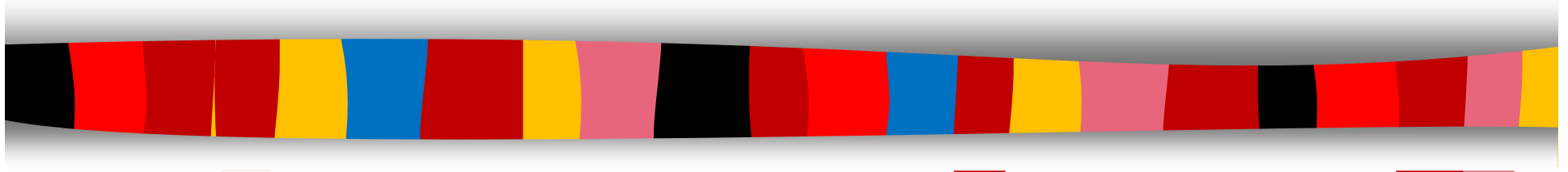


*Manifestation of Resilience in the Context  
of Postpartum Depression: Experiences of  
Women and Their Supporting Others in  
Northern Ontario*



Health Care Research Seminar Series

Centre for Rural and Northern Health Research

*May 18, 2011*

Sudbury, Ontario

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# Overview of Literature

- Resilience among women
- Resilience among supporting others/caregivers



# Resilience among Women

- ▶ Growing body of research on resilience among women across various disciplines
  - ▶ Ethnographic study on resilient trajectories among women in rural trailer park (Notter, MacTavish, & Shamah, 2008).
  - ▶ Study of intrinsic strengths and their relation to depression and anxiety among low-income women of Mexican descent in urban community (Heilemann, Lee, & Kury, 2002)
- ▶ Dearth of research on resilience among women in relation to postpartum depression (PPD) in Northern Ontario



# Resilience among Supporting Others

- ▶ Studies on caregiver/family burden of individuals with mental illnesses (Abelenda & Helfrich, 2003)
- ▶ Resilience among Caregivers
  - ▶ Making positive meaning of illness
  - ▶ Mobilizing resources
  - ▶ Involving themselves in hobbies
  - ▶ Participating in advocacy
  - ▶ Resorting to religion and spirituality



# Research Question

How do women and their supporting others in underserviced communities of Northern Ontario describe and interpret resilience in the face of postpartum depression?



# Methods

- Hermeneutic phenomenology
- Location of research
- Recruitment strategies
- Participants
- Data collection technique
- Analysis of data
- Quality of research



# Hermeneutic Phenomenology

- How people interpret their lives and make meaning of it.
- The participants are selected due to their lived experience of the phenomena and their willingness to articulate this experience



# Hermeneutic Phenomenology

- The researcher invariably brings certain background expectations and frames of meaning to bear in the act of understanding and these cannot be ignored or bracketed out
- Similarly, the narration of participants is situated within their historical and cultural contexts.



# Location of Research

- At the time of research, the participants were residing in the urban core of the City of Greater Sudbury as well as outlying rural areas
- Some participants had moved from remote and rural communities of North West Ontario, Parry Sound District, Algoma District and urban cities of Southern Ontario



# Recruitment Strategies

- Recruitment by the staff of Perinatal Mental Health Program, staff at the Sudbury & District Health Unit and coordinator of peer support group
- Flyers
  - Electronic Distribution
  - Postings at various social service agencies, clinical practitioners offices
- Presentations at parenting classes
- Snowball method
- Facebook account for greater visibility



# Participants: Mothers

- ▶ 18 women with or without psychiatric diagnosis of PPD
- ▶ They had experienced depression within 1 year of the birth of a live infant and no greater than five years ago
- ▶ Women were recruited through health care and social service agencies
- ▶ Women were residing in Northern Ontario



# Demographic Features: Mothers

- Age Range: 24 to 39 years
- Multiparas: 11 mothers
- Ethnic Composition: Caucasian, Black Canadian, Francophone, Mixed Ethnicity (e.g., half Aboriginal and half Finnish)
- Education Level: some high school to university degree
- Occupations: health care, social service, education sectors, retail businesses and private firms, homemaker, entrepreneur



