A qualitative study of Asian women's ideas and expectations of pregnancy, motherhood and postnatal depression

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ABSTRACT

A qualitative study of Asian women's ideas and expectations of pregnancy, motherhood and postnatal depression

By Emma Crossley BA (Hons)

The aim of the study was to explore expectant Asian mother's constructions of pregnancy and motherhood, including their perceptions of postnatal depression, and views on help-seeking for the postpartum. Relatively few studies have examined these areas previously, and there was a need for a thorough and rigorous investigation of these issues from the perspective of the individual.

Data was collected from seven first-time pregnant mothers of South Asian origin, from a variety of backgrounds using semi-structured interviews. The chosen methodology was a social constructionist revision of grounded theory. Through the use of systematic procedures, this approach enabled the diversity of individual accounts to be addressed and the influence of the researcher's perspective to be considered.

The results identified a number of related themes, suggesting that women positioned themselves in relation to two competing versions of pregnancy and motherhood, described as naturalised and problematic. In addition, the findings indicated that participants used a psychosocial framework for understanding maternal distress. The usefulness and relevance of the label 'postnatal depression' to define the experiences of women during this period, was therefore discussed. It was demonstrated that there were several interacting factors involved in the process of deciding whether, and how to access help for postnatal difficulties.

Shaping women's perceptions and expectations was a number of cultural and social factors. The analysis indicated that women interpreted their ideas in terms of their relationship to two competing stories around womanhood, identified as traditional and non-traditional. This had particular implications for the probability of engaging in help-seeking for emotional distress.

The results are discussed in relation to the existing literature. Recommendations for professionals and services working with Asian mothers, as well as suggestions for future research are presented.

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1.0 INTRODUCTION

1.1 Overview

This research investigated Asian[1] women's ideas and expectations of pregnancy and motherhood, including their negative expectations of becoming mothers and perceptions of postnatal depression.

In this chapter, contemporary research findings and theoretical knowledge relevant to the above study area are examined. It is argued that while the existing literature offers important insights for an investigation of this area, no study to date has addressed the views of first-time Asian mothers while they are pregnant, and looked at their assumptions and constructions of the postnatal months. Thus an important objective of the following discussion is to demonstrate how this study stands in relation to and apart from the extant research. To this end, a discursive, critical and analytic investigation of various studies from across the fields of psychology, sociology and anthropology is provided, concluding with the importance of this study for academic psychology and applied practice, as well as for future policy.

Following a review of the literature, the chapter outlines the specific research questions and the chosen methodology through which these were addressed.

1.2 Significance of research topic as an area of study

Before embarking on an exploration of the main body of literature related to this topic area however, a summary is provided, with the intention of setting out more clearly how the current study is positioned in the context of other research developed to date. It is anticipated that it will also serve as a guide to the structure of the chapter.

[1] It is recognised that 'Asian' does not imply a homogeneous group of people (Webb-Johnson, 1991), and that there is significant diversity both within and between different cultural subgroups. In the current study, the focus shall be women whose families originated from the Indian subcontinent.

In the following sections, it is argued that there is a sparsity of literature and lack of theory focusing on the issues of Asian women, motherhood and postnatal depression. There is also a question over the methodological credibility and 'normative' aspect of many of the studies undertaken in associated fields. Thus this study had a key role in generating new ideas and understanding, to address these gaps in the literature.

1.2.1 General studies on pregnancy, motherhood and postnatal depression

Much has been written about pregnancy and motherhood, from the classic psychoanalysts to the modern day sociologists (Robinson & Stewart, 1989). However the majority of this work, with the exception of a few recent studies which take a woman-centred perspective (Nicolson, 1986, 1992, 1998), have tended to position pregnancy and motherhood as biological and medical events. Very few studies have explored the personal meaning of these experiences or the realities of most women's lives.

Similarly, a considerable body of literature is dedicated to the experience of postnatal depression (Elliott, Sanjack & Leverton, 1988; Pritchard & Harris, 1996). However, once again, the outcome of these investigations is almost inevitably to pathologise the new mother, and rarely is any attention given to the individual account of the postpartum experience.

1.2.2 Literature pertaining to Asian women

Initially, research in the areas of pregnancy and mothering examined the ideas and experiences of only a limited range of mothers. In recent years, more emphasis has been given to the views of women from ethnic minority communities (Woollett & Dosanjh-Matwala, 1990a; Woollett & Dosanjh-Matwala, 1990b; Woollett, Dosanjh-Matwala, Nicolson, Marshall, Djhanbakhch & Hadlow, 1995; Woollett, Marshall, Nicolson & Dosanjh-Matwala, 1994).

While there is a steady increase of studies looking at motherhood in women from different cultures, less is known however about postnatal depression among ethnic minority groups and in particular Asian women. Present models are based on Western understanding of distress in the postpartum, and as such may ignore or overlook differences in Asian cultures in the way they understand, explain and respond to symptoms associated with depression.

1.2.3 Issues of methodology

Within the subject areas of pregnancy, motherhood and postnatal depression the range of studies produced are exceedingly broad. Typically however, research has concentrated on an aspect of the mothering experience, asking subjects to provide an objective record of their experience, usually retrospectively. An alternative to this is prospective studies, which attempt to explore the effects of one experience on another, such as those of pregnancy on those of motherhood, often with the goal of predicting a particular effect.

A number of prospective studies (for example Green, Coupland & Kitzinger, 1990) have been observed to explore expectations of childbirth and motherhood, as well as experiences, (although not among Asian women), to determine whether certain expectations are associated with certain psychological outcomes. While these studies have demonstrated that expectations are important in the transition to parenthood, they have however failed to identify what exactly these expectations are, as they have invariably relied on a positivistic model of inquiry.

Given the limitations with existing studies, it is of little surprise that research addressing Asian women's perceptions of pregnancy as well as their expectations of motherhood and postnatal depression is under-represented in the literature. It is argued in the present study that this imbalance may only be restored by taking a different methodological approach which welcomes individuality and seeks to learn from women themselves, and not through statistical averaging.

1.2.4 Investigation of expectations

Examining expectations and early perceptions is important for a number of reasons, not least because of the dissonance that is often experienced between idealised or romanticised notions of pregnancy and motherhood and the reality of these events (Feldman & Nash, 1984). Further, expectations have also been demonstrated to play a significant role in health service planning due in particular to the insights they offer for health-related outcomes and prevention (Connor & Norman, 1996).

1.2.5 Addressing the gaps in the literature

To conclude therefore, no study has yet sought to investigate the thoughts and ideas of first-time expectant Asian mothers concerning their pregnancy and the impending transition to

motherhood. Similarly, no previous research is known to have explored Asian women's negative expectations of motherhood and in particular postnatal depression, while pregnant.

This study set out then to develop a comprehensive understanding of Asian women's subjective ideas and expectations of pregnancy, motherhood and postnatal depression, taking a woman-centred perspective and focusing on the accounts of the women themselves.

An appraisal of the research findings and theoretical models common to this area is now described in more depth, beginning with a perusal of the general literature and following with an inspection of those studies focusing on Asian women's representations of pregnancy and motherhood, and postnatal depression. This will be followed by a review of the knowledge base that has been built concerning the likely variables shaping how Asian women may choose to respond to the experience of emotional distress in the postnatal period. Leading on from this, is a study of the different insights that may be gleaned from cross cultural and ethnic minority research. This is a particularly important component of the literature review as it examines the types of contextual factors that may be involved in framing women's constructions and expectations. This includes a discussion of the role of acculturation and religion, as well as social support. The final area of consideration, before outlining the research aims, is that of the value inherent in studying expectations and early perceptions in psychological research.

1.3 Pregnancy and motherhood: background literature

In order to understand the factors influencing Asian women's constructions of pregnancy and motherhood it is helpful to examine the dominant themes reflected in the mainstream literature. A review of key studies in the area demonstrates how the research pendulum has swung from a very traditional medical emphasis to a more psychosocial perspective. A further shift in focus has been observed with the emergence of feminist writings regarding the experience of motherhood. Despite the usefulness of the feminist view, the legacy of the medical model continues to prevail, despite evidence to the contrary, in depictions of pregnancy and mothering as natural and easy and something all women desire. These ideas are now considered in more detail.

1.3.1 The medicalisation of motherhood

Robinson and Stewart (1989) in exploring motivations for becoming a mother, conclude that there is "no clear cut evidence for a purely genetic or hormonal basis for maternal feelings in human females" (p. 861). Yet, medical and scientific beliefs about the motherhood role, the maternal instinct and the experience of caring for children have gained such a powerful status in contemporary Western society that it is widely assumed that women possess a biological drive towards bearing and nurturing children (Buss, 1994).

Oakley (1992) discusses why this construction of motherhood may have gained such prominence. She argues that medicine's determination to cling to a biological explanation of patterns of health and illness is due to its need to carve an identity for itself "as a technical discipline distinct from the social" (p.41). Hare-Mustin, Bennett and Broderick (1983) go on to explain that the conventional attitude toward motherhood is reinforced by the mechanisms of science, in order to justify the social institution of traditional motherhood. Similarly, Nicolson (1998) stresses that the notion of 'mother' has been "socially constructed within patriarchy through a complex set of power relations which ensure that women become mothers and practise motherhood in narrowly defined ways" (p.9).

The early psychoanalysts also postulated that motherhood and womanhood were largely synonymous, and that the former was crucial to the successful development of the latter. Robinson and Stewart (1989) offer a comprehensive review of the impact of these ideas on the shaping of the maternal role. Freud for example, spoke of motherhood as the "resolution of the Oedipal complex, leading to giving up the wish for a penis and substituting the wish for a baby", while Erikson "persistently identified women with being mothers and emphasised achievement of identity through motherhood" (Robinson & Stewart, 1989, p.862). Chodorow on the other hand, suggested a more modern psychoanalytic view of women's roles as mother. The authors point to her efforts to provide "a theory of development which considers both psychological processes and societal expectations" (Robinson & Stewart, 1989, p.862).

Recognition of the social, emotional, economic and cultural aspects of becoming a mother has long been implicit in the work of social scientists. The social science perspective is an alternative to the biological-medical position and is briefly outlined in the following section. However, it is argued that focusing exclusively on psychosocial factors still functions to de-individualise or disembody the pregnant woman. In contrast, researchers taking the

perspective of women themselves look to position pregnancy and childbirth as embodied experience having social and cultural significance (Woollett & Marshall, 1997).

1.3.2 The de-individualisation of motherhood

Psychologists and sociologists have made a significant contribution to the meaning of pregnancy and motherhood, by broadening understanding of the role of environmental factors and women's psychological development on these processes. For instance, Elliott (1984) points to factors such as quality of housing and supportive relationships as mediating the experience of pregnancy, while Zajicek (1981, cited in Elliott, 1984) found that the transition to motherhood was influenced by the psychological stage of the individuals involved. However as highlighted earlier, research has almost exclusively drawn on the methods and approaches of the natural sciences to identify global factors that may then be generalised to other populations. As Smith (1992) notes "what is lost in this process is the opportunity to find out how any particular woman is responding to the experience of pregnancy and becoming a mother" (p.176).

Researchers of a feminist orientation have begun to challenge some of the myths that surround the contemporary notion of motherhood. They reveal contradictions within ideas such as mothering marking the attainment of true happiness and true fulfilment. In particular they highlight the experience of maternal ambivalence, not as a source of shame but as a reflection of the complexities and constraints of the motherhood role and the impossible maternal ideals in which women are caught up (Hollway & Featherstone, 1997). The feminist view is explored in some depth in the proceeding section.

1.3.3 Feminist approaches to motherhood

As indicated, a number of feminist analyses have criticised the way motherhood has been portrayed and investigated in the mainstream literature. Phoenix and Woollett (1991) have suggested that psychology has both reflected and supported an artificial and outdated view of 'good' and 'normal' motherhood. Feminism's concerns regarding the mechanisms through which pregnancy and mothering have come to be constructed and managed are best illustrated by way of an example.

In their research, Woollett and Marshall (1997) disagree with the tendency to position pregnancy within a framework of health and illness, and challenge the provision of antenatal care to expectant mothers, which they argue is very narrowly focused. Their observations are

drawn from extracts of booklets distributed to pregnant women at antenatal clinics. With reference to advice on nutrition in pregnancy for example, they argue: "the booklets provided at the antenatal clinic emphasise the importance of eating well in pregnancy, but do not address women's embodied experiences as they get larger and fatter, even though these are issues of major concern to women" (p.179).

Given the priority shown to certain kinds of viewpoints or knowledge over others, it is hardly surprising that women continue to rely on idealistic, stereotypic images of what motherhood will be like. Equally, it is possible to see how the reality of the experience may then come as a shock to some mothers, leaving them doubting their competency in their new role. This is not to say that becoming a mother cannot be a positive, pleasurable and joyful experience, but that motherhood changes women's lives for better and for worse (Nicolson, 1998), and therefore more realistic education for pregnant women could go a long way to reduce women's feelings of guilt and inadequacy.

This section has provided an introduction to the historical context of pregnancy and motherhood, and highlighted the dominant ideas and discourses available. It has demonstrated that the meaning and value of pregnancy and mothering depend on a complex interaction of a number of factors. This overview will be useful when contemplating the literature relating to Asian women and pregnancy and motherhood.

1.4 Postnatal depression: background literature

Attention is now given to the extensive body of knowledge concerned with the issue of postnatal depression. Lee (1997) asserts that "postpartum depression, in particular, has entered the popular imagination as a disease, a distinct and biologically-caused entity which strikes women without warning at a time of emotional and physical vulnerability" (p.93). Despite the efforts of a number of researchers to contest the notion of postnatal depression as a legitimate medical diagnosis, and to encourage debate regarding the usefulness of the term for making sense of maternal distress, the persistence of many studies in focusing on the mother's ability to cope has continued to negate the role of more societal factors and conditions in determining the experience of motherhood.

In the process of understanding Asian women's negative expectations of becoming mothers, an evaluation of these and other related ideas is now undertaken. This begins with general

facts about postnatal depression, and the various hypotheses found in the literature base for its existence. A review of key studies in the area follows, including a critical look at the usefulness of their findings for theory.

1.4.1 Diagnostic categories of postpartum disorder

It is generally accepted that there are three postnatal syndromes: 'baby blues' (a mild transient affective distress), postnatal depression (a more lasting depressive illness which frequently persists beyond the first year), and puerperal psychosis (a much rarer psychotic phenomenon) (Ussher, 1992). There is an ongoing debate as to whether these are more usefully understood on a continuum rather than in terms of three discrete syndromes, thus allowing for the inevitable overlap between the disorders (Elliott, 1984).

Postnatal depression appears to have attracted the most curiosity and inquiry of those disorders occurring in the postpartum period (Cox, 1988). This may be explained by firstly, the more enduring and hence debilitating nature of postnatal depression compared with the shorter term maternity 'blues', and secondly, the higher incidence rate of postnatal depression than of puerperal psychosis. It is likely therefore, that postnatal depression presents a greater challenge for those involved in community care. The subject of postnatal depression has aroused the concern of health professionals and academics alike, and it is this disorder that formed the focus of the present study.

1.4.2 Facts about postnatal depression

Postnatal depression encompasses a range of symptomatology, including negative mood, anhedonia, insomnia, lack of concentration, guilt, irritability, anxiety and feelings of worthlessness, experienced after the birth of a child (Holden, 1996; Sharp, 1996; Ussher, 1992). It is worth noting that postnatal depression is a relatively new diagnostic category. It appeared only for the first time in the fourth edition of the Diagnostic and Statistical Manual (DSM IV) (American Psychiatric Association, 1994). Previous classification systems had failed to recognise it as a separate entity requiring treatment. Indeed, the diagnostic criteria for 'Postpartum Onset Specifier' (as it is referred to in DSM IV), still asserts that the features of postpartum mood episodes do not differ from non-postpartum disorders of major, manic or mixed depression, other than the point at which symptoms are known to begin.

Reports regarding time of onset vary, although the general consensus is of a peak occurrence during the first three months following delivery (Webster, Thompson, Mitchell & Werry,

1994). Studies have found that the duration of postnatal symptoms ranges from a few months to the condition being consistently present for up to six years (Kumar & Robson, 1984; Ussher, 1992). It is widely recognised that while the prevalence of postnatal depression may be estimated at between 10-15 per cent of all new mothers, the experiences of many other women remain undetected and untreated (Whitton, Appleby & Warner, 1996).

1.4.3 Explanations of postnatal depression

There are a variety of competing explanations of postnatal depression, including the effect of hormonal fluctuations and psychosocial stressors, as well as change in personal identity and status.

1.4.3.1 Hormonal causes

Hormonal theories had, until recently, dominated the literature on the subject. Dalton (1980) proposed that postnatal depression was the result of a failure to adjust to a large drop in progesterone levels after the birth, and more recently Vinogradov & Csernansky (1990) appealed to the influence of dopamine receptor activity. Yet despite claims of a physiological cause of postnatal depression, the notion has been heavily contested and the aetiology of any symptoms experienced in the puerperal period is considered unclear (Ussher, 1992).

1.4.3.2 Psychological and social factors

Psychosocial factors have been widely documented as mediating the early experience of motherhood, and are usually concerned with exhaustion and stress precipitated by infant-care, loneliness or marital conflict. Lee (1997) for example, writes "while there is some evidence identifying personal characteristics of women at high risk of depression following childbirth, aspects of the woman's social and family environment also have a major impact on coping in the postpartum period" (p.98). Holden (1996) and McIntosh (1993) demonstrated in their findings that mothers construed their depression in terms of external pressures, such as financial and housing difficulties, absence of support and the demands and adjustments associated with the experience of motherhood. Similarly, Small, Brown, Lumley and Astbury (1994) reported that one-third of those who met criteria for depression in their study did not want to label it 'postpartum depression'. Their interpretation instead was that they were dealing as best they could with isolation, fatigue and physical strain, and therefore that they needed support and understanding rather than a clinical diagnosis.

1.4.3.3 Loss and change

There is a strong tradition within the feminist literature to recognise the occurrence of depression following childbirth as a reflection of the inherent paradoxes associated with this life event and not as a pathological, hormonally triggered reaction to childbirth. Cox (1988) highlights the poignant disparity between the depressed mother's feelings of sadness and "the culturally sanctioned expectation that a mother should not only be practically competent but also personally content" (p.75). Barnes (1992) in drawing on Oakley's (1980) writings describes postnatal depression as a woman's reaction to the erosion of her identity. In order for potential gains to outweigh the associated losses, the construction of new meaning is necessary. Nicolson (1998) argues from a similar perspective. She suggests from her analysis that postnatal depression is not an undesirable, abnormal condition but a normal and necessary response to a series of losses, including career, sexuality, autonomy and sense of own body.

It is possible that women faced with disadvantaged circumstances may struggle to identify with the more elaborate descriptions suggested by the feminist writers. However, whether one's sympathies lie with an understanding of maternal distress as a reflection of factors in the environment or as due to stereotypes of motherhood as unambiguously positive, it would appear that conceptions of postnatal depression as an internalised disorder and a product of ubiquitous hormones, does not reflect the realities of women's lives. The tendency of traditional science, researchers and popular culture to assume that there is only one way of conceptualising the negative effects of motherhood has served to ignore the broader social and ideological context in which women become mothers.

Despite the attempts of proponents of a more social or feminist perspective to provide alternative explanations of maternal distress, as was shown in an earlier section on motherhood the views of Western psychiatry continue to be reinforced and granted the status of legitimate facts. More studies are required therefore to demonstrate the meaning of events for individuals' lives and, as such, to challenge assumptions of normality and deviancy.

1.4.4 Postnatal depression and social support

One area that has gained a great deal of attention is that of the relationship between postnatal depression and social support. In some of the earlier discussions it was reported that postpartum difficulties were associated with lack of support, work overload and guilt. Given

the emphasis placed on the role of support in the transition to motherhood by a number of authors, a brief overview of this work is now provided.

Collins, Dunkel-Schetter, Lobel and Scrimshaw (1993) examined the effects of social support on maternal and infant health and well-being. They found considerable evidence that women who were dissatisfied with the prenatal support they received were at a higher risk for depressed mood during pregnancy and depressive symptoms in the postpartum. In their concluding remarks the authors discuss the mechanisms that may explain the association between social support and health and well-being. They suggest that "social support may reduce the extent to which circumstances are appraised as stressful, or might promote positive affect by enhancing self-esteem or feelings of self-efficacy" (p.1254). It could be argued that supportive relationships are particularly pertinent in the case of new mothers therefore, who are facing a period of substantial psychological and physical change.

A study by O'Hara (1986) also argues that support during and after pregnancy is linked with a reduced risk of depression. A sample of ninety-nine women were studied prospectively from the second trimester of pregnancy until nine weeks postpartum. The author discovered that women experiencing postnatal depression were more likely to report receiving less support, especially from their spouses, than women not experiencing difficulties in the postpartum. This included both less emotional and less instrumental support, such as help with child-care. While findings from the study suggest that a number of different causes may be responsible for postpartum depression, such as an increase in stressful life events, social support is clearly a central factor in understanding depression during the puerperium.

Recognising the capacity of a mother's social networks and relationships to promote maternal health may also be important when considering the experience of Asian women. Aderibigbe, Gureje and Omigbodun (1993) reported, in their investigation of postnatal emotional disorders in Nigerian women, that while other studies have found that postnatally depressed women are more likely to cite dissatisfaction with their marriages, their observation was that it was the salience of other relations, and in particular the dynamics of the extended family structure, that was the most potent stressor among their sample. While this is not to presume that women of other ethnic minority groups will necessarily have a similar experience, it does raise the question of whether there are ethnic differences in social support. Certainly studies that have explored the structure of Muslim families have highlighted the importance of the extended family and community, and the existence of very distinct patterns of authority,

respect and communication (Kitwood, 1983). Collins *et al.* (1993) suggested from their findings that culture may have a very significant role "in determining how social support is given, received and appraised" (p.1255). These ideas will be referred to again in a later section focusing on the findings from cross-cultural research.

1.4.5 Studies of postnatal depression

Before turning to examine the specific research on Asian women, motherhood and postnatal depression it is helpful to briefly describe the plethora of studies of postnatal depression that have emerged over the last few decades. In particular it is useful to reflect on the scope and range of studies that have been developed to date.

There has been a heightened interest in the postpartum psychiatric disorders during recent years. Developments in the field include a greater understanding of nosology and aetiology (Pritchard & Harris, 1996), improved measures for screening and identifying high risk groups (Holden, 1996; Webster, Thompson, Mitchell & Werry, 1994), innovations in treatment and prevention (Elliott, Sanjack & Leverton, 1988; Murray, 1992), as well as increased recognition of the effects on mother-infant relations and child development (Caplan, Cogill, Alexandra, Robson, Katz & Kumar, 1989; Wrate, Rooney, Thomas & Cox, 1985).

However, the focus of much of this research has tended to be on rather restrictive topics such as incidence rates and epidemiology, and not on the wider context of people's lives (McIntosh, 1993). Even in those instances where researchers have chosen to address women's attitudes, they have largely employed quantitative methodologies, such as structured questionnaires, to generate their data (Bowes & Domokos, 1996). Nicolson (1998) argues that large-scale quantitative studies conflate the complexities and contradictions of women's experiences. Lewis (1995) believes that future studies need to move beyond determining what individuals experience in relation to what others identify as illness, and develop approaches which access individuals' interpretations of their own experiences.

A small but extremely valuable collection of studies has begun to make important steps to address some of these challenges in the literature. Nicolson (1986, 1992, 1995, 1998) for example, has produced a coherent model for understanding the meaning of postnatal depression based on a systematic and rigorous qualitative analysis of women's own accounts of their experiences of motherhood and emotional change. Her approach demonstrates a shift away from the methodologies typically employed in studies on postnatal depression. The

design of her research is intended to capture the subjective processes at work, while ensuring that all the detailed methodological issues are present to make replication possible. She suggests that while the value of "descriptive analysis of subjective accounts should not be overlooked, the more complex levels of analysis in qualitative psychology are ... more powerful as potentially they lead to applied theoretical frameworks" (Nicolson, 1995, p.341).

In Nicolson's studies, a sample of twenty-four women were recruited and interviewed at a series of intervals during and after pregnancy. A critical theme emerging from the women's descriptions was that of loss, including loss of independence, loss of occupation and leisure time, as well as loss of health and comfort after the birth of a baby. However, these losses were also mingled with feelings of pleasure and joy at their new role and the life to which they had created. For Nicolson, this indicated a complex series of processes at work, following which the onset of emotional lability seemed unsurprising. Her conclusion therefore, was that far from being a pathological condition, postnatal depression is a normal, healthy response to loss, which eventually leads to psychological reintegration (Nicolson, 1998).

Beck (1992) has also made a significant contribution towards expanding our knowledge of women's own perceptions of postnatal depression through the use of qualitative research. In particular, she employed techniques from the method of phenomenology to develop a conceptual model of the themes that emerged. The aim of the study was to describe the essential structure of the lived experience of postpartum depression. Seven mothers who had suffered from maternal depression were interviewed. Beck found that for these women, "postpartum depression was a living nightmare, filled with uncontrollable anxiety attacks, consuming guilt, and obsessive thinking...Fear that their lives would never return to normal was all encompassing" (p.166). The outcome of her investigation was to challenge the capacity of existing instruments for measuring postnatal depression, such as The Beck Depression Inventory and the Edinburgh Postnatal Depression Scale. She argued that these scales failed to assess the full range of themes that were generated in her analysis.

1.5 Asian women and pregnancy and motherhood

Woollett and Marshall (1997) suggest that the cultural significance of pregnancy and childbirth, and the meanings and practices of these within minority social groups or cultures are rarely addressed. Certainly, the balance of studies appears to be weighed more in the

favour of non-minority groups of women. However, some researchers are now seeking to redress the balance, and raise the profile of Asian women's ideas and needs in relation to motherhood and maternity care.

1.5.1 The Asian Mother and Baby Campaign

In 1984, the national Asian Mother and Baby Campaign was launched as a Government initiative to encourage closer links between health professionals and communities with a substantial concentration of people from the Indian sub-continent (Bahl, 1987). The campaign aimed to improve the antenatal and postnatal care given to Asian women via a health education programme and the establishment of a 'link worker' scheme. Campaigners produced leaflets in a number of different languages and a video, 'Be Prepared, Be Happy'. Link-workers were trained to act as an advocate for the Asian patient in the face of racial discrimination or inappropriate health services.

An assessment of the benefits following the Campaign included improvements through better uptake of antenatal care, the development of parentcraft classes and bereavement counselling, and increased home visiting (Bahl, 1987). Despite its positive effects, the Campaign has been criticised as piecemeal and failing to address personal racism (Rocheron, 1987). In terms of its relevance to the present study, it is argued that as with much of the literature on pregnancy and motherhood generally, the Asian Mother and Baby Campaign has a very medical orientation. It positions pregnancy and childbirth as biological and medical events, where the expressed purpose is to deliver 'healthy' babies. It also implies that there is a right way of 'doing' pregnancy. Rocheron writes, "the problems which the Campaign associates with Asian women's care are restricted either to the private-domestic field or the biological/medical. In either case, problems under scrutiny lose their reference to patients' race and class positions while they highlight their cultural elements" (p. 5).

1.5.2 The Woollett study

More recently, a series of innovative papers have been produced by a team of researchers led by Anne Woollett, based on a study of a hundred Asian and forty-three non-Asian women living in East London. This study examined differences between the two groups in their ideas and experience of pregnancy and childbirth, as well as sources of variability in the Asian women's accounts (Woollett & Dosanjh-Matwala, 1990a; Woollett & Dosanjh-Matwala, 1990b; Woollett, Dosanjh-Matwala, Nicolson, Marshall, Djhanbakhch & Hadlow, 1995; Woollett, Marshall, Nicolson & Dosanjh-Matwala, 1994). It is suggested that this material

offers a number of important insights in that it provides qualitative data from a subset of the sample of Asian women, who were interviewed more extensively about their experiences.

The women were recruited from local GP surgeries, and were of a range of different religions and cultural groups. Women who did not speak English were interviewed in their native language. All of the women had at least one child under two years of age. Participants were requested to recall information about their most recent pregnancy and delivery. Details were gathered on biographical information, reactions to pregnancy, nausea and food changes, amount of support, antenatal care, birth experiences, and ceremonies and practices post-birth. In some respects Asian women's experiences were similar to those of non-Asian women. However, important differences in emphasis and in the meanings attributed to certain aspects of their experience were also noted in the Asian group. In order to understand the different components influencing Asian women's attitudes to pregnancy, childbirth and child rearing a more detailed study of the sources of variability in the Asian experience will now be considered.

Woollett *et al.* discovered that a number of interacting variables were involved in developing women's beliefs and evaluations. These went beyond stereotypical views based on women's religion or ethnicity, to include degree of familiarity with the dominant culture, fluency in English and length of time having lived in the UK. They write "these factors may influence women's ideas about pregnancy and childbirth because women who have been educated in the UK and whose English is fluent have been more exposed to ideas current in the UK about maternity care" (Woollett *et al.*, 1995, p.83). The authors were keen to point out, however, that women's commitment to Western norms did not automatically imply a lack of commitment to traditional practices as well. Therefore, maternity services needed to respect that Asian women operate with parallel sets of beliefs and practices, and to understand how these interact with one another to produce health perceptions. Although Woollett and colleagues did not directly discuss Asian women's conceptualisations of postnatal depression, one could speculate that variations in women's involvement in mainstream society may also mediate constructions of maternal distress.

While the work of Woollett *et al.* is highly significant in the context of the current study, it would appear that a number of important issues still need to be addressed. It seems for example that there is a need to explore not only Asian women's experience of pregnancy but also their expectations of motherhood, and in particular their assumptions regarding the

postnatal months. Furthermore, as the women in Woollett *et al.*'s study already had at least one child, it would seem important to interview first-time mothers regarding the lived experience of pregnancy and perceptions of motherhood, this being a stage of life of which they have no previous experience. These pertinent issues were taken up in the present study.

1.6 Asian women and postnatal depression

As previously suggested, there is a paucity of research into Asian women's own beliefs and perceptions of postnatal depression during the transition to motherhood. Kumar (1994) noted that the predominance of studies into postnatal depression had been conducted in North America and in Western European countries. The extent of the neglect of relevant research of women from the African and Asian continents is painfully evident when one considers the token number of studies in this area. The situation is compounded by the limitations in methodological clarity of the few reports that have so far considered these populations. A familiar criticism also levelled at these studies is their over reliance on statistical measures, to the detriment of obtaining individual conceptualisations of illness. A call is therefore made for more flexible, sensitive methodologies in investigating postnatal depression.

1.6.1 Relevant studies

The following studies illustrate research that has actively sought to explore Asian women's perceptions to date. Although not all of the studies are concerned entirely with postnatal depression, they have been included here because of the insights they offer for the current project. The studies are critiqued, following which it is anticipated that the reader will have a clearer idea of how this investigation stands in relation to existing findings.

A project by Parvin and Jones (1998) examined the experiences and understanding of emotional distress among Bangladeshi women in the postnatal period. Qualitative data was collected during focus group discussions from twenty-five Bangladeshi women living in Tower Hamlets. Topics covered included problems experienced following childbirth, coping strategies and views about professional services. Thematic content analysis was used to analyse the data. Parvin and Jones' findings indicated that women recognised emotional problems as being different from physiological ones. Emotional changes in the postpartum were attributed to psychosocial factors, such as being alone or without adequate support. There was a mismatch between the expectations of service providers and service users. The

authors also noted that the women used a distinctive language to communicate their concerns, demonstrating the influence of social and cultural factors on the expression of affect.

A number of questions remained unanswered however from Parvin and Jones' study, which were addressed in the current research. For example, the authors' focus was on experiences of emotional distress as opposed to perceptions. While there is certainly value in exploring experiences, as their findings demonstrate, research on perceptions or expectations of distress, is severely lacking in the literature. Determining perceptions is central to health education and planning of services (Takeuchi, Leaf, & Kuo, 1988). Studying perceptions of postnatal distress antenatally can also elucidate the distortions between expectations and reality, which often contribute to feelings of disappointment postnatally. In addition, Parvin and Jones chose to investigate the experiences of Bangladeshi women, and it is debatable as to whether their findings would generalise to other ethnic groups. Further research is required to determine whether Asian women from different religious and cultural groups share similar ideas and expectations as those described in the Parvin and Jones study.

Research by Currer (1986) discussed the health concepts and illness behaviour of Pathan mothers from Pakistan, now resident in England. She discovered that women's understanding and handling of illness and suffering were intimately related to their position as wives in patriarchal Islamic society. As such, illness and well-being, unhappiness and happiness were viewed as part of the natural order, destined by God and therefore beyond the woman's capacity to change. The important factor was not so much how one felt, but the manner in which one behaved in the face of difficult circumstances. Themes of silence and endurance emerged repeatedly, and women who openly complained about their situation were shunned.

