

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.

CONTEXT MATTERS: WOMEN'S EXPERIENCES
OF DEPRESSION AND OF SEEKING
PROFESSIONAL HELP.

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

Jodie Anne Batten

2012

Abstract

Most existing research on women and depression takes a realist approach that effectively silences the voices of women and limits our understandings of depression. By engaging with the stories of seven women, recruited from a provincial New Zealand area, this research privileges women's voices. Taking a discourse analytic approach, this research explores how women construct their experiences of depression and of seeking professional help. I take a micro discursive approach in identifying how the women utilise various discursive resources in constructing their accounts of both depression and of seeking professional help. In order to locate these discursive resources within the broader socio-cultural environment, I employ a macro discursive approach drawing on Foucauldian discourse analysis and Davies and Harré's Positioning Theory. Participant's accounts of their depressive experiences change over the course of their journeys. I explore how the women's accounts shift from a contextualised explanatory framework that locates their experiences of depression within the gendered context of their lives, to a medicalised explanatory framework as they enter the professional help arena. This research offers insights into how dominant discursive construction of the 'good' woman/mother dovetail with a biomedical explanation of depression and prevailing discursive constructions around anti-depressant medications. Working together, these discourses effectively silence women's voices, both pathologising and decontextualising women's depressive experiences. Furthermore, I suggest that these dominant discursive resources and practices offer limited ways for women to make sense of their experiences in meaningful and empowering ways. A need for new understandings about women and depression is called for - one grounded in the material-discursive realities of women's gendered lives.

Acknowledgements

First and foremost, I want to thank the women that gave their time and knowledge to assist me in this research. Of course, I could not have done this without you - my heartfelt, humble thanks for sharing your stories with me. I hope that I have managed to represent your stories and achieved what you hoped.

To Professor Kerry Chamberlain – thank you so much for your time, wisdom, support, and encouragement. Thanks for Monday morning phone calls to keep me on track and remind me there was someone else out there. For a long distance student your support has been invaluable.

Thank you to the North Shore Women's Graduate Institute for your financial support and for your encouragement. It was invaluable and inspiring.

To Dr. Tresna Hunt – what can I say – thanks for being my ear, and my friend. You make it all so much easier.

Thank you to my amazing family – to Jason, who made it possible on so many levels for me to do this work and complete my degree. To my beautiful daughters, Isla and Keira - you are amazing and I love that you have been supportive even when you really wanted me to stop writing and play. And, thank you to my parents for having faith and being there when I needed you.

Table of Contents

ABSTRACT	II
ACKNOWLEDGEMENTS	III
TABLE OF CONTENTS.....	IV
CHAPTER ONE: INTRODUCTION.....	1
WHY FOCUS ON WOMEN?	2
THE RISE OF THE BIOMEDICAL MODEL OF DEPRESSION	3
AN ALTERNATIVE VIEW	5
LOCATING THE CURRENT STUDY	8
THE RESEARCH FOCUS.....	11
CHAPTER 2: METHOD.....	12
DISCOURSE AND SUBJECTIVITY	12
RECRUITMENT	12
PARTICIPANTS	13
INTERVIEWS	14
ETHICAL CONSIDERATIONS	15
ANALYTIC PROCESS.....	16
PRESENTATION OF THE FINDINGS	18
CHAPTER 3: FINDINGS AND DISCUSSION	19
BECOMING DEPRESSED.....	19
<i>A gendered phenomenon.....</i>	<i>22</i>

<i>A feedback loop</i>	26
<i>Wearing the mask</i>	26
CHAPTER 4: FINDINGS AND DISCUSSION	29
ENTERING THE PROFESSIONAL HELP ARENA	29
<i>Professional help - receiving a diagnosis</i>	30
<i>Medicalised understandings</i>	33
<i>Taking up a diagnosis of depression</i>	35
<i>I have a diagnosis</i>	39
<i>A new way of talking</i>	41
CHAPTER 5: FINDINGS AND DISCUSSION	44
THE AFTERMATH.....	44
<i>Section 1: Medicated living</i>	46
Not just a prescription: the performance of prescribing.....	47
A safe and effective option	49
Constructions of side effects.....	51
Efficacy talk	53
Problems with withdrawal	54
<i>Section 2: Living with complexity: Continuing invisibilities</i>	56
Difficult decisions.....	58
Cautious attempts, the problem with language	60
The trouble with symptoms.....	62
Sadness entitlements	65

Points of resistance and power dynamics.....	66
Circular logic	68
A lack of alternative discursive resources	69
Remaining vigilant	70
CHAPTER 6: CONCLUSIONS	72
REFERENCES	76
APPENDICES	85
APENDIX 1: INFORMATION SHEET	85
APPENDIX 2 CONSENT FORM.	88