# Participants: Supporting Others

- Women identified their primary source of support
- Supporting others mainly included 4 grandmothers of the baby and 4 partners of women



## Demographic Features: Supporting Others

- Age Range: 32 to 64 years
- Ethnicity: Dutch, Ukranian, French Canadian, Caucasian
- Education Levels: some high school to university degrees
- Occupations: public sector, education sector, mining industry, social service sector, banking sector



# Data Collection

- ▶ Ethics approval from Laurentian University and Sudbury Regional Hospital
- ▶ Semi-structured interviews were conducted at a location of women and supporting others' choice
- ▶ Interviews lasted for about an 1.5 to 2 hours
- ▶ Interviews were conducted in a conversational style and probing was carried out in a non-threatening and respectful manner



# Analysis of Data

- Utilized the hermeneutic phenomenological methods proposed by Cohen, Kahn & Steeves (2000)
- Hermeneutic Circle (non-linear process)
- Combination of deductive and inductive approaches



# Quality of Research

- **Credibility**
  - Prolonged engagement and rigor
  - Peer debriefing
  - Member checking
- **Transferability**
  - Rich and thick description
- **Dependability**
  - Inter-coder reliability
- **Confirmability**
  - Reflective Journal and Audit Trail

# Findings

- ☐ Experience of PPD
- ☐ Resilience in the Face of PPD



# Experience of PPD: Mothers

- Sadness & crying
- Anxiety
  - About cultural expectations of motherhood
  - Potential effect of PPD on child(ren)
  - Finances
- Shattered expectations about motherhood
- Sleep deprivation
- Irritability & Anger
- Lack of motivation and energy



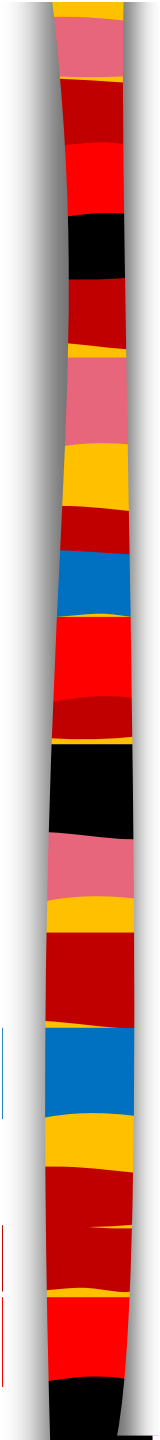
## Experience of PPD: Supporting Others

- Anxiety and worries
  - Safety of child and mother
  - Well being of child and mother
- Friction and conflicts
- Changes in lifestyle (sacrificing social life, personal life)
- Inability to 'fix' it
- Inability to fully comprehend PPD and empathize with the mother