Although Currer does not focus specifically on postnatal depression, her findings are still important in understanding the influence of religion, and cultural and familial norms on representations of illness and distress. It is possible that similar themes may arise in a study investigating Asian women's perceptions of postnatal depression. Despite the usefulness of Currer's findings, the reliability of her data was hampered by the sequence and content of the conversations being recalled and recorded after the interview had been completed. As such no detailed analysis could be attempted.

Despite its methodological flaws, a notable outcome of Currer's work was its challenge to ethnocentric concepts of distress. The experiences of the women she interviewed were at

variance with premises held by Western psychiatry regarding the recognition and interpretation of pathology. A similar conclusion was reached by Beliappa (1991), in her work with Asian immigrants, who noted that participants were "less able to compartmentalise ... experiences as affecting the individual psyche. Instead they were more likely to use a holistic model and link such experiences within a normative structure of roles and expectations" (p.38).

A related argument may be made in the case of postnatal depression. It has been suggested that psychiatrists embrace this condition as a discrete phenomenon that automatically has meaning for peoples of all cultures, including non-western cultures. However, there are in fact difficulties inherent in this argument. Emphasising that women's ideas may vary because of cultural differences in pathology still carries the danger of assuming that postnatal depression is a medical or biological event. It was argued earlier that postnatal depression is probably best explained as a problem of adjustment to new personal and social circumstances. It is likely that the same explanation applies to women from minority groups as those from non-minority groups. This is not to undermine the importance of recognising cultural differences in the particular attitudes and behaviours of specific communities, but to avoid always interpreting these as alternative models of illness.

A number of other studies addressing postnatal depression in Asian women have also made some important observations concerning the ideas and experiences of this group. A report considering the relationship between racism and mental health among a diverse group of Asian women, included quotes from exploratory interviews describing experiences of emotional distress following childbirth (Westwood, Couloute, Desai, Matthew & Piper, 1989). While women's explanations of their symptoms were not untypical of those recorded in surveys of non-Asian women elsewhere (Whitton, Appleby and Warner 1996), these women did not necessarily use the language of 'depression' to describe their despair and sorrow. Instead, they related symptoms encountered during the post-natal months in terms of having a 'sadness in their heart'. The authors concluded from their participant's comments that "the world of motherhood is presented as a white world and that white world as normal, while black women and their experiences are by their exclusion treated as outside the normal" (Westwood *et al.*, 1989, p.56).

Findings from an action research project, undertaken to determine the likely contributors to maternal depression among Asian women in Nottingham, also demonstrated that the term

'postnatal depression' is not always meaningful, and that Asian women tend to use different idioms for the expression of emotional distress (Bostock, 1997a).

While the accounts presented in Westwood *et al.* and Bostock's research are very useful in enriching our knowledge on this subject, there are clear methodological limitations in the degree to which their findings may be perceived as having explanatory value. Further, systematic research endeavours are therefore required to develop these ideas into theory.

1.6.2 Towards a new paradigm

To summarise, it would appear that there has been a small but noteworthy selection of papers produced in the area of Asian women's beliefs and attitudes towards postnatal depression in recent times. However, there continues to be a serious drought in both the quality and quantity of work by researchers investing in this field, compared with other related topics. As such, this sphere of interest remains largely under-researched and wanting in rigorous methodological procedures. All too frequently Asian women are seen as problematic, with beliefs and practices which do not tally with Western medical models. New initiatives are needed to promote alternative approaches, emphasising the importance of greater knowledge of Asian values and ideas in ensuring more responsive and more effective services (Woollett & Dosanjh-Matwala, 1990a). The aim of the current investigation therefore was to contribute towards generating a theoretical formulation of Asian women's views and perceptions of postnatal depression, including its meaning, causes and treatability.

1.7 Responding to postnatal depression

Following from Asian women's perceptions of postnatal depression are their constructions of how to respond to potential emotional difficulties following childbirth. It is suggested that the model or framework women use in explaining postnatal depression will influence how they attempt to resolve the problems they are facing. Hall and Tucker (1985) state that discerning the definition of mental illness used by the public is imperative to understanding attitudes associated with seeking help. Ng (1996) reports that knowledge of such attitudes is important to those involved in prevention and early intervention. Establishing the user's frame of reference is especially important in the case of Asian women, given the low uptake of statutory services within these communities (Beliappa, 1991). It is argued here that research investigating Asian women's ideas and expectations of postnatal depression would not be

complete without an understanding of how they propose to deal with such a condition, should it arise.

A few studies have explored the pathway to care in postnatal depression within the general population (McIntosh, 1993; Whitton, Warner & Appleby, 1996). The majority of depressed mothers interviewed in these studies had not reported their symptoms to any health professionals. Reasons offered for these low rates of consultations were in terms of women's perceptions of the cause of their depression, their reluctance to accept drug treatment and their fears about admitting to experiencing emotional difficulties. However, no study to date has specifically focused on Asian women's ideas concerning help seeking for postnatal difficulties. Therefore, while there is likely to be a whole host of variables influencing an Asian mother's decision to access support for postpartum distress, the researcher is required to look afield, to the general literature, in order to identify possible determinants of health behaviour.

Before proceeding however, it is useful to briefly outline some of the stereotypes or myths that are commonly held about Asian people's responses to emotional distress. This helps to demonstrate why research in the field has become so stagnant, and as such why so little is actually known about this area.

1.7.1 Help-seeking among Asian populations – fact or fiction

The ambivalent relationship shared by Asian groups and the mental health services is widely documented (Bahl, 1987; Beliappa, 1991; Fernando, 1995; Webb-Johnson, 1991). Various hypotheses have been offered for the low uptake of services amongst the Asian population, however these tend to be based on limited experience of the people to whom they refer and reflect cultural over-generalisations produced in the mass media (Kelleher, 1996). It could be argued that the early studies of ethnic minority populations which generated these stereotypes, have little resonance with either the changing mainstream culture or evolving sub-cultures in the twenty-first century.

It is often claimed that people from the Indian subcontinent use support structures within their extended family networks to cope with psychological problems (Webb-Johnson, 1991). Yet, Beliappa (1991) indicated that only 13 per cent of her sample viewed the family as a viable means of support, preferring instead to use prayer and hard work as strategies for coping. In addition, Murray (1992) suggested that care was needed, when determining sources of social

support, in order to distinguish those assets which may actually have a negative effect on the individual. Relationship patterns found within the extended family can be both very complex and very powerful, and not always the most appropriate form of support for the depressed person. (Currer, 1986; Durvasula & Mylvaganam, 1994; Hansen and Jacob, 1992; Rao, Channabasavanna & Parthasarathy, 1984; Rosenthal, 1984). Some researchers have also noted that a large proportion of the conflict in families originates from intergenerational differences (Sonuga-Barke, Mistry & Qureshi, 1998). In their study of Pakistani Muslim mothers, discrepancies over child-rearing arose between the younger and older generation, and were more marked in families where certain members were more assimilated with the dominant culture than others.

Given all the evidence to the contrary, why then do Asian families continue to be regarded as the primary structure through which to help and support the needy member to recover? Lau (1994) argues that children are taught the belief systems and rules of the group from an early age through various processes of socialisation. The individual is, forever after, never entirely free of their roots, which demand that honour, respect and loyalty to the family are preserved. These notions of allegiance and duty to the family would appear to be misunderstood by professionals as reflecting a preference by individuals to be supported by their own kind. Whereas in fact, as Jambunathan (1992) notes, women are frequently tied to the family through prevailing norms and expectations even in the absence of any support.

Another dominant idea held in relation to Asian communities is that they tend to communicate their emotional distress in somatic or physical terms, and that, consequently, psychological difficulties fail to be recognised and treated. However, these assumptions are increasingly being contested by researchers in the field (Kirmayer, 1989). Durvasula and Mylvaganam (1994) for instance believe that while the concept of somatisation is inherent in Western medicine it does not hold the same meaning within the Asian tradition. In other words, while it may reflect beliefs held by the dominant culture of a mind-body dualism, to apply it to ways of thinking adhered to by many minority groups makes no sense. Instead, professional services need to recognise that as non-western populations often hold different frameworks for understanding health and illness (see for example commentary by Fabrega, 1991), the way in which they act on these is likely to vary.

1.7.2 A fresh approach – challenging the stereotypes

A number of alternative theories of low service uptake by ethnic minorities are now being considered which seek to avoid the stereotypes inherent in existing paradigms. These place less emphasis on modifying the beliefs and practices of minority groups to make them better consumers, and more on ensuring the appropriateness of existing services to individuals' needs. For example, research has demonstrated that responsible for poor utilisation of health services among Asian populations are: barriers of language and ethnic match and a lack of knowledge of services available (Bahl, 1987); shame and the stigma of seeking professional help (Takeuchi, Leaf and Kuo, 1988); variations in individuals' understanding of the role of the GP (Beliappa, 1991); and historical racism (Boyd-Franklin, 1989, cited in Milstein, 1995). In order to make services more accessible to new mothers therefore, professionals need to stop relying on outdated ideas regarding the attitude and behaviour of ethnic minorities and seek to address the limitations congenital in their approach to care. Indeed, when Bangladeshi women in Parvin and Jones' (1998) study were asked to describe their experiences of support by primary care services in the postnatal period, they responded by saying that "more language support is needed to access services, and for effective communication to exist between services providers and service users" (p.1).

1.7.3 Determinants of help-seeking

For women contemplating whether or not to access help for postpartum difficulties, the above factors will probably have an important part to play in their decision-making process. In other words, women's ideas about possible courses of action are likely to be shaped not only by their particular constructions of postnatal depression, but also by their confidence in their local services and the provision of care. This in turn is likely to be influenced by previous health experiences and the degree of familiarity with psychiatric services, as well as effects of regional and class variations.

In addition, research has indicated that help seeking behaviour is likely to be mediated by social pressure from others (Meldrum, 1996), and cultural expectations concerning the appropriate cultural response to illness (Furnham & Malik, 1994). In Meldrum's study among Pakistani Muslim teenage girls, the findings illustrated that the views of both the family and community were highly predictive in shaping whether or not an individual would seek help. The extent to which these variables are likely to influence women's attitudes to professional services and treatment also depends on the degree of assimilation of the individual and their family with the traditional and/or dominant culture, and fluency in English (Woollett,

Dosanjh-Matwala, Nicolson, Marshall, Djhanbakhch & Hadlow, 1995.). Additional determinants of women's responses may include perceived severity of problems (Connor & Norman, 1996), availability of social support (Hansen & Jacob, 1992), as well as the socio-economic context.

The above review suggests that Asian women are likely to be faced with a number of interacting factors when deciding to seek professional intervention for postnatal difficulties. However, as no study has previously explored Asian women's perceived response to maternal distress, it is not known which concepts are particularly salient. It seemed important in this study therefore to investigate women's accounts of how they would propose to resolve postnatal problems, and to consider how different variables may influence help-seeking. The researcher was aware however that intention to seek professional help was not necessarily a precursor for action (Abraham & Sheeran, 1997).

In order for professional intervention to be truly effective, more effort is required to ascertain mothers' own ideas of what might constitute a satisfactory solution to their problems. It was anticipated that by establishing Asian women's views regarding the appropriate provision of care, the study would make a positive contribution to the recognition and management of postnatal depression by health services.

1.8 Lessons from cross cultural and ethnic minority research

In the previous section a range of contextual factors were described as having a potential impact on Asian women's responses to postnatal depression. In the following discussion these ideas are expanded, in an endeavour to take account of the particular themes, ideologies, values and practices that are likely to underlie the beliefs and attitudes of this group. This is not to undermine the diversity and variations among Asian women, but to recognise that culture and ethnicity will inevitably have a role to play in explaining women's perceptions of motherhood and postnatal depression at some level. Therefore an investigation of the impact of traditional ideas and expectations, as well as changes in cultural attitudes and behaviour resulting from contact with the West, now follows. Differences in religious orientation will also be considered, as will intergenerational conflict and social support. In addressing these issues, it is argued that the study avoided imposing a Western model of understanding motherhood and distress, and sought instead to recognise how these events varied within and between different groups.

1.8.1 Different value systems

Lambert and Sevak (1996) suggest that there is a weakness inherent in much of our health service research. That is the failure of studies to refer to either cultural orientation or social determinants in identifying the attitudes and behaviours of specific communities. Research and theorising within cross-cultural psychiatry however, has attempted to redress the balance and emphasise the role of culture in individual perceptions.

Several studies have demonstrated differences in the belief systems of Western and non-western populations and the corresponding relationship between these differing frameworks and the conception of mental illness (Fenton & Sadiq, 1996; Furnham & Malik, 1994; Krause, 1989; Ng, 1996). In the West, characteristics of independence, autonomy and self-sufficiency tend to be favoured, whereas in Asian societies, goals of interdependence, obligation, and group harmony, are closely followed by many families. These different philosophical orientations have evolved to permeate all aspects of the cultures from which they originate. They encompass religious beliefs and principles and give shape and form to cultural practices and structures. These various values and traditions are passed on from one generation to the next, in such a way as to govern the functioning of that society.

Cross-cultural researchers highlight the contrast in orientation between cultural groups, in order to identify potential differences in perceptions of pathological behaviour. For example, Krause (1989) indicates that the label of depression is likely to be redundant in some Asian cultures, where other models are influential. As indicated earlier, the view taken in this study was that postnatal depression may be construed less as a form of illness and more as a reflection of the difficulties associated with motherhood, such as loss of freedom and the responsibility involved. Despite the different focus, the insights that were gleaned from the cross-cultural studies were highly important in the context of the current research. In particular, they illustrated the types of values and ideals that were likely to inform women's constructions and expectations of motherhood. This was especially relevant where women were dealing with two cultures simultaneously.

A paper by Lau (1994) demonstrates in more detail why it is necessary to consider the role of cultural systems and religious frameworks when working with ethnic minorities. She suggests that these values direct the behaviour of individuals within the group. So for example, "respect and loyalty to parents is paramount and supersedes loyalty to one's immediate family" (p.14), and "the young person...[is] prepared to meet family obligations, to respect

the concept of family honour, to look after the parents and younger siblings" (p.18). Lau emphasises that in traditional societies expected behaviours and role relationships are learned from the examples of elders. An individual's upbringing will stay with them and subsequently influence their expectations of parenting and family life. Her observations were useful when exploring the ideas and attitudes of the women recruited in this study.

1.8.2 Role of religion

An important determinant of the different cultural systems described above is religious beliefs and practices. Lau (1994) indicated that work on Islamic, Hindu and Buddhist perspectives clearly shows how belief systems give rise to definitions of self and context, and therefore values in life. In Islam for example, there is a strong belief in God's predestination of all that happens. Muslims must submit to God's religious and social requirements as contained in the Quran. Hinduism on the other hand incorporates a multitude of religious ideas, one of which is Karma. This states that while one is free to act, all actions have their inevitable consequences, the results of which are to shape one's destiny. Hindu teaching advises that every action should therefore be carried out from a holy sense of duty and dedication.

It is possible that women's perceptions of pregnancy and their expectations of motherhood may be modified by differences in religious beliefs and values. However, it is equally likely that a number of other factors may also intersect with their attitudes and ideas including class, geography and the particular family's unique experience. Therefore while it is sensible to be mindful of the contribution of religious factors, an awareness of other social and cultural patterns and influences is also needed.

1.8.3 Impact of acculturation

There is increasing evidence that the contrast in world-views between minority groups and Western groups is becoming increasingly less straightforward (Rosenthal, 1984). This is particularly true of second and third generation people who were born and raised in Britain. Evidence has shown that these individuals may not retain the old cultural traditions of their parents and grandparents, having moved out of the community in which they were born as a result of education and socio-economic change (Rosenthal, 1984).

The concept of dealing with changes in cultural attitudes, values and behaviours that result from contact between two distinct cultures is known as acculturation (Phinney, 1990). While acculturation would appear to involve adaptation to and integration with the dominant group,

the relationship with the original or ethnic culture must still be considered. This is because, as Woollett, Marshall, Nicolson & Dosanjh-Matwala (1994) have shown, ethnic identity can be extremely fluid, changing according to particular circumstances and context as well as to different aspects of ethnicity. For the women interviewed in their study, representations of ethnicity varied over time and were informed by life changes related to marriage, having children and as children grow up. This led the authors to conclude that an acculturation model that solely employs increased familiarity with the host society as its measure may be too simplistic to reflect the complexities inherent in ethnicity.

Nevertheless, having an awareness of the processes of acculturation in a research project such as this is fundamental, if stereotypical views of ethnic minority people are to be avoided. Berry, Trimble and Olmedo (1986) write "unless the researcher can gauge the acculturative influence, and its impact on the individual, inappropriate conclusions could be drawn about the sources of cross-cultural variation in behaviour" (p.291). Researchers and health carers need to be careful however to evaluate which aspects of traditional or Western practices are important to each person's unique circumstances.

1.8.4 Intergenerational disagreement and social support

Previously, it has been argued that some individuals within ethnic minority groups may have dual identification and subscribe to the attitudes and behaviours of their British peers, as well as those of the traditional culture. Furnham and Malik (1994) noted that this was particularly true of the younger generations. However, the dissonance experienced between the collectivist demands of the family and the call for individualism by the dominant culture, may act to polarise children and their parents (Durvasula & Mylvaganam, 1994; Rosenthal, 1984). The subject of intergenerational discord has been discussed by Hansen and Jacob (1992), who argue that conflict may arise because of differences of opinion over issues of cultural significance. Sonuga-Barke, Mistry and Qureshi (1998) propose that where there is intergenerational discrepancy rates of depression and anxiety within the family are likely to be higher. The dynamics of intergenerational relations and their impact on mental health were important to take into account when investigating the present topic.

The relevance of support to new mothers has already been described in some detail. Research has demonstrated that support and practical help provided by the family can act to moderate potential risks to the mother's mental health (Taylor, Casten & Flickinger, 1993). However, as Hansen and Jacob (1992) recognise "the ability of new parents and their parents to use,

supply and experience support also depends on multiple interactive variables" (p.471). For example, it has been noted by some researchers that the involvement of grand-parents, parents-in-laws, siblings and other relations may in fact be experienced as interfering and threatening (Rao, Channabasavanna & Parthasarathy, 1984). This is particularly likely where there is a mismatch between the types and levels of support offered by these individuals and the mother's and child's need for help and assistance (Lavers & Sonuga-Barke, 1997). Knowledge of women's social situations and relationships in the current study was helpful in understanding their perceptions of social support in pregnancy and motherhood.

1.8.5 A word of caution

Research describing the experiences of ethnic minority populations needs to be aware that caution is required, concerning the definition of 'culture', and the use of the term 'Asian',

The importance of not treating ethnic minorities as monolithic identities was stressed in the opening paragraph of this chapter. Ethnic minority classification as used in health service research, is often unmindful of gender, economic, regional and class variations, let alone the major differences of language, religion and caste. Likewise, Ahmad (1996) criticises the simplistic notion of culture used by many researchers, for obscuring similarities between cultural groups, as well as the diversity within a cultural group. He also condemns the manner by which 'culture' is often used to prematurely identify the way of life of the group as the cause of the problem, and not other factors such as poverty and racism. Ahmad calls for a move away from the traditional definition of culture as an independent variable solely responsible for determining behaviour, to seeing it as a dynamic, fluid entity capable of change.

This research therefore endeavoured to retain a cautious approach when using these terms and definitions.

The argument presented here highlights the role of culture and ethnicity in shaping how women construe motherhood and postnatal depression, and respond to distress. It is clear that a number of elements are brought to bear on the process of according meaning to particular events and situations. In the following section the relevance and value of investigating women's perceptions or expectations of motherhood and the early postnatal months is discussed, both in terms of the transition to parenthood and policy and practice more generally.

1.9 Investigating early perceptions

The importance of early perceptions and expectations is reflected in the wide range of psychological approaches which take these constructs as their starting point. Psychological theories or models are based on the notion that implicit in all human beings are beliefs or assumptions that guide how to evaluate and respond to the world. In the school of psychology known as behaviourism for instance, attitudes and emotions are learnt through forms of conditioning where associations between stimuli and responses are made (Shaffer, 1989). The cognitive behavioural viewpoint on the other hand suggests that experience leads people to form assumptions or schemata about themselves and the world, which are used to organise perception and to govern and evaluate behaviour (Fennell, 1989). The process of socialisation is a particularly key time for schemata to develop. In psychodynamic or psychoanalytic theory early childhood experiences and relationships give rise to unconscious conflicts which shape an individual's behaviour and relationships in the future (Gross, 1987).

While there are clearly distinctions between the various theoretical models in psychology, intrinsic to each of these approaches are beliefs, perceptions, attitudes and explanations about self, others and the world. These variables inform understanding of the meaning given to experiences and events. As such they underlie and determine behaviour. The present study was interested in tapping into the perceptions or beliefs that different individuals hold about their pregnancy and the impending transition to motherhood. It was anticipated that in discovering women's attitudes and ideas towards these different episodes, the study could make a valuable contribution to understanding how they make sense of and interpret their experience.

McIntosh (1993) has indicated that women's perceptions of postnatal depression may influence the ways they are prepared to respond to the problem. Whitton, Appleby and Warner (1996) argue that maternal thinking about postnatal depression may therefore have crucial implications for detection and treatment. Detection is high on the agenda of those providing maternity care because of the long-term repercussions for those who do not receive help. Attempts to examine women's own ideas and expectations of the condition may be particularly valuable in light of the following comments: "without help or treatment, postnatal depression can not only mar a woman's experience of herself as a mother, it can affect her infant's social and cognitive development. Her other children may be affected, also her relationship with her partner" (Holden, 1996, p.79).

A similar case is made for exploring women's beliefs and attitudes to pregnancy and motherhood. Feldman and Nash (1984) argue that the transitions experienced between expectancy and parenthood are some of the most dramatic in the family life cycle. They write, "the onset of parenthood has been found to be a vital factor affecting the development of self-concept and self-esteem" (p.62). Broadening understanding and increasing awareness therefore of the different factors important during this period will hopefully help to ensure a smooth transition. Conner and Norman (1996) suggest that identifying cognitive variables such as attitudes and perceptions are necessary for understanding the determinants of behaviour and behaviour change. The latter is particularly salient in terms of increasing both length and quality of life.

It could be argued that a study with these objectives has a preventative role in what otherwise has been described as a time of major physical and emotional strain. A report from the Royal College of General Practitioners (1981) recommended that there should be a drive for more formal preventative interventions. Developing strategies for intervening earlier based on a knowledge of the key issues, rather than waiting to meet problems at the secondary or tertiary stage, should hopefully go some way to avoiding more serious outcomes for women, at this time in their lives. Hare-Mustin, Bennett, and Broderick (1983) also suggest that an understanding of the attitude toward motherhood is important because "basic images of the 'good mother' versus the 'bad mother' undoubtedly influence policy and practices related to such broad issues as abortion, adoption, child care, breast feeding, and the employment of women outside the home" (p.644).

Determining women's constructions and representations of motherhood is critical, not only from the angle of help seeking and professional intervention, but also from the point of view of the type of themes or 'knowledge' that has been built up around motherhood and the female role. Earlier on in the chapter, research findings by a number of feminist writers suggested that the romanticisation of motherhood was "dictated by patriarchal power relations" (Nicolson, 1998, p.13). They argued that this set up powerful expectations of motherhood as a normal and fulfilling role for all women, making it difficult for women to express their ambivalence about having children. Yet little is actually known about what women's own perceptions of pregnancy and expectations of motherhood really are. Studies that have asked women about their expectations after the event, have the obvious problem that retrospective reports may be influenced by what actually happens and poor memory (Green, Coupland and Kitzinger, 1990).

In exploring motherhood and postnatal depression from the woman's perspective therefore, the research hoped to foster a more coherent understanding of the personal frameworks held to explain these. This involved comparing lay knowledge and expectations with those favoured by the dominant discourse, and assessing how women positioned themselves in relation to the formal debate. This was particularly important given the absence in the literature of reliable studies focusing on the Asian experience. These groups were typically not talked about, and instead assumptions were made drawing on Western stereotypes and explanations. While this is not to suggest that popular stories around motherhood do not apply to other cultures, it was felt important to examine the ideas and expectations within distinct groups.

1.10 Importance and relevance of the current research

Before the research questions are specified, a brief statement about the value of this investigation for the work of both clinical psychologists and other health professionals, as well as for the on-going development of theory, would appear timely.

The purpose of this study was to develop a fuller understanding of Asian women's beliefs and perceptions about motherhood and postnatal depression, including how these impacted on ideas about help seeking for postpartum difficulties. It was anticipated that such an investigation would enhance both clinical and organisational approaches to the management of pregnancy and motherhood, and to the treatment of postnatal depression, ensuring that any strategies adopted were compatible with women's distinctive beliefs and practices. Focusing on this area of research would also have a number of implications for the promotion of health services that are accessible and compatible to the needs of ethnic minority clients. Examining Asian women's perceptions and attitudes and how these may influence help-seeking, is a high research priority, if overlooking those who are most vulnerable within ethnic minority communities is to be avoided (Kanti Nagda, 1991, cited in Beliappa, 1991).

1.11 Research questions, aims and hypotheses

The research aimed to address the subtle differences in emphasis and meaning expressed through women's individual accounts of their experiences. As the research method was qualitative in nature, the testing of explicit hypotheses was not considered appropriate.

However, on the basis of the previous discussion, the following general questions are presented in order to illustrate the direction the research took:

1. How do first-time expectant Asian mothers conceptualise or represent pregnancy and motherhood?
2. What do Asian women understand by the term 'postnatal depression', and how do they make sense of emotional distress in the postnatal period?
3. What are Asian women's perceptions of how to respond to difficulties following childbirth?
4. What contextual factors are pertinent in shaping Asian women's ideas and perceptions of pregnancy, motherhood and postnatal depression?
5. What are the implications of the research for professionals working with mothers, and in particular for those concerned with the needs of Asian mothers?

1.12 Qualitative methods

Given that the aim of the study was to reflect the diversity and complexity of real life, a qualitative research methodology was advocated. Before elaborating on this however, it is perhaps helpful to set the choice of paradigm in context. The debate concerning the relative merits of quantitative and qualitative methods in social research is long-standing (Henwood & Pidgeon, 1995). Briefly, quantitative approaches are viewed as representing the traditional, objective attitudes of experimental science, and qualitative studies the opposite, more subjective end, where the emphasis is on processes of social interactions and relationships in the generation of knowledge. While the former is largely preoccupied with testing preconceived hypotheses in the search for abstract, universal laws, the latter attempts to establish perceptions or understandings through participant's own eyes, leading to a richer, more personal account of the topic in question. The focus in qualitative research is less on numerical procedures to measure outcomes, and more on understanding the processes that occur. As such analysis usually involves the interpretation of verbal material generated from semi-structured interviews, narratives or field notes.

Qualitative research has often been criticised as the softer, less credible option, primarily due to the lack of clarity in how procedures and results are assessed (Flick, 1998). A surge in interest in qualitative methods in recent years, however, has sought to address some of these shortcomings by demonstrating that rigour is not solely restricted to the natural sciences.

Moves towards ensuring the legitimisation of knowledge in qualitative research have led some to question attitudes that have historically positioned quantity and quality as two opposing paradigms. Todd (1998, p.32) for example, argues that recently "it has been recognised that a combination of both can be advantageous". The issue of mixed methods, while beyond the confines of the present study, is an important one as it challenges the assumptions we make regarding dichotomies in science.

Through consulting the literature concerning the circumstances under which one should decide on a research method, it was clear that the choice of a qualitative approach was particularly appropriate in the case of the present study. Turpin, Barley, Beail, Scaife, Slade, Smith and Walsh (1997) suggest that qualitative investigations are applicable when the area is novel or under-researched. Henwood and Pidgeon (1995) recommend that qualitative studies are necessary where theory is non-existent, or where new theories are required to supplement those that have run their course. In the present instance, there was both a sparsity of reliable research findings, and a dearth of existing theoretical knowledge by which one could make sense of the views of Asian mothers.

A qualitative methodology was therefore adopted for the gathering, analysis and interpretation of data, for a number of reasons. Most importantly, it was perceived to be sensitive to women's experiences seen in their own terms, and "to capture the meanings particular phenomena hold for them" (Smith, 1996, p.417). Fenton and Sadiq (1996) employed qualitative methods in their study of the expressions of mental distress used by South Asian women in Bristol. They discovered that when women were provided with the opportunity to speak freely, in a less formalised manner, they described their thoughts and feelings in the most intricate depth, indicating that they were familiar with a syndrome of mental distress which corresponded with a number of features of depression.

The research to date has largely neglected to consult participants' own frame of reference, such that the ideas of Asian women have tended not to be recognised or valued. A qualitative methodology therefore appeared to be the most suitable means of addressing the issue at hand. In the next chapter, the specific channels through which this was achieved are explored in greater depth.

2.0 METHODOLOGY

2.1 Overview

This chapter begins by exploring the epistemological framework used to guide the research, and follows with a discussion of the particular method adopted to generate and analyse the data, namely Grounded Theory. Information is provided regarding research design and procedures, including detailed descriptions of the different stages of coding undertaken. Attention is also given to those methods by which the quality and rigour of qualitative investigations may be evaluated. Finally, in keeping with ideas of reflexivity, a summary of my preconceptions and theoretical orientation is highlighted, followed by reflections of their impact on the research process.

2.2 A qualitative inquiry

The quantitative-qualitative debate discussed earlier established the basis for the chosen research approach in this study. However, in order to define qualitative methods more fully, an extension of this discussion is warranted. Epistemological considerations, or beliefs about the nature of knowledge (Holloway, 1997), are central issues to those embarking on qualitative research. As Mason (1996) points out, the position one takes, in relation to ideas on what constitutes the social world, is reflected in the decisions and judgements made in the research process.

There are two main sets of assumptions underlying the human sciences, positivism and interpretivism, although as Henwood and Pidgeon (1994) warn, we should be cautious of automatically viewing these in opposition. In the positivist approach, the focus has typically been on the methods of natural science. These include the experimental and hypothetico-deductive methods and, along with quantification, have achieved widespread acceptance as the dominant or received view of scientific research. Underpinning this paradigm is the view that

"reality consists of a world of objectively defined facts" (Henwood & Pidgeon, 1992, p.98), which can be observed, manipulated and tested.

A characteristic of quantitative research therefore, is the insistence on objectivity or detachment between researcher and researched, so as to avoid any bias. This desire for neutrality is hotly contested however by those in favour of the qualitative paradigm, who argue that since research always includes an interpretative component, science cannot be 'value-free' (Holloway, 1997). Similarly, the emphasis on testing theory in the traditional view of science, which involves a process of reduction or abstraction (Parker, 1994) is argued to neglect the participants' perspective within the context of their lives. As Smith, Harre and Langenhove (1995) surmise, mainstream psychology can be seen as struggling to address human individuality, and ignoring important differences in human experience.

Alternatives to the positivist scientific method are the interpretative or constructionist positions. These tend to be embraced under the general heading of qualitative research, and argue for the importance of understanding the meaning of experiences, actions or events from the individual's viewpoint (Henwood, 1996). Unlike the quantitative paradigm, meaning is not seen as merely reflecting the world as it exists, but is "produced or constructed by persons within cultural, social and historical relationships" (Henwood & Nicolson, 1995, p.109). The qualitative approach has a long-standing history in sociology, anthropology and feminist research, although it is only fairly recently that these methods have begun to gain the respect of the wider psychology discipline. With the growth of qualitative research, efforts have been made to demonstrate both its theoretical and practical aspects (Richardson, 1996). As such, it now presents a serious challenge to its critics, who had previously rejected it as being less reliable and rigorous than traditional methods of science.

A qualitative inquiry affords the opportunity to focus on the everyday life of people in natural settings. It involves detailed portrayals of participants' experiences, by allowing the researcher to identify the interpretations, feelings and meanings placed upon thoughts and behaviours. In the words of Henwood (1996), the outcome of a qualitative analysis is to produce "a meaningful account that knits together the multiplicities, variations and complexities of participants' worlds" (p.35). A further benefit of adopting qualitative methods is that they acknowledge the interdependent relationship between researchers and participants, by

recognising that all accounts are co-productions and the constructed reality jointly negotiated (Burr, 1997; Henwood & Pidgeon, 1992).

