

Carolyn Westall
Pranee Liamputtong

Motherhood and Postnatal Depression

Narratives of Women and Their Partners

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Carolyn Westall
Peace of Mind Parenting Support
P.O. Box 3126
Eltham, Victoria
Australia
westallcarolyn@yahoo.com.au

Pranee Liamputtong
School of Public Health
La Trobe University
Bundoora Victoria
Melbourne, Australia
pranee@latrobe.edu.au

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This book is dedicated to five special people. Sue, Carolyn's sister, tragically died in the Black Saturday bushfires in Victoria, Australia, along with Sue's partner, Bob O'Sullivan, Sue's son, Jon, and two friends. The bushfires were the worst in Australia's history, and have had a devastating impact on our community.

Preface

Becoming a mother is not just a physical event and emotional milestone; it is a time of emotional adjustment and changes the family dynamics. The adjustment to motherhood is powerfully shaped by women's social interactions with others and support is crucial to this adjustment. Although motherhood brings joy to most mothers, some women may experience difficulties associated with motherhood. One of the reasons for this is their experience of postnatal depression (PND) (Wilkinson and Mulcahy 2010).

Postnatal depression (PND) affects 10–15% of women in Western society (O'Hara and Swain 1996). In Australia, PND affects 14% of women (Buist et al. 2006), and antenatal depression affects 10% of pregnant women (Beyond Blue 2010). Feminist sociologists, however, argue that PND is socially constructed and view PND as a normal response to motherhood (Berggren-Clive 1998; Brown et al. 1994; Kitzinger 1992; Mauthner 1993, 1995, 1999, 2002; Nicolson 1986, 1990; WHO 2000).

The central argument throughout this book is the importance of support before and after the birth for women's emotional well-being. This book includes women's journeys through pregnancy, childbirth, motherhood, postnatal depression, and recovery. To date, literature has focused on women's lived experiences of postnatal depression rather than their personal journeys through pregnancy, childbirth, and early motherhood. Additionally, the adjustment to fatherhood has received less attention (Condon et al. 2004). For example, little is known about the impact of postnatal depression on the partner, what support partners offer when women are diagnosed with postnatal depression, or the emotional well-being of partners after the birth.

This book intends to fill the gap in knowledge of cultural and social issues relating to pregnancy, childbirth, and motherhood for women who were diagnosed with, and had resolved, postnatal depression. Data presented in this proposed book derive from an empirical research which involved in-depth interviews and drawings from 33 women who resolved PND, and 18 partners in Melbourne, Australia. The partners' experiences added richness to the women's stories and drawings.

Carolyn's interest in PND is both personal and professional. She experienced PND after her second child. Over a period of months she feared she would hurt herself or her children. It was this fear that prompted her to seek help, initially from

her general practitioner, then later from a psychologist. After 6 months of antidepressant medication and individual counselling, she is now happy to say that her experience of PND is now in the past.

Carolyn also has professional experience with PND working as a maternal and child health nurse. As a maternal and child health nurse she was in contact with large numbers of women who openly told her about their attempts to smother, throw, shake, or strangle their babies. Some women also tried to kill themselves to escape the misery that represented motherhood for them. Many of these women were in desperate need of help, and even when they were receiving treatment, they continued to be depressed. Carolyn has also been facilitating PND support groups since 2001 and has seen the benefit of connecting women to share their honest feelings about motherhood.

This book is relevant to families contemplating pregnancy, or families with children, and also health professionals caring for women in the antenatal and postnatal period, such as midwives, obstetricians, general practitioners, maternal and child health nurses, pediatricians, counsellors, psychologists, child birth educators, and mental health nurses. What we present in this book could be used to inform and develop programs to identify women who are particularly vulnerable to experiencing PND, or to improve the treatment of the illness to assist other families in their recovery.

At present, most books about parenthood were written about a decade ago, focus on women's lived experience of postnatal depression, not women's individual journeys prior to diagnosis. Women's drawings of postnatal depression and resolution could not be found in the literature, and little is known about the partner's experience of postnatal depression in women. In this book, we offer readers with our empirical data gathered from the women and their partners. We offer much more than the previous books and these include the women's stories, their partners, and an innovative research method in the health and social sciences (drawing method).

