Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
Knowledge, Early Recognition and Acceptance: The Journey to Recovery from Postnatal Depression

A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Nursing at Massey University, Wellington, New Zealand.

Alice Mabel Ina Morton
2006
I dedicate this study to all new mothers in the hope that their parenting experience will be enjoyable.
ABSTRACT

The purpose of this qualitative study was to explore with women their experience of postnatal depression (PND), with a specific emphasis on what factors assisted and what factors hindered their recovery.

Eight women who had suffered at some stage from PND took part in the study. Interviews were carried out using an in-depth interview technique with open-ended questions regarding their subjective experience, which were audio-taped and then transcribed.

Using thematic analysis, the information obtained from the interviews was analysed and significant statements extracted. Patterns emerged and were clustered into three major themes: Knowledge, Early recognition and Acceptance. These three themes and the patterns within them were all closely entwined, each influencing the other and having a major effect on the woman’s experience of PND and her recovery. Lack of knowledge was identified as a major hindrance to recovery, with women describing feelings of being in the dark, not knowing what was happening to them and feeling like a failure. This lack of knowledge was a barrier to seeking help, causing a delay in recognition and treatment which prolonged the illness and forced these women to suffer in silence. The opposite also applied where prior experience of PND enabled women to recognise the symptoms, seek help, receive treatment and recover more quickly.

Postnatal depression is a common complication following childbirth. It can have devastating effects on the mother, the infant, the family and society. Recovery is not possible without knowledge about this condition, not only for the women themselves, but for society as a whole, including health professionals.

Women in this study recognised that early recognition played a major role in their recovery, but also identified acceptance as a problem for themselves, health professionals and society, in delaying this process.

As a result of this study, gaps within the New Zealand health service were identified, such as a lack of education about PND, parenting of a new baby and support services available in the community. Unrealistic expectations of mothers and the romantic media hype about childbirth and motherhood were also identified as an issue.
ACKNOWLEDGEMENTS

There are a number of people I would like to thank, because without them my thesis might never have come this far. First, a big thank you to the women who willingly and courageously participated in this study by telling the stories of their personal experience of PND, without them this thesis would not have been possible. A big thank you to my supervisor, Associate Professor Dr Gillian White, for always being available, for having the faith and confidence in me to complete what appeared to me to be an agonising marathon at times. Her encouragement throughout the development of this thesis is what has brought it to its completion, for which I am truly grateful.

Thanks must also go to Good Health Wanganui Management Staff for their approval and support and also to my colleagues at Community Mental Health Wanganui for their support and understanding of my preoccupation and vagueness from time to time. Thanks also to Members of the Central Regional Ethics Committee for their approval and for keeping me on track with the annual update reports, and Massey University Human Ethics Committee for their approval and advice. I would also like to thank Georgina for her administrative support.

Finally, a big thank you to my family and friends who put up with my unavailability and stress attacks. Their encouragement and faith in my ability to actually finish this project has been of great help. Special thanks must go to Tara for her patience, expert advice and finishing touches to ensure the presentation of a scholarly thesis.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title page</td>
<td>i</td>
</tr>
<tr>
<td>Dedication</td>
<td>ii</td>
</tr>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iv</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>v</td>
</tr>
<tr>
<td>List of tables</td>
<td>xi</td>
</tr>
</tbody>
</table>

## Chapter One

### Introduction

1. Background 1

2. Key Term Definitions 2

   - Depression 2
   - Postnatal 6
   - Recovery 6

3. The Researcher 9

4. Aims of the Research 10

5. Research Methodology 10

6. Thematic Analysis 12

7. Thesis Outline 13
**Chapter Two Literature Review**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical Review</td>
<td>14</td>
</tr>
<tr>
<td>Incidence and Prevalence of PND</td>
<td>18</td>
</tr>
<tr>
<td>Screening for PND</td>
<td>20</td>
</tr>
<tr>
<td><em>The Postpartum Depression Screening Scale (PDSS)</em></td>
<td>22</td>
</tr>
<tr>
<td>Consequences of PND</td>
<td>23</td>
</tr>
<tr>
<td>Experiences of PND</td>
<td>26</td>
</tr>
<tr>
<td>Current Treatment of PND – Advantages and Disadvantages</td>
<td>28</td>
</tr>
<tr>
<td><em>Medication</em></td>
<td>29</td>
</tr>
<tr>
<td><em>Cognitive Behavioural Therapy (CBT)</em></td>
<td>30</td>
</tr>
<tr>
<td><em>Interpersonal Therapy</em></td>
<td>30</td>
</tr>
<tr>
<td><em>Self-Help Groups</em></td>
<td>31</td>
</tr>
<tr>
<td><em>Listening</em></td>
<td>31</td>
</tr>
<tr>
<td><em>Electroconvulsive therapy</em></td>
<td>31</td>
</tr>
<tr>
<td><em>Hormonal Therapies</em></td>
<td>32</td>
</tr>
<tr>
<td><em>Eye-Movement Desensitisation and Reprocessing (EMDR)</em></td>
<td>32</td>
</tr>
<tr>
<td><em>Preventative Treatment</em></td>
<td>33</td>
</tr>
<tr>
<td>Recovery</td>
<td>33</td>
</tr>
</tbody>
</table>
Chapter Three  Study Design and Method  35

Thematic Analysis  37

Design  39

Participant Selection  39

Ethical and Legal Issues  40

Ethics Approval  41

Informed Consent  41

Data Collection  42

Interview Guide  43

Data Analysis  44

Credibility/Trustworthiness  44

Chapter Four  Findings  46

Study Participants  46

Knowledge  47

Feelings  48

Hindrances to Recovery  50
# Chapter Six

## Conclusion

- Gap 1: Education
- Gap 2: The Myth of Motherhood
- Gap 3: The Need for Support
- Limitations of this Study
- Areas for Further Research
- Conclusion

## Appendices

- **Appendix 1**
  - Participant Information Sheet
- **Appendix 2**
  - Consent Form
- **Appendix 3**
  - Flyer
- **Appendix 4**
  - Interview Question set
- **Appendix 5**
  - Permission from Publisher

## References
LIST OF TABLES

Table 1 Summary of Findings 89