Given the importance of viewing the meaning of experience and behaviour in context, it comes of little surprise to learn that qualitative researchers emphasis depth and roundness in data, rather than the larger sample sizes typical of the scientific method (Mason, 1996). The drive for numbers in quantification reflects the need to control for individual fluctuations, and to affirm the level of confidence we can have that something approximates the truth (Warner, 1996). Qualitative methods are generally concerned less with the use of empirical research for the testing of prior theory, and more with the generation of theory from data, the idea here being that comprehensive theoretical systems are built out of 'thick' description rising from people's own accounts, as well as from the interaction between the researcher and the participant during the research act (Holloway, 1997).

In this study, the method chosen, while reflecting these basic tenets of qualitative research, also possessed a number of other features, giving the research explanatory power. The various components of the approach employed are described below.

2.3 Grounded Theory

There are a number of different perspectives and methods within qualitative research, and the choice of approach will depend both on the research problem at hand, and the practical and philosophical issues facing the researcher. Grounded theory is one such method, and has made a significant contribution to the generation of theory in the field of psychology. Charmaz (1990) argues that grounded theory analyses equip health professionals with alternative understandings of client's beliefs and actions, which can be used to improve communication and inform future health-related decisions.

The original proponents of grounded theory were Glaser and Strauss (1967), who fostered the method as a reaction to the increasing distance of formal theory from participants' worlds. Their objective was to demonstrate that qualitative methodology could be logically consistent, and they specified an explicit set of procedures for the systematic collection and analysis of data. They coined the term 'grounded theory' to refer to theory that is discovered from initially unstructured material, in the course of the researcher's close inspection of the data. The

rationale behind grounded theory has undergone important revisions in recent years, such that the notion of 'generating' theory is now preferred to the 'discovery' of it, by some theorists (Henwood & Pidgeon, 1992). The aim of the method in this case, is to develop a theory that is accountable to the data being studied (Rennie, 1998). An overview of the early history of grounded theory is still valuable however, to illustrate how patterns of thinking have changed with regards to the meaning of data.

Since publishing their first book, *The Discovery of Grounded Theory* (1967), Glaser and Strauss have subsequently parted ways, each forming his own school of thought (Stern, 1994). A number of criticisms had been levelled at grounded theory, not least the overly complex instructions relating to the different strategies behind the method (Charmaz, 1990). A further pitfall had been the excessive reliance on description by researchers, who neglected to provide explanations of participants' accounts. It has since been suggested that the need to respond to its critics was the impetus behind Strauss and Corbin's (1990) book, *The Basics of Qualitative Research* (Stern, 1994). Their work demonstrated a significant shift in the procedures of the original grounded theory approach, which they argued was necessary if the researcher wished to claim a 'truly' grounded theory analysis (Rennie, 1998). For example, they advocated that ideas and themes were verified against actual data (Strauss & Corbin, 1990), although this was persistently contested by Glaser, as undermining the discovery-orientation aspect of the approach. Despite the refutation of this latest text by Glaser, their work has been described as by far the clearest and most practical manual on grounded theory yet (Holloway, 1997).

The principles and strategies of grounded theory have been widely used in the human sciences (Henwood & Pidgeon, 1993), and are well documented within the literature. A brief outline of the different characteristics shaping the method is now presented, and subsequent to this a closer inspection of the advantages and disadvantages of the approach. A look at the latest issues being debated among proponents of grounded theory follows. Specifically, these concern the degree of fit between the properties of the approach, as described by Glaser, and Strauss and Corbin, and current postmodernist ideas around ontology and epistemology (Rennie, 1998). A discussion of those components employed in the current study can be found in a later section of the chapter.

At the core of the grounded theory style of research, is *constant comparison*. Each datum, category and theoretical proposition is compared with every other concept and element,

throughout the lifetime of the study. The aim of constant comparison is to search for similarities, differences and connections in order to identify major constructs which may eventually form a story-line (Holloway, 1997). The theory that emerges is therefore derived directly from the data, rather than through preconceived hypotheses. A second fundamental procedure is that of the *simultaneous involvement in the processes of data collection and analysis*. Charmaz (1995) states that immersing oneself in data collection and analysis concurrently, allows the emerging theoretical categories to drive future data-gathering. Thus researchers refine their interview questions to follow leads, and abandon those areas that have not been fruitful.

A third analytical principle of the grounded theory technique, is the notion of *theoretical sampling*. Here, the study population is selected on theoretical rather than statistical grounds. New cases are actively chosen throughout the course of the research, for their potential to fill out and refine categories, and thus extend the researcher's understanding (Pidgeon, 1996). The sampling of negative cases is one such example, which involves purposefully finding data that does not fit into the working hypotheses of the research. The goal of *negative case analysis* is to yield further analytic insights, and elucidate additional aspects of the emerging theory. It is worth adding however, that often a pragmatic approach to recruitment is required, which reflects the realities and constraints of the sampling process (McLeod, 1996).

Sampling large numbers of respondents is unnecessary in a grounded theory investigation (Turpin, Barley, Beail, Scaife, Slade, Smith & Walsh, 1997). The objective of the study is to gather in-depth data from which to develop rich and substantial theory. The emphasis is less on making predictions or generalisations from the data, as on "demonstrating the usefulness of the proposed work to the conceptual framework and research questions posed initially" (Marshall & Rossman, 1995, p.142).

Other features of grounded theory for the shaping and handling of qualitative materials, are *theoretical sensitivity* and *saturation*. The exercise of generating grounded theory is very different from that of other traditional scientific methods, where the aim is to test instances against pre-defined and mutually exclusive theory. With grounded theory, the researcher is endowed with the flexibility to draw on professional experience, significant literatures and personal judgement in developing insight and awareness concerning the emerging theory. This is more commonly referred to as *theoretical sensitivity*, in that it encourages the researcher to

continually interact with the data and examine it from all sides, rather than staying fixed on the obvious (Holloway, 1997). This capability thus allows categories to be further specified and developed.

The emphasis on creativity is one of the reasons why grounded theorists favour semi-structured interviews as a means of gathering information from participants. Not only do they allow interviewers to be more versatile than would be the case with conventional quantitative methods, but they permit them to probe into areas not anticipated, and link this with their own hunches as to potentially useful topics to explore.

Saturation occurs when coding of instances no longer uncovers new ideas in the data. This tends to happen once a comprehensive picture of the theoretical framework has emerged, and the theory has fully accounted for variations in the data (Henwood & Pidgeon, 1993). Data collection is usually terminated once the point of saturation has been reached.

Pidgeon (1996) comments that these characteristics of grounded theory, "together involve the researcher in a highly interactive and iterative process in which the traditional distinction between the data collection phase and the data analysis phase of a project often breaks down" (p.79). The specific tasks of data management and organisation will be described in a later section of the chapter, which also examines the different stages of grounded theory analysis.

While this approach appeals to a number of investigators, and is reported to be a viable method for exploring qualitative data, it is not without it critics. Some of the concerns relating to the grounded theory technique have already been presented. However, in order to ensure that, what is widely regarded as a genuine and substantial attempt to expand the development of theory, is justly represented, a more thorough discussion of both the benefits and drawbacks associated with the approach seems fitting.

Rennie (1998) suggests that this form of qualitative research is attractive in that it provides an alternative to the canons of traditional science, enabling researchers to work with natural language rather than numbers. Consequently, it facilitates the study of subjective meanings, and intricate details of phenomena, too difficult to convey with quantitative approaches. Charmaz (1995, p.48) argues that "grounded theory methods provide powerful tools for taking conceptual analyses into theory development". Importantly, when applied consistently and

intelligently, they also legitimatise alternative scientific practice (Henwood & Pidgeon, 1995). When the clear, systematic set of procedures unique to grounded theory are carefully carried out, "the method meets the criteria for doing 'good' science: significance, theory-observation, compatibility, generalisability, reproducibility, precision, rigour and verification" (Strauss & Corbin, 1990, p.27).

A review of grounded theory demonstrates that there are however, also a number of inherent weaknesses with the method. Stern (1994) criticises the notion of theory being 'discovered' from the data. Not only does discovery assume the pre-existence of objectively-defined facts, but it also implies that somehow these will magically arise out of the data, independent of the researcher or other processes operating in the setting under study. Given this dilemma, Henwood and Pidgeon (1994) have raised the interesting question of what grounds grounded theory? The importance of generating theory that is well integrated with what is actually observed in the field has already been emphasised. In order to tackle the issue of grounding, some theorists are now referring too much wider contexts or forms of subjectivity, in the process of producing knowledge.

A number of different sources of subjectivity have been cited in the literature (Ahmed, 1996; Bhavnani, 1988; Charmaz, 1990; King, 1996; Nicolson, 1995). These include the participant's own understanding and experiences (both conscious and sub-conscious), the researcher's perspectives, priorities and assumptions (both recognised and unrecognised), cultural meanings, social or institutional systems, and relations of power between researchers and participants. King (1996) makes the important observation that "opening up the structures and operations that underlie our research, and examining how we as researchers are an integral part of the data, will amplify rather than restrict the voices of the participants" (p.176).

Given the limitations of the grounded theory method, specifically its empirical underpinnings and tendency to neglect the role of the researcher, a revision of the approach is therefore warranted. It is suggested that a social constructionist grounded theory will recognise the researcher as an active, not neutral, observer, whose perspective and philosophy will shape both process and product throughout the life of the research (Charmaz, 1990).

A social constructionist approach to the research process provides an avenue for addressing the diversity and multiplicity of an individual's accounts, while also highlighting the influence

of the researcher's orientation on these. Although the social constructionist movement has a long history, it has only recently begun to gain prominence as a significant body of thought in psychological inquiry. As such, it challenges the taken-for-granted world (Harper & Warner, 1993), asserting instead that facts are simply versions of events which are currently enjoying wide popularity (Burr, 1997). Gergen (1985) therefore poses the question, "how can theoretical categories map or reflect the world, if each definition used to link category and observation, itself requires a definition?" (p.266). Proponents of social constructionism vary in the stance they take in relation to this position. While some are very radical, others opt for a more moderate approach. A range of views may exist between these two poles (Harre, 1997).

From the social constructionist position therefore, our experience and knowledge of the world is the result of everyday interactions between persons in relationships. In the research process, concepts and ideas are constructed via the interdependent relationship between the researcher and the researched. These processes of understanding are historically and culturally tied, and thus social constructionism rejects the foundations of traditional psychology that insist on studying the individual in isolation from the social system. Given the significance of context, it is imperative to clarify the researcher's biography, interests and biases, as these will inevitably influence the participant, and the story that results from the research interchange. King (1996) stresses that this is especially important in endeavouring to redress the inequalities of power within social research. Critically reflecting on the structures that underlie research, and acknowledging how the researcher's perspective will guide the research questions, should help to empower the position of interviewees, and reduce the likelihood of stereotyping.

Charmaz (1990) indicates that in the social constructionist revision of grounded theory there is a constant interplay between data and interpretations. This suggests that while building their analyses, researchers actively recognise the impact of their specific theoretical proclivities, values and preconceptions on the process. Henwood and Pidgeon (1992) refer to this as a 'flip-flop' between the products of the research and the researcher's conceptualisations. While the 'flip-flop' is not unique to constructionism, the effects of the researcher's presuppositions perhaps receive more emphasis by proponents of this position, than by those coming from a realist perspective. In the words of Charmaz (1990) herself, "this stance implies a delicate balance between possessing a grounding in the discipline and pushing it further" (p.1165).

Social constructionism has been praised for the possibilities it entails for personal and social change (Burr, 1997). The message here being that if nothing about ourselves or the world we occupy is either permanent or 'true', then in principle it may be constructed differently. This school of thought is particularly valuable in the context of the present study, as it affords the opportunity to challenge constructions which have previously operated to oppress certain peoples and groups. However, before proceeding along these lines, Burr (1997) issues a word of caution. She points to criticism by some theorists, that this approach may in fact be its own worst enemy. If its claims are taken at face value for example, concerns that some people in the world are oppressed, are misleading for, by its very nature, oppression becomes just one construction among many. While it is my intention to be mindful of the various contradictions inherent in this position, it is still perceived to be the most appropriate framework for addressing the research questions under study. A social constructionist grounded theory is therefore adopted to guide the decisions and judgements made in the current research.

2.4 Participants

Nine participants were interviewed, of which one was used as a pilot for the Interview Schedule, one was abandoned due to the poor quality of recording, and seven were included in the final body of the study. Although the two interviews that failed to form part of the main data set were not engaged in further analysis, the information they generated still made a significant contribution to the shaping of emerging research questions. In the case of one of the participants, a relative was also present for part of the interview. While this necessitated a modification of the methodology, it also reflected the realities of researching the particular population under study. The additional comments made by this 'guest' were distinguished from the contributions of the focus respondent during the analysis stage.

The sample of seven women comprised four who described their religious background as Hindu, and three who said they were Muslim. All of the women highlighted their ethnic group as being Asian-Indian. Their ages ranged from 17 to 29 years, and they all resided in the Leicester area. Six out of seven participants were married, the seventh individual being in a somewhat unsteady, but nevertheless ongoing relationship with the baby's father. As planned, all of the women participating in the study were first-time mothers, and as far as I was aware, none had experienced previous miscarriages or terminations of pregnancies. The decision to

sample first-time mothers was based on my interest in exploring perceptions of mothering, rather than experience.

All but one participant had been born in the United Kingdom, although this other had been resident here for five years. Only three participants indicated that their first language was English however. While all of the sample were able to converse in English at a level that was adequate for the type of in-depth interviewing required by the qualitative approach, the clarity of the subsequent recordings of their conversations varied. In other words, where the degree of second language transfer was more pronounced, it was invariably harder to understand the precise content when it came to replaying the recordings of the interviews.

Three participants were employed, one was a student and the remainder described themselves as either housewives or not working. The stage of pregnancy that the women were at, at the point of interview, ranged from 15 to 20 weeks.

2.5 Apparatus

All of the research interviews were tape-recorded using a TCM-359V Cassette Recorder. The recordings were transcribed verbatim by means of a TRC 8080 Compact Cassette Transcribing System. Other materials consisted of a loosely ordered semi-structured interview schedule (Appendix 1), and interview guide (Appendix 2). Both of these are discussed in more detail in the next section of this chapter.

2.6 Research design

A qualitative approach to this study was considered to be the most appropriate method of inquiry, for the reasons outlined in an earlier section of the report. As indicated, data was generated by means of semi-structured interviews. Burgess (1984, cited in Mason, 1996) refers to these as 'conversations with a purpose', due to their informal, loosely structured style. This form of interviewing allows the broader research issues to be tackled, while leaving scope for respondent's interests or concerns to be explored. As Smith (1995a) indicates, the goal, in semi-structured interviewing, is for the interview to be guided by the schedule rather than dictated by it. Barker, Pistrang and Elliott (1994) argues that the strength of this approach lies

in its ability to enable contradictory and ambivalent feelings to be expressed, which may otherwise be missed by more conventional forms of interviewing.

In preparation for the interviews, an interview schedule was designed drawing on my personal interests, clinical experiences and knowledge of current theories in the psychological literature. This therefore demonstrated the use of theoretical sensitivity. Initially, the designing of the schedule involved the brainstorming of potential ideas that could be explored with participants, in order to understand the phenomenon being studied. Smith (1995a) explains that planning the schedule beforehand forces you to consider both what you anticipate the interview may cover, and possible difficulties that may be encountered along the way. Working out how to phrase specific questions, sequence the different topics and handle sensitive areas will all save time and embarrassment in the longer term. The schedule consisted of both broad open-ended questions, and related prompts. This ensured that it was suitably detailed to remind me of the issues I was interested in, while at the same time providing enough flexibility to enable new discoveries to be incorporated, and the ordering of questions changed, as the interview progressed.

Once the initial schedule was produced it was presented to fellow trainee psychologists, and an experienced qualitative supervisor, for their preliminary impressions and feedback. Following this, a piloting stage was undertaken. Although only one pilot interview was conducted, this was considered sufficient to enable the appropriate amendments and re-shuffling of questions, to be made. The format of the interview was also discussed with an Asian clinical psychologist, who has a special interest in ethnic minority research. This was especially fruitful with regards to the cultural and religious aspects of the interview. From the different advice received, a number of revisions of the original schedule were undertaken. These included incorporating more questions enquiring about family composition and support mechanisms. Steps were made to ensure that the different terms used were clear, and culturally sensitive. A copy of the finalised version of the interview schedule is available in Appendix 1.

In keeping with the principles of simultaneous involvement in data collection and analysis, the questions used were also refined and re-produced as more interviews were undertaken. This was because emerging categories and themes necessitated a revision to the original questions, so as to explore both new areas, and existing ones in more depth. Given the constraints of time, these adaptations were not generated into another interview schedule, but were

introduced verbally, throughout the data gathering stage, as it became clearer which issues were important in the analytic process. From the transcripts it is possible to see that over time, greater focus was given to cultural explanations of distress, and perceived cultural and familial expectations on the women interviewed. It also became apparent, through the collecting of more data, that the physical effects of pregnancy were especially pertinent to participants at this stage in their pregnancy. Therefore, additional inquiries were made regarding the impact of nausea on their roles and relationships. These changes also represented the use of theoretical sensitivity. In other words, by having insight into the areas that were significant, I was able to test out those concepts that were particularly relevant to the emerging account.

A second tool developed was the interview guide, which was given to participants just prior to the interview commencing (Appendix 2). This provided an overview of the focus of inquiry, and a brief summary of the different subject areas to be covered. The interview guide was a more simplistic version of the interview schedule, and its use in orientating respondents to the study, had a dual purpose. Firstly, it was hoped that giving women an outline of the interview would be less intimidating than showing them the schedule in its entirety. Secondly, it reduced the danger of the conversation being restricted only to those topics that had been chosen a priori, allowing participants the freedom to introduce novel issues onto the agenda. A further aim of the interview guide was that it assisted in establishing rapport with respondents, who could use this forum to raise any questions or concerns.

2.7 Ethical considerations

Approval for the project was obtained from the Leicestershire Research Ethics Committee in November 1998, prior to the study commencing (Appendix 3).

Being aware of the fact, that for many women becoming a mother was likely to be construed as a positive experience, and thus concentrating heavily on the negative aspects of motherhood may have generated anxiety, meant that this topic area needed sensitive and careful-handling from the outset. As such, respondents were encouraged to describe the background to their pregnancy and their feelings about becoming mothers first. Only then, did questions gradually become more focused on the issues of perceptions of postnatal distress and help-seeking. Interestingly, participants generally indicated having experienced more distress in the first few weeks of pregnancy, than they ever showed at thinking about postnatal depression. Should the

participant have become upset during the course of the interview however, it was considered appropriate to draw on relevant clinical skills to contain any such distress.

One further issue was the need to be respectful of participants' cultural and religious beliefs and practices, when visiting them at home. For example, it was important to address relatives in the correct manner, accept refreshments if offered, and remove shoes upon entering their house.

2.8 Procedures

2.8.1 Recruitment of participants: Following approval for the study from the Consultant Obstetrician and Gynaecologist, participants were recruited from the Leicester General Hospital maternity department between December 1998 and February 1999. Information was collated from medical records staff, pertaining to all those individuals due to attend for a 15 to 20 week antenatal appointment in the following week. From these lists, further details were gathered on first-time Asian mothers, including their religion, ethnic group and ability to speak English. The majority of this information was generated from the individual's medical records.

Approximately one out of every three women who were suitable for inclusion in the study, were unable to speak English, and required an interpreter when visiting the hospital. Given the necessary interdependence of researcher and researched in the qualitative approach adopted, it was felt inappropriate to attempt to engage with participants through another medium. These women were subsequently excluded from the study. Women of dual ethnicity, in addition to those of African, Chinese or Far Eastern origin or descent were also excluded, the focus here being on women from the Indian sub-continent.

Earlier on in the chapter, it was suggested that an important feature of grounded theory is theoretical sampling. Charmaz (1995) argues that there are two components to theoretical sampling. One involves deciding whom you obtain data from, and the other, choosing what you seek to find from these individuals. Within this study, the second of these was employed. In other words, the continuous comparing, checking and extending of categories highlighted those issues or events requiring further definition, when interviewing future participants. This has many similarities with the objectives of simultaneous involvement in data collection and analysis, described above.

Due to time constraints however, the deliberate sampling of participants, from whom to gain specific knowledge about these issues and events, was not conducted in this study. Instead, the participants recruited formed a sample of convenience. Such sampling procedures are not untypical in qualitative research. Silverman (2000) found that "very often a case will be chosen simply because it allows access" (p.102). Within this method of sampling however, I chose to select participants who were located in a range of different social spaces, including age, religion, marital status and living arrangements. It was anticipated that selecting participants on the basis of their social locations would still be relevant to the explanation or account that was being developed.

As the process of theoretical sampling leads to the point of saturation, limitations in the available data meant that saturation was not fully achieved in the current study. Nevertheless, it is argued that the account that was developed was sufficiently conceptually dense and rich, to be regarded as a viable grounded theory.

Once potential participants were identified as candidates for the study, a covering letter from the service director, and accompanying information sheet, were sent out prior to their appointment date (Appendix 4 & 5). This invited them to take part in the study, and provided details about its nature and purpose. Potential participants were reassured with respect to confidentiality, and informed that the maintenance of their anonymity would be paramount. The need for the audio-taping of the interview was also explained.

Following this, the researcher was present at the maternity department, on the days of their individual appointments, to discuss the study in more depth and answer any related questions. Those who agreed to take part were requested to complete a questionnaire of their basic demographic information (Appendix 6), and a convenient time was arranged to interview them at home. Of those approached, roughly one third declined to participate.

2.8.2 Interview process: On arrival at the individual's home, the aims of the study were re-iterated and written consent obtained (Appendix 7). Participants were requested to sign two forms, in order that they may keep a copy for their own information. They were also reminded of their rights, to withdraw from the study at a later point, should they have a change of heart. Any concerns, regarding possible implications for their care and treatment as a result of participating, were also addressed. Following this, participants were presented with the

interview guide for their perusal and to focus them on the research task ahead. It was emphasised to all respondents that although there were a number of key areas to be discussed, any additional comments they had regarding the issues being studied would also be welcomed.

Once introductions had been completed and both parties were settled, the cassette recorder was switched on. Interviews lasted between forty minutes and one hour and twenty minutes, and participants were encouraged to take a break should they need it. After the interview, a period of debriefing followed where any unresolved issues were addressed. On occasions, women requested information or advice, which was answered as thoroughly as possible within the confines of the researcher's role. Where appropriate, details of other professional services, to who they could refer, were also given. Finally, enquiries were made of respondents regarding their views of the interview process, and a telephone number supplied, should they wish to contact me at a later stage to clarify any of the points discussed.

2.8.3 Management of data: The tape-recorded accounts were transcribed verbatim, as soon as possible, after each interview had been completed. Early transcription is necessary to ensure that both non-verbal aspects of the interaction, and verbal responses that are inaudible, may be retrieved. Participants' responses were transcribed in full, excluding only the excessive use of 'um', 'er', 'ah'.

There are a few well-established conventions for transcribing that were observed in this study. The person interviewed was given a pseudonym, and any potentially identifying details (place of birth, employers) were replaced by an X. Where a second person contributed to the discussion, their responses were distinguished from those of the participant by the use of italics. Line numbers, along with page numbers, were inserted into the text. An extract of text therefore, could be identified by the allonym, page number, and line or lines of the interview from which the extract was taken, for example, 'Kamini': 6, 11-12.

Transcription notation were also included, to clarify, for example, those places where there was an absence of a discernible gap in the speakers' utterances, or a lengthy pause in the conversation. These symbols or abbreviations were adapted from work by Maykut and Morehouse (1994) and Potter and Wetherell (1987). An extended version of the different notation used is available in Appendix 8. On occasions where particular words or phases could not be deciphered, these were marked as 'inaudible'.

Transcribing was a time consuming and demanding task, taking on average ten hours for a one hour interview. Five out of the seven interviews were transcribed by myself, thus enabling me to become substantially more familiar with the data. Due to time pressures however, the remaining two interviews were completed by an experienced administrator.

The transcribing process was a useful reminder of important behaviours that were not captured by the tape recorder. These were noted separately and referred to again during the analysis stage. Mason (1996) commented that researchers should avoid assuming that a transcription offers an objective record of the interviews. Taking time to record your own observations, interpretations and experiences is equally important.

Once completed the transcripts, along with the additional observations, provided a rich and thorough account of the interchange achieved during the interviewing process. In order to adhere to the confidentiality agreement, the transcripts are bound in a separate addendum from the main body of the report (see Addendum 1).

2.8.4 Data Analysis: The outcome of the transcribing process was a vast amount of unstructured material, which was analysed using grounded theory. Earlier on in the chapter, it was noted that Glaser and Strauss (1967) had suggested that the handling of large portions of text necessitated specific data analysis strategies, in order to give the research process rigour. This position had been developed further by Strauss and Corbin (1990), who had recommended a set of systematic procedures for generating a grounded theory. It was also argued however, that their work had received heavy criticism, due in particular to its positivistic foundations. An alternative version was therefore advised. The social constructionist revision of grounded theory is a highly creative process, which affords the researcher the opportunity to invoke their own theoretical perspective to raise questions about the data (Charmaz, 1990).

The stages of coding and categorising outlined by Strauss and Corbin (1990), are, despite their limitations, still a useful point of departure in the process of constructing an account of the data. Pidgeon and Henwood (1996) write "it is still useful to chart a number of steps in the overall scheme of moving from the collection of unstructured data through to the theoretical outcomes" (p.87). Therefore, while the approach adopted in the current study was primarily based on the position taken by Charmaz, and Pidgeon and Henwood, elements of Strauss and

Corbin's method were used as an adjunct to these. The following is an overview of the various steps undertaken in the analytic process, beginning with the generation of descriptive codes, moving on to the development of theoretical categories, and ending with the emerging of a rich conceptual analysis.

While the description of the analysis is presented linearly, in fact several of these tasks were performed simultaneously. This reflects the complexities inherent in the developing and linking of categories, as highlighted by Strauss and Corbin (1990), "We want to emphasise that the lines between each type of coding are artificial. The different types do not necessarily take place in stages. In a single coding session, you might quickly and without self-consciousness move between one form of coding and another" (p.58). Another important point is that the analytic process was iterative, and therefore it was not unusual to switch between the different steps as the analysis proceeded.

2.8.4.1 Open-coding: Open coding is the first analytic step, and involves a systematic inspection of the data corpus, during which the text is broken down and compared, and discrete phenomena named. A procedure of examining the data line by line was adopted in this study. While somewhat mundane, line-by-line coding helps the researcher to gain sufficient distance from the material so as to see it in new light (Charmaz, 1995). In order to facilitate this, a number of questions are asked of the data, such as 'what is going on here?', 'how might the participant think, feel or act?', 'what are the consequences of this process?'. Line-by-line coding keeps the researcher committed to building their analysis from the ground up.

Therefore, after reading the transcript several times, I proceeded by defining the actions or events occurring in or represented by the data. The labelling of emerging concepts was, at this stage, less abstract or gainly than the more focused categories that were developed later. It is suggested that in the early stages of analysis, it is more important that the terms or phrases used fit the data well and are meaningful, than explicating a neat conceptual system (Strauss & Corbin, 1990). As the study progressed, further transcripts were coded using this method. A section of text demonstrating this style of coding is provided in Appendix 9.

This initial phase produced copious amounts of codes which required grouping or clustering together, in order to enable further conceptualisation. Therefore, the key concepts from each transcript were listed on a separate sheet, with particular attention being given to any concepts

that appeared to act as a magnet, or draw other concepts towards them. This list was taken to the next transcript and so forth, to see if any concepts, or groups of concepts, were repeated in the text. However, caution was applied to ensure that potentially new concepts were not prematurely overlooked in this process. It was necessary to persistently check that any clusters of concepts that were produced were consistent with the raw material. It was clear that the procedure, through which concepts were identified and developed, inevitably involved an element of judgement. Smith (1995a) argues that in order to understand the meanings of the respondent, the researcher is likely to be involved in both a "sustained engagement with the text and a process of interpretation" (p.18).

The method of constant comparison was also implemented to explore similarities and differences in the data. This helped to move the analysis on to the next step of category formation, where those concepts which made most sense or had greatest significance for the topic under study, were labelled. As well as identifying categories, this process suggested that there were several master themes, which helped to explain these categories. In order to make the mass of data that had been generated by this stage, both more accessible and more manageable, the transcripts were subsequently cut up under these master themes, and stored in separate folders titled accordingly. Having identified the major themes, a process of pulling together related categories followed. This involved drawing out those categories that were generated earlier on in the coding, plus additional ones that had surfaced when the material was reorganised and re-represented under the different themes. In addition, the various subordinate categories that went with each of the categories were specified.

The phenomena, represented by the categories, were given conceptual names, which were more abstract than those suggested for the codes grouped under them (Strauss & Corbin, 1990). As both the various analytic processes, and the researcher's subjective understanding and interpretative powers, contributed to the raising of concepts to categories (Pidgeon & Henwood, 1996), there were both interviewee categories, derived directly from the respondent's discourse, and researcher categories, based on my own theoretical and disciplinary perspectives.

For ease of handling, the different categories and sub-categories were also cut up, and stored in labelled folders. These were filed under their corresponding theme. An indexing system was developed, allowing the different instances of a particular category to be referenced to the

transcript and paragraph. Once again, this was introduced to enable the more succinct organisation of the material at hand.

The various categories were further expanded, by identifying their properties. This involved defining the parameters of the category, its attributes or characteristics. So for example, the category 'isolation' had a property of 'type', which included 'emotional isolation' and 'geographical isolation'. The process of identifying properties not only helped to make the categories more robust, but it also formed a basis for developing relationships between different categories. Charmaz (1990) states that " by examining the collected data with the theoretical eye, the set of categories developed remains closer to the actual data and simultaneously moves beyond description" (p.1168).

2.8.4.2 Core Analysis: Strauss and Corbin (1990) describe the next task of the analysis as Axial coding. This involves re-representing the data through the making of links between the various categories and their sub-components. The method by which these connections are achieved is known as the Paradigm Model (p.99), and is claimed by its proponents to provide a meaningful framework by which to explain the relationships between certain phenomena. However, as Strauss and Corbin freely admit, this is a complex process involving several steps. Less mechanistic is Pidgeon and Henwood's (1996) memo writing and category integration. This also involves attempts to relate the emerging categories in the hope of carrying the analytic process on to a higher level of abstraction, but is much less complicated and openly acknowledges the researcher's active influence on the research process. The components characterising this stage of the analysis will now be described in more depth.

The act of *memo-writing* is thought to reveal the hidden processes and assumptions within the data, and elaborate emerging ideas. Hunches, queries and reflections were committed to written record, ensuring that categories were refined, extended, and labelled as carefully as was possible. Initially these memos were long and unwieldy, only becoming more organised and accessible as processes of re-thinking my conjectures, and checking these against the original and subsequent data began to occur. Charmaz (1990) argues that a researcher's memos should become increasingly conceptual, such that they are able to define what is implicit and what is explicit in the text. Writing memos is an important means of preserving the researcher's voice in the research process. Memo-making also led to theoretical sampling, whereupon additional questions were taken to future interviews, in order to expand the categories and fill any gaps

highlighted by the emerging account. An example of a memo developed in the context of the present study is illustrated below.

Generational Influences

It seems that a large proportion of the conflict in families originates from intergenerational differences. The more traditional or religious expectations are passed down from the older to the younger generations. For example, the idea that childcare is within the woman's domain of responsibility.

The tensions between the generations appears to be dependent on whether participants agree or disagree with these older values or attitudes. Their views are in turn, likely to be shaped by how assimilated they are with Western culture.

But what about participants descriptions of people from the older generation who are not of the 'old school', but who have a similar outlook to themselves. Maybe the latter are more acculturated with mainstream society, despite their age group? Clearly intergenerational differences is a complex issue, and caution is needed not to group everyone under the same guise. It will be useful to explore these variances in women's experiences in the other accounts.

The process of category integration is facilitated by the use of *diagrammatic representations* of the relationships between the different categories. Visual records also help to remind researchers of the various developmental stages of their theory. Flow charts and other diagrams produced throughout the course of the analysis were stored, and later retrieved when the writing up of the project commenced. Another procedure involved *writing definitions* of the categories that have been generated (Pidgeon & Henwood, 1996). These definitions provided a precise statement of the nature of the category followed by my interpretations of it, and theorised links with other categories. This process tended to be an extension of memo-writing, and occurred towards the end of the analysis.

Having reached the final stages of categorisation, it was possible to see the analysis in the form of a coherent argument. The themes, categories and sub-categories were, by this stage, ordered in a logical sequence, and the hierarchical relations between categories explicit, so as to present

a story of the data. The account that emerged was once again validated against the raw material and literature in the field, to ensure that it was accountable to the data being studied. It is argued therefore that this methodology produced a grounded analysis of the lived experience and social worlds of the participants involved.