In bringing this book to life, we are grateful to several people. First we would like to thank the participants who spoke so honestly about their difficult experiences and the sensitive topic of PND. Second, we would like to acknowledge the support from Dr. Phil Maude, Associate Professor Marilys Guillemain, Professor Anne Buist at the University of Melbourne, and the University of Melbourne for the scholarship they provided for Carolyn's PhD. Third, we would like to thank Esther Otten, senior acquisition editor of Springer Publishing company for her on-going support with publishing this book. Fourth, Carolyn would like to thank her husband, Kyle, and children, her mother, Vicky, and other friends and family for their support. Pranee would like to thank Carolyn who invited her to take part in bringing this book to life. She also wishes to thank her two daughters for being part of her experience of motherhood. Pranee suffered a mild form of PND in the first few months of her first baby. Through intense support of her mother, Yindee Liamputtong, who travelled from Thailand to help her take care of the baby and other household chores, Pranee recovered quickly. Pranee wishes to express her utmost thanks to her mother for her ongoing support.

Some of the material presented in Chaps. 6 and 8 also appears in Guillemain and Westall (2007).

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About the Authors

Carolyn Westall is a parenting consultant for Peace of Mind Parenting Support which provides assistance to families who are struggling or need additional support with parenting. She is a registered nurse, midwife, and maternal and child health nurse who has facilitated postnatal support groups since 2001. For her Ph.D. Carolyn interviewed 33 women who resolved postnatal depression, and 18 partners; the research on which this book is based. She has two children, Erin and Conor.

Carolyn is passionate about trying to prevent postnatal depression and to help people with their emotional recovery following major disasters. To follow this passion, Carolyn has set up a charity, the Sue Evans Fund for Families, in memory of her sister (see dedication page at the front of the book). For more information go to www.sueevansfund.com.au

Carolyn has published one chapter in a book: Gaining insight into women's knowing of postnatal depression using drawings (with Marilys Guillemin). In P. Liamputtong and J. Rumbold (Eds.). *Knowing Differently: An Introduction to Experiential and Arts-Based Research Methods* (Nova Science Publishers, 2007). She has also published one journal article about postnatal depression: *Childbirth and postnatal depression, Birth Matters* (2002).

Pranee Liamputtong holds a Personal Chair in Public Health at the School of Public Health, La Trobe University, Melbourne, Australia. Pranee has previously taught in the School of Sociology and Anthropology and worked as a public health research fellow at the Centre for the Study of Mothers' and Children's Health (now Mothers and Child Health Research), La Trobe University. Pranee's particular interests include issues related to cultural and social influences on childbearing, child-rearing, and women's reproductive and sexual health. Pranee has two daughters, Zoe and Emma.

Pranee has published several books and a large number of papers in these areas. These include: *Maternity and Reproductive Health in Asian Societies* (with Lenore Manderson, Harwood Academic Press, 1996); *Asian Mothers, Western Birth* (Ausmed Publications, 1999); *Living in a New Country: Understanding Migrants' Health* (Ausmed Publications, 1999); *Hmong Women and Reproduction* (Bergin and

Garvey 2000); *Coming of Age in South and Southeast Asia: Youth, Courtship and Sexuality* (with Lenore Manderson, Curzon Press, 2002); *Health, Social Change and Communities* (with Heather Gardner, Oxford University Press, 2003). Her more recent books include *Reproduction, Childbearing and Motherhood: A Cross-Cultural Perspective* (Nova Science Publishers, 2007); *Childrearing and Infant Care Issues: A Cross-Cultural Perspective* (Nova Science Publishers, 2007); *The Journey of Becoming a Mother amongst Thai Women in Northern Thailand* (Lexington Books, 2007); *Population, Community, and Health Promotion* (with Sansnee Jirojwong, Oxford University Press, 2008); *Infant Feeding Practices: A Cross-Cultural Perspective* (Springer, New York, 2010); and *Health, Illness and Well-Being: Perspectives and Social Determinants* (with Rebecca Fanany and Glenda Verrinder, Oxford University Press, Melbourne, in press). She is in the process of editing two books in HIV/AIDS from a cross-cultural perspective for Springer.

Pranee has published several research method books. Her first research method book is titled *Qualitative Research Methods: A Health Focus* (with Douglas Ezzy, Oxford University Press, 1999, reprinted in 2000, 2001, 2003, 2004); the second edition of this book is titled *Qualitative Research Methods* (2005, reprinted in 2006, 2007, 2008); and the third edition is authored solely by herself (*Qualitative Research Methods, 3rd edition*, 2009). Pranee has also published a book on doing qualitative research online: *Health Research in Cyberspace: Methodological, Practical and Personal Issues* (Nova Science Publishers, 2006). Her new books include *Researching the Vulnerable: A Guide to Sensitive Research Methods* (Sage, London, 2007); *Undertaking Sensitive Research: Managing Boundaries, Emotions and Risk* (with Virginia Dickson-Swift and Erica James, Cambridge University Press, 2008); *Knowing Differently: Arts-Based and Collaborative Research Methods* (with Jean Rumbold, Nova Science Publishers, 2008); *Doing Cross-Cultural Research: Ethical and Methodological Issues* (Springer, 2008); *Performing Qualitative Cross-Cultural Research* (Cambridge University Press, 2010), and *Research Methods in Health: Foundations for Evidence-Based Practice* (Oxford University Press, 2010). Her most recent book is *Focus Group Methodology: Principle and Practice* (Sage, 2011).