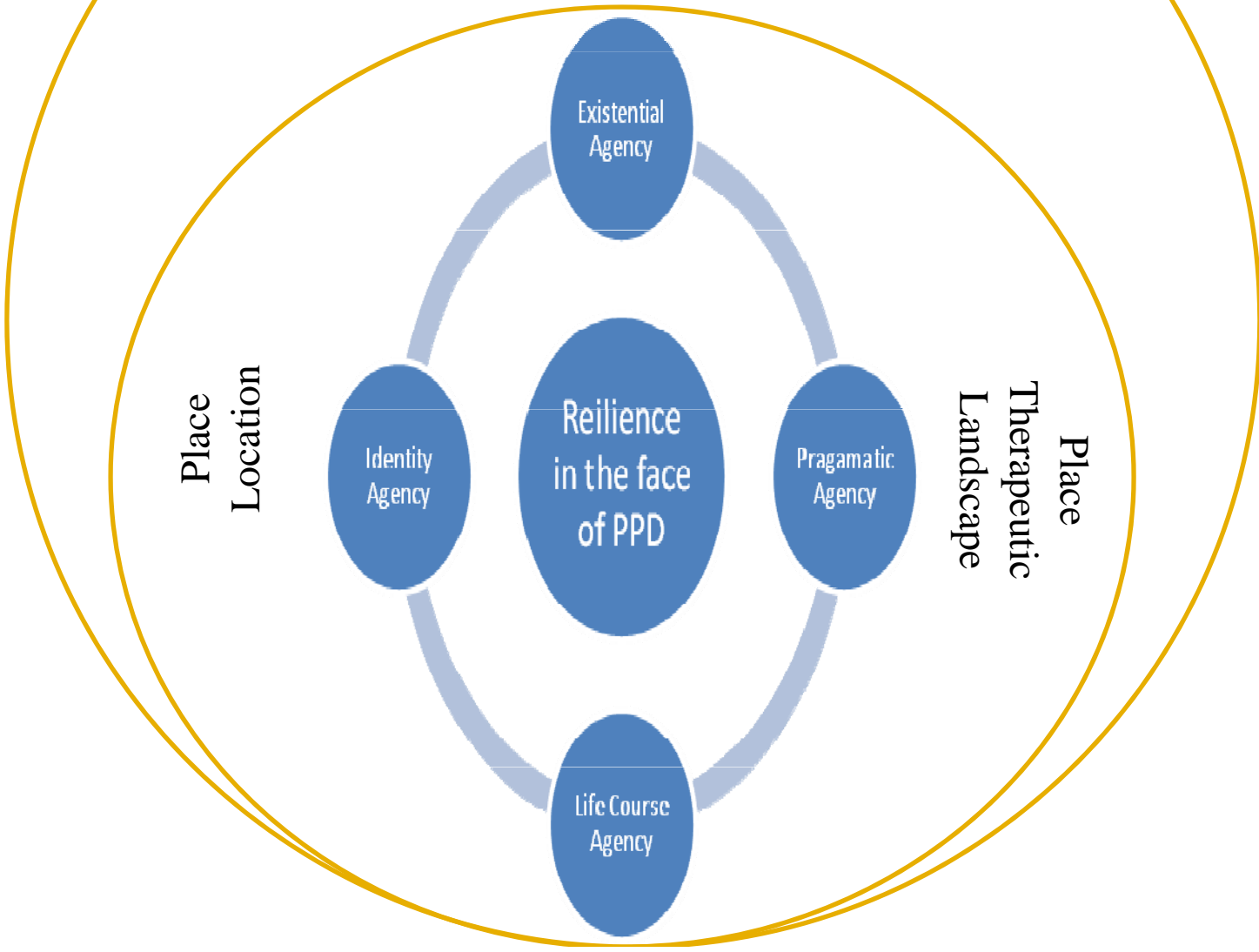


# Experience of Resilience

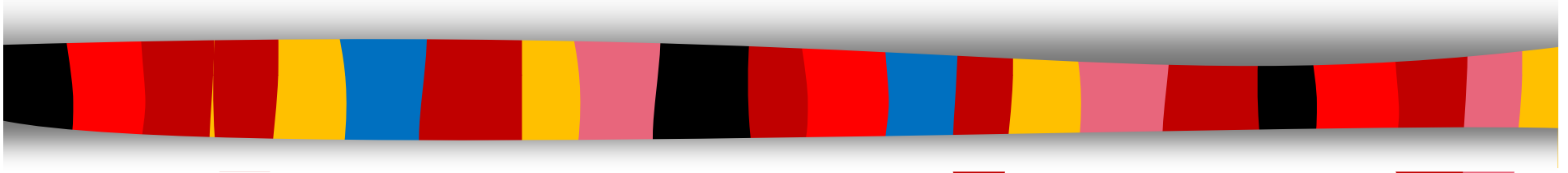
- An eclectic theoretical framework involving
  - Human agency
  - Place
  - Certain principles of feminist standpoint theory
- Integrated Framework
  - Micro level (constrained human agency)
  - Meso level (place as a location and place as therapeutic landscapes)
  - Macro level (gender issues and power relations, structural conditions)