2.9 Diagrammatic overview of research process

Figure 2.1 charts the various steps undertaken in a grounded theory, to move from the collection of data to a grounded analysis (reproduced from Pidgeon & Henwood, 1996, p.88).

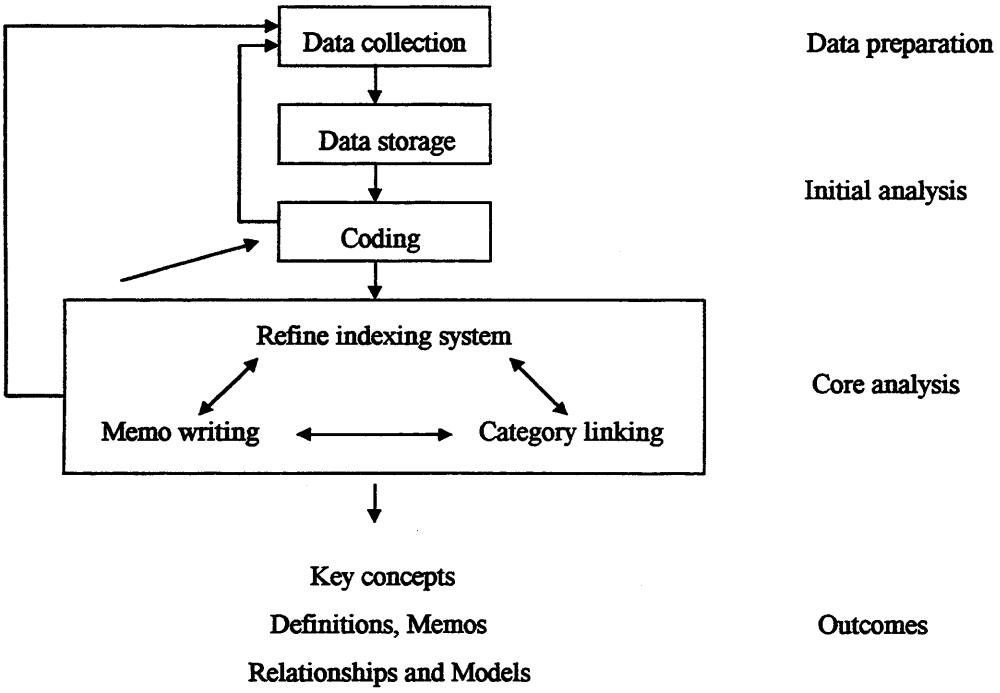


Figure 2.1: Illustration of the grounded theory approach

2.10 Good practice in qualitative research

In conjunction with the resurgence of interest in qualitative approaches, there has been increasing emphasis by researchers on identifying criteria for determining the adequacy of a particular piece of research, and on establishing methods that enhance research quality. However, Henwood and Pidgeon (1993) argue that in order to use qualitative methods effectively, the means by which research is evaluated need to be radically different to the canons of empirical science. Leininger (1994, p.96) expounds this dilemma: "Qualitative

researchers should not rely on the use of quantitative criteria such as validity and reliability to justify their findings. Such dependence reflects a lack of knowledge of the different purposes, goals and philosophical assumptions of the two paradigms".

Therefore, a range of strategies that has been identified by proponents of the qualitative approach, for evaluating the soundness of qualitative studies, is now presented. While a number of these have been applied in the current study, some were perceived to be inappropriate or beyond the confines of the research, and hence not utilised. A more thorough debate of how to most effectively assess qualitative investigations is incorporated in the concluding chapter of this thesis.

Henwood and Pidgeon (1992) emphasise the *reflexive character* of qualitative research. Research is automatically conducted from a particular standpoint, and as such the position of the researcher, and their inevitable role in shaping the problem to be studied, should always be considered. Lincoln and Guba (1985) advise that one method of ensuring that the researcher's perspective is made transparent, is by the keeping of a reflexive journal. This acts as a personal diary, in which all aspects of the research journey are noted, for example sampling decisions, researcher's assumptions, observations about the social and political context, and hunches regarding the developing theory. It also enables the personal and professional impact of the study on the researcher to be examined. Lincoln and Guba suggest that the researcher should endeavour to document all phases of the research process, as this will facilitate the laying of an independent 'paper-trail', open to external audit. A selection of excerpts, from my own research diary is presented below.

14th January 1999

Today's interview highlighted some of the realities of researching in the field. The interview was limited by the participant having to attend another appointment. Also, her mother was working in the kitchen throughout. Although she assured me that her mother was unable to speak English, she still lowered her voice when discussing different family members. This may not have been picked up by the microphone ... It seemed that she knew very little about postnatal depression, and preferred to talk about her relationships with her mother and boyfriend. She became very tearful at one point and it was evident that she did not have much support.

2nd February 1999

Group supervision was excellent today. It helped me to think about the clinical relevance of my study. Just from the interviews I have conducted so far, its possible to see that the findings challenge how

services are organised and how we discuss problems with our clients. It is going to be important as part of my discussion to examine how we can support women in more appropriate ways at times of change in their lives.

15th April 1999

I need to be cautious about the extent to which I can explain ideas from another culture's perspective. I have been careful when coding of making assumptions, based on my knowledge/views as a white, Anglo-Saxon woman, who has been brought up in a culture where independence and autonomy are deemed desirable. For example the code 'submissive', was later changed to 'respect for elders'.

Another avenue through which reflexivity was addressed, in the context of this study, was within a qualitative support group. This consisted of six trainee clinical psychologists, who were all conducting qualitative research projects, and who met regularly throughout the duration of the research. On occasions, the group was joined by an experienced qualitative researcher, who helped to facilitate the discussion. A copy of the minutes from one of these meetings is available for perusal in Appendix 10. The group was used as a forum both for gaining support and advice, and for debating issues of methodology. It helped to challenge the decision-making process, and as such ensured that that the steps taken to arrive at the analysis were made explicit.

As well as attempting to make transparent the processes by which the material and analysis of the research were produced (Tindall, 1994), the evaluation involved assessing the authenticity of the account, and determining its generalisability. Creswell (1994) indicates that qualitative researchers vary in the way they address the traditional topics of validity and reliability, common to received-view science. Some specify alternative constructs that more accurately reflect the assumptions of the qualitative paradigm, such as trustworthiness and credibility (Marshall and Rossman, 1995). Others meanwhile have gone as far as reformulating the concept of validity altogether (Mishler, cited in Flick, 1998). The central issue throughout however, is that questions of validity and reliability take a different form in qualitative methods. The evaluation criteria stated below are recommended in the literature, as appropriate to qualitative research.

1) Validity:

In quantitative research, validity refers to "the degree to which what has been measured corresponds with other independent measures, obtained by different research tools" (Parker,

1994, p.10). In the qualitative process, validity is the extent to which the researcher's findings accurately and truthfully represent participants' meanings and their reality (Holloway, 1997; Tindall, 1994). A number of steps for guaranteeing the validity of analytic claims are described:

Internal coherence refers to the quality of the interpretation itself, and includes the degree of internal consistency and comprehensiveness, as well as the usefulness of the story that emerges (Stiles, 1993). An account may be verified if the theoretical formulations are plausible, and it presents a coherent argument. Another means of specifying validity is through the *triangulation* of data. Information is sought through multiple sources, in order that the problem or phenomenon in question may be investigated from a number of different angles. Stiles (1993, p.608) summarises the value of the triangulation method, "Convergence across several perspectives and types of impact represents a stronger validity claim than does any one alone". In the current study, steps were made to ensure that the explanation that emerged was coherent. Triangulation was possible to some degree. The reader is referred to the Discussion chapter, for a more detailed account of how the research was evaluated.

Respondent validation or sensitivity to negotiated realities (Henwood and Pidgeon, 1993), is a third approach to validating theory in qualitative studies. This involves taking the researcher's interpretations back to the participant, with the assumption that should the details of the account be recognisable, then the categories constituting the emergent theory are a good fit. This is both a democratic research practice and, by including participants' evaluations into the development of the analysis, a useful means of expanding the emerging theory. However, respondent validation has been criticised by a number of researchers, who are concerned that this procedure may be used to try to establish an absolute truth. Smith (1996) also points out that the power imbalance in the research situation may make it difficult for some participants to question the researcher's interpretations. This procedure was not therefore incorporated into the current study.

2) Generalisation:

The extent to which the findings from a sample of cases may be generalised to a larger population is one of the benchmarks of quantitative research. As Holloway (1997) indicates, the random sampling process ensures that the results are representative of the population from which the sample was originally drawn. In qualitative inquiries, generalisation is more problematic. Researchers coming from a qualitative stance are not, on the whole, interested in

producing a finite picture, preferring instead to know a particular case for its own inherent value (Hammersley, 1996). Therefore, in qualitative studies the *'transferability'* of findings is preferred, as a means of judging the generalisation of findings beyond a given context (Flick, 1998). Leininger (1994) states that transferability criterion focuses on "general similarities of findings under similar environmental conditions, contexts or circumstances" (p.107). Therefore, the findings from this analysis could be transferred to another similar context, and still preserve the meanings and inferences unique to the women studied here.

3) Reliability:

In qualitative research, the emphasis has more usually been placed on concepts of validity than reliability. Reliability is generally concerned with replicability. In the qualitative paradigm, this term cannot therefore be used in an absolute sense. The relationship between the researcher and the participant is unique, and can never be completely replicated (Holloway, 1997). An alternative approach to reliability is to view it as reflecting the *dependability* or consistency, of observations or data. In order for reliability to be calculated, investigators must show their *audit trail.* This is necessary to allow subsequent researchers to follow the procedures and techniques adopted in the research process.

2.11 The Researcher

The importance of revealing rather than avoiding the investigator's orientation and personal involvement was highlighted in an earlier section. The reason for this approach is because the researcher is a part of the reality they investigate. A brief overview of my background, including my reflections and assumptions concerning the current inquiry are now presented.

Prior to my training as a clinical psychologist, I had been employed on a research project, investigating different ethnic minority groups' experiences of mental health service provision for psychosis. This fuelled my future interest in ethnic minority research. Through the data collection phase, I was particularly struck by the experience of Asian women within the community setting. My impression was not only were these women often isolated and without support, but they invariably faced a lot of pressures from the extended family, in their roles as daughters, wives and mothers. My sense was that their opinions rarely got heard.

Both this and previous research studies which I had undertaken as an undergraduate psychologist, had been conducted using a quantitative methodology. Adopting a qualitative approach was a new venture, but it was anticipated that this would enable me to explore further the issues I had observed these Asian women facing, by tapping into their own perceptions and constructions. However, I was equally aware that the population I had been involved with, was only one sub-group of Asian women, who were also dealing with significant mental health issues, and therefore that I did not wish to be too premature in my assumptions. Nevertheless, it was necessary to be mindful of the type of exposure I had had in the past, and how this may influence my expectations for the current study

In terms of my focus on pregnancy and motherhood, while I would not describe myself as a feminist psychologist, I certainly have a long-standing general interest in women's issues, and the ways in which women's roles are defined by wider society. I recognise that my desire to raise women's voices on these issues was likely to have had a strong influence on the research outcome.

In addition, whilst working within adult mental health services, and with the parents of children with behavioural difficulties, it became increasingly clear that for a number of the women, postnatal depression was a precipitating factor to their presenting problems. Until that point however, this distress had gone unrecognised or untreated. Women felt unable to disclose how they were feeling because of the risk of being perceived as a failure. I was aware that my ideas concerning women's views on postnatal depression were likely to shape the perspective I took in this study. However, given that the majority of clients that I had worked with in the past had been white, working class women, I did not wish to presume that the same attitudes would be generalised to the current sample.

I was also concerned, that over my three years of clinical training, I did not encounter any clients from an ethnic minority background in my clinical work. This left me with several questions regarding the appropriateness of therapeutic services for these groups.

Within the clinical field I am particularly interested in the systemic model, and how this may be used with Asian families.

3.0 RESULTS

3.1 Overview

This chapter presents the main research findings from the analysis of the interview data, using the procedures described in the previous chapter.

Emerging from the narratives were a number of themes, which encompassed the main categories and related sub-categories generated by the analysis, to form an account of participants' responses. The story that resulted represented a conceptual framework for the material produced, and was a means of operationalising and explaining the different processes at work in the data.

In the following sections, detailed descriptions of the categories and the relationships between them are given. For each theme the higher order or main categories are presented first, followed by the subordinate categories which help to make sense of the main categories by demonstrating their properties or attributes. Highlighting the connections between the different categories allowed the full complexity and multiplicity of the data to be revealed. To avoid confusion, a diagram is presented each time a new theme is introduced to illustrate these various categories, and the associations between them.

For ease of reading, key **THEMES** are identifiable by capital case and a bold script, **main categories** by a bold script only, and sub-categories by standard type and underlined.

In order to support the findings of the analysis, quotations are selected from the transcripts and interspersed with the discussion of the results. These assist the reader to understand where the themes or categories originate from, and subsequently facilitate in advancing the storyline. All *verbatim statements* incorporated into the text are presented in italics, followed by a bracket detailing the participant's alias, and the page and line number of the interview from which the quote originated.

During the analysis, a number of new and unanticipated themes were observed, resulting in

the initial area of focus shifting as the research progressed. These concepts in fact reflected those issues that were particularly meaningful to the participants concerned, as well as representing the reality of the type of research methodology adopted. As discussed previously, grounded theory can take the researcher in unpredicted and unexpected directions, requiring flexibility in one's approach to the data.

Within the analysis, negative cases were identified and discussed, these being instances of data that did not automatically confirm the findings of the research. Such deviations helped to validate the emerging theoretical argument, by adding variation and density of understanding.

3.2 Summary of analysis

The results identified a number of related themes to reveal a rich and diverse account of Asian women's explanations and ideas about pregnancy and motherhood, with a particular emphasis on their negative expectations of becoming mothers.

The findings demonstrated that women positioned themselves in relation to two competing versions of pregnancy and motherhood, which are described here as **NATURALISED** and **PROBLEMATIC.** In naturalised motherhood, motherhood was represented as a normative role and an important component of feminine and cultural identity. As such it was perceived as desirable, fulfilling, natural and easy. Problematic motherhood on the other hand, showed pregnancy and motherhood as major life events which posed extensive adjustment problems for most women, and lead to unhappiness in some women.

Within this framework, it was possible to explore whether the concept of postnatal depression had meaning for women or helped them to make sense of distress in the postnatal period. Related to this, an examination of participants' constructions concerning how to respond to difficulties following childbirth, was also undertaken. These themes are referred to in the text as **PERCEPTIONS OF POSTNATAL DEPRESSION** and **RESPONDING TO PERCEPTIONS OF POSTNATAL DEPRESSION**.

In order to put women's assumptions and expectations in relation to pregnancy and motherhood in context however, it was important to consider what factors might be responsible for structuring and moulding their ideas. The analysis suggested that women interpreted their thoughts and hypotheses by locating themselves in terms of two competing

stories around womanhood. One related to **TRADITIONAL** positions, roles and activities of womanhood, and the other to **NON-TRADITIONAL.** Broadly speaking, showing respect for elders and following the religion were indicative of a more traditional position, whereas acquiring independence and being broadminded represented a non-traditional approach.

In the narratives, women compared and contrasted their attitudes and behaviours with Indian standards of womanhood, against which women are typically measured and assessed. These standards represent customs or expectations that have been passed down from previous generations in such a way as to govern the functioning of the society in which the women live. They include specific familial and cultural norms and belief systems, which are drawn on to identify and manage problems of everyday life.

The traditional model referred to in participants' accounts reflected this cultural version of womanhood. The positions and roles women occupied, were either a product of upbringing, or acquired through marriage and pregnancy. They were intricately interwoven with religious beliefs and practices, and were integral to traditional family life. Non-traditional positions on the other hand, largely involved changes in cultural attitudes and behaviours, resulting from contact with Western practices and ideologies. The data suggested that women had been more or less exposed to these different ideas and values according to the environment in which they were raised, their experience of education, and a whole host of other social determinants to which they were party.

The meaning of concepts such as traditional and modern clearly varied however, for individual women. It was observed for example, that women moved between the different positions according to the particular circumstances or situations in which they found themselves. As such, women's constructions were not static, but fluid and changing, even at times appearing contradictory. Despite the complexities involved, there was sufficient evidence in the data to suggest that these themes were useful for representing the various processes at work, and understanding women's views of pregnancy and motherhood and their conceptualisations of maternal distress.

The results also unravelled the functions for participants of engaging with the different positions. This theme is identified as **EFFECTS OF DIFFERENT POSITIONS**. In particular, they demonstrated the implications for women when different positions were in conflict. For example, a common experience in women's discourses was one of being

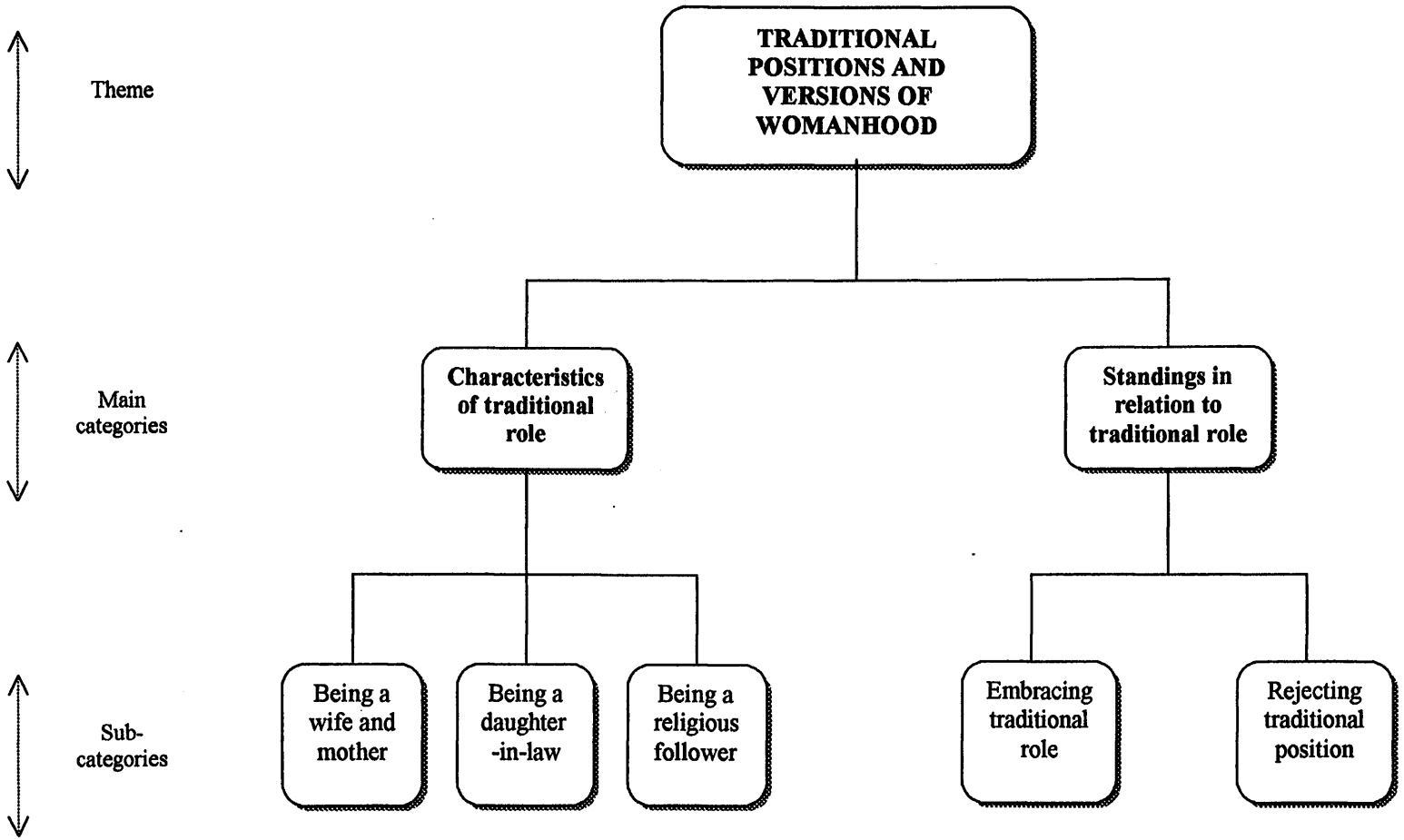
strongly associated with the non-traditional version, but situated in a traditional family structure. The analysis explored the different standpoints women adopted in relation to these various locations, and reflected on the consequences for them of embracing or rejecting them. A predominant theme in the accounts therefore, was one of isolation, where women stepped outside of the limits of their designated roles. However, a variation on this was possible when synchrony between women's views and their positions was experienced. In cases such as these, support and acceptance were not uncommon.

Polarisation invariably appeared to follow from intergenerational discrepancy. Here, one generation used the traditional model to construct experience, and another the non-traditional model. Typically, the traditional version was associated with the older generation. However, this observation did not cover the totality of experiences, and people within this category also drew on the non-traditional version simultaneously.

Given the cultural context to women's ideas and explanations, it was felt important to present this data first, followed by the material relating to pregnancy and motherhood. It was anticipated that sequencing the results in this way would help to make these later discussions more meaningful and in particular highlight why the potential experience of postnatal difficulties could prove especially worrying for some women.

FIGURE 3.1:

Map of categories contributing to 'Traditional positions and versions of womanhood'



3.3 TRADITIONAL POSITIONS AND VERSIONS OF WOMANHOOD

Within this theme two main categories were identified. The first explored the types of roles and activities that were deemed 'proper' behaviour for women within the traditional version, and the second depicted women's feelings towards the roles or expectations to which they were exposed. A brief description of each category is given below, followed by a detailed description of the sub-categories, with excerpts from the transcripts to support these claims.

Characteristics of the traditional role

This category reflects the different components or aspects of the traditional version of womanhood. As suggested earlier, cultural roles and expectations develop through a recursive cycle of scripts and stories shaping what is and is not permissible in any given circumstance. These ideas and routines are then replicated in future generations, thus informing processes of identity and identification:

> *So I think in that way the culture has, the way its, you have been brought up, that you are not allowed to say certain things in front of them [elders]. ('Daxa': 24, 709—710)*

Expectations change through the life cycle, as women take on and adapt to different roles:

> *I used to work...I did a good job there, working for a little while there, and then I left 'cos of the wedding coming up. ('Yasmin': 2, 55-59)*

In the following three sub-categories, the various characteristics and qualities inherent in the traditional role are described in more detail.

<u>Being a wife and mother</u>

There was an awareness within the traditional version of womanhood, of the inevitability of marriage and children:

> *My mum even said go to University, but I knew I had to get married one day. I knew my parents were going to get me married one day, so I thought I might as well make a start right now and get on with it, sort my life out. ('Nasima': 4, 116-119)*

> *Well er in our religion its like you, the family planning that's not allowed, you are suppose to have as many kids as you can. ('Nasima': 25, 772-773)*

Cultural expectations suggested that central to women's identity were their roles as homemaker and carer of children. It was implied within the traditional position therefore, that women were content to stay at home, take charge of domestic responsibilities and raise a family:

> *Erm it would be like having so many kids, erm doing the housework, erm praying, just things like that, you know, domestic house stuff and bringing up the kids. ('Nasima': 5, 136-137)*

> *When I came first from India, the first thing was I should have been religious minded, I should have looked after them...and have a baby the very first year. ('Asha': 3, 72-74)*

Motherhood was also portrayed as a woman's attainment of true adulthood, and therefore it followed that women would automatically adjust their goals and ideals to those that were fitting and appropriate of wives and soon-to-be mothers:

> *I mean I use to worry, 'cos I used to really go for hockey in school, and I used to go for all kinds of things...and then when I got engaged suddenly everything popped out you know, everything just went erm, and then I, you know just, my interests, more like my hobbies went off you know, and my interest in the next step in life came up. ('Yasmin': 30, 904-909)*

Negative Case

One of the participants that were interviewed was not married or living with the baby's father, although they were in a relationship. In this respect therefore, she appeared to transgress the traditional version of womanhood. However, a closer inspection of the data indicated that the views expressed by this participant were not that dissimilar to others offered within this framework. In other words, she still reported that it was her duty to be the main carer, both of the home and the family. This would suggest that roles within the traditional version not only apply within marriage, but are also ingrained in women's thinking at a deeper level:

> *For a woman there is, I don't think sometimes blokes understand that women go through more than they do, d'you know what I mean? All they do is work and get the money and that's it really, its not much and we have to look after the kid, clean up, make sure the dinner's ready, this, that and the other. ('Kamini': 6, 181-184)*

Being a daughter-in-law

Participants recognised that through marriage they had also taken on a new status as the daughter-in-law, and that this role carried with it certain responsibilities of duty as well as an attitude of compliance:

> *So I think in that sense... if I don't have to explain that oh my mother-in-law, because they will automatically know that well you are not a daughter, you're a daughter-in-law. There is different expectations from you. ('Daxa': 20, 598-602)*

> *I won't speak out against my father-in-law, because this is the way I have been brought up, to be you know, er-, even my mother-in-law. ('Daxa': 23, 704—706)*

Principally, it involved honouring a more deferential position in relation to the parent-in-laws, whose opinions and wishes were prioritised and respected:

> *Always have patience, always respect your elderly, that's the main thing in our religion as well. Respect parents, especially your husband's parents, your husband's family. You should always respect them. ('Sharmila' 15, 495-498)*

In addition, it required accepting a philosophy of interdependence, whereby important decisions were made only with the prior consent of the wider family:

> *I'm sure they would prefer me to not you know, get help from outside us. If you know, I did have anything, any problems then it would probably be best to talk to them about it. ('Yasmin': 20, 592-594)*

> *And I think they also, the other thing's like when you're bringing up a child, I think they would expect me to ask their opinion on a lot of things, and a lot of major things which I wouldn't do to my own parents. ('Daxa': 2, 237-239)*

A common experience for new daughter-in-laws was to live with their in-laws following their marriage. This may be for a limited amount of time or for a more extended period:

> *In July I got married, and then I stayed with my in-laws for about two months while we got to know everybody. ('Nasima': 2, 55-56)*

> *I live with my in-laws, yeah, my husband. ('Sharmila': 3, 85)*

In some cases cohabitation involved living with other family members as well:

> *Yeah, me and my husband, and my sister-in-law and her husband and my mother-in-law live here, and my other sister-in-law lives opposite with her husband. ('Yasmin': 3, 68-69)*

Although this pattern was typical it was not completely given, such that some participants were within the traditional version but living separately from their families:

> *We don't live with any family, its just myself and my husband, but he is from Leicester and he has got, like you know, his family is here. ('Daxa': 3, 82-83)*

Being a religious follower

In the traditional version, women were storied as observing the religious beliefs and values of the group. This included following prohibitions on food and diet, as well as other religious rules and laws:

> *Oh, I'm still vegetarian, like it's a big thing. I'm Hindu and I won't eat meat. ('Asha': 11, 334)*

> *Like in our religion, you are not allowed to be at work in a bank, you know, because of the interest money...Self-defence is very important to us, because we have to teach each and every child about self-defence...Holding a gun in Islam is one of the most important things. They should know how to shoot a gun. (Sister-in-law of 'Yasmin': 28-29, 853-874)*

It also involved observing certain rituals:

> *I think they [religious beliefs] influence my life in quite a big way. There is a lot of things that I'll do 'cos, you know like certain fasts and whatever, I'll do them kind of thing, 'cos of the, you know, reason behind it. ('Sangeeta': 19, 564-566)*

In addition to being wives and mothers, women's role was to transmit religious doctrine and cultural practices to future generations. Providing children with a religious upbringing therefore was a significant feature of the traditional position:

> *And some parents they would like their kids to grow up as religious wise, you know be religious and be that kind of a person, like a changer of the religion. ('Yasmin': 27, 833-835)*

> *Being a mother in our religion is really good. That's part of our religion as well, bringing a child up in a good way...Yeah, like bringing them closer to your religion as well. Let them know what's right, what's wrong. ('Sharmila': 16, 538-547)*

An interesting aspect of the analysis however, was the discovery that even among those whose religious following was relatively strict, there was still a degree of flexibility between what was negotiable and what was obligatory practice. This reflects an earlier point that constructions of religious identity were varied and diverse, and tended to fluctuate with different circumstances and situations:

> *I mean erm, I don't believe that I need to go to a temple you know, erm, I'll do my prayers in the, because I have my own little erm temple in my house which I have done. But I don't believe I need to go anywhere to pray. I can pray here, I can pray just sitting wherever. ('Daxa': 23, 686-689)*

> ***So, how much would you say that your religious beliefs influence your life then?***
> *Well, I don't think a lot 'cos it's up to you how much you want to do it [praying]. Some people nothing at all, they just live like a wasted life and they don't know anything about it, but I try my best. One or two hours a day that's all. ('Sharmila': 16, 524-526)*

For some women, commitment to a religious belief system had been strengthened by the prospect of motherhood. This finding suggested that changes in identity were therefore likely as women became mothers:

> *To me they're [religious beliefs] quite important because it's, I didn't appreciate them when I was younger, but I really appreciate it now. So its something I want to keep and pass onto my kids. ('Daxa': 22, 666-668)*

> *I've never believed in God or religion up until now, but suddenly yeah, like I've kept saying to [partner], come on we have got this blessing after five years, I think we should go and visit temple. ('Asha': 12, 349-351)*

Standings in relation to the traditional role

Participants spoke in some depth of their feelings about the traditional role and the cultural messages that emphasised its importance. While some recognised its relevance to the traditional climate in which they lived:

> *As long as, well we [participant and mother-in-law] haven't had any arguments so far, nothing at all, but as far as I see, if everything's done, nothing left for her, it's very, very good, so I'll make sure I keep it up. ('Sharmila': 4, 123-125)*

Others argued that it was incompatible with the values and freedom of the Western lifestyle to which they were accustomed:

> *Well I never wanted to be a mum, I never wanted to have a baby. I never wanted to get married. Erm I was suppose to get married, because that's what all Indian women does... Like everyone has forced me to have a baby. You don't get any choice. ('Asha': 13, 369-379)*

These individuals also described feeling that they had no voice by which to change these powerful cultural influences. The different viewpoints in relation to the traditional model are illustrated further in the two sub-categories below.

Embracing the traditional role

One way in which women made sense of the traditional context in which they found themselves, was to incorporate these roles and positions into their own experience. Choosing to adopt the traditional model appeared for some participants to be an unconscious decision, based on this being a lifestyle to which they had always been accustomed. For others however, it was a deliberate choice having weighed up the many benefits in terms of social support:

> *Um. It doesn't bother me anyway, 'cos for his parents, I'll do as much as I can ('Sharmila': 2, 37)*

> *I first thought 'no, not straight away, no kids until you know, I'm going to live life a little longer'...But then I thought 'wait a minute, look at them, when their husbands are not around, when they are in the house, they have still got their kids around'. ('Yasmin': 5, 144-147)*

For both of these groups, following this course clearly had a number of rewards, including material and practical support, social acceptance and a sense of belonging:

> *There's kids clothes here, which I don't have to worry about. You know, there's everything provided for me, I don't have to think about anything to buy as well. ('Yasmin': 4, 100-102)*

> *I've got me sister and me niece, so they help out a lot. My sister-in-law. They do help out a lot. You know, my mother-in-law, she helps out as well. ('Sharmila': 3, 100-101)*

> *I am not being treated like a daughter-in-law, you know they treat me like their own daughter, so its more like I feel really comfortable. ('Yasmin': 4, 96-98)*

Rejecting the traditional role

A number of participants however, reported feeling very unhappy with the constraints and regulations of the traditional version of womanhood, which they believed had been imposed upon them:

> *And my in-laws kept on coming and going...but I didn't get along with them and like, because like she's from India, my mother-in-law, she's like, she expects you do all the housework, all her stuff, look after her...Plus I was feeling, I got pregnant when she was here and she still, I was like sick in front of her and I was feeling ill, and she still wouldn't, she still made me do all the housework. ('Nasima': 2, 60-68)*

> ***So what made you decide to move to Leicester?***
> *It wasn't, it wasn't my idea, it was my husband's idea. I didn't even get a say in it...I mean I guess girls, you know, often get, in like Asian society, girls don't really get a say where they want to go. ('Nasima': 3, 73-76)*

The category 'rejecting the traditional role' was distinguished from similar categories described under 'non-traditional positions and versions of womanhood', as it suggested that for some women, being located within the traditional family structure was binding, despite their obvious feelings of dissatisfaction with it. In 'non-traditional positions and versions of womanhood', women appeared more able to challenge the traditional lifestyle and adopt Western practices.