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Chapter 1

Introduction: From Pregnancy to Resolution from Postnatal Depression

The bad thoughts came back again. I was imagining drowning the kids in the pool and then going up to the high-rise and just jumping off. I've never actually told anyone that before. That's when I said to Nathan [husband], "You need to get me some help and I don't care who it is [or] what they do- whether it's acupuncture or alternative, something. I don't want to go back on medication". He was good, he went out and came home from work that night and said, "I've got the number of a guy [complementary therapist]. I've booked you in, and I'll take you on Saturday" (Mary).

Mary experienced postnatal depression (PND) three times – after each of her children's births. She referred to her first two episodes as "mild" which required no treatment. Following the birth of Mary's third baby, she knew she had PND. This episode of PND was the most severe of the three episodes, and lasted for 3 years. Antidepressant medication alone was unable to lift her depression. Mary, like many other women in our research, explained their PND as a result of their circumstances, rather than hormonal changes. This quote by Mary echoes the sentiments of most women participants as it highlights two important points. Firstly, women with PND were often in crisis when they sought help. Secondly, partners played a crucial role in supporting women by identifying symptoms and assisting women to treatment.

1.1 Motherhood and Postnatal Depression

Motherhood is a monumental achievement. Maternal role attainment was first described by Rubin (1967a, b) as a process that begins in pregnancy, and ends with the formation of a maternal identity 1 year after the birth. Mercer (1985: 198) defines maternal role attainment as 'a process in which the mother achieves competence in the role and integrates the mothering behaviours into her established role set, so that she is comfortable with her identity as a mother'. The 'normal' adjustment to motherhood has been explored extensively in the literature, especially for first-time mothers (Barclay et al. 1997; Liamputtong 2006, 2007; Mercer 1986, 2004;

Rogan et al. 1997; Rubin 1967a, b). However, questions are raised as to what constitutes the so-called ‘normal’ adjustment to motherhood as opposed to symptoms of PND.

Postnatal depression is caused by a combination of biological, psychological and social factors (Morrow et al. 2008). Two models have attempted to define and explain PND: the biomedical and the sociological models (WHO 2000). Whilst the medical model has been the dominant model in treating PND (Beck 2002), it has been criticised by feminist sociologists for its inflexible definition of PND (Mauthner 1993). In contrast, the social model of health places more emphasis on the psychosocial factors that contribute to depressive symptoms such as gender, poverty, social disadvantage and social class (WHO 2000).

In Australia, health care reform has had a huge impact on the emotional well-being of mothers with shorter hospital stays and limited opportunities for women to learn about motherhood and to recover from the birth. There are also shrinking community services that focus on treatment rather than prevention. McAllister (2007: 37) highlights the inadequate mental health system in Australia:

People who experience mental illness or psychiatric disability continue to be poorly served by an entrenched and outdated system of health care that succeeds in treating acute illness, but fails to offer adequate community education and prevention, early detection or the full range of approaches that we know facilitates recovery and rehabilitation.

Thus, it is essential that health professionals and families learn as much as possible about the factors that affect women’s emotional well-being in an attempt to prevent PND, and to assist women with their adjustment to motherhood.

1.2 Postnatal Depression and Its Symptoms

The symptoms of PND include sleep or appetite changes, sadness, difficulty in coping, irritability, anxiety, negative thoughts, fear of being alone, loss of memory or confusion, loss of concentration, feeling guilty, loss of self-esteem and/or thoughts of hurting the self or the baby (Post and Antenatal Depression Association 2010). The medical model’s classification of PND will be explored further in Chapter 2. It is generally accepted that the onset of symptoms of PND can occur any time in the first 12 months after childbirth (Milgrom et al. 1999; National Health and Medical Research Council 2000; Wood et al. 1997).

