

Whilst it must be remembered that bask of past emotions is distorted through selective perceptions and selective memories' (Murgatroyd 1985, page 87), their recollections of the events surrounding the birth seemed particularly clear and mirrored almost exactly those of the mothers.

When the research report regarding fathers was read by the father of a disabled child (not concerned with that study), he found parts of it deeply motivating. Key findings in the study not only reinforced his own experiences and feelings, but enabled him to reflect and refine his personal experience.

It was decided to combine with the researcher to compile this joint paper, which would explore a professional's perceptions and a father's reflections of the issues surrounding a father's role in the early stages of parenting a child with a disability. For however thorough researchers are investigating topics such as these, they can never articulate the depth of emotion and the life shattering experience as it truly is for the parents of the disabled child. The authors thus aspired to give an holistic overview of the experience from the professional and parent vantage points.

It is only through an analysis such as this that we can hope to assess the implications for the parent/professional partnership and reappraise how working practices can be redesigned to actively include fathers.

Breaking the news

The diagnosis will be the most disturbing crisis the parents will face during the child's life (Wikler 1984), and in all seven cases it was the hospital paediatrician who gave the news. Although there can be no optimum time to do this there must be an optimum method (Erikson cited in McConachie 1986, Hannam 1988). Cunningham and colleagues (1984), at the Hester Adrian Centre, have attempted to explore this and to formulate a preferred way of imparting the news.

How were we told?

When the news was broken by the paediatricians, the style of delivery varied from the 'abrupt' to the 'sympathetic and understanding':

Within minutes, the Paediatrician was by our side. His eyes were full of sympathy, his voice soft and understanding; before he uttered a word we knew something was wrong. He told us in clear, unambiguous terms; 'I think there is something wrong with your baby's back and lower limbs. I am sending her for further tests.' His calmness contrasted the inner turmoil we began to feel. Helplessness descended upon us: my wife lying on the operating table following the Caesarean Section: me garbed in medical gowns.

The responses

Similarly, the responses portrayed 'anger', 'shock', 'disbelief', 'numbness':

Shock was an inevitable response, but my male protector role came to the fore - "We can cope; this is fine. She is our baby, we have the experience" My next recollection was of some nurse reviving me on the operating room floor - I had fainted!. At this point we were too numb to cry, we had to have hope. His (the paediatrician's) diagnosis was incorrect, he was mistaken - he **must** be mistaken.

Too much too soon

The issue of 'how much' information and 'when' was a recurring theme in all seven fathers interviewed for this study. The most unwanted information was often that of further complications, such as a heart defect.

Inevitably we asked for more information than his initial bald description of the bare facts of our baby's disability. Was it Spina Bifida? "No" was his response. If anything, he thought it was Sacralagenesis. What was that? We had never heard of it. "And there are some complications with the baby's heart too. ' But I don't think I heard that comment at the time, I was still stuck on Sacra-whatever-it-is!

Content of information

The professionals suggested a range of strategies through their advice. Some suggested adoption, surgical intervention, or even putting the cot behind the bed "so you don't have to look at her". The fathers who felt