Feminist Standpoint Theory  
Gender & Power Relations  
Multiple Standpoints



# Theme I: Constrained Human Agency



## Sub-themes

- Existential
- Pragmatic
- Identity
- Life Course



# Existential Agency

- Being Philosophical about PPD
- Making sense of motherhood
- Spirituality and religious beliefs
- Meaning of a strong person in the face of PPD



# Pragmatic Agency

- Gender role reversal
- Professional help (particularly women)
- Reaching out to personal support network
- Advocacy work (particularly women)
- Providing support (particularly supporting others)



# Identity Agency

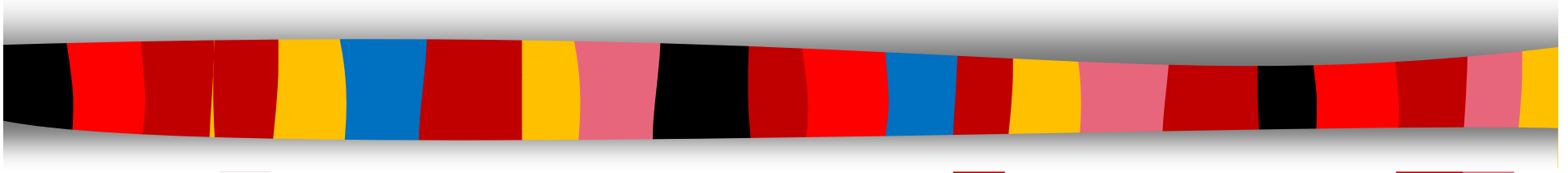
- Mother/parent and grandparent identities
- Hobbies and activities of personal interest
- Professional identity



# Life Course Agency

- Moving closer to family
- Optimism about brighter future
- Desire to be a role model for children

## Theme II: Place as a Source of Strengths



- Place as a Location
- Place as Therapeutic Landscape



# Place as a Location

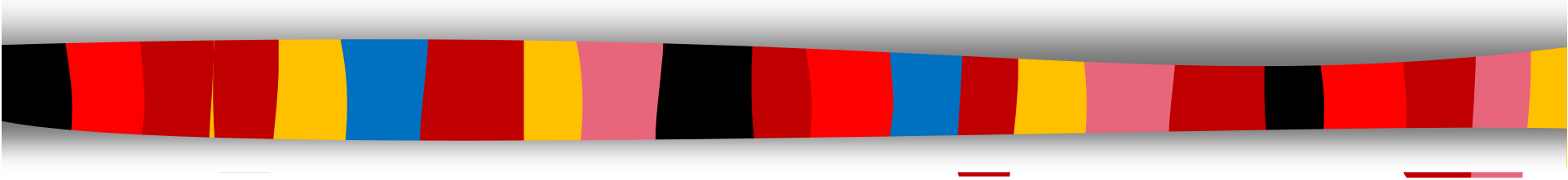
- Locality and characteristics of particular place such as rural or urban.
- Resilience of participants unfolded within and through the features of their place of residence
  - Availability and accessibility of mental health services
  - Distance from personal support network
  - Community resources



# Place as Therapeutic Landscapes

- The settings and situations encompassing physical, psychological, social, and cultural environments that are associated with healing and health
- Dimensions of landscapes and resilience
  - Physical (nature)
  - Psychological (dreams and motivation)
  - Cultural (religious beliefs, values)
  - Social (informal & formal support)

# Theme III: Feminist Standpoint Theory

- 
- Social locations of women and men
  - Power relations
  - Standpoints



# Feminist Standpoint Theory

- Society is structured by power relations resulting into qualitatively different social locations for women and men.
- Within these structural positions, there are multiple differences among women based on power relations attributed to race, ethnicity, class and sexual orientation.



# Feminist Standpoint Theory

- However, standpoint is not equivalent to social location or structural condition; rather it entails an oppositional stance and resistance to the dominant worldview
- Participants showed an oppositional stance towards
  - Stigma of mental illness
  - Stereotypical notions of motherhood/parenthood



# Implications for Practice

- Significance of human agency
- The place as a source of resilience
- The structural conditions surrounding men and women and how these conditions shape or shaped by resilience (human agency)
- The significance of standpoints in the manifestation of resilience