

A HERMENEUTIC PHENOMENOLOGICAL STUDY OF WOMEN'S  
EXPERIENCES OF POSTNATAL DEPRESSION AND HEALTH  
PROFESSIONAL INTERVENTION

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## **Articles by the Candidate Published in Peer Refereed Journals**

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## GLOSSARY AND DEFINITIONS OF TERMS

**Adjustment Disorder:** (In psychiatry), a disorder experienced when difficult life transitions, such as the birth of a baby, occur. For example, in the postnatal period this refers to the normal mood difficulties experienced by people who have just become parents and are struggling to adapt to big life changes.

**Affect:** (In psychiatry) a pattern of observable behaviours that are the expression of a subjectively experienced feeling state (i.e. emotion). (DSM-III R 1987, p. 391).

**Antenatal depression:** Depression experienced during the Antenatal Period.

**Antidepressant medication:** Medication prescribed by a Medical Doctor for the purpose of treating or alleviating depression.

**Antenatal Period:** The period of pregnancy when a child grows in the womb before birth.

**Bi-polar Disorder:** A psychiatric disorder wherein mood swings cycle from intense excitement and mania, to deep depression. Used to be thought of as “manic depression”.

**Caesarean Section:** An abdominal operation created to surgically remove a child when vaginal birth is obstructed or unsafe for mother or child (e.g. in cephalo-pelvic disproportion or breech presentation in the child).

**Cognitive-Behavioural Therapy:** Counselling used especially in depression. It works by straightening out thinking which can make a mood such as depression or anxiety worse. The idea is that emotion follows thought, therefore realistic and more positive thinking and problem solving can help patients to heal from depressive episodes.

**Crèche:** A child-minding facility.

**Dasein:** A German word, which means, “Being there”. A Heideggerian term, relating to human existence (Gelven, 1989, p. 31).



**DSM – IV:** Diagnostic and Statistical Manual (of psychiatric disorders). IV- number four.

**Electro-convulsive Therapy (ECT):** A psychiatric treatment for depression done by electrical stimulation of the brain.

**Epidural Block:** A spinal anaesthetic.

**Episiotomy:** A surgical cut to the perineal area, which is done when the baby needs, needs more room to emerge during birth.

**Forceps Delivery:** A birth where surgical forceps are used to help to lift the baby out during the birth process.

**Gadamer:** A student of Heidegger's, a phenomenologist and philosopher. Came up with the idea of the "hermeneutic circle" and "fusion of horizons" in his book *Truth and Method* (Gadamer, 1975).

**Gestalt Therapy:** Psychotherapy based on wholistic principles, as in Gestalt two-chair work, where a patient can work through deep-seated emotional issues and grieve long-standing emotional losses.

**Heidegger:** German philosopher and student of Husserl, and later devised a different approach to phenomenology to that of Husserl. Wrote *Being and Time (1962)* Main difference from Husserl is (let's return) "to the facts themselves" but had the idea that there is "no such thing as an uninterpreted fact" (Heidegger 1962).

**Hermeneutical:** As in "hermeneutical". This was firstly a method used to decipher ancient, sacred texts, especially where the meanings appeared unclear. This term has now come to mean a philosophy and a method of interpretation of texts.

**Husserl:** German philosopher, (d.1938) Known as "the father of phenomenology".

**In-vitro Fertilisation (IVF):** Surgical treatment of an infertile mother, which involves implantation in the womb of a pre-fertilised egg.

**Lactation:** when a new mother is producing milk to feed her infant.

**Lived Experience:** “our immediate, pre-reflective consciousness of life” (van Manen, 1990).

**Marce Society:** A society for the study of childbirth and early infant care begun in France, last century.

**Multipara:** A woman who has had more than one birth.

**Oestrogen:** A hormone, which is especially profound during pregnancy, a female hormone.

**Perinatal Period:** The time period near, and just after the birth.

**Phenomenology:** The study of a thing (Roberts and Taylor, 1997).

**Postnatal period:** The period after the birth, when the child is still an infant.

**Postpartum period:** The period after the birth (partum=delivery).

**Post Traumatic Stress Disorder (PTSD):** (from Psychiatry) Post-traumatic Stress Disorder, an acute stress reaction to a severe trauma, first called “shell shock” as it was experienced by soldiers returning from the trenches in WW1.

**Primipara:** A woman giving birth to her first child.

**Progesterone:** Another female hormone instrumental in pregnancy and in the menstrual cycle.

**Prolactin:** A hormone instrumental in milk production for lactating women.

**Psychosis:** A period of separation from reality, hearing or seeing unreal events and believing they are true.

**Psychotropic Medication:** Medication used in psychiatry to help with psychiatric conditions, e.g. Lithium in treatment of psychosis.

**Puerperium:** The immediate period after the birth, i.e. in the first few days or weeks.

**Randomised Control Trial (RCT):** A form of research involving large numbers of participants and statistical examination of results.

**van Manen:** A phenomenological researcher and follower of Heidegger and Gadamer who came up with a way to study “lived experience” using six steps to apply during the research process. His book Researching Lived Experience (1990) was extensively used during this project.

## **ABSTRACT**

Much information is available through the print and other forms of media about pregnancy, parenthood, and the birth process, but significantly less information exists about postnatal depression or about how to cope with the often-painful realities of childbirth and parenting. Even less information exists about the effectiveness of caregiver intervention, especially from the point of view of women's remembered experience. This study helps to fill the information gap identified in the literature.

This is a hermeneutic phenomenological study guided by the ideas of van Manen (1990). I interviewed women who had experienced postnatal depression and health professional intervention, and asked them about their experiences. Some of the questions were, "What are the types and quality of health professional interventions provided for you by health professionals treating your postnatal depression?" "Which interventions did they use that were helpful for you, and which interventions were unhelpful?" The interviews were open-ended and tape-recorded, took one hour each, and the data was allowed to unfold naturally.

The data were transcribed and analysed, then interpreted using the philosophical underpinning of phenomenology to guide my interpretation.

The search for meaning in the text, and my attempts to make sense of the findings resulted in the development of two major themes, the first being Dual Reality and the second being Interventions, each theme had three sub-themes. Within the theme of Dual

Reality were the sub themes of Behind the Mask, the Stresses involved in Being a New Mother, and The Depression Experience. Within the theme of Interventions were the three sub themes of Getting Help (the helpful interventions), Lack of Support, (the unhelpful interventions), and the Need for Education and More Services for Postnatal Depression (the missing interventions). The helpful and unhelpful health professional interventions were examined, some were positive and helped the women to heal from postnatal depression, and others were unhelpful (or simply absent), and the women were not assisted in their recovery.

A number of recommendations are made and also suggestions for further research are included as a result of the findings of this study.

## **DEDICATION**

This thesis is dedicated to all women survivors of postnatal depression, and those professionals who care for them. In particular, I dedicate this work to the twelve brave, wonderful women who shared their stories so willingly and openly with me.

And

In memory of my friend and mentor, the Late Dr. Haydn Moore Williams (Aug 28, 1922 – April 13, 2004), a fine lecturer in English who gave me valued support and encouragement to develop intellectually, professionally and personally from my late teenage years into my adult life.

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