It was recognised in the data however, that compartmentalising women's experiences into either traditional or non-traditional womanhood was somewhat artificial. In other words, while useful for the purpose of explaining the analysis, these themes are perhaps more accurately understood as opposite ends of a continuum, along which women move according to the particular circumstances or issues in question. In one instance therefore, participants may be compelled to perform traditional functions, and in another have the flexibility to adopt other customs more typical of the West:

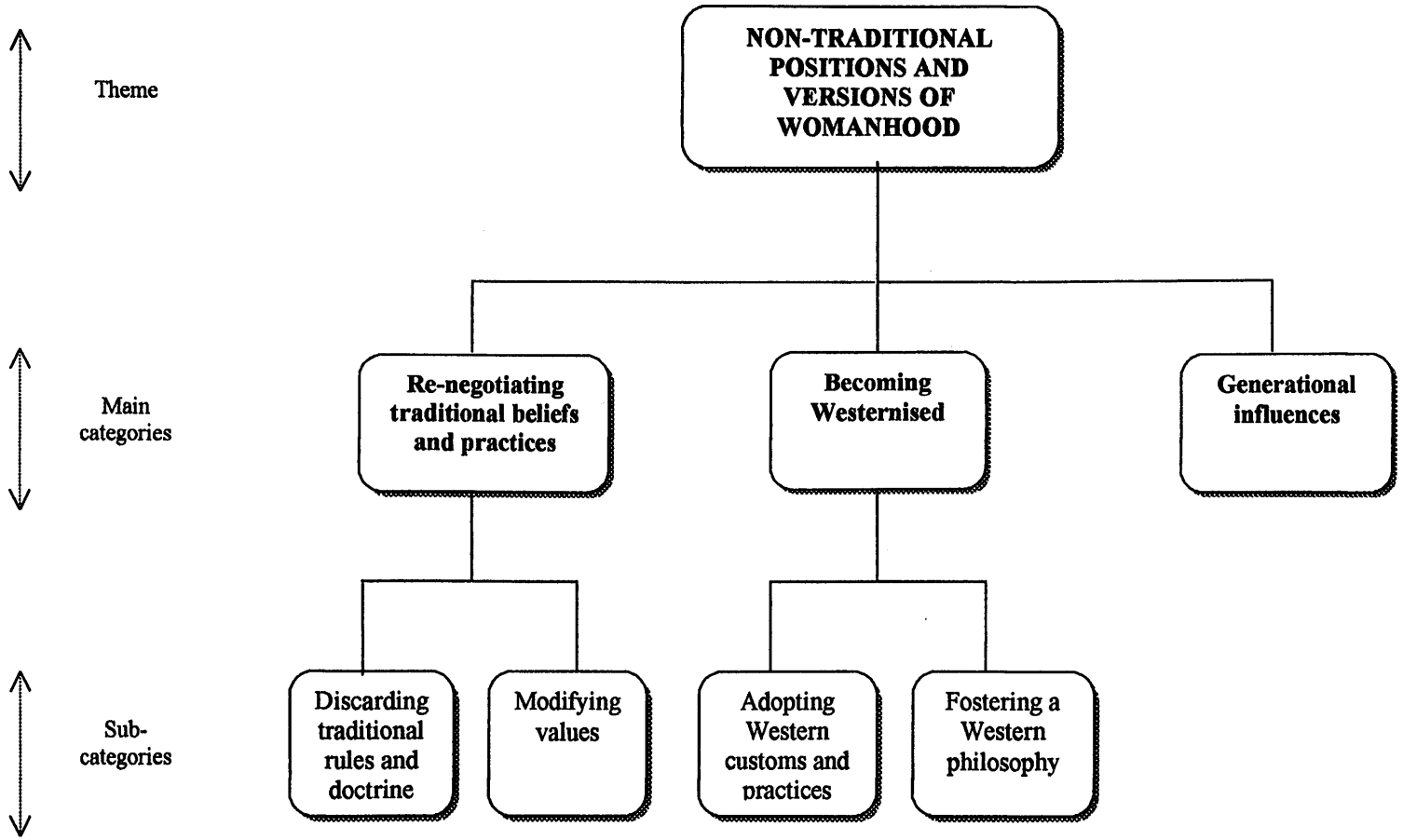
> *If I wanted to I can only go out with my husband, but I wouldn't be able to go with anybody else. But when I go to X, I do go out with my friends. ('Nasima': 5, 155-157)*

The negative consequences of being strongly associated with the non-traditional version, but positioned in a traditional family structure and unable to escape these roles and ideas, are described in detail under the theme 'effects of different positions'.

Attention is now given to the second of the two competing stories around womanhood – the non-traditional version.

FIGURE 3.2:

Map of categories contributing to 'Non-traditional positions and versions of womanhood'



3.4 NON-TRADITIONAL POSITIONS AND VERSIONS OF WOMANHOOD

This theme encompasses the experience of women who had undergone a process of acculturation, and had moderated their traditional cultural and religious values to incorporate Western practices and ideologies. Women's accounts were largely positioned in terms of their having transgressed cultural codes of femininity and acceptability. As such, their readings of their situations involved having stepped outside the designated bounds of appropriate behaviour and diluting traditional practices. Despite the inevitable opposition encountered, women's conceptualisations suggested that unlike in the previous category, where women wished to reject the traditional role but were unable to do so, in this case they had in fact attained this standing.

The non-traditional version of womanhood may be understood in three parts. The first category examines the re-working of cultural and religious principles to which women had become accustomed through their upbringing, while the second explores women's identification with the majority culture. The third category meanwhile, highlights the reaction to greater assimilation with English culture by the different generations. In other words, this theme outlines the range of influences and ideas that structured women's constructions of the positions they had come to occupy.

Re-negotiating traditional beliefs and practices

It appeared from the data that there were two processes operating simultaneously. On the one hand, women were observed to renounce aspects of their cultural and religious belief system that they considered futile:

> *And then I thought why should I have to dress just to please somebody else. I mean I'm gunna dress the way I want, and they couldn't, my mother-in-law, my sister-in-laws couldn't like take it, the fact that I wouldn't dress up like a newly married. ('Nasima': 18, 555-557)*

And on the other, to modify aspects that held personal meaning for them:

> *I always find that there's only one God, but just got loads of names, that's all it is, d'you know what I mean? One God for everybody, end of story really...like my guy believes in Allah, that doesn't mean that I shouldn't believe in it...I've been to church and that, I'm not, I don't ever think to myself, 'oh, I can't go there because*

I'm not a Muslim, or I'm not-', I've been to a Sikh temple'. ('Kamini': 20, 651-662)

This in fact, suggested that women had invested a great deal of thought and effort in the process of constructing their ethnic and religious identities, and that this was something they felt very passionate about. The act of sifting through the various rules and traditions had culminated in the rejection of unfounded cultural superstitions, and the re-working of a purer and more realistic belief system. These are now considered in the following sub-categories.

Discarding traditional rules and doctrine

Traditional cultural and religious codes, dictating acceptable conduct for Asian women, were dispelled as unhelpful and oppressive by a number of participants:

In our religion, we're not even supposed to use contraceptives, you know, or anything. We still do, 'cos we can't help it, we have to you know, nowadays we have to. I think its good. ('Asha': 16, 536-538)

And I thought well I am not doing all this [housework], it is not my duty. I mean she [mother-in-law] has got little kids too, and she is really old, but she's had nine kids and the youngest is seven. Well I think it is not my duty to do it, so I didn't bother. ('Nasima': 3, 63-66)

For one woman, culture appeared to have little impact at all on her daily existence suggesting that the process of acculturation was relatively advanced:

So, how much do you feel that your culture influences your life?
My culture? (.) I don't know, not a lot really. ('Kamini': 20, 669)

Participants also expressed their scepticism and frustration at a number of cultural and religious taboos around pregnancy and child development, arguing that these were outdated and no longer relevant in modern society:

But I sort of, I take it [Asian culture] all in one ear and out the other...there's one, just for example, that you are not allowed to wash your hair for the first seven months... because, in the olden days when you were in India, you would have to wash your hair by a riverbank and if you bent over to wash your hair you might slip in and fall in...Now in this day and age, there is no point in not washing your hair, because its not, you're not, you could slip and fall having a bath, you know ('Daxa': 24, 728-741)

> *Like my aunty, if we cross over her daughter-in-law's baby, she will start screaming 'cross back over him, cross back over him', and then she will want some help. As if he won't grow. (Sister-in-law of 'Yasmin': 26, 778-780)*

Modifying values

There was a strong emphasis in some of the narratives, of differentiating between 'cultural myths' and 'religious truth'. In other words, women recognised that over time culture and religion had become mixed up such that some beliefs which were originally culturally-defined, had become unquestionably thought of as being part of the religious doctrine. A call to re-discover the authentic religion was therefore paramount in some women's accounts:

> *And I think the religion and the culture sometimes get mixed up. They think, 'oh its religious', but its not religious, its not, there's nowhere, you know, in our holy book that says you shouldn't do this and you shouldn't do that. ('Daxa': 25, 743-745)*

> *The culture is getting put aside, its being put aside and the religion is becoming more important now. Its not like we often have to do what the culture says, we are doing what the religion itself means to us, you know what we think, what our hearts mean to us. ('Yasmin': 26, 788-791)*

However, in other accounts religion was described as too dogmatic, placing restrictions on individual choice and freedom. This was highlighted to be the case both in terms of choice of partner, and opportunities for self-autonomy:

> *Now, because he's a Muslim, it's really hard for his Mum to accept me because I'm a Hindu girl, and not just that, because I've been divorced it makes it difficult for him...In our religion, once like, once people find out that you're divorced nobody wants to know you, right. It's not that easy to step out and like think, unless you go and find a divorced guy, do you know what I mean? ('Kamini': 4-5, 122-138)*

> *I find it difficult mixing religion with erm, er life, you know the real life. 'Cos there's, I mean these days a lot of things are expected from a woman and probably she want's a lot of things, the chance to be independent...I mean you want, you want to be confident in yourself and things like that, you want to go out, but if you like try to put that with the religion and-, it just doesn't kind of mix. ('Nasima': 26, 799-805)*

In the non-traditional version of womanhood therefore, the case was made for greater religious flexibility and tolerance, both in terms of beliefs and practices:

> *Yeah, 'cos like our religion is quite strict and there are a lot of things that we have to follow which we don't...Probably three quarters we follow and the rest of it we just dump, you know...It's just that we like to enjoy ourselves as well. I mean, I know we should be following every single step, that's what we call a proper believer, proper religious person, but we can't. ('Sharmila': 15-16, 488-517)*

> *I mean I do drink as well, so I can't say I'm fully [religious] in that sense, you know I haven't given up everything. ('Daxa': 23, 697-698)*

A significant factor in shaping women's cultural and religious persuasions was the developmental changes that arose through marriage and pregnancy:

> *It's like with my kid, he will have both religions, you know, because with my guy being a Muslim and that. ('Kamini': 20, 649-650)*

> *I don't believe in arranged marriage. I won't expect my children to get arranged marriages. ('Asha': 11, 336-337)*

> *I mean I want, I prefer my child to be religious, but as well I would like the education 'cos I never had the education...Save the religion one way, change the culture, and in another way be an educated person. Become something in life. ('Yasmin': 843-847)*

The findings demonstrate the importance of recognising diversity within the category 'Asian'. There was a plurality of opinions offered concerning the role of religion and culture in framing people's beliefs and value systems. Nevertheless, this was an area that was common to all of the accounts, suggesting that it was a particularly salient issue for women, and central to understanding their positions and roles.

It was interesting that respondents' ideas were not dictated by the particular religious denomination or ethnic group of which they were a member. Of those interviewed, both Muslim and Hindu women expressed preferences to be followers of the religion over the culture. Similarly, both Hindus and Muslims indicated that their religious organisation was overly interfering, and the requirements unrealistic to their individual circumstances. This would suggest that factors other than religious or ethnic identity, such as familiarity with the dominant culture and experience of education, are more important in influencing women's explanations.

The analysis also raised questions over a straightforward model of acculturation. While freedom and independence were emphasised in self-definition, a large section of women also took pride in religion and saw it as important to their ethnic identity:

> *I mean, like we do go out and everything, and enjoy ourselves and everything. And another day, I'm really interested as well in following my religion as well. ('Sharmila: 15: 477-478)*

> *I feel I have a background [as a Hindu], I feel I belong to something and I have a history and erm, I don't know, you just have a better understanding of why things happen sometimes, which I never had before. ('Daxa': 23, 680-682)*

> *I mean I'm really into like festivals and stuff...if I can I'll do it. I think, I think its part of me, it says what I think. ('Sangeeta': 20, 596-598)*

Becoming Westernised

In the non-traditional version of womanhood, women were identified as being associated with ideas and systems typical of British culture. The process of becoming westernised appeared to occur on two levels. One entailed adopting certain practices or customs characteristic of the West:

> *I am in this country. It's going to be important she's going to be brought up in this country. And I would like to keep with the way people do it here. ('Asha', 11, 337-338)*

While the other involved fostering a philosophy of self-sufficiency and independence distinctive to Western humanism:

> *Like with my sister, they're [parents] very strict at the moment. I mean she is eighteen, they're very strict, they don't let her go hanging around. But I've said it... 'at the end of the day if you don't let her go she's not gunna learn anything'...I think I was the only person in this family who was like, so bubbly and that, that if my Dad says don't go out, I tend to just go. ('Kamini': 11, 340-360)*

<u>Adopting Western customs and practices</u>

Women's readings of being westernised were positioned within a framework of Indian standards of what constituted traditional or non-traditional behaviour. In other words, women's views and attitudes were referenced to their understanding of the cultural stance on particular issues or events. Therefore, what was identified as 'Western', often tended to reflect

a break away from tradition, and not necessarily an actual Western practice or custom:

> ***Right, so was it an arranged marriage that you had?***
> *No, no. I think that is part of the problem, because erm, I don't think his Mum was happy with it, but she just went along with it, because she knew he'd go ahead with it whether she liked it or not. ('Sangeeta': 5, 140-142)*

However, the findings indicated that these women had a greater involvement in mainstream society, than was perhaps found in other more traditional elements of Asian culture:

> *I might still go dancing [later on in pregnancy] and stuff like that, you know clubbing and that. ('Kamini': 2, 53)*

> *Some people want the child to be brought up as modern. You know, modern kids now-a-days, they go to college, you know when they grow up, you expect them to go to college and university, and become something educated. ('Yasmin': 27, 831-833)*

Familiarity with the dominant culture appeared to have been facilitated by women's experience of education, the media and peer relations, although of course this was mediated by the values and lifestyles of the wider family:

> *You learn step-by-step, from school and that, you know, from your friends and the television. ('Kamini': 21, 677-678)*

> *I have not really been with Asian people a lot... When I went to school, I went to a different school than all my other cousins, and they were like all English people, so I have always been with them. So my thinking has been a bit different ('Nasima': 14, 418-421)*

The analysis highlighted that there was marked variability in the degree with which women identified with the West. Some participants had deliberately chosen to absorb Western ideals:

> *Even afterwards, I'll probably look for another job afterwards as well, 'cos I don't think, I'm not one of those who can like sit at home really, do you know what I mean? ('Kamini': 3, 89-91)*

While others perceived that they had only been allowed to do so, because it had been sanctioned by their partners and families:

> *And I'm allowed [to go to work], my husband says I can, something he says I can do, something he thinks women should do anyway. But he does, my husband does say that women should have their own rights as well, so I am lucky. ('Nasima':*

26, 782-785)

Fostering a Western philosophy

It was perhaps easier to pinpoint Western ideologies in participant's narratives, than it was to identify particular practices. One explanation for this difference was the context of the interview. In other words, participants were requested to describe their views and ideas and not observed for their behaviour or activities. In addition, it is likely that adopting Western practices were, for a number of women, fairly routine, such that families were used to Western food, television, medical and educational systems, even if they still retained more traditional philosophies.

The data revealed that in the non-traditional position, women demonstrated a greater openness in their attitudes, were more strong-willed, valued choice and autonomy, and preferred a degree of independence from their family:

> *I'll be open about sex and this, that and the other with my kid you know. It needs to know really, there's nothing wrong you know, even at an early age. ('Kamini': 10, 322-324)*

> *But you know, things like whether I will go back to work or not, that is something between me and my husband, whether we can decide we can financially afford it. And unless we are asking for their [in-laws] help in anyway, I don't think it is anybody's business to be honest. ('Daxa': 8, 246-249)*

> *I'm looking for a place see, at the moment. Um, hopefully the Council will help me to rent a place as soon as possible. ('Kamini': 5, 148-149)*

Greater autonomy also translated into increased independence in terms of participants' plans to raise and care for their children:

> *Erm, I wouldn't let them [family], let them influence anything. It will be mine and [partner's] decision, totally. ('Asha': 13, 390-391)*

> *I am not going to change what I think. I'm gunna do what I want and I am going to bring up my child the way I want to, not let anyone influence how I bring it up. There's no way I am going to let it do that. ('Nasima': 5, 144-147)*

Generational influences

A common story in women's accounts concerned the implications of resisting family and cultural pressures to move against a process of acculturation. The consequences of being allied with the non-traditional version, but situated in a traditional family structure, are discussed in more detail in the following section. However, it is interesting to briefly consider the sources of conflicting cultural expectations.

Typically, it was those of the older generations (parents, grandparents, older siblings) who stressed the historical importance of cultural beliefs, and who wished to retain the traditional values:

> *Our culture says we have to do it, it's always happened in our religion. Then the youngsters say 'no, it's not in our religion'. (Sister-in-law of 'Yasmin': 27, 815-816)*

> *They [parents] don't look at it in my view. I think they think, you know, it's wrong. They always go through their views from generations to generations. You know, it's a case of like 'no, you don't talk about sex, no you don't talk about, you know, things like that'. ('Kamini': 4, 110-113)*

Where women's choices competed with these principles, hostility and isolation were not uncommon:

> ***Does it cause problems, do you think, between the generations?***
> *Yes, now-a-days, especially between parents and kids. ('Yasmin': 27, 813)*

However, this pattern was not exclusive, and for women whose parents were relatively assimilated into Western society, the experience of opposition to the non-traditional route was less obvious:

> *Well, my mum just wants me, the only thing she wants me to be is strong and get a job and be independent, that's the main thing to her. She has said it to me so many times, and she goes the next time, if you do have a second child, think about it before, you want your independence. ('Nasima': 5, 129-132)*

> *My mum has never, my mum is very religious, but when it comes to the cultural side of it and the tradition side of it, she questions a lot of it. ('Daxa': 24, 732-734)*

> *Well er my dad's supportive, my mum was really supportive, my parents are really supportive which I am really happy about, 'cos some Asian parents aren't. ('Nasima': 2, 44-46)*

The analysis suggested that the themes of traditional and non-traditional versions of womanhood were highly significant in structuring participant's ideas and explanations. In addition, they offered a framework for understanding the various conditions and contexts that shaped women's stories. However as indicated earlier, there were difficulties with the traditional/non-traditional dichotomy. The accounts demonstrated for example, that an affiliation with Western practices did not imply a lack of connection with being Indian:

> *So when we want to be westernised, we will be westernised, when we feel like being Indian, we will be Indian. Whatever. (Sister-in-law of 'Yasmin': 21, 645-646)*

> *Erm, I wouldn't say I was one or the other. I think I am quite Indian, I do believe in my religion and my culture a lot and-, but at the same time you have to, you know, you have to adapt to this country. This is where I was born and I have only ever lived here. ('Daxa': 22, 657-659)*

And that women's views shifted, according to the different settings in which they found themselves:

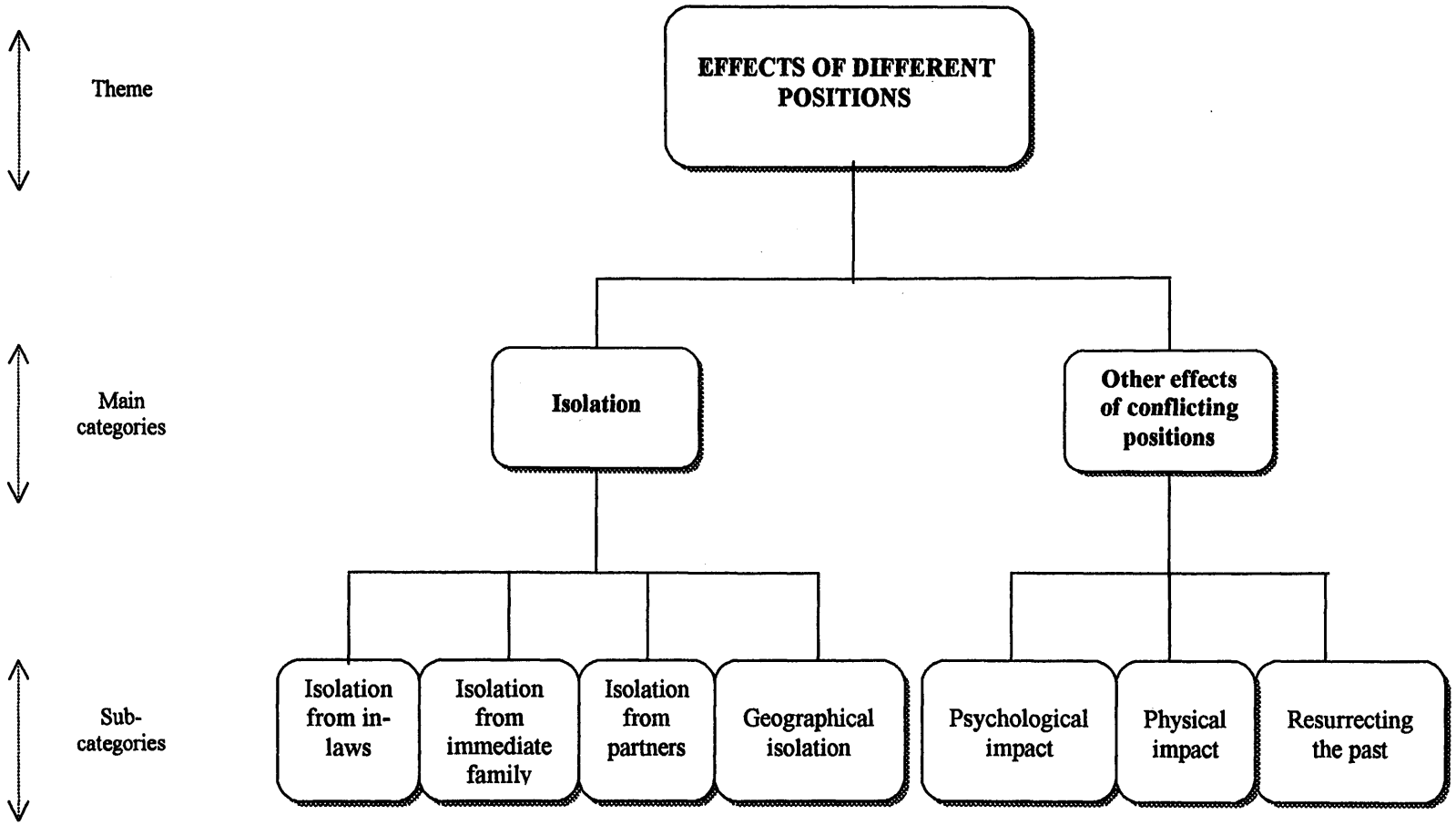
> *No, I don't believe, since I have come here, I don't believe it [cultural tradition]. But say I go to my mum's house, I have to follow those rules. It's been there in the family. ('Yasmim': 25, 759-760)*

Therefore, caution was required when using this framework, to ensure that it remained an accurate reflection of the fluidity and complexity of women's experiences.

In the following section, findings demonstrating what happens when women engage with the different versions of womanhood are discussed.

FIGURE 3.3:

Map of categories contributing to 'Effects of different positions'



3.5 EFFECTS OF DIFFERENT POSITIONS

Previous descriptions have already alluded to the possibility of having a non-isolating experience and will not be repeated in detail here. This experience was attainable by either holding a traditional position in the traditional context, or via cross-generation support, where previous generations were also integrated into the non-traditional version and, therefore, of a similar mindset to participants. As was noted earlier, women finding themselves in these positions were invariably provided with approval and support.

Instead, this theme highlights the implications for women of being positioned in the traditional context, but having a stronger allegiance to the non-traditional version. While isolation was described as one outcome of opposing positions:

> *They [sister-in-laws] like talk about you, you know between them, talk about it with their mother-in-law. And then they try to control your life...like she [sister-in-law] was telling, when I first moved here, she use to say, 'oh tell your wife to do this, tell your wife to do that, she don't do this, she don't do that', things like that. And he [husband] use to come home and like tell me all those things, I mean it really use to upset me. ('Nasima': 6, 165-171)*

It was apparent from the data that other related effects were also experienced, including accentuating existing feelings of loneliness and rejection:

> *The way I look at it, you know, she [mother] has said it too many times to me... I think deep down in her she does really love me, but for her to communicate with me, or talk to me, I think she finds it hard. ('Kamini': 8, 248-252)*

An overview of the different consequences arising from conflicting expectations is now presented, in order to understand how these outcomes informed and regulated women's experiences.

Isolation

The experience of isolation was both emotional and practical, and arose from a number of different sources. This is explored in detail in the following sub-categories.

Isolation from in-laws

The analysis showed a contrast in views between women and the families into whom they had married, due to varying degrees of acculturation and different priorities:

> *They are really cultural people, they like stick to their erm, they are very like, I, well I find it really hard to mix in with them 'cos like their thinking is completely different from mine. ('Nasima': 4, 100-102)*

> ***How would you describe your role or your position in your family at the moment?***
> *Er, looking from [partner's] mum and dad's view, not very important. We have never got on well. We got to, the main reason behind it was, the main situation about me not being, not getting pregnant...I had quite a lot of problems because of this reason. ('Asha': 2, 57-66)*

This had resulted in feelings of being excluded, and of personal concerns being undermined or dismissed:

> *Erm, personally, I don't feel as if I am part of the family and erm, because, because I married into the family, I am not really, you know, that's the way I feel. I don't feel as if I am part of the family. ('Daxa': 7, 194-196)*

> *Plus I had urine infections when I got married...and you want to talk to somebody about it, but nobody would understand...I mean you expect your in-laws to be a bit understanding, but it was like, you know, to them it was like, it was nothing. ('Nasima': 3, 85-89)*

In addition, women felt powerless and stripped of personal autonomy:

> *'Cos I mean, [partner] has got so many sisters and they have all got different ideas, and even on our wedding day there was a big, they had a bit of an argument kind of thing, 'cos half of them wanted to do it this way and the other half wanted to do it that way...and its like you daren't say 'no' in case, 'cos you don't want to upset one or the other. ('Sangeeta': 12, 364-370)*

Isolation from immediate family

The views and lifestyles of participants' own family were a powerful force in shaping how supported they felt. Women reported encountering disapproval to choices and ideas that contravened traditional family values. This had led to feelings of alienation, and had consequences in terms of the number of available people on who they could safely rely:

Its like you feel uncomfortable 'cos you know, people are not happy because of who I married and stuff... its like sometimes, its like you know, even [partner] will say 'oh look, we haven't been down for a while, we should go' and I'd be like have we got to go. Its like 'cos there's always tension around, you just don't want to go down there. Its like there's no conversation and the atmosphere is so tense. ('Sangeeta' 5, 148-153)

They hardly say much to me anyway...you know they don't make an effort. I always find that, you know, I have to tell 'em, you know, that 'oh, I was at hospital or-'. They don't say anything and that irritates me and I'm thinking why, why, you know... You know, I do wish my mum was like, as well as mum, as my friend as well, so we can have a chat. ('Kamini': 10, 311-317)

In the case of some participants, the external family also placed limitations on other support systems:

We've got my aunt, but I mean many of the family, my family don't like that we get on so well. So a lot of the time we have to go and see them half way through the night when there is no chance of anyone going round ('Sangeeta': 15, 449-451)

Yeah, they just don't understand. They don't, none of them do and my sister who you have just seen, she's nice, she'll talk to me... but its like my parents they will keep her away from me, as if like I'm a bad person or something, and that hurts me. And the same with my brother. He's like, he's all right from time to time, then sometimes you know, he said it to me as well, 'I wish you weren't my sister', and that hurts me. ('Kamini': 8 254-260),

For one respondent, isolation arose from conflict between the two sides of the family:

Yeah, at the moment there is no communication between the two of them so it makes things really difficult. ('Sangeeta': 6, 173-174)

And I think 'cos there is such a rift between his family and my family, we are going to have problems there as well. So not only within the family, but between the two families as well. ('Sangeeta': 13, 370-371)

Isolation from partners

A further implication of engaging with the different positions was isolation from partners:

And I think sometimes, like with my guy, I think to myself like that I'm pregnant, and there are sometimes I think, you know, I'm going through so much and I'm thinking you don't understand, you just don't. I said you don't even say anything do you sometimes... but I think it's sometimes, I just want a little bit of attention as well, do you know what I mean? ('Kamini': 14, 472-478)

Participants who clashed with their mother-in-laws reported subsequent confrontation in their relationships with partners and husbands. The explanations given for these difficulties were that partners loyalties were divided between their mothers and wives or girlfriends. Their struggle to stand up for their wives in front of their mothers, meant that women were often left feeling misunderstood, unappreciated and apprehensive about the future:

> *Because I mean when I use to have family problems, it was like erm, his mum use to say something to me, and I use to take it out on my husband. I use to cry in front of him and he didn't use to do anything about it...I mean he could of like said to his mum that 'oh, she don't like it'. ('Nasima': 18, 546-552)*

> *And its like really difficult, it caused a lot of arguments 'cos I can't speak up to her [mother-in-law], I don't know I can't speak up to her. But like if I have a moan at my husband, its difficult. ('Sangeeta': 4, 114-116)*

> *I think he's like confused and stuff because he loves his mum so much that he doesn't want to hurt her. But it's a case of like....I'm scared like when I have my kid d'you know what I mean, I'm thinking to myself what's going to happen afterwards? ('Kamini': 5, 167-170)*

Geographical isolation

Participants' experiences of loneliness and rejection were further complicated by circumstances of geography, where those individuals who could have offered support were a long distance away:

> *But still I keep missing my family, I keep crying. My friends, when they ring up, I just have tears in my eyes that, oh we're so far apart. ('Sharmila': 7, 228-230)*

> *Because nobody really erm, you know nobody really understands unless like, my sister was really good but she doesn't live here, she lives in the States. So that, and my mum doesn't live here either, she lives in London. So it's quite difficult when you haven't got somebody, a female from your own family with you through it, I found. ('Daxa': 3, 74-77)*

> *I just regret being so far away from my family. ('Asha': 7, 190)*

Other effects of holding conflicting positions

Results highlighted other effects of stressful and complicated family dynamics, and participants' unwillingness to accept particularly high expectations of them. The findings indicated that both psychological and physiological symptoms were prevalent in women's

accounts. While these appeared to be triggered by experiences of isolation, the additional insights they offered for the analysis warranted them being discussed separately. Added to this, unfulfilled relationships as adults, were observed to resurrect ambivalent feelings and painful memories of an unhappy childhood. Examples of these are illustrated in the following sub-categories.