1.3 The Impact of PND on Men and Children

There is evidence in the literature that the emotional well-being of both partners is crucial for the physical, emotional and social development of the child (Ramchandani et al. 2005). Male partners, of women with PND, also develop depression (Areias et al. 1996; Fetting 2002; Matthey et al. 2000; Meighan et al. 1999; Ramchandani et al.

2005) and PND (Bishop 1999; Smyth 2003). In Western society, men are often discouraged from showing sadness and grief and are unlikely to seek help for their depression (Cochran and Rabinowitz 2003). Undiagnosed and untreated depression in men may account for higher rates of suicide compared with women (Cochran and Rabinowitz 2003).

The impact of PND on the child is well-documented (Beck 1995, 1996; Buist 2002; Field 1998; Goodman and Gotlib 1999; Murray et al. 2003; O'Connor et al. 2002; Ramchandani et al. 2005; Sluckin 1998). Cognitive and behavioural problems in the child at a later age are well-researched. By 1 year of age, Buist and colleagues (2002) found that children of mothers with PND are at risk of attention problems and impaired cognitive and brain function; these problems may persist until school age. Hammen and Brennan (2003), in their study of 816 children, concluded that children of depressed mothers are 20% more likely to have depression themselves (versus 10% of children of non-depressed mothers). The child's age when maternal depression started was not a significant risk factor for their development of depression (Hammen and Brennan 2003).

1.4 About This Book

This introduction has provided an overview of motherhood and PND from a global perspective and in an Australian context.

In Chapter 2, we explore the traditional medical model's classification of PND in relation to the screening and diagnosis of PND. We will critically discuss three screening tools used to diagnose PND: the Edinburgh Postnatal Depression Scale (EPDS), the Beck Depression Inventory and the Postpartum Depression Screening Scale. We argue that there are limitations to using screening tools to diagnose PND, particularly if screening is not followed with a clinical interview. The clinical interview is a way of identifying the psychosocial factors that influence women's emotional well-being. The historical development of PND as a category of mental illness and its evolution from the DSM, ICD-10 and the Research Diagnostic Criteria are also discussed.

In Chapter 3, we argue that a biopsychosocial approach is needed to fully understand PND. The biopsychosocial model provides a holistic approach to health care and is commonly used in psychiatry. We provide a discussion of the biomedical and sociological models as they provide distinct views about the development and treatment of PND. Literature from the disciplines of psychology, midwifery, medicine and nursing will be analysed to provide a thorough understanding of the phenomenon of PND.

Chapter 4 examines the care women received from health professionals in pregnancy and childbirth. The lack of support women received from health professionals resulted in the loss of self-esteem and sense of failure that women experienced. Also, the insufficient amount of information about PND that couples received antenatally resulted in the difficulty identifying symptoms after the birth.

Chapter 5 explores the social construction of motherhood and the difficult adjustment to motherhood for women in this study. When women became mothers, they felt they received insufficient support, particularly from health professionals, partners, their own and other mothers after the birth for their emotional well-being. The unmet expectations of support resulted in the loss of self-esteem and feelings of disappointment and depression. Also, the loss of self resulted from the multiple losses women experienced when they became mothers. Couples identified maternal sleep deprivation as the major trigger for PND as it contributed to severe fatigue, exhaustion, social isolation and the loss of control.

In Chapter 6, we examine couples' understanding of postnatal depression, and the process of screening and diagnosis. Most women disagreed with their medical diagnosis of PND, and considered that their circumstances attributed to their emotional state, instead of hormonal changes. On the other hand, men were more likely to agree with the diagnosis of their partner's PND. In addition to women's verbal accounts, their experiences of PND were also portrayed through their drawings, giving the sense that women felt trapped, alone in the dark. These accounts highlight the sense of helplessness that women experienced.

Chapter 7 explores the impact of PND on the partner. Partners felt helpless and were unsure how to support women when they developed PND as they were excluded from treatment plans. As a result, relationship difficulties were common as postnatal depression caused a wedge in the couple's relationship, and contributed to additional stress. Two partners were diagnosed with depression when women recovered, and two men with a history of depression noticed a worsening of symptoms when women recovered.

The last chapter, Chapter 8, explores couples' experiences with the treatment of PND how they resolved the symptoms. In this chapter, we argue that a biopsychosocial approach to treatment is necessary for women's emotional well-being. This chapter highlights the support women need to resolve depressive symptoms. Women's drawings of resolution identified the physical shift away from PND, but most drawings showed remnants of darkness that represented their bad days. In contrast to women's drawings of PND where they were trapped alone in the dark, women's drawings of resolution were filled with light, colour and represented hope, and included partners and children.

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