our conceptualization of couvade can be expanded, it suffers from the same significantly narrow and essentialist view of human societies that couvade has long been subjected to: It assumes family to be biological and nuclear; it assumes gender to be fixed and binary; it assumes life events to be synchronic, critical, and individually experienced; it assumes the practice of couvade to be abnormal with respect to gendered socialization; it assumes individuals to be rational; and it all happens in isolation from colonial extraction and neoliberal capitalism. On this last feature of couvade studies, the analysis of couvade in societies that are either deceptively vacuum-sealed from globalizing forces (which they are not) or removed from urban locales is an implicit reproduction of long-outdated theories of social evolution. Theoreticians of couvade have historically tried to interpret a deeper meaning—the development or strengthening of conjugal bonds, the creation of a new person (or new people, including the parents), and even castration anxiety, to name a few. Couvade, in any case, is over-theorized and therefore overly complicated and completely out of touch with a reflexive and textured ethnographic engagement.

Conclusion

As pregnancy is regarded through a Cartesian understanding of the body, Western scholars have separated men from it. Because a partner’s or alloparent’s experience is psychological and emotional, it has thus been irrelevant to the interest of Western sciences (Reed 2005: 73). Couvade, as either a ritual or a syndrome, is an incomplete tool for the study of the subjective experience of pregnancy. They are two sides of the same coin, and they must be treated as such in order to elucidate a full ethnographic account of a partner’s, alloparent’s, or even community’s experience. Historically, the literature on ritual couvade has emphasized how expectant fathers deviate from gendered expectations without taking into account that both men and women are acting together in the interest of the child, not to mention to what prescriptions or proscriptions *other family members* or alloparents may adhere. Likewise, scholarship surrounding Couvade Syndrome has insisted on pathologizing that deviance by neglecting the socio-cultural underpinnings of the expectant partner’s lived experience. Framed by one’s cultural practices and expectations, an ethnographic perspective should reveal how partners imagine themselves to contribute as a parent and how those expectations influence one’s experience.

While couvade, as I envision it, is inclusive of all genders, families, and relationships, this reunion of the two historically opposing forms of couvade lends itself as a valuable tool for the emergent scholarship on men’s experiences of pregnancy and childbirth. I have presented several examples of the emerging research that has challenged a mostly unquestioned woman-centered body of literature by documenting men’s narratives of pregnancy, childbirth, and fatherhood.

The potential gains in expanding the ethnographic lens to take pregnancy seriously as a *social* experience are innumerable. In my own work with expectant fathers in Senegal, I found that while global health organizations and NGOs wanted to tackle maternal and child mortality by sensitizing men to women’s health, men in Dakar were already involved and invested in their health in critical ways. As one midwife told me, “Men have the most important job.” The problem, of course, is that to foreign (often Euro-American) donors, those forms of involvement (like “finding the money”) were not recognizable *as* prenatal care. Additionally, there exists an indefatigable assumption that if an expectant father isn’t providing (recognizable) forms of prenatal care, then no one is, when in fact pregnant women in Senegal are very often surrounded by other, more experienced women in their lives. Pregnancy and childbirth are

inherently social experiences and it requires an ethnographic undertaking to depathologize and normalize men’s subjectivity and to fully incorporate their experiences into the anthropology of reproduction.

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To the memory of Leith Mullings. Rest in power.



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