

# Integrating ‘mental illness’ and ‘motherhood’: The positive use of surveillance by health professionals. A qualitative study

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## Abstract

*Background:* Sociologists have long recognised the social control functions of different social institutions. Nurses, however, often appear more comfortable with formulating their roles in altruistic terms.

*Objectives:* In this paper, we examine the relevance of Foucauldian concepts, in particular that of surveillance, to an understanding the relationship between healthcare professionals (especially nurses) and their patients.

*Design:* We use the concept of ‘interactional frames’ to analyse data from qualitative interviews with mothers who have a mental illness.

*Settings:* The research, from which the data in this paper were taken, was carried out in a largely urban area of south-east Wales, in the UK, during 2001 and 2002.

*Participants:* The participants were 11 women, each with one or more children, all of whom were under the care of their local Community Mental Health Team.

*Methods:* The paper draws on findings from a wider study of the influence of child-care responsibilities on access to services for women with mental health problems. Data were generated through individual, semi-structured interviews, carried out and transcribed by one of the authors (BD).

*Results:* Women produced accounts of their mothering practices which acknowledged the norms of ‘good’ mothering. They spoke about the need for ‘impression management’ in their clinical encounters, both those in which they were the patient and those undertaken on behalf of their children. The data showed health professionals moving between frames in which the woman was a mother and in which she was a person with a mental illness, and integrating the two frames to the woman’s benefit.

*Conclusions:* Women who are mothers and who are also users of mental health services face particular challenges in managing the contradictory aspects of their dual identity. Health professionals can use their disciplinary power in a positive way, to help women in this task.

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*Keywords:* Disciplinary power; Mental illness; Motherhood; Social interaction; Surveillance

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## What is already known about the topic?

- Healthcare activity can function as a means of social control and regulation.

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- The exercise of disciplinary power by health professionals is not always acceptable to patients and can be met with resistance.
- The disciplinary power of surveillance has often been understood in purely negative terms.

### What this paper adds

- Mothers with mental illness face particular challenges in managing the contradictory aspects of their dual identity.
- Health professionals can use their disciplinary power in a positive way.
- Through their management of interaction in the clinical encounter, health professionals can help patients integrate their identity as ‘patient’ with other social roles.

## 1. Introduction

Sociologists have long recognised the important control functions of different social institutions and their agents. For them, ‘social control’ is a neutral term which highlights arrangements for ensuring individual’s actions are kept within certain acceptable boundaries of behaviour. Such mechanisms are essential to society: without them, anarchy and chaos would reign. Classic sociological analyses have focused on the social control functions of key institutions such as the family, religion and socio-legal systems. More recently, the approach has been applied to the study of medicine (Armstrong, 1983, 1995) and also nursing (May, 1992). However, the analysis of nursing work in terms of its social control functions has not sat easily with the profession’s self-image: nurses appear more comfortable with formulating their roles in altruistic terms, drawing on concepts such as caring and patient empowerment (Traynor, 1999; Schafer, 2003). There are particular sensitivities in the context of mental health nursing moreover, because of the profession’s aspirations to distance itself from deep-rooted historical associations with a custodial role.

In this paper, we examine the social control function of healthcare activity and argue that it can be used positively to empower and support patients rather than just to control them. This argument is illustrated with reference to the experiences of women who are mothers and who have mental health problems, which are analysed using theories of social interaction. The paper draws on data collected in a qualitative research study carried out to explore how being a mother and having responsibility for child-care influences access to services for women with mental illness.

## 2. Healthcare and social control

It was Parsons’ work on the ‘sick role’ that first directed attention to the contribution of medicine in the maintenance of social order (Dingwall et al., 1977). This work has provided the impetus for a body of sociological scholarship aimed at understanding the practices of health professionals, as well as lay health behaviour. A key contribution to this line of analysis is the work of Michel Foucault. Tracing historical changes in the way in which society exerts power over its members, Foucault (1977) draws attention to the shift away from techniques of control involving physical punishment and incarceration to the situation in modern societies in which control is exercised through dominant social discourses. Within a certain discourse there are, literally, things that cannot be said or thought. For Foucault, discourses are not simply a way of describing the world, they are a major means by which social power is exercised. Thus, a discourse, as ready-made way of thinking, can preclude alternatives and preserve the status quo.

In the healthcare context, the application of a Foucauldian perspective saw the introduction of the concept of the ‘medical gaze’ as one way of thinking about the social control functions of the medical profession. Foucault deployed the concept of ‘surveillance’ to characterise the process by which discourses define people’s understanding of the world and encourages them to conform to particular behavioural norms. As intermediaries between the state and citizens (Durkheim, 1957) health professionals, through their access to technical knowledge and the development of expertise within a particular discipline, are able to shape the experience and behaviour of others. Thus, surveillance is the term that denotes the process of exercising disciplinary power.

These insights have been taken up and developed by some authors in order to examine nursing roles. Bloor and McIntosh (1990) used data from two studies carried out in the UK, one of health visiting and the other of psychiatric nursing, to analyse the relationships between professionals and clients in terms of ‘surveillance’ and ‘concealment’ of certain client behaviours. They argued that the fact that clients concealed some behaviour from professionals illustrated the exercise of surveillance, on the one hand, and ‘resistance’ on the other. Recognising that power does not lie exclusively with the professional, they argued that the relationship between health professionals and clients (or patients) is necessarily a disciplinary one. Within this analytic framework, surveillance is *always* something that has the potential to provoke resistance, and indeed is likely to do so, as the non-professional expresses their world-view and values.

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