Psychological impact

A concern raised by participants was the effect of troubled family relationships on their mental health. Women described feeling overwhelmed and paralysed to change their situations, and this had led to quite desperate measures in some cases. Among the more serious of these complaints were deliberate self-harm and contemplating suicide:

> *And I don't know if I should say this, but at one point you know, I was like really, really upset that I started like throwing things around the house and I started hurting myself you know, scratching myself. And I got really scared 'cos then I started really hurting myself. ('Nasima': 6, 171-174)*

> *I mean I really felt suicidal at one point...er, I mean I laugh when I think about it and I feel so stupid...but even now erm, I am still a bit thinking about it, not so, you know, normal about it, and I can cry so easily. ('Nasima': 22, 658-664)*

Further consequences included emotional and physical withdrawal, as participants attempted to protect themselves from additional pain:

> *And you know, there was a point when I stopped trusting people and I stopped talking to people, and I think well is it worth it having friends and things like that...I just feel like if I just stop feeling for people, then I won't get hurt or something, or something like that. ('Nasima': 22, 676-686)*

> *Nowadays, I don't trust anybody, to tell you the truth. I don't trust anybody. ('Sharmila': 1, 14-15)*

Physiological impact

The data revealed that some participants suffered physiological effects of the psychological impact of holding conflicting positions:

> *I use to keep to myself a lot. Whereas before I was like, you know, any excuse to like just go and have a chin-wag or whatever...But even at Uni I was like quite all the time. My appetite totally went, I never wanted, I lost so much weight. ('Sangeeta': 12, 350-353)*

Resurrecting the past

Isolation in adulthood was also observed to trigger difficult memories of a lonely childhood:

> *I never did get a lot of attention when I was born you know, so it's, it's, 'cos when my older sister was born that was it, all the more attention was on her...I always got left out, do you know what I mean? ('Kamini': 7, 217-223)*

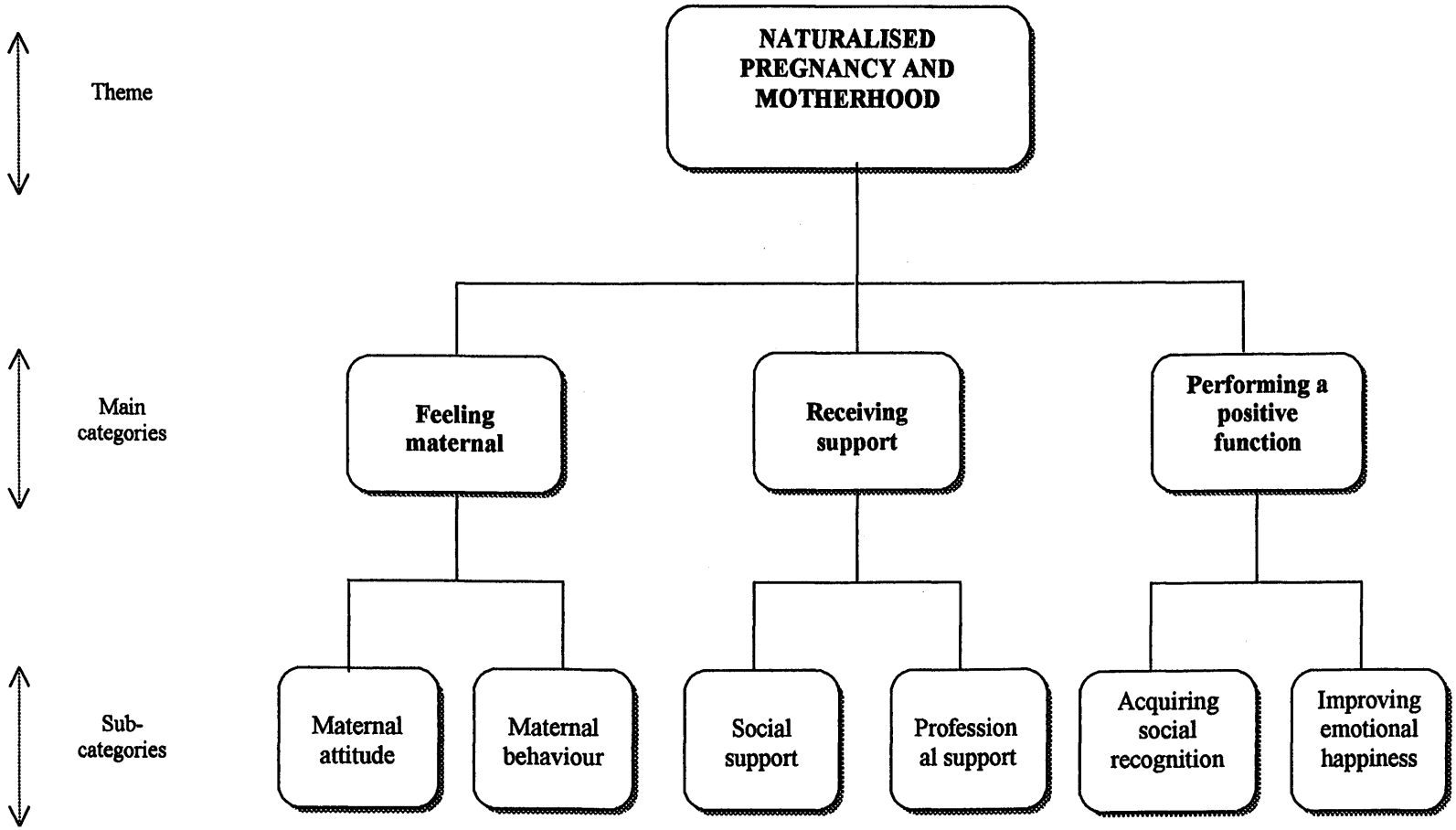
In terms of the wider story of women's ideas and explanations of pregnancy and motherhood, this theme is important in recognising the social, cultural and ideological contexts in which women were pregnant and soon to become mothers. It is suggested that the nature and quality of women's social situations and relationships, which were related to the positions or roles they held, were central to their experiences of support in pregnancy.

Yet, in attempting to understand and explain women's stories, it became apparent that the experience of isolation was something of a conundrum. In other words, it appeared to function both as a precipitating factor, and a response to difficulties in participants' narratives. So for example women who may have already been isolated prior to becoming pregnant, may or may not experience further isolation during pregnancy and post-birth.

In the following sections, the connections between the cultural context and women's accounts of their pregnancy and views on motherhood are explored. A focal point of these discussions is the specific consequences of engaging with the different positions in terms of the transition to motherhood. However, while contemplating these findings it seems instructive to consider the material relating to pregnancy and motherhood, with a particular emphasis on women's negative expectations of becoming mothers.

FIGURE 3.4:

Map of categories contributing to 'Naturalised pregnancy and motherhood'



3.6 NATURALISED PREGNANCY AND MOTHERHOOD

The accounts indicated that the women's readings of their pregnancy, and their feelings and ideas about becoming mothers were complex and often contradictory. Women described construing motherhood as a natural and positive event, having a number of benefits and receiving appropriate levels of support. Other reports however, were concerned with how to cope with the constraints and responsibilities imposed by this momentous change. Each of these different readings are addressed below, and the implications for participants' social relationships considered.

In this first theme, 'naturalised pregnancy and motherhood', women's explanations and ideas were positioned within the framework of pregnancy and motherhood being normal, desirable events, appropriate to this stage in women's lives. As such, women described their desires for their pregnancies and their pleasure in achieving this state. They also reported their excitement and anticipation at their connectedness with and nourishment of their child. In order to meet the requirements of their new role, participants acknowledged the importance of feeling maternal. This entailed having the capacity to nurture and love the unborn child into life, and evolved as the pregnancy progressed. Despite this instinctual quality to becoming mothers, women welcomed the support offered by both their families and professional bodies, and indicated that this was satisfactory both in terms of quality and amount. Being a mother also influenced women's self esteem and engendered a number of positive social contacts.

From the analysis, three higher-order categories were identified which captured the range of attitudes and experiences that were associated with naturalised motherhood in women's accounts. These categories each encompassed a range of sub-categories, detailing the individual aspects of these broader components.

Feeling maternal

In this category, women's ideas of motherhood were serviced by the popular and powerful belief system surrounding the notion of a maternal instinct. This instinct was characterised by two desires. Firstly to have children:

> *The idea of having, having a baby I think is quite special. ('Daxa': 1, 9-10)*

And secondly to care for them:

> *Well I really want to do that you know, changing nappies and getting use to that crying noise in the middle, that will wake me up in the middle of the night! ('Yasmin': 1, 14-16)*

Furthermore, this instinct was inherent in women's femininity, and as such to be a mother was both natural and inevitable. In the following sub-categories, titled "maternal attitudes" and "maternal behaviour", this phenomenon is illustrated with excerpts from participants' narratives.

Maternal attitude

In many respects, being pregnant and becoming mothers were described by participants in very favourable terms. Pregnancies were planned or, where they were unexpected, perceived as a pleasant surprise:

> *I am really happy. I think, I don't know, part of it, me, I sometimes think I planned it. I mean I have always wanted a baby. ('Sangeeta': 2, 34-35)*

> *I was thinking good, it's sweet, that's nice, so I was quite pleased really. It wasn't planned or anything like that, but we did decide that if we did, if I ever did, it wasn't a case like, you know, to get rid of it or anything like that. ('Kamini': 2, 67-70)*

Women indicated that motherhood was the achievement of a life goal they had aspired to for a considerable time. As such it signalled a sense of completeness and fulfilment:

> *And I have always seen kids in the family, you know, its just been that family bit, you know that I have been feeling, and I have always wanted something like that. ('Yasmin': 6, 156-158)*

> *You have a child, you have your own, because I've always loved babies, always. ('Sharmila': 3, 73-73)*

The uniqueness and magic offered by this occasion were also stressed. In particular, women marvelled at the miracle of carrying and giving life to a child:

> *And like to know that something's growing inside you, it gives you that extra feeling doesn't it?... But I think it will be just nice to know that that's like part of me. ('Kamini': 1, 24-27)*

> *It's just the feeling, knowing something is inside you, a living thing. ('Sangeeta': 1, 4)*

Maternal behaviour

Participants recognised that they had been inadvertently preparing for this event through observing other mothers and helping to raise children belonging to family and friends:

> *I mean I am glad I have spent the time with my aunt and her baby 'cos um, you know, it helped me a lot. I can think back to the way she did things, it's quite good. ('Sangeeta': 7, 196-198)*

> *Well, I mean I have taken care of kids and I have babysitted for the kids as well before, and I've really enjoyed it. ('Yasmin': 1, 13-14)*

They also described their desire to bond with their children and be good mothers:

> *I want to be a nice mother to my child. Don't want, you know, to say 'no' to have to keep waking up at night. ('Sharmila': 8, 257-258)*

Receiving support

The analysis demonstrated that in naturalised pregnancy and motherhood, women experienced offers of support from both their family:

> *I mean when I was ill, my sister-in-law was very good, you know she'd come round. And I mean when I was ill, my mother-in-law was good in the sense, erm, you know the cooking and things, she'd drop food round or whatever. ('Daxa': 10, 284-287)*

And a range of health professionals:

> *Obviously everybody around me, like hospital has been brilliant. ('Asha': 4, 103-104)*

In general, women were pleased with the nature and availability of help and advice received. Types and sources of support obtained by participants are outlined in the following sub-categories.

Social support

In naturalised motherhood, women experienced an abundance of support, reassurance and information from partners, family and friends. This served to mediate potential difficulties and ease women's transition to becoming mothers:

> *But I mean because my husband is so supportive, I've got through it. ('Sangeeta': 3, 87)*

> ***So what sort of information or advice has your sister given you then?***
> *Just things like what I should be eating, about the folic acid, you take it up to this month. You know, things like well don't get worried if you start bleeding a little bit, nothing to worry about, that's completely normal. You know, just what I should be looking out for or what I should be expecting. ('Daxa': 11, 315-318)*

> *Well I have quite a few friends who will help me and that, and my guy's been great, you know. He reads books and that as well for me...So he takes a lot of interest, you know, he does like it because he wants everything to go all right and that, and he sort of helps me out and everything. ('Kamini': 9, 271-272)*

Some respondents signalled the role of female relations in providing help to new mothers. Pregnancy and child-care were described as being in the woman's domain of responsibility, and as such female relatives were viewed as the primary source of encouragement and friendship in several of the accounts:

> *I mean my sister-in-law, she has given me the most advice from everyone...And then my mum you know, she gave me good information as well...I have been given good information from her, from my mother-in-law, you know. ('Yasmin': 6-7, 161-207)*

However, this was not generalised and, for a variety of reasons, not all Asian women were supported by other women during their pregnancy.

A number of participants also emphasised the importance of having already been a mother in normalising experiences and giving advice:

> *If they've gone through it themselves and they've had one, I think it's nice for people to help, because they know that. ('Kamini': 9, 284-285)*

> *My sister, she's helping me out a lot as well. 'Cos if, anything that happens I ring her up and I go this is happening what shall I do? She goes it's natural, that happens, you know. She's given me a lot of support. ('Sharmila': 6, 189-191)*

Professional support

Input from a number of different professionals was another source of help identified in women's accounts. Information was supplied and guidance given on a range of issues relating to pregnancy and childbirth:

> *And my midwife's really nice...Yeah, she's giving me a lot of advice. ('Sharmila': 2,67-70)*

> *Before when I went, they gave me all kinds of leaflets, like folic acid leaflet and about pets and stuff, and what I should eat, like cheese and stuff. So it was the clinic's leaflets that helped me out as well. ('Yasmin': 7, 191-194)*

Performing a positive function

Findings from the analysis suggested that motherhood introduced qualitative changes in women's status and identity. The experience of being pregnant and becoming mothers appeared to bring new opportunities in terms of developing and forming significant relationships:

> *I think I will be accepted more within the family, because they know that's your child now...I mean obviously where I go the baby goes. I think I will be included a lot more, thought of a lot more you know in that sense. ('Daxa': 9, 272-277)*

Further gains included acquiring a sense of purpose and meaning:

> *Well mainly it will be happiness a lot, 'cos I'm very lonely. ('Sharmila': 5, 166)*

Therefore, in the naturalised version of motherhood this occasion was perceived to be both rewarding and stimulating. The category 'performing a positive function' was built on two sub-categories, highlighting the social and psychological advantages of this role.

Acquiring social recognition

In the analysis, becoming a mother served to provide women with approval and status in the eyes of others:

> *But apart from nothing else, you know I feel proud really, you know. When I like go out with my guy and that and I'm thinking yeah, everybody is coming up to me and saying how is little bump you know, and I'm saying, yes, it's all right. And it's a nice feeling. ('Kamini': 2, 36-40)*

Being pregnant also met with cultural and familial expectations regarding the role of wives and mothers:

> *I mean everyone has been really you know, really happy because they were all expecting me to be pregnant, and they were all really happy when they found out. ('Yasmin': 3, 82-83)*

Respondents were optimistic that having a child would restore vulnerable relationships, and create a feeling of connecting or belonging to a family unit:

> *I mean I'm looking forward to it because it will be...something of mine and my husband's. It sort of completes our family, because at the moment I don't consider myself a family with my husband, it's just like we are a couple...it's something we can do together. ('Daxa': 4, 116-123)*

Improving emotional happiness

Participants anticipated that the motherhood role would also alleviate loneliness, and fulfil, in some women, the sense of being needed:

> *It makes me feel much happier you know, it makes me feel like my husband's all day at work, at college...and I feel lonely. You know how it is, you need someone to talk to, something. If I had a kid around, I know I'd cheer up with him...yeah, it will keep me busy, and I won't think about anything else. ('Yasmin': 5, 132-138)*

> *Just having it to care for. It's like it will be nice for the baby to be relying on me and depending on me. ('Sangeeta': 1, 18-19)*

In naturalised pregnancy and motherhood, motherhood was both assumed and expected. It was perceived as a natural and happy event and universally fulfilling. However, it was clear from the analysis that there were tensions between this model and other contrasting perspectives in participants' narratives. In the opening section to this chapter, it was suggested that women's ideas and beliefs were at times confusing and contradictory. In the following section, it is argued that in fact women hold competing explanations of the motherhood role. These different images reflect the incongruity between popular discourses about women's natural capabilities and the everyday reality of having a child.

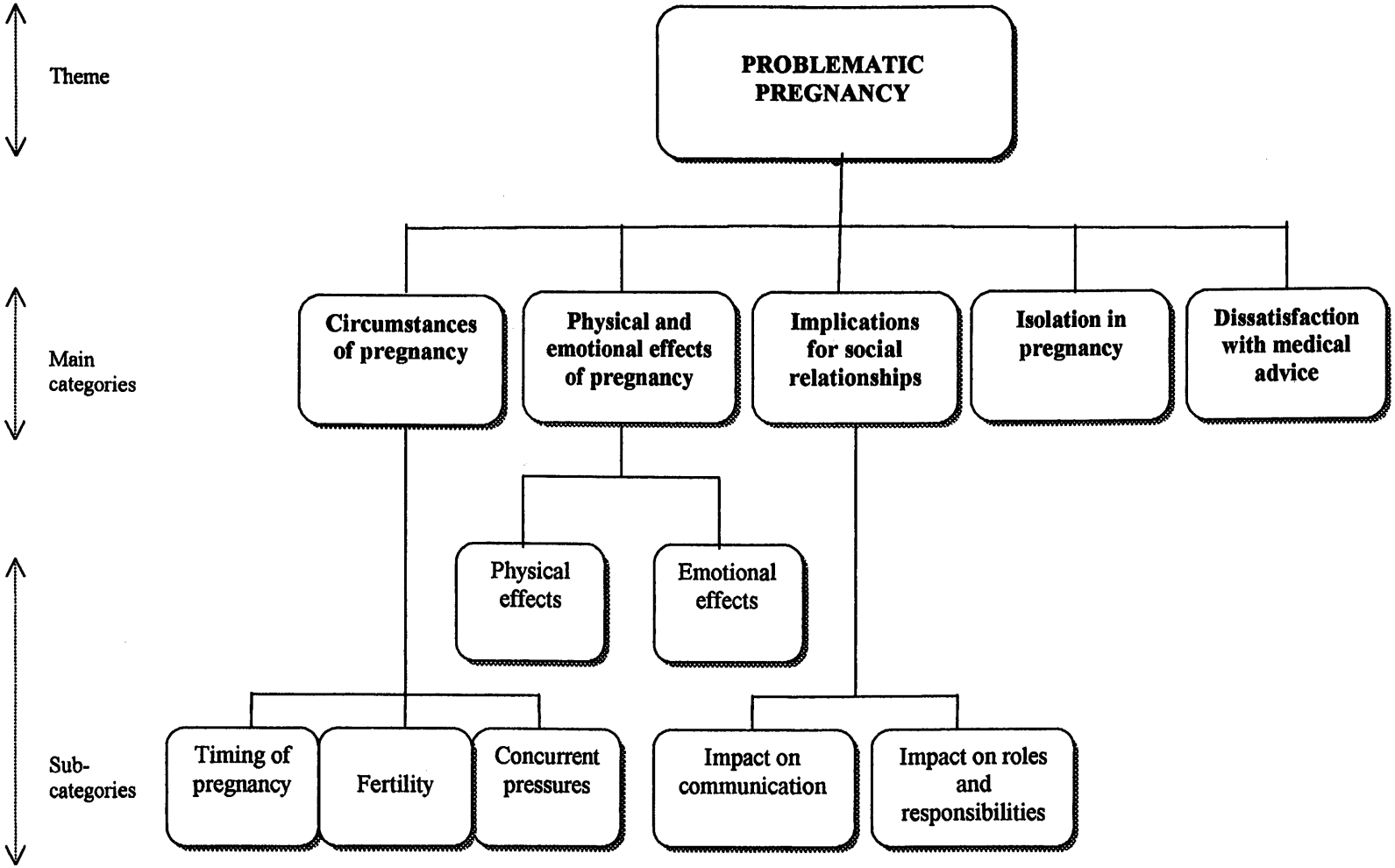
3.7 PROBLEMATIC PREGNANCY AND MOTHERHOOD

In this theme, women's ambivalence about their role as soon-to-be mothers was demonstrated. The data revealed inconsistencies between participants' earlier constructions, and their feelings, in the problematic version, about the implications of becoming mothers. Women's readings of their pregnant body and the emotional and social effects of their condition appeared to be at odds with dominant stories of motherhood. Contrary to the idea of the blooming mother, participants described accounts of nausea and sickness that left them feeling depleted and overwhelmed. Similarly, in contrast to the maternal instinct, women felt ill-prepared, anxious and isolated. Respondents were also concerned about the loss of independence and autonomy, the responsibility of nursing a dependent child and the impact on valued roles and relationships. Clearly the transition from non-mother to mother involved times of extreme change and adjustment, coupled with major shifts in women's ideas and identity.

As women were interviewed in early pregnancy, their thoughts and feelings about their pregnancy were especially pertinent for them, and therefore a focal issue in their accounts. In order to reflect the significance of this area in women's ideas and explanations, the theme of problematic pregnancy and motherhood was sub-divided into 'problematic pregnancy' and 'problematic motherhood'. This enabled the appropriate degree of consideration to be given to each of these topics, and the full diversity and multiplicity of women's experiences to be expressed.

FIGURE 3.5:

Map of categories contributing to 'Problematic pregnancy'



PROBLEMATIC PREGNANCY

Five major categories were generated from the data. The first of these signalled women's views regarding the circumstances surrounding the conception of their baby, while the second explored the physical and emotional changes resulting from pregnancy. Social adjustments triggered by women's new status and the experience of isolation in pregnancy were considered in the third and fourth categories. Finally, the management of antenatal care by professionals was discussed. These categories each consisted of several sub-categories, which are described in detail below.

Circumstances of pregnancy

This category demonstrated the difference between expected and lived versions of experience. While pregnancy may have been a state to which the women aspired, the reality of actually finding themselves pregnant had disrupted and threatened their romanticised image of the mothering role. Despite popular discourses of pregnancy positioning it as a natural and easy process, women's early experiences had shown them that in fact it was daunting, anxiety-provoking and extremely exhausting. As such, women recognised that they would struggle to maintain their roles and relationships even though they had initially anticipated that these would continue as planned. Participants therefore described their uncertainty of the timing of their pregnancy, and its impact on other life plans:

> *It's scary, I do feel scared at times and erm I feel sad in a way that I am only twenty and it feels, I feel as though erm I've had to grow up really fast...I just think erm this isn't the right time and you know I'm twenty and I've like, I need to experience more of life. ('Nasima': 11, 315-319)*

Further mixed feelings regarding the circumstances of pregnancy highlighted in participants' narratives were those relating to women's fertility. Contrary to the idea that having a baby was a biological imperative, to which all women were capable, participants described their relief at being able to conceive. However, this subsequently placed further pressure on them to be joyful about their condition, despite the constraints imposed by it:

> *It's just because you know to be honest I, I mean you hear all these stories about it taking so long to fall pregnant, you know you plan it but you, it doesn't always happen when you want it to happen. ('Daxa': 5, 134-136)*

Finally, the data revealed that far from being an occasion for celebration, the announcement of women's pregnancy often came at a time of great unsettlement and family tension:

> *They [parents] didn't say much to me when they found out you know, and my mum said like oh it won't be nice you know, you should just get rid of it, he's not going to look after you. ('Kamini': 4, 117-119)*

This category therefore demonstrated that the circumstances of pregnancy invariably caused confusion for participants, whose ideals rarely matched the reality of the event.

Timing of pregnancy

In the category "maternal attitude", it was argued that being pregnant was perceived very favourably by participants. However, further exploration of women's responses demonstrated that while this remained the case on one level, on another level participants were somewhat doubtful concerning their condition. Indeed, finding out they were pregnant had come as a shock, as well as a pleasure to a number of participants. This later translated into feelings of disappointment and frustration as the effects of their pregnancy on hopes and plans for the future were realised:

> *Well in the beginning I was a bit upset, 'cos we didn't plan it, it just happened and my husband was a bit upset then. 'Cos like we're a bit (.) struggling at the moment, 'cos I'm living with my in-laws and we'd planned to leave, so we thought we'd both work you know, and get a baby after about two years. ('Sharmila': 1, 4-7)*

However, participants felt guilty about their responses to their pregnancy, believing that they should feel more maternal towards their growing baby:

> *But then I think that is so selfish of me, 'cos I am carrying a baby here and I am thinking like this. And it's not right, I think you know you have got a baby now, you have to think about the baby. So it's like thinking is always confusing right now. ('Nasima': 11, 319-322)*

Negative Case

It was clear from the analysis that despite their uncertainty surrounding the timing of pregnancy, the majority of participants were generally in favour of having children and becoming mothers at some stage in their lives. However, for one individual, motherhood was less than appealing and, had she not been in the position of having to consider the wishes of others, she would most probably not have chosen this as a course to follow:

> *When I was young I was forced to get married and erm I wouldn't say I was forced to have a baby, but it had lots to do with er what they say, what they think. ('Asha': 13, 391-393)*

> *But inside me, until I got pregnant, it didn't bother me at all. There wasn't a need for, I didn't want a baby. ('Asha': 13, 374-375)*

Although, in the second of these quotes it appeared that 'Asha's' views had shifted slightly, it is likely that her reluctance to have children made a significant contribution to her feelings of ambiguity and bewilderment about her pregnancy. This suggests that for some women where to become a mother is to do what those around expect and want you to do, the experience of pregnancy could be doubly confusing and contradictory.

Fertility

Despite common perceptions concerning the biological inevitably of motherhood, women were aware that the ability to conceive was not a foregone conclusion. Therefore, women wrestled not only with the uncertainty of when and where to conceive, but also whether they could conceive. Given these different dilemmas, it is hardly surprising that many felt ambivalent about having children:

> *He always wanted kids...and I said, oh you know, I don't think so, 'cos I wasn't sure whether you know...he said, well try you know, if it happens it happens, if it doesn't don't worry about it you know. And then first of all [I thought], oh god what if something's wrong with me do you know what I mean? 'Cos you do worry don't you. ('Kamini': 2, 59-63)*

There was a tendency for women to construe pregnancy as a privilege, unavailable to childless women. As such, women felt compelled to be grateful for their new status, even if this didn't correspond with their own expectations of it:

> *And when I got upset that I'm pregnant and I think about it now, I cry that I should have not got upset, 'cos I should think 'Sharmila' you love children, you should be happy that, you know there's people nowadays not getting children. My brother, he's no children, he's adopted a girl, so I think gosh I should be really lucky. ('Sharmila': 3, 74-78)*

Concurrent pressures

For one or two participants, the excitement and satisfaction of pregnancy was undermined by other factors in the environment:

Well what happened was erm, this is a bit difficult, at first I was, I always thought yeah well it might be all right [referring to having a baby], and I started having family problems, like his, my husband's side. So I decided that oh, I am going to get a job, be independent and erm have a secure marriage and then think about the kids. But while I was thinking that, I became pregnant. ('Nasima': 1, 30-33)

But I, when I was about, I think I might have been like four weeks pregnant and...I decided to have a divorce then. And I was like, I was sitting at the doctor's surgery...and I just started crying out of nowhere you know. 'Cos like it was all stressful, I was like pregnant, ill, feeling sick and on the other side was planning to leave my marriage. ('Nasima': 2, 38-43)

It's like my mum she didn't actually (.), she was actually denying to people that I was pregnant...and about three months have gone and she still hasn't told dad. So I don't know the score now but I'm just like I don't know, I am just trying to stay away from everyone. ('Sangeeta': 13, 385-391)

Physical and emotional effects of pregnancy

Of all the changes pregnancy had thrust upon participants, by far the worst were the physiological effects. Discussion of these dominated a significant portion of women's accounts, suggesting that the occurrence of nausea and sickness was central to women's experiences of early pregnancy. However, far from being part of a normal unfolding of a physical process, these experiences left women feeling very depleted and dependent on others for support:

I just couldn't eat anything or drink anything, so for about two weeks I was throwing up literally every half an hour...but I wasn't actually throwing up anything...I mean I was off work for about three weeks in total I think. ('Daxa': 1, 24-28)

In the problematic version, pregnancy was also storied as triggering a number of emotional responses, in those interviewed. These included heightened sensitivity and arousal, leading to increased levels of anxiety in some cases:

And then...it's like you're stressing about the baby, thinking you know I hope it's okay and everything. Because everyone says the first few weeks is vital, so it's a big worry. ('Sangeeta': 2, 60-63)

These emotional reactions were intensified by women's uncomfortableness at finding the reality of their situations conflicted with powerful societal messages to enjoy the experience. These findings are developed further in the following sub-categories.

Physical effects

Women's disillusionment with the circumstances of their pregnancy, was compounded by their experience of nausea and sickness in the first few weeks:

> *I am beginning to enjoy it now. In the beginning I wasn't because I was so ill. It just took it out of me. ('Daxa': 1, 12-13)*

> *Erm that [morning sickness] affected me really bad, so it's literally two and a half months in which I was like throwing up continuously...and erm I couldn't go nowhere 'cos I was so weak. ('Sangeeta': 2, 57-60)*

For a number of participants, persistent bouts of morning sickness had necessitated hospital treatment:

> *After about two weeks, the doctor sort of said look we are going to send you to the hospital...Going to the hospital erm was a bit awful, I just didn't, it wasn't very nice. But at the hospital they just put me on a drip for twenty-four hours, just to get all my levels back up again and everything. ('Daxa': 1, 29-35)*

> ***How long were you in hospital for?***
> *Four days...I was on a glucose drip. ('Sangeeta': 3, 69-71)*

Morning sickness was particularly shocking when participants compared these experiences with their health pre-pregnancy:

> *Erm, well I've been quite healthy I'd say, apart from the general flus and colds and things like that...before I fell pregnant I wasn't, I was quite healthy I think. ('Daxa': 6, 157-168)*

> ***So I guess it must be quite a shock, with you having gone from being fairly healthy to sort of being sick everyday?***
> *There's times when I think I can't do this anymore. ('Sangeeta': 3, 85)*

In the analysis, respondents reported other pregnancy-related health difficulties, in addition to morning sickness:

> *I have been having side pains and a lot of pains in my side, things all going, a lot of headaches and stuff. ('Yasmin': 1, 27-28)*

> *[I had] insomnia, I couldn't sleep and indigestion. ('Sharmila': 2, 49)*

I had a urine infection, a really bad one...and I was vomiting so much...and I'd sleep all day, all night, and I was just thinking oh my god what was happening to me you know. ('Nasima': 6, 183-186)

The data demonstrated that women experienced associated practical difficulties from ongoing nausea and sickness. These included food restrictions:

I've not been able to drink milk 'cos that makes me feel so sick, and I worry about that a lot 'cos...my baby's bones might be a bit thingy you know, not well developed. ('Nasima': 9, 253-256)

I mean like erh when I wasn't feeling well...I was eating chillies and stuff and vomiting at the same time. I couldn't eat it and she [sister-in-law] goes instead of eating that why don't you try fruit and salad. ('Yasmin': 6, 168-170)

And requirements to rest, to prevent exhaustion:

What sort of information or advice has she [participant's mother] given to you? *Erm try...not to lift heavy stuff and things like that. And erm just generally rest and things like that. ('Nasima': 8, 246-248)*

Er sort of...ways to do things you know, just like don't over do, she [aunt] told me not to over do things. ('Sangeeta': 8, 218-219)

One or two women however, had remained relatively well throughout their pregnancy, suggesting that not all women were victims of bodily changes in pregnancy:

I've not had a lot of the symptoms and stuff, touchwood, you know it's not too bad ('Kamini': 2, 35-36)

I had a fraction of morning sickness like everybody has in the beginning, but that's about it. ('Asha': 1, 30)

Emotional effects

In the case of some respondents, physical effects coupled with other pressures had impacted on women's confidence and self-esteem. Participant's described feeling more sensitive, and less able to cope with the day-to-day demands of their relationships and routines:

Before I use to be so strong...and I guess when I became sick and pregnant and all that, that kind of like really softened me up and, because I couldn't do much for myself and I was like dependent on other people, and I've noticed that I cry so easily now over something little. ('Nasima': 22, 664-668)

> *And another thing...I'm getting too clean. I was clean before, but every day I need to wash the bathroom. I weren't like this before, every day and every time I come back from work I need to clean the house properly. ('Sharmila': 7, 238-241)*

Contrary to the rhetoric surrounding pregnancy, the analysis demonstrated that women in the study worried about the health and safety of their developing foetus, as well as the feeling of being responsible for its well-being. The data suggested that participants felt dazed and unprepared for the different changes, leading to some women believing they were incompetent:

> *I keep on thinking that once it's born and I have been told it's all right, it will be a big relief, 'cos...I always think that if there is something wrong it's going to be my fault, that I have not been eating properly, I have been sick so much and things like that. ('Nasima': 9, 264-267)*

> *Because it's the first time your not sort of, you don't know what's normal and what's, what's not. Like the slightest stomach pain it's like you just worry 'cos you think oh god something's wrong with the baby. ('Sangeeta': 8, 213-215)*

Findings suggested that women's emotional reactions to pregnancy were magnified by the strain of feeling that they should be perpetually happy about the prospect of becoming mothers:

> *Especially when you go to hospital. They always want to see you happy but sometimes you're feeling sick, and they think oh, I wish she'd be happy, she's [going] to be a mother. ('Sharmila': 17, 575-577)*

Implications for social relationships

In this category, the outcomes of the physical and psychological effects of pregnancy on women's relationships are explored. The results indicated that the experience of pregnancy had had a direct impact on pattern s of communication between participants and their partners or relatives, such that both parties were left feeling misunderstood and even alienated on occasions:

> *He was really upset you know with me, and I don't like it when he is sad. I can't see him upset. ('Yasmin': 8, 245-246)*

In addition, pregnancy was perceived to have consequences for women's social interactions by undermining valuable social and cultural roles:

> *You know when you can't do the ironing for them [partners] or something, they feel really let down and go 'you are leaving me out'. ('Yasmin': 8, 239-240)*

Therefore, procreation forced women to make a number of social and domestic adjustments which, as is demonstrated later, were at times detrimental to their experience of being supported during pregnancy.

