

Couples' experiences of postnatal depression: A framing analysis of cultural identity, gender and communication

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Abstract

Difficulties in communication have been associated with fathers' perceived lack of support for mothers suffering postnatal depression (PND). This paper investigates why the communication of the experience of PND is so difficult and considers how these difficulties might be linked, in part, to the diagnostic process. The study explores, through in-depth interviews, how six Australian couples talked about the new mothers' experience of mild to moderate PND. Framing analysis revealed discrepancies in the couples' explanations of the mothers' PND. The application of the concept of 'framing' has come to the study of mental health by way of Goffman's work on how experience becomes organised. Goffman used the technique of 'frame analysis' to identify and describe the taken-for-granted sociocultural elements that give meaning to a situation. This study identified that mothers and fathers used different frames, with mothers understanding their postnatal experience primarily from within an 'identity' frame and fathers understanding the mothers' experience primarily through a 'psychological' or 'physical hardship' frame. Implications for health service providers are considered.

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Introduction

Postnatal depression (PND) first came to prominence in the 1950s, after the pioneering work of the Gordons (O'Hara & Zekoski, 1988). Their work established the early diagnostic criteria for the identification of the disorder and has been followed by a large volume of research that has used the diagnosis of PND to build further knowledge. As in

other mental illnesses, the diagnosis is a useful vehicle for the development and communication of expertise, of benefit to both sufferers and practitioners who engage in intervention (Brown, 1995). However, as a tool for managing mental illness, the diagnostic process has limitations with a lack of consensus in the two main systems for classifying mental disorders (DSM-IV and ICD-10) (Pope, Watts, Evans, McDonald, & Henderson, 2000). In addition, the language of medicine may not reflect the sufferer's understanding of the illness experience, inhibiting communication between the practitioner and the sufferer (Williams & Calnan, 1996). In the case of PND, this is a problem that may be linked to the fact that so many mothers

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suffering from the condition go undiagnosed (Hendrick, 2003).

Some social scientists interested in PND have addressed these problems using qualitative research methods that listen to the stories that mothers tell of their experience (Littlewood & McHugh, 2003; Nahas, Hillege, & Amasheh, 1999; Rodrigues, Patel, Jaswal, & Souza, 2003; Small, Brown, Lumley, & Astbury, 1994). This approach has the advantage of identifying the sociocultural issues most relevant to the sufferer's own experience, which means that intervention can be more tightly targeted to the individual case (Nahas et al., 1999). Just providing 'a listening ear' has also been found to be therapeutic, in validating the mother's experience and giving emotional support (Small et al., 1994). In addition, while one of the most consistent factors identified in PND research has been the quality of the marital relationship (Dimitrovsky, Perez-Hirshberg, & Itskowitz, 2001; Lloyd, 1998; Morgan, Matthey, Barnett, & Richardson, 1997; O'Hara & Zekoski, 1988; Rodrigues et al., 2003), listening to mothers talk about their own experience has revealed important details about the nature of the couple's relationship during the transition to parenthood. Mothers have had the opportunity to identify what they want from their partners in the way of practical help and emotional support. This raises the question, why do so many fathers whose partners are suffering from PND seem unable to provide what the mother needs and why do they disengage from baby care as well as support of the mother (Rodrigues et al., 2003)?

Partners of PND sufferers are now also beginning to have their stories of the postnatal experience heard. Many of these fathers have acknowledged the difficulty they have in understanding the mother's experience of PND. For example, a study of fathers in PND programs identified a 'lack of understanding between the couple' (Morgan et al., 1997). The authors believed that this lack of understanding was due to the 'different coping and communication styles of men and women' (p. 914), which they attribute to biological differences. We believe, however, that this explanation is under-theorised and leaves little scope for developing interventions that might enhance the couple's communication and strengthen their relationship.

In this study, we set out to explore the way in which couples talked about the mother's experience of PND. We wanted to find out if discrepancies

existed in the parents' understanding of the mother's experience of PND and whether these discrepancies were linked to receiving a diagnosis. In order to explore the explanatory frameworks of the parents, we used the concept of 'framing'. The application of 'framing' has come to the study via Goffman's work on how experience becomes organised (Goffman, 1997). Goffman used the term 'frame' to identify the taken-for-granted socio-cultural elements that give meaning to a situation. According to Goffman (1997, p. 155), how a situation is understood depends upon how the experience is organised—what principles of social organisation come into play. He used the technique of 'frame analysis' to identify and describe the elements that organise a frame, including basic premises and presuppositions.

Lloyd and Hawe (2003) have used frame analysis effectively in their analysis of how health professionals organise the myriad of complaints and symptoms described by patients into the medical diagnosis of PND. They show how a medical diagnosis can be considered a frame, containing within it certain presuppositions about what causes the problem. Different ways of framing the problem of PND pay attention to different features, or symptoms, with certain symptoms being accorded more salience. Once a framework of understanding the problem is established, some elements, or symptoms, are given priority and causal links established which determine remedies. Different frames direct the practitioner towards different forms of intervention. Lloyd and Hawe also noted that health professionals generally frame their diagnosis of PND in a way that reflects the authority of the medical discourse over other possible approaches which might include societal strategies of intervention.

Lloyd and Hawe's frame analysis clearly reveals that more than one frame operates amongst health practitioners to organise the medical condition of PND. It also demonstrates how the diagnostic process, by working within any one particular frame, limits other possible forms of intervention shaped by other frames. Their central insight raises the question of the extent to which these frames are relevant to the sufferer. How do sufferers themselves frame their PND experience? We suggest that addressing this question might help in understanding the difficulties mothers have in communicating their experience of PND symptoms to health practitioners, as well as the difficulties parents have

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