Impact on communication

Participants indicated that the major physical and psychological challenges experienced during pregnancy had taken their toll on the marital relationship. This was particularly apparent in the area of shared understanding and meaning, and the ability to communicate ideas and experiences:

> *I think I probably make him [partner] feel isolated, because I think now because I am getting bigger he can see, see oh yes she is pregnant, there is a baby there, whereas in the beginning it was very hard for him to understand. ('Daxa': 3, 84-87)*

> *Its like your partner, you feel very I don't know, you don't feel like you know talking much about anything, and they feel really let down at times. ('Yasmin': 8, 237-238)*

The analysis suggested that not only were women's partners perceived to struggle in identifying with their experiences, but also other women who had not encountered similar difficulties in their pregnancies. Failing to find a common focus, therefore undermined women's sense of feeling understood and appreciated by their female relatives:

> *And his mum was really lucky in the sense that she never suffered from morning sickness. She can't understand, I mean like she had this conversation with my mum, but 'oh you know nobody in my family has had you know, been that sick'. And you think oh you know, you feel like you just can't turn to anybody. ('Daxa': 3, 88-92)*

> *And you know I'm pretty sure his mum thought I was putting it all on, I think 'cos none of his sister's have had vomiting this bad or she had never experienced anything in her pregnancy. ('Sangeeta': 13, 392-394)*

The experience of a problematic pregnancy was also observed to place restrictions on women's capacity to build and maintain important social links in their neighbourhood and community:

> *When I was really sick I just stayed in the house all the time, so I kind of lost contact with people. ('Nasima': 3, 82-83)*

Impact on roles and responsibilities

In the problematic version, pregnancy was portrayed as threatening culturally designated positions and responsibilities. It was also accused of jeopardising the roles and appointments through which women defined their identity and acquired self worth. The connotations of this for participants' social relationships were significant.

This was particularly evident from 'Yasmin's' story, although similar themes were also observed in the other accounts. In her case, pregnancy was construed as placing limitations on her capacity to perform domestic duties, due to a reduction in her energy levels. The tiredness associated with her condition was interpreted in very negative terms as 'laziness'. From studying the narrative, it is suggested that her explanations of her symptoms were such because they placed her reputation as a hard and committed worker at risk. This was particularly worrying given the value placed on the work ethos in her community. To be perceived as 'slacking' had implications for her social standing, and subsequently her experience of receiving recognition and support:

> *Well I mean, before I got pregnant I was very lively. I mean I could do anything you know. Right now what it is suddenly I become lazy, and I don't feel like getting up from the bed quickly...I mean [referring to before pregnancy] I was put as the well working hard girl you know, whose, well my parents are you know are very hard working, I use to go to work in the mornings and go back in the evenings. So I use to be very cheerful, still I am but I mean it's different. ('Yasmin': 2, 39-49)*

Other incidents where pregnancy was perceived to disrupt established and valued roles and responsibilities were located in nearly all of the accounts. These included participants' ability to continue with employment, persist with studies and uphold religious requirements:

> *Well at the moment I've finished now [work]...because I did all those hours and that, and that exhausted me out and they did, when they found out that I was pregnant they said that it would be better if we let go of you. ('Kamini': 3, 75-78)*

> *I think I missed quite a bit of [university course] last semester so, because I have missed my exams as well. And really I think I am more or less decided that I am going to defer the year. ('Sangeeta': 4, 91-93)*

I mean you have to pray five times a day, especially now that I am pregnant I find it so difficult. ('Nasima': 25, 751-752)

Isolation in pregnancy

In the analysis, the strain of pregnancy on participants' relationships, and their management of their roles and responsibilities was reported to have implications for their experience of social support. Where the physical and emotional changes of pregnancy appeared to spill over into women's social networks, isolation was encountered. However, the findings suggested that this experience was not universal to all participants, and that some were able to avoid these negative effects of their pregnancy, despite the consequences for their roles. A closer inspection of the data therefore, revealed that isolation in pregnancy tended to arise where women were already alienated by their existing social context. Factors mediating the social structures and positions that women had come to occupy have already been described in detail in earlier sections and will not be repeated here. Needless to say, the social, cultural and ideological context in which women lived appeared, in some instances, to exacerbate current problems and concerns relating to pregnancy and motherhood:

I don't know whether my mum's going to baby-sit or do things for me or whether she's going to come to my house to live with me and help me...It will be hard. I think I'll have to learn a lot of things on my own or through books...I would like to keep my tradition but if nobody tells me it's hard for me, I'll have to think for myself and do it. ('Kamini': 12, 3376-389)

I do wish you know, that I did have my own place, share it with my guy. At time to time it kicks and then I do wish my guy was here, and it's hard for me to ring his house 'cos his mum, she will just swear...and like 'cos things like when I get cravings and things like that, you know I can't get my dad to run out and get me something. ('Kamini': 9, 299-305)

Dissatisfaction with medical advice

In the problematic version, many women argued that antenatal care did not deliver knowledge or reassurance, and was ineffective for dealing with key aspects of their experience. They regarded the support provided by maternity care professionals to be inadequate:

The doctor hasn't explained anything...she just said 'oh I can't give you anything', that's all. She didn't even check me, and they are supposed to check you when you are pregnant. ('Sharmila': 2, 58-65)

I went to the doctor's surgery and I had an appointment with the midwife and I don't think she was very nice...and I thought god, she's a midwife she is suppose to be like nice to you. And you feel so hurt when someone has spoken to you disrespectfully. ('Nasima': 10, 282-290)

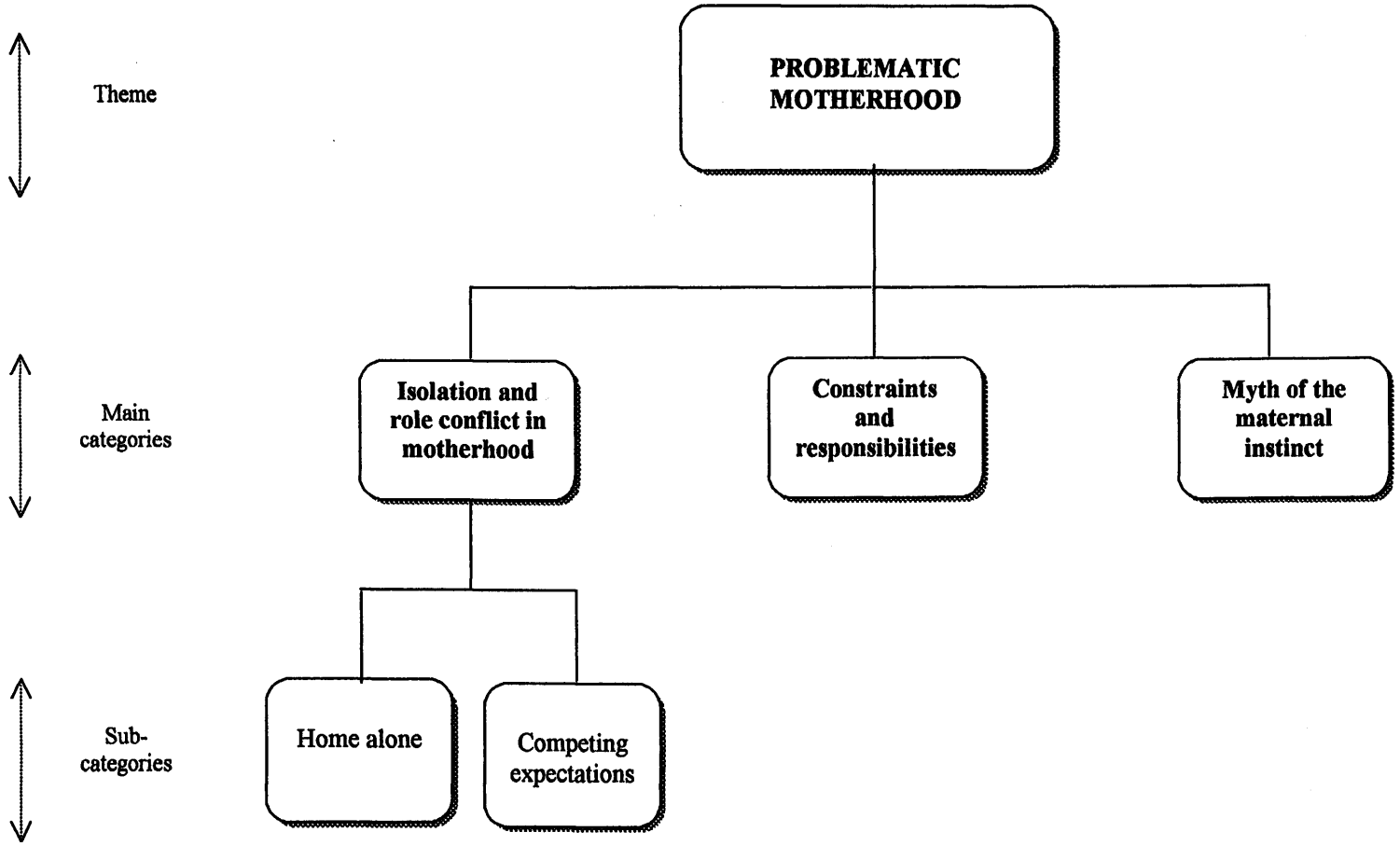
And their treatment to be incongruous with their position as new mothers:

I felt I didn't get a lot of information at the beginning, even when I was really sick I'd go back to the doctor day after day...but it was just the fact that you feel like you know there is no encouragement or there is no look, it's normal, no nothing. I think maybe [you need] a little bit of that, especially when it's your first pregnancy. ('Daxa': 26, 778-785)

Because they are doing the job for so long and they know it so much that you know if you haven't been around kids and not been around pregnant women, you don't, you won't know about certain things, especially the downs-syndrome test. ('Daxa': 13, 375-378)

FIGURE 3.6:

Map of categories contributing to 'Problematic motherhood'



PROBLEMATIC MOTHERHOOD

In the study, women were asked to describe their ideas and opinions concerning the stresses and strains of motherhood. From the analysis, it was apparent that there was significant overlap in the explanations given in this context, with those provided to later enquiries exploring the notion of postnatal depression. This would suggest that women have a good grasp of the difficulties associated with becoming mothers even if these are not automatically contextualised in terms of PND. Therefore, a brief overview of participants' expectations of impending motherhood is presented, followed by a more thorough discussion of their conceptualisations of distress in the postpartum.

Three higher order categories were identified in the data relating to problematic motherhood. These are described along with their associated sub-categories below.

Isolation and role conflict in motherhood

Predominant in participants' accounts, was the view that motherhood would be significantly more difficult if women were isolated and alone all day with the baby. It was clear from the accounts that while some suggestions were based on more general observations and ideas, others reflected a genuine concern drawn from women's own personal circumstances. At the heart of women's responses, was the recognition that being the sole carer of a new infant had the potential to create conflict in terms of other roles and responsibilities. Even more worryingly, respondents indicated that failure to perform their various functions and duties could possibly lead to even further isolation and rejection:

> *Like if you're alone, then it's a different case 'cos then being a mother is going to be hard...what you really need is some help in the house, 'cos then you can't take care of the kids, can't give time to the kids and take care of the house at the same time. ('Yasmin': 9, 262-268)*

In addition to anxieties about organising and maintaining their work load, participants spoke of the pressures they faced in handling competing expectations to meet the needs of both the baby, and their family and partner. This was exacerbated by the assumption made by these very individuals, that women should be able to cope with the different demands of mothering:

> *He's [partner] a bit jealous saying that 'oh, when I come home from work you won't show enough attention towards me 'cos the baby, the baby, everything will be the baby. ('Sharmila': 6, 177-178)*

In the following sub-categories, these ideas are illustrated further.

Home alone

Participants expressed their fears at being confined to the home and available full-time to nurse their new offspring. The role of mother was construed as taking over all aspects of women's life, and interfering with other tasks and domestic responsibilities:

> *I guess the stressful thing will be erm if it is crying all the time. You have to be there, you have to like, they can, I've heard they can be really demanding, so you have to like go for their needs and all that. ('Nasima': 11, 339-341)*

> *And obviously I would be at home on my own. I mean the first week, say couple of weeks there would be people around but again after that it's just me on my own. And then being at home all day afterwards with the baby, and then trying to run a house as well, you know cooking and cleaning. I think that will be quite frustrating, I don't think I will be able to cope. ('Daxa': 14, 423-427)*

Women were aware of the implications for their relationships of letting their roles and positions slide:

> *Well it's just that after the baby comes, in a way my mother-in-law's really nice...it's just that they need work, mainly work...[at the moment] I do all the work, she doesn't have to do anything, and after the baby comes some of the work will be left behind for her. I don't want her to start giving me grief for that. ('Sharmila' 1, 20-25)*

> *It's like they [mother-in-laws] expect you to put them first not the baby...I mean I am slightly worried about how it is going to affect our relationship. ('Sangeeta': 9, 264-271)*

Competing expectations

Participants demonstrated that becoming mothers would involve juggling the wishes of their partner and family, as well as their baby:

> *My husband mentioned, he goes you are not going to forget me will you after the baby is born. It's like you always want to say no, but in the back of your mind it's like I probably will, 'cos the baby's going to need so much attention, you know 'cos you are going to have to be there for it twenty four hours. ('Sangeeta': 9, 253-256)*

> *Yeah, 'cos I think, 'cos like the family will expect this, that and the other as well, so it's like you have got to try and please everyone at the same time as just having a baby in the house. ('Sangeeta': 9, 258-259)*

Participants' situations were further complicated by powerful messages that they should be multi-tasked, and skilled to administer the different expectations of them:

> *The problem with erm, I think the older generation is like they think oh, we have been through it so we know what it's like, and we never had these problems so you shouldn't be having these problems you know. They just automatically presume you are either putting it on or you are not capable. ('Sangeeta': 10, 285-288)*

Constraints and responsibilities

Motherhood was storied as incurring a number of restrictions and obligations, on the women interviewed. Contrary to popular beliefs, the changes required necessitated both effort and discipline in the process of preparing for this stage in women's lives.

Whereas women had typically been quite spontaneous, and had busy social lives, they recognised that motherhood involved greater planning and organisation:

> *I think it will make me a lot more responsible and, I mean I do it now I think twice about everything...and I have always been, we have been very social. We have been going out a lot. We always tend to go out at the weekend and that. And that is something I need to think, you know I think about it now, but I won't be able to do this if I had a baby. ('Daxa': 9, 253-259)*

> *I won't be able to do what I am doing now, like planning on going out. When I go shopping I just take my handbag and go out, that's not going to be possible. I like my sleep, that's going to be effected. Erm (.) basically all my freedom. ('Asha': 4, 96-98)*

In addition, motherhood was likely to have financial implications as women stayed at home to care for the children:

> *Even [working] part-time, it [having a baby] will change it financially, and if I give up completely, there is a lot of things that we would (.) you know do without or go without, in order for me to stay at home. ('Daxa': 9, 266-268)*

Myth of the maternal instinct

Participants experienced dissonance between their ideas and expectations of motherhood, and the commonly held stories to which they had become accustomed.

They described feeling apprehensive about their new role, and questioned their maturity to cope with the changes associated with it:

> *It's just a bit, am I going to be, and can I cope with it, because you know even though I am twenty eight I just, I still feel at some points I'm immature you know...it's just like, I just feel scared that oh my god, am I going to know what to do with this baby once it's actually here. ('Daxa': 13, 389-393)*

> *I mean I don't know what to expect, I really don't know what to expect. I mean I wish that somebody would, that there'd be someone who would tell me yeah this is what is going to happen. ('Nasima': 12, 343-346)*

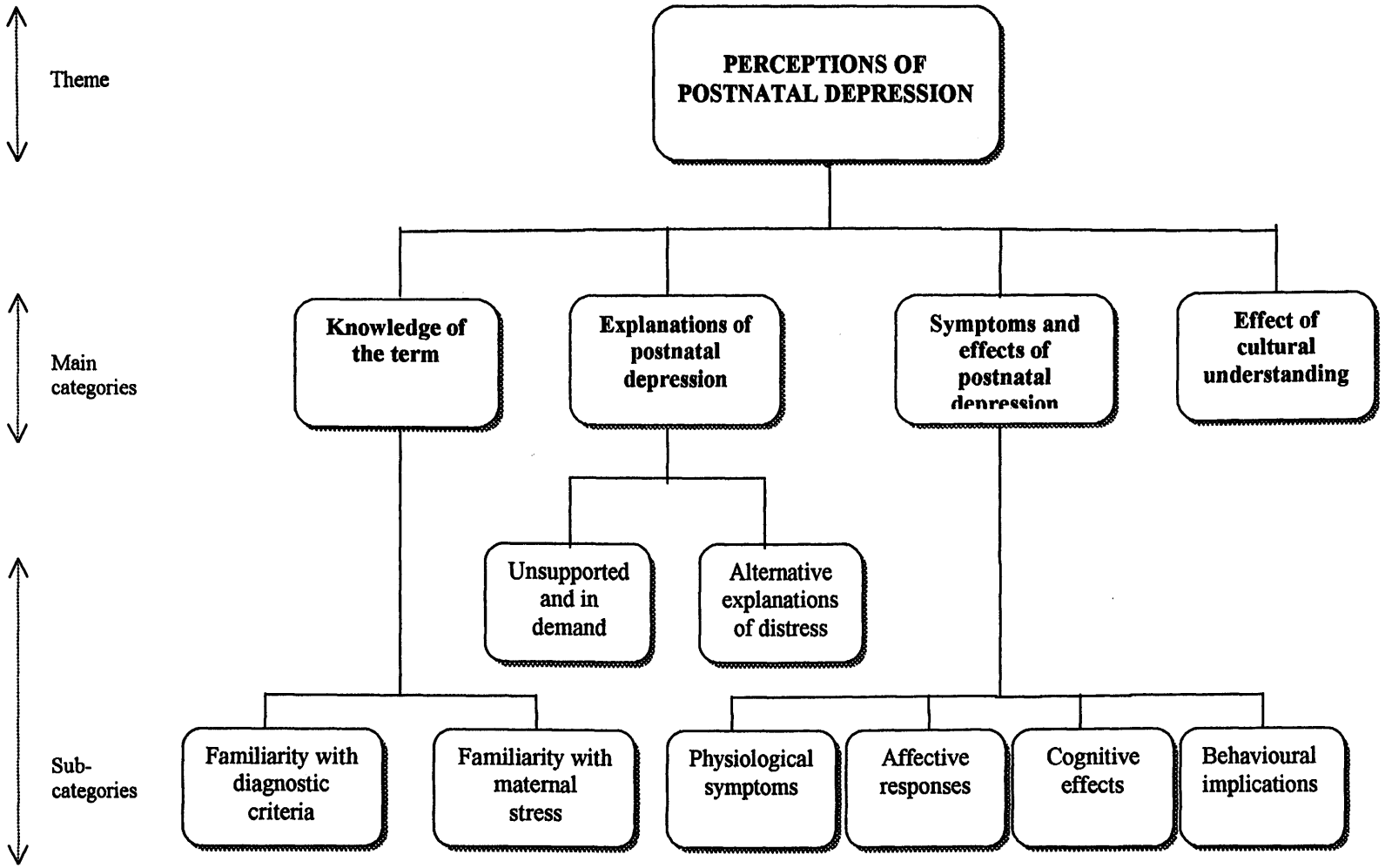
The data demonstrated that women felt controlled and constrained by the idea of a maternal instinct, which was alien to their experiences:

> *I think people keep saying 'oh, it comes naturally', but what if it doesn't come naturally to me. So I'm quite scared about, I'm you know, excited but also in a sense I'm very scared about being on my own and with the baby. ('Daxa': 14, 399-401)*

In this section, women's negative expectations of motherhood have been identified and labelled. In the following theme, women's knowledge, ideas and expectations of the diagnostic category of postnatal depression are described.

FIGURE 3.7:

Map of categories contributing to 'Perceptions of postnatal depression'



3.8 PERCEPTIONS OF POSTNATAL DEPRESSION

In attempting to understand participants' anxieties about the potentially negative effects of becoming mothers, the analysis sought to discover whether postnatal depression was useful in helping women make sense of distress in the postnatal period.

Four major categories were generated from the data. The findings demonstrated women's familiarity with and knowledge of the term postnatal depression, and emphasised their awareness of the likely onset and duration of the disorder. Participants' factual knowledge was then compared with their lay understanding of maternal stress.

The results also highlighted the types of explanations or interpretations typically associated with emotional difficulties following childbirth. In addition, participants' ideas of the symptoms and effects of developing postpartum distress were explored.

Finally, the analysis provided an insight into the different cultural explanations of distress in the postnatal period. This was particularly interesting when considering the factors influencing women's likely responses to postnatal depression.

Knowledge of the term

In the data, a distinction was identified between participants' comprehension of postnatal depression as a medical category, and their lay perceptions of distress.

Familiarity with diagnostic criteria

Participants were observed to hesitate when asked to demonstrate their knowledge of postnatal depression, and struggled to elaborate on a definition of the disorder:

> ***Can you describe what you think might be postnatal depression, what you think it might be?***
> *(.) I really don't know, I don't know. Like I say I don't really know much about it.*
> *('Kamini': 12, 405)*

> ***So have you ever heard of the term postnatal depression?***
> *I've heard of it, but I don't know what it means, I've heard of the word.*
> ***Can you have a guess, what do you think it might mean?***
> *It's a depression yeah, obviously! Is it after you have your baby or something*

like? ('Nasima': 12, 356-368)

So what do you mean by depressed?
Er I don't know, I mean like I don't know what it means actually. ('Yasmin': 9, 278)

With regards to an awareness of the onset and duration of postnatal distress, participants' responses were slightly better, although only one or two women responded with answers near to that reported in the literature. The following quotes highlight the variation in respondents' ideas, beginning with their knowledge of onset:

Do you know when after the birth, postnatal depression is most likely to start?
No. ('Kamini': 14, 450)

I don't know, about three weeks or maybe when all the excitement is like over. ('Nasima': 15, 448)

And following with their understanding of duration:

If a mother was to have postnatal depression, how long do you think a mother may feel like that?
I don't know. ('Asha':6, 170)

Well like I mean I don't know, but I've heard you can get it for anything up to two years. ('Daxa': 15, 455)

Familiarity with maternal stress

Participant's acquaintance with the diagnostic term and criteria was compared with their personal knowledge and awareness. As demonstrated, participant's understanding of the medical definition of postnatal depression was generally quite poor. However when asked to comment on the experiences of friends or relatives who had had children, women's knowledge and understanding appeared remarkably detailed in comparison. The data from this informal method of tapping into women's descriptions proved therefore, to be very rich, suggesting that in fact women hold a variety of frameworks for explaining distress in the postnatal period:

Erm one of my aunts was actually suffering from it I think. I mean she was like really depressed 'cos she couldn't get out of the house and stuff like her family were funny. ('Sangeeta': 11, 314-315)

She [a friend] had a two year old and a new born, and she wasn't really getting much help from her husband. So I think there was a lot in that situation. ('Daxa': 16, 469-470)

Erm my other sister-in-law...she's stressed out a bit you know, she finds it hard. ('Yasmin': 11, 314-317)
He's [sister-in-law's baby] been giving problems to her, he seems to find it really hard to sleep at night, really hard. ('Yasmin': 12, 359-360)

The results suggested that while postnatal depression was a medical story of distress in the postpartum, women in fact held a lay story of the difficulties experienced following childbirth.

Negative case

The data indicated that despite women's lack of familiarity with the diagnosis of postnatal depression, most were prepared to discuss it or consider its meaning and implications, at least at some level. 'Sharmila' however demonstrated a clear reluctance to speculate on these issues:

It's like you can't guarantee that now 'cos you're not on that stage yet, so we don't know what's going to come. ('Sharmila': 11, 353-354)

From her account, a discourse of hardship was observed to influence her decision not to reflect on the experience of having postnatal depression. It appeared that the prospect of developing this condition was a minor consideration, in comparison to other traumatic experiences endured as a child. As such it held no meaning for her at this point in time:

'Cos like when I was seventeen my dad passed away...I've been through a lot as well like people beating me up and being nasty to me...at the end of the day I had no happiness at all. In my head all I thought [was] patience, patience, and it was worth it, 'cos look where I am, with a happy family. Everybody's really nice, I've got a beautiful husband, really caring. ('Sharmila': 12, 359-378)

This case highlighted the importance of recognising individual characteristics such as strength and resilience, when considering those who may be susceptible to developing postnatal difficulties. It also raised the question of whether the sort of exploration of women's hypotheses and ideas attempted in this study was in fact useful. 'Sharmila' believed that too many people worried too frequently about their circumstances in today's society. She did not consider this self-absorption to be very healthy:

> *It's just little, little things affect people nowadays, and you just get depressed over it or you just worry, worry, worry and you're stressed and like my mum always says to me never keep a worry in your head. 'Cos depressed, you just get depressed straightaway 'cos if you keep worrying about one thing it's likely to happen. ('Sharmila': 9, 295-298)*

It was of course possible that she was reluctant to go in to detail because she was in fact afraid of developing the disorder herself. On the other hand, evidence suggests that a discourse of hiding or concealing difficulties is encouraged within the traditional context. Therefore, her approach to the subject may instead have reflected a stance that was in keeping with the cultural norm. To conclude, this example is in fact very useful for highlighting an alternative perspective, and broadening the researcher's understanding of why the topic of maternal distress is often avoided or obscured.

Explanations of postnatal distress

The data suggested that respondents held numerous ideas as to the likely precursors to distress. Participants appeared to draw on a variety of different sources in explaining their ideas, including observation of other mothers, common stories, and cultural messages, as well as readings of their own personal experiences and situations.

Being alone and isolated with the baby was identified as the key trigger to maternal difficulties:

> *You know when you are alone and you don't have anyone, you know you have to call someone around to help you out. ('Yasmin': 14, 414-415)*

Although it became apparent from women's stories, that in fact distress in the postpartum was likely to result from a number of events or circumstances. This discovery was based on evidence that no two participants gave exactly the same account of explanations or factors, influencing women's emotional state after childbirth.

What was clear however from the weight of women's responses, was that distress in the postnatal period was storied in terms of psychosocial problems or difficulties. This stood in contradiction to the medical understanding of postnatal depression, which storied it in terms of pathology.

In the following sub-categories, the explanation given the most attention in participants' accounts is described, followed by a summary of other ideas identified from the interviews.

Unsupported and in demand

Women's negative engagement with motherhood highlighted the role of social conditions in maternal distress. The explanations offered suggested that difficulties were more likely to arise in situations where new mothers were without company or support. Having others around had the benefit of diffusing potential anxieties around the newness of the experience, and facilitating the transition to motherhood:

> *I think that would be the main thing, if you haven't got a husband who is supportive, whose not understanding when you are crying and he doesn't comfort you...things like that would lead to depression I think. ('Nasima': 18, 537-540)*

These factors were also necessary to mediate other demands and pressures such as housework:

> *I mean they can't do the housework, they can't do anything else, they feel all let, you know everything's being let down. ('Yasmin': 10, 296-297)*

Without access to help, women anticipated they would struggle to manage the competing expectations facing them:

> *I mean it is gunna be difficult I don't know, to sort of balance relationships between everyone 'cos you let the husband down and stuff...I suppose you're continuously missing out on your work, you're not getting on as well, 'cos you don't feel support ('Sangeeta': 11, 326-332)*

From participants' expectations, it was clear that the experience of isolation was further aggravated by the supposition that women should be able to cope with the upheaval and change incurred through their new role:

> *If you're not getting no support of your family and you're not getting no affection from your guy or whatever you know. If everybody always thinks, thinks you can do it you know, that you're a superwoman or something like that, even though you're so down in the dumps. ('Kamini': 16, 523-526)*

> *Just 'cos you're a mother they think that you have got to do everything for the kids plus make sure the house is clean and the dinner's ready and you're husband's clothes are ironed...and it's like, it's hard d'you know what I mean. ('Kamini': 15, 482-485)*

The data highlighted participants' attitudes concerning their perceived vulnerability to becoming depressed following childbirth. It was noticeable from the dialogue that for some women the possibility of developing emotional difficulties postnatally, was a very real concern. The analysis suggested that women's beliefs regarding their disposition to maternal depression, was associated with their confidence in their current support mechanisms. It was implied from the findings that experiences of isolation, either prior to or during pregnancy, were implicated in women's explanations of postnatal depression:

> *I mean that is something I am really worried about because I know I can't turn to help from either side of the family. ('Sangeeta': 16, 467-468)*

> *I just regret being so far away from my family...it worries me that I hope, I hope nothing happens to me, that I don't feel too low. ('Asha': 7, 190-194)*

> *I keep on thinking what if I have a depression, I'll take it out on my baby and things like that. The other, the other thing I really worry about is er family problems, I keep on thinking what if it happened again. ('Nasima': 18, 542-544)*

Alternative explanations of distress

Respondents reported a range of other factors which may have triggered the experience of depression postnatally. These included having more than one child:

> *It's very hard for her...she has got two other kids...and when she [referring to the older of these children] sees that you know she's [the mother] taking care of the baby, it's like all the anger that she has got in her she takes it out on the mother. And that gets her [the mother] really angry at times, you know she gets really angry and she gets all stressed out. ('Yasmin': 11, 319-324)*

Being dissatisfied with the gender of the child:

> *You know some women can get really upset if they don't have the sex of the baby that they want...while I have been pregnant I have received comments you know, 'ah if you have a boy it will be really good' or you know, 'oh lets hope you have a boy'. ('Daxa': 16, 480-488)*

Experiencing complications in establishing a routine for the baby, and worrying over the baby's health:

> *You know they must be finding it hard when the baby doesn't, you know when they can't do something about it, when the baby's in pain and you don't know if it is pain or whether it's crying for milk or what. ('Yasmin': 12, 343-346)*

Several participants also commented that maternal stress was an understandable reaction to a major life event:

> *It's probably, you probably, your body's trying to get back to normal again or something like that, and your body's, everything is changing around you. ('Nasima': 12, 370-372)*

> *'Cos she can't fit in, 'cos everything is such a big change and a lot to handle. ('Sangeeta': 11, 311-312)*

Symptoms and effects of postnatal distress

It was not always obvious whether the identified triggers were the cause or the effect of postnatal difficulties. It was possible that what was perceived as a trigger to the problem could also have been regarded as a consequence of on-going distress. It was important therefore, not too automatically assume that there was a straightforward relationship between these variables and maternal depression.

Symptoms and consequences of postnatal distress fell into four sub-categories.

Physiological symptoms

The first titled "physiological symptoms", included a range of somatic complaints, in addition to lethargy and poor concentration:

> *That's sort of the main thing I think, pain and you know headaches and stuff like that. ('Yasmin': 16, 484-485)*

> *She feels really you know tired, and you can tell by her face, she's all knackered. ('Yasmin': 11, 329-330)*

> *They just don't want to do anything, just feel depressed all the time, just feel down. ('Asha': 5, 146)*

Affective responses

The second known as "affective responses", incorporated low mood, persistent crying, irritability and even anger:

> *Erm crying, shouting a lot you know at other people, taking it out on the baby especially. Erm just feeling frustrated I think. ('Daxa': 15, 443-444)*

May be they'd be moody you know, like shouting for nothing. ('Kamini': 13, 408)

I think, I mean that you just get upset over the slightest things. ('Sangeeta': 11, 323)

Cognitive effects

The third meanwhile was termed "cognitive effects", and encompassed feelings of guilt, incompetence and failure:

I suppose I would feel as if I had let the baby down...and I think I would also feel in the eyes of others that I'm not, I can't cope and I'm not capable of looking after the baby. I'd feel as if everybody doubted me. ('Daxa': 18, 531-537)

I think it, for me it would be I'd feel that I had failed in some way because I couldn't cope with having a baby, which is something you know women are made to believe that it should come naturally to them. ('Daxa': 18, 529-531)

She [participant's mother] felt like a failure that, she went, somehow she just felt like she wasn't doing enough. ('Nasima': 13, 381-382)

Behavioural implications

Finally, the fourth sub-category involved behavioural implications such as those on the early attachment, and the participant's relationship with her partner:

I think I would feel like I had missed out on the relationship with the baby at such an early stage. ('Daxa': 18, 534-535)

She [mother] use to say to me...her relationship with my dad was really bad 'cos she use to like push him away. ('Nasima': 13, 379-381)

And that's one of the things I am worried about 'cos...I get upset at the slightest thing any way and I suppose to be fair on my husband there is only so much he's gunna be able to put up with. ('Sangeeta': 11, 334-336)

Effect of cultural understanding

The analysis had demonstrated that women were aware of postnatal complications, and some individuals had even suggested that the prevalence rate may be quite high:

I think it is very common, 'cos I mean from what I think about it, it must be very common, 'cos nearly all the mothers have this thing. ('Yasmin': 11, 337-338)

It can be quite common I think. ('Asha': 6, 174)

Yet participants also recognised that maternal distress remained, for the large part, undetected and untreated:

I don't think it would be easy [to get help], only because you don't hear of, you don't hear of it a lot. I mean...you don't normally hear of anybody going into these things. ('Daxa': 21, 633-637)

Given that these problems appeared to be 'common knowledge', the question remains as to why they are consistently unidentified or concealed. Certainly, the terminology women used to describe these difficulties did not seem to reflect alternative cultural idioms of distress:

That's what they say, 'oh she's gone depressed, she's getting depressed or something', that's what they're saying. ('Sharmila': 11, 343-344)

From exploring the accounts it is suggested that the answer may lie in the different meaning or understanding ascribed to postnatal difficulties by the traditional culture. In women's narratives, postnatal depression was storied as not fitting with the culture's understanding of the postnatal experience:

I don't think erm maybe my in-laws would understand, like that generation. I don't think that generation would understand because they are not used to anything like that. But then I don't think they would recognise the problem anyway. ('Daxa': 21, 640-643)

I don't think that Indian people in the family...would understand the situation or the way I was feeling. ('Asha': 10, 282-284)

Participants indicated instead, that problems encountered post birth received either very derogatory interpretations, such as laziness and madness:

And you know something like postnatal depression is... just not recognised in a lot of Asian families and it is just something, oh god you're just getting out of doing work. ('Daxa': 19, 555-557)

They would probably give it a bad name, that she is losing her mind. ('Asha': 8, 229)

Or were normalised, and subsequently minimised:

> *I really think that they probably just like think yeah it's all normal you know, they just like wouldn't do anything about it. ('Nasima': 15, 439-440)*

> *I don't think anybody would take any notice. It would be a case of like yeah all right, if you say so. ('Kamini': 16, 531-532)*

As such, the analysis indicated that for some women there was a disparity between their constructions of distress in the postpartum and those of the culture:

> *I think with the Asian cultural people it's still you know, if you have got problems keep it to yourself kind of thing, whereas you shouldn't have that problem to start of with. ('Sangeeta': 14, 402-404)*

However, for those women who typically accessed support from the more traditional group, competing frameworks for understanding distress had the potential to leave new mothers isolated and alone:

> *It's just that some women have to go through so much, like they'll probably cry in a corner or something thinking that, oh god I do so much and I do this and I do that and nobody realises. ('Kamini': 13, 435-437)*

Given this dissonance between women's explanations and those of the culture, it is possible to see why there appeared to be a discourse of hiding distress in women's accounts:

> *I think erm in Asian women, a lot of Asian women do have it, but they disguise it really well. They try to hide it really well, so even if there were women out there, you wouldn't know 'cos some, they try to hide. ('Nasima': 16, 479-481)*

> *I think with the Asian culture people just hide it, I think you don't hear about it as much. ('Sangeeta': 15, 435-436)*

Hiding was a strong narrative in participants' explanations because of the importance placed on being seen as a natural and competent mother by the rest of the community. One's competence as a mother came to represent far more than a role, but something about them as a person:

> *Personally, I think it's because they fear what everybody else is going to say. You know the most thing with Asian culture is there scared of what people will say, what they will think of them. ('Sangeeta': 15, 438-440)*

Therefore, there was an understanding that women should not complain openly about their

difficulties, but conceal any evidence that they were struggling to cope with becoming mothers. Yet women's interpretations of the dominant cultural stories acted to constrain and regulate their opportunities for being understood, and for having their experiences validated. Participants perceived there was too much too lose by disclosing feelings to family or friends:

> *And it's like hard to tell someone of the older generation that this is a problem 'cos you know they are not going to understand. ('Sangeeta': 14, 406-407)*

> *Because I think with some Asian women even if they are down in the dumps like that, it's hard for them to turn around and explain and sort of like say anything to anybody in the family. ('Kamini': 16, 527-529)*

This was not to say however that previous generations of mothers didn't experience difficulties, but that the way they made sense of them and how they attempted to solve them was different:

> *The older people, people of like my mum's age, probably think erm like if something happened they wouldn't go to the doctor, they would just try to do something in the house and so it's like the home made medicines are the best. ('Asha': 11, 310-312)*

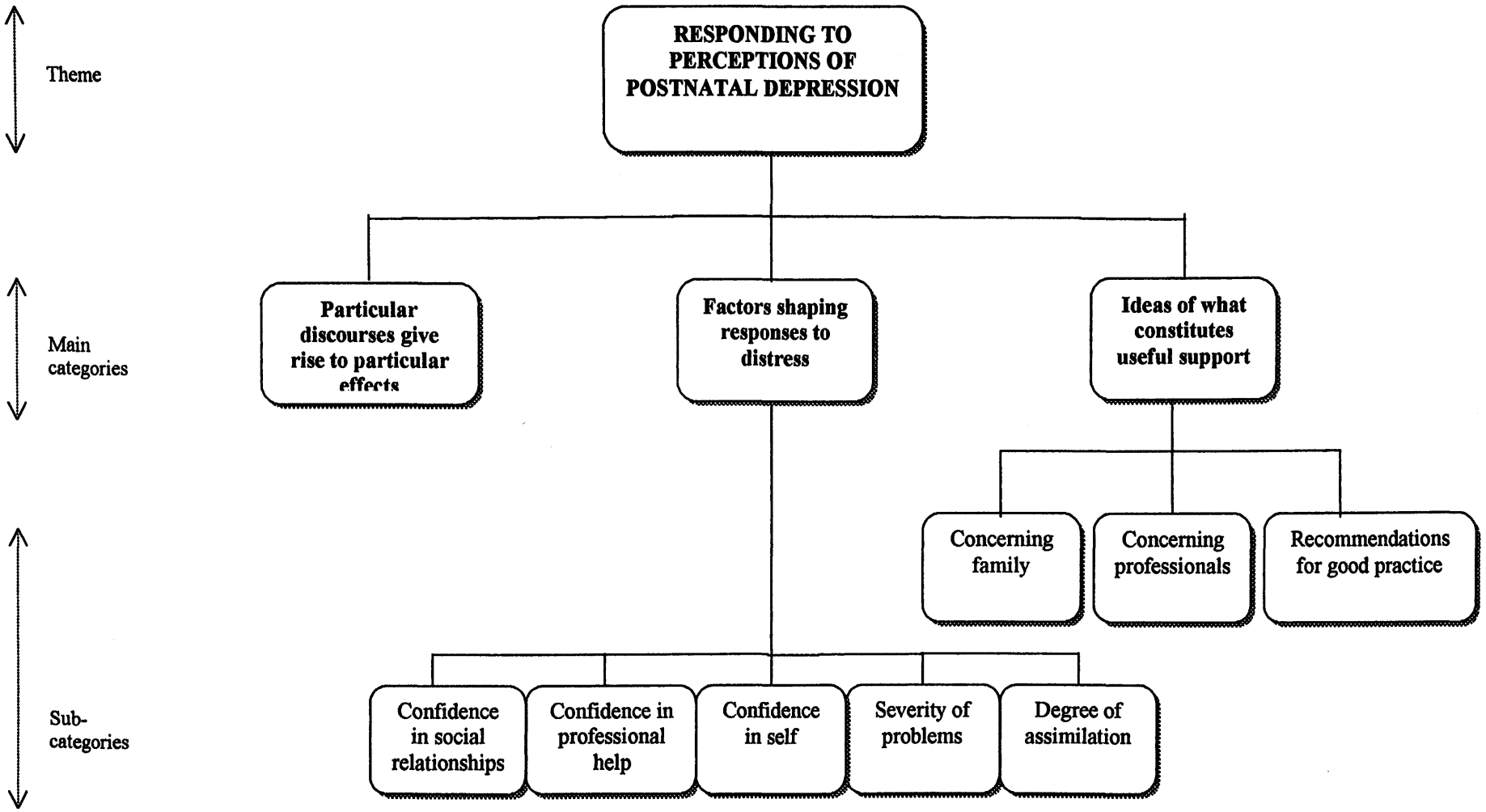
> *You know she's [participant's mother] gone through a lot of things, but she did it her own way, in such a way that she did it. ('Kamini': 16, 538-539)*

> *I think 'cos if you've been brought up that way you know, and from generations people have gone through in that way, I think that's the reason why more, more Indians don't tend to open up or like say too much to anybody...so I think some Indian women just get on with it. ('Kamini': 6, 188-192)*

In the following section, it is possible to see how popular cultural beliefs acted to shape the way in which women perceived they would respond to accounts of negative expectations.

FIGURE 3.8:

Map of categories contributing to 'Responding to perceptions of postnatal depression'



3.9 RESPONDING TO PERCEPTIONS OF POSTNATAL DEPRESSION

This theme demonstrates that particular discourses are likely to give rise to particular effects. Exposure to different viewpoints had shaped the way participants had come to conceptualise maternal distress. The analysis suggested that different conceptualisations had different approaches associated with them. Therefore, while some individuals were likely to seek advice and support from professional services, others preferred the help of their families. Yet as always, the picture was far more complicated than had initially been anticipated. The data revealed that there was a far more complex pattern of factors shaping women's responses than just the meaning attributed to postnatal distress. These included, firstly, the nature and quality of the relationship shared with the potential provider of care, and applied to both professionals and family members, secondly, the intensity of the problems and confidence in one's own capacity to manage these, and finally, the degree of acculturation and investment in the traditional and/or mainstream culture.

In the following categories and sub-categories, women's ideas and expectations concerning how to respond to postnatal difficulties are reviewed, alongside the various factors influencing their perceptions. Later on in this section it is possible to see that while considering help-seeking behaviour, the analysis identified a number of pre-requisites to the successful provision of support in the postpartum. By studying participants' perspectives on treatment, it was anticipated that the study would generate possible ideas for overcoming the problem of concealment by sufferers of postnatal depression.

Particular discourses give rise to particular effects

The analysis indicated that cultural explanations of distress were implicated in women's ideas, regarding their perceived response to emotional difficulties in the postpartum. While participants did not believe that their family or partners would forcibly prevent them from accessing help, familial and cultural expectations concerning their behaviour were key factors in the decision-making process. As will be demonstrated in the ensuing categories however, several other variables were also storied as interacting with this process. Therefore, the meaning attributed to distress was not the only factor responsible for determining women's response. Nevertheless, it continued to have a significant role in deciding whether the process of seeking external support was smooth and comfortable for the women concerned.

In the following statements, the variation in participants' feelings towards the culturally designated response to psychological problems is illustrated. In the first quote, it is possible to see the participant's frustration at the family's preference for not involving external services:

> *With my in-laws it's like if you have got any problems you shouldn't talk to anybody about it...And I think that's so stupid. I don't know why they are like that. ('Nasima': 23, 704-706)*

Whereas in the second of these, the respondent would appear to be in favour of keeping personal matters within the family:

> *Looking out you know erm, I just wouldn't like to go and ask for advice from anyone else. I prefer it from either my mum's family or from this family... you know you like to keep it inside, rather than you know spreading it out everywhere. ('Yasmin': 19, 568-578)*

For women of the former stance however, gaining approval from significant others to access help outside the family unit, was often slow in coming:

> ***How might other people...feel about you getting help from outside the family?*** *Erm I know [partner] doesn't believe in it...and [partner's] mum and dad, they would probably be the same, so will my mum. Because of their thinking, I don't think they would consider it. ('Asha': 10, 300-303)*

However, there were exceptions to this pattern, as will be explored in the next category.

Factors shaping responses to distress

A number of components were identified in the women's dialogue as mediating their perceptions of help-seeking:

> *Erm I think for the sort of help that you need it really depends on what has been happening. ('Sangeeta': 16, 489)*

These included the confidence they felt in their relationships, as well as in themselves. Further factors were the perceived severity of any problems experienced, and the degree of familiarity with Western services. These are now described in more depth.

Confidence in social relationships

The extent to which women's social resources were regarded to be a viable means of support depended on their historical importance and instrumental value:

> *I feel the first person I'd turn to is my mum definitely, 'cos I can talk any problems with my mum. I mean the first boyfriend I had when I was about fifteen...we broke up...so I went crying, crying to my mum. ('Nasima': 19, 573-576)*

> *Then I'd ask my mother-in-law 'cos she is really good at taking care of kids. ('Yasmin': 15, 465)*

As well as their ability to provide expressions of caring and esteem:

> *I have two sisters...both of them I feel I would be most comfortable talking too. ('Daxa': 21, 615-616)*

> *Yeah, mainly husband. We do talk about a lot of things you know, future and that. ('Sharmila': 14, 456)*

However, fragile and interfering family relationships, in addition to geographical distance were perceived as limiting opportunities for support and reassurance:

> *I couldn't do that [discuss problems] with my mum, I mean I think part of the problem there is (.), the relationship between me and my mother has never been close, and it's like 'oh I expect this from you'. ('Sangeeta': 14, 429-431)*

> *I don't feel my husband's family would understand, and I haven't got enough support here, whereas in London I have you know. ('Daxa': 508-509)*

Confidence in professional help

The nature and quality of participants' relationships with their GP and other professional agencies were also considered important, in determining the level of help and advice a woman could expect to receive:

> *There is a nurse, there is a nurse in the health surgery and she seems really friendly, so I feel if I did have any problems I'd probably turn to her. ('Nasima': 20, 614-615)*

> *There's a lot of classes going round in the [hospital]. I've got some leaflets as well...and I know they are willing to help as well, give you advice. ('Sharmila': 13, 413-415)*

I think I would probably go to the doctor first and talk to the doctor maybe. ('Daxa': 21, 619)

However, participants also reported previous negative experiences of consulting their GP and raised concerns regarding failed confidentiality and unprofessionalism, such as being patronised or rushed in the consultation:

I mean when I actually went to the GP to tell him erm I was pregnant, it's like he just referred me to the family planning clinic...I mean he didn't ask me questions or nothing and he just wrote this letter out for me...and he'd actually put [in the letter] oh she is not married and you know could you [referring to staff at clinic] advise her on terminations of pregnancy and it was like, it was just such a shock. ('Sangeeta': 17, 507-521)

'Cos I don't, there's one thing I don't want to do is go to the doctor, 'cos whenever I've been to the doctors I've always had the wrong advice. ('Yasmin': 18, 540-541)

Some respondents were sceptical as to whether their GP would recognise signs of distress straightaway:

Mmm I don't, I think you would have to go back quite a lot of times before maybe they would suggest it. ('Daxa': 21, 627-628)

Confidence in self

A further variable influencing health-related outcomes, was self-help. Participants indicated that they would wish to draw on their own internal qualities or characteristics in periods of difficulty, before turning to other sources. Examples of these attributes included patience, poise, prioritisation and organisation. The data suggested that possessing such traits helped to provide participants with strategies for dealing with stress:

'Cos I suppose, I'm not boasting but I've got the patience to handle things. ('Sharmila': 11, 356-357)

Erm I think, I think erm being strong means like erm to think straight (.) and er planning the future properly, and not to make erm, not to like do things without thinking. ('Nasima': 8, 228-230)

You know I'll do the housework but I'll try my best to keep the attention to that baby... I'd cool down a bit you know, I'd try to relax more. ('Yasmin': 15, 450-455)

Severity of problems

From the analysis, it appeared that the intensity or severity of postnatal difficulties was likely to influence the method of treatment or advice participants would seek, should they find themselves facing similar issues:

> *I think you have got to be at a really bad stage to you know, consider it. ('Sangeeta': 16, 490)*

> *Probably if it's really severe, someone from outside, a psychologist maybe or somebody like that. ('Nasima': 23, 693-694)*

In addition, participants' views regarding appropriate forms of help, were shaped firstly, by their knowledge or awareness of existing services:

> *I don't know, I don't know if there is any help, I mean there probably is you know, but you would need to like probably read leaflets and stuff to find out, or go to your doctor. ('Kamini': 17, 546-548)*

> *To tell you the truth I don't know anything at all. Nobody's been through that with me. ('Sharmila': 14, 443)*

And secondly, by the stage they were at in their reading around pregnancy and motherhood:

> *I mean we're going through my book at the moment and it probably will, 'cos it's right till later on, so I'm going through my book step-by-step so probably everything's in there d'you know what I mean? ('Kamini': 19, 631-633)*

Degree of assimilation

The meaning of help-seeking was variable according to how assimilated, and hence how familiar with Western maternity practices, participants and their families were. In an earlier section, it was suggested that the cultural context was particularly salient in influencing women's ideas and expectations. In cases where the traditional emphasis dominated therefore, it came of little surprise that accessing support from Western health services was deemed to be somewhat alien. However, the findings also demonstrated that there were exceptions to this rule such that some women, despite the inevitable opposition they faced, refuted the legacy left by previous generations and argued strongly for freedom of choice. The elevation of women in modern society was presented as evidence for why women should no longer be prepared to cope in silence, but have equal rights to health care as men:

> *For us we can go to the library, we can read a book, we know things you know, we learn from friends and that...and I think it's nice for us, I think it's nice for us to know, d'you know what I mean? ('Kamini': 10, 331-335)*

> *It's not like we can't go, we know like we've got help you know, we can go to a doctor, we can talk about it. ('Kamini': 16, 540541)*

In addition, some women, whose mothers were already integrated into Western society, were finding that their beliefs and perceptions were generally more accepted and supported. In other words, not all persons of an older generation necessarily advertised a more traditional response to distress in the postnatal period:

> *My mum was from here...so by the time she got married which was nineteen, her thinking was like erm different from my dad's, 'cos my dad came from India...My dad use to take all his frustration out on, he'd, he'd really beat her up and I, I mean I said to her why did you stay in the marriage. And she goes it wasn't that easy...she goes to me that with you, I would support you, but with her there was no support. ('Nasima': 16, 4944-507)*

Ideas of what constitutes useful support

Participants' accounts were rich with ideas and recommendations for meaningful and enabling support systems. For example, they highlighted the benefits to be gained from supportive relationships both with the family network and professional bodies. Suggestions were also made to promote the provision of effective and empowering support strategies by agencies working with Asian mothers:

> *I think it would be quite useful for, if there was a place where somebody could go and talk to somebody who...understands that there can be slightly different pressures on Asian women. ('Daxa': 18, 550-553)*

These findings are described in more depth in the ensuing sub-categories.

<u>Concerning family</u>

The advantages of having received support from family and friends included the assurance that delicate matters remained confidential, confidence that one's experiences would be affirmed and one's feelings appreciated, as well as assistance with tangible goods or tasks:

If he [partner] understands and says look I know what you're going through right, and I know it's difficult, I think it helps sometimes inside you to think oh look somebody actually appreciates you. ('Kamini': 14, 468-470)

I can leave the kid here [with other relatives] anytime and go off wherever I want. ('Yasmin': 5, 125-126)

Concerning professionals

It was argued that input by professional workers, which included doctors, nurses, social workers and midwives, provided not only expert knowledge and medical advice, but also anonymity and opportunities for referral to other specialists agencies:

Probably they will understand me better, they are professionals and they can give me the best er help. ('Asha': 10, 288-289)

I think it will just help talking to somebody you know, who doesn't know the full history...and to think to yourself right okay it's all privately done anyway. ('Kamini': 18, 605-607)

They could put you in touch with maybe somebody who could you know, give like support. ('Daxa': 21, 624-625)

Recommendations for good practice

Respondents also made several recommendations for good practice by staff and clinicians offering a service to Asian women. For example, they stressed the importance of services being designed to accommodate the needs of Asian women, and being sensitive to the different pressures and expectations faced by them:

Things are expected differently from an Asian woman, their family life is very, very a lot more intense, it's a lot more entwined with their in-laws family, so I think as long as that understanding is there. ('Daxa': 19, 559-562)

This would require professionals to avoid stereotypes and commonly held assumptions concerning Asian women:

I think they need to realise that you know not everybody has this many kids...or especially that you know our generation doesn't always want boys you know. Little things like that. I think sometimes they stereotype you and you feel a bit you know, you just feel a bit embarrassed. ('Daxa': 26, 794-797)

Service providers would also need to be familiar with the differences within the Asian population, as well as understanding how views may vary across the generations:

> *But also when you say Asian, it can, like my upbringing and a Muslim girl's upbringing will be completely different, so I think you need to sort of separate that. ('Daxa': 19, 571-573)*

Professionals would seek to offer alternative strategies for dealing with both health and social problems, other than through medication:

> *My mum had depression all the way and it was very hard for her because the doctors, whenever she went to the doctors, the doctors gave her all kinds of different tablets. They never said to her that you know relax or you know cool down...then talk to some kind of psychologist or some kind of person that can get you off this kind of thing. ('Yasmin': 20, 600-604)*

Participants also expressed ideas regarding the ideal location of services for new mothers. These included the hospital and community/neighbourhood. It was envisaged that the latter would be particularly suited to women who had restricted mobility or who spoke languages other that English, which may not have been catered for elsewhere.

> *I guess it would be good, it would be nice for them to, well a lot of women don't tend to go out d'you know what I mean...and they can like talk in their own language as well. ('Kamini': 17, 566-575)*

3.10 LINKS BETWEEN THE THEMES

In the opening section of this chapter it was argued that Asian women's beliefs about the different versions of pregnancy, motherhood and postnatal depression were shaped by their relationship to the competing models of womanhood. In the following account the links between the themes are explored more closely. While the purpose of the study was to provide an understanding of those factors or variables likely to influence women's ideas, rather than developing a framework for making predictions, there were clearly some instances where the relationships between the themes were evident; that is where notions of womanhood were used to interpret women's perceptions of motherhood.

In order to demonstrate the links between the themes, the theme of competing models of womanhood will initially be discussed in relation to the theme of different versions of pregnancy and motherhood, and subsequently in relation to the theme of perceptions of and responding to postnatal depression. Extracts from the transcripts are included to illustrate the links. Some of these extracts have already been used in previous descriptions of the results, but are repeated here to emphasise the different relationships between the themes.

Links with pregnancy and motherhood

There were several examples where competing versions of womanhood were important for understanding women's perceptions and expectations of pregnancy and motherhood. For instance, the findings highlighted the role of traditional cultural and religious expectations in women's decisions to have children, and how for some women these expectations clashed with their own ideas about becoming mothers:

> *Well I never wanted to be a mum, I never wanted to have a baby. I never wanted to get married. Erm I was suppose to get married, because that's what all Indian women does... Like everyone has forced me to have a baby. You don't get any choice. ('Asha': 13, 369-379)*

The effect of being situated in a traditional family structure, but holding non-traditional ideas, was important to consider when exploring 'Asha's' reflections of herself as a mother:

> *But inside me, until I got pregnant, it didn't bother me at all. There wasn't a need for, I didn't want a baby. ('Asha': 13, 374-375)*

In addition, women described their ideas about how to raise their children in terms of their feelings towards the different models of womanhood. For example, where women had become more assimilated with Western culture, and preferred a degree of independence from traditional cultural ideas and practices, this was mirrored in their beliefs about child rearing. In the following excerpt it is possible to see that 'Nasima's' expectations about mothering had been moulded by her appraisal of the traditional emphasis to involve the wider family in this process, and by her decision to take a stand contrary to this:

> *I am not going to change what I think. I'm gunna do what I want and I am going to bring up my child the way I want to, not let anyone influence how I bring it up. There's no way I am going to let it do that. ('Nasima': 5, 144-147)*

Perhaps the most interesting and plausible example of the relationship between the themes however, was found in women's discussions of the impact of pregnancy and motherhood on traditionally valued roles and responsibilities, and therefore on their perceptions of support during pregnancy:

> *Well I mean, before I got pregnant I was very lively. I mean I could do anything you know. Right now what it is suddenly I become lazy, and I don't feel like getting up from the bed quickly...I mean [referring to before pregnancy] I was put as the well working hard girl you know, whose, well my parents are you know are very hard working, I use to go to work in the mornings and go back in the evenings. So I use to be very cheerful, still I am but I mean it's different. ('Yasmin': 2, 39-49)*

Here, 'Yasmin' recognised that her pregnancy had made it difficult for her to continue to perform her culturally designated duties as a housewife. She was concerned that because the work ethos was highly valued in her family, being seen to neglect her duties could cause tension with her in-laws. As such her ideas about her pregnancy, and in particular how supported or accepted she was likely to be, were shaped by her relationship to the traditional version of womanhood.

There were a number of other examples of this relationship in women's stories, as demonstrated by the following quotes. The findings indicated that participants were anxious that the demands of motherhood could create conflict in terms of other traditional roles or expectations:

> *Well it's just that after the baby comes, in a way my mother-in-law's really*

> *nice...it's just that they need work, mainly work...[at the moment] I do all the work, she doesn't have to do anything, and after the baby comes some of the work will be left behind for her. I don't want her to start giving me grief for that. ('Sharmila' 1, 20-25)*

> *It's like they [mother-in-laws] expect you to put them first not the baby...I mean I am slightly worried about how it is going to affect our relationship. ('Sangeeta': 9, 264-271)*

Caring for a new-born baby was understood to be a full-time job, and thus to limit the opportunity and time available for other tasks. However, in the traditional version of womanhood, these tasks were important in defining the women's role and position in Asian society. From the text, women perceived there to be implications for their relationships and experience of support, when roles and responsibilities were allowed to slide.

Links with postnatal depression and help seeking

The findings suggested that women who were positioned in a traditional context, but who held a more non-traditional outlook, were likely to find themselves isolated within their social system. It appeared from participants' accounts that where women felt isolated, these experiences were implicated in both their explanations of postnatal depression, and their perceived vulnerability to it.

A number of explanations of postnatal distress were highlighted in women's accounts. By far the most popular explanation offered however, was the belief that difficulties were more likely to arise in situations where new mothers were alone, without support, and facing competing expectations:

> *I mean it is gunna be difficult I don't know, to sort of balance relationships between everyone 'cos you let the husband down and stuff...I suppose you're continuously missing out on your work, you're not getting on as well, 'cos you don't feel support ('Sangeeta': 11, 326-332)*

The analysis suggested that women who were isolated by inadequate social support tended to perceive themselves as more disposed to experiencing postnatal depression:

> *I mean that is something I am really worried about because I know I can't turn to help from either side of the family. ('Sangeeta': 16, 467-468)*

> *I keep on thinking what if I have a depression, I'll take it out on my baby and things like that. The other, the other thing I really worry about is er family problems, I keep on thinking what if it happened again. ('Nasima': 18, 542-544)*

As such, it is argued that women's perceptions of postnatal depression were influenced by the competing versions of womanhood.

Finally, participants perceived they would be more isolated because of the cultural meaning given to postnatal distress and patterns for responding to it. According to women's accounts, the preferred cultural response to emotional difficulties was to keep them to oneself and not involve external support. However, it appeared that the degree to which cultural expectations influenced women's ideas depended on processes of acculturation. Traditionally, women were expected to take a deferential position in relation to their elders, who upheld these ideas. Some women however, argued that these principles were out-dated and inconsistent with the ideas and practices to which they were now familiar. Yet, women who risked disobeying the cultural norm faced possible rejection, while following it had the potential to leave mothers to suffer alone. Once again, it is possible to see the importance of considering the competing models of womanhood, when seeking to understand women's beliefs about how to respond to negative experiences of motherhood:

> *I think with the Asian cultural people it's still you know, if you have got problems keep it to yourself kind of thing, whereas you shouldn't have that problem to start of with. ('Sangeeta': 14, 402-404)*

> *Because I think with some Asian women even if they are down in the dumps like that, it's hard for them to turn around and explain and sort of like say anything to anybody in the family. ('Kamini': 16, 527-529)*

Due to the complexity of the model and the practical constraints that exist, it is not possible to discuss every link between every theme. However, this section has identified the strongest links, which pertained to the story that emerged. It is nevertheless important to emphasise once again, the diversity and fluidity of women's ideas, such that different concerns appeared to dominate in different contexts and at different points in time.

4.0 DISCUSSION

4.1 Overview

The chapter begins with a brief summary of the research findings, followed by my interpretations of these. The results of the analysis are discussed in relation to the research questions outlined in the introductory chapter, and the existing literature in this area. The implications of the findings for clinicians and service organisers, as well as for psychological theory are examined. A critical evaluation of the different stages of the research process follows, including a review of those issues requiring further clarification. The chapter concludes with a summary of the personal impact of conducting the study, and recommendations for future research projects.

4.2 Summary of findings

Before the key findings from the data analysis are reviewed, a brief reminder of the research aims, and chosen methodology for addressing these is provided.

The study set out to develop a fuller understanding of Asian women's ideas and expectations of pregnancy and motherhood, including their perceptions of postnatal depression and views on help-seeking. Relatively few studies had explored this area previously, and there was a need for both more sensitive and more rigorous research endeavours in the field.

Data collection was by means of semi-structured interviews with seven, first-time expectant mothers of South Asian origin, from a variety of backgrounds. The methodology chosen to investigate the area was a social constructionist revision of grounded theory.

It was recognised that this study was unlikely to go as far as producing a substantive or formal theory. However, it was anticipated that by taking a woman-centred perspective, and providing a flexible, yet durable analysis (Charmaz, 1995), the study would develop sufficient knowledge to create a grounded account of the contexts of living and the subjective points of view of the

women investigated. It is possible that this would contribute to theoretical development in time.

Attention is now given to summarising the main findings of the analytic process. Interpretations and explanations for these may be found in the section following this.

The results suggested women's early perceptions of pregnancy, and expectations of motherhood may be understood in terms of two competing versions of motherhood. In one of these versions, motherhood was perceived as natural, fulfilling, and engendering a number of positive outcomes for new mothers. In the other however, it was construed as constraining, and threatening of valued roles and relationships. In the latter version, women's discomfort was intensified by discovering that the notion of the blooming mother, having an instinctive maternal quality was at times far-removed from their own experience.

Importantly, the analysis also revealed that there were several cultural and social factors, whose impact was pivotal, in understanding women's ideas and interpretations of pregnancy and motherhood. Broadly speaking, the findings indicated that women's beliefs were shaped by their relationship to two competing stories around womanhood. These stories were described as traditional and non-traditional.

The traditional version of womanhood incorporated traditional religious and cultural activities, appropriate to the role of women in Asian society, such as those of wife, mother and religious ambassador. The non-traditional position meanwhile represented a break away from traditional standards, and reflected instead a simultaneous process of modifying certain elements of the traditional repertory, while incorporating other aspects characteristic of the West. It is argued that the latter position may have also resulted in women being exposed not only to traditional cultural and religious discourses around motherhood, but to other mainstream perspectives on the mothering role as well.

Through developing the different categories and exploring the relationships between them, it was apparent however, that women did not reside permanently at one or the other of these positions, but moved between them as different concerns predominated. So for example, participants were observed to draw on traditional practices on some occasions, and Western attitudes or behaviours on others. It is suggested that the diversity in women's ideas was likely

to have had a corresponding effect on their constructions of pregnancy and motherhood, so that at certain times traditional religious-cultural aspects would have been more meaningful, and at other times Western opinions or concepts.

A similar pattern of findings was noted from women's perceptions of the positions occupied by their relatives, partners and friends. It had been assumed that there would be a clear distinction between where persons of the older and of the younger generations located themselves. Specifically, that the older generations would most likely be associated with the traditional model, and the younger generations with the non-traditional model. While, this was true to a large extent, there were clear exceptions to this principle, demonstrating that the process of identifying the pattern of factors responsible for mediating women's representations, was in fact very complex.

The analysis highlighted the implications for women where there was a lack of synchrony between the position or story with which they most strongly identified, and that favoured within the social context in which they lived. A common theme in participants' accounts was the experience of relating to a predominantly non-traditional version of womanhood, in a predominantly traditional social structure. In cases such as this, isolation and inadequate social support were significant features of women's experiences, and intergenerational discord not uncommon. The results suggested that the nature and quality of women's social situations and relations, which were related to their positions and roles, were implicated in women's interpretations of pregnancy and expectations of motherhood.

The analysis also explored the meaning of postnatal depression, and its usefulness and relevance for understanding emotional distress following childbirth. Although respondents demonstrated little disease-specific knowledge, the data pointed towards their holding a lay story of isolation and upheaval occurring during the transition to motherhood. The findings suggested therefore that the experience of depression in the postnatal months was construed less as an illness, and more as a reaction to a range of psychosocial factors. A particularly significant factor reported by women, was the effect of being alone with a new baby, and without support to manage the competing expectations facing them.

It appeared that women's perceptions of postnatal depression were also influenced by the different versions of womanhood. Tension between traditional discourses of motherhood and

women's rejection of the expectation to cope in silence, was observed to mediate participants' explanations of postpartum distress. Where women experienced difficulties in accessing social support or had little confidence in their support mechanisms, they seemed to regard themselves as having a greater disposition to maternal depression.

As part of exploring the meaning of postnatal depression, the research looked at participants' choices for dealing with the condition, should it arise. The findings generated, suggested there were several interacting factors involved in the process of deciding whether, and how to access help for maternal difficulties. These included not only the particular meaning attributed to postnatal distress, but also familiarity with Western services, and previous experiences of health professionals. In addition, the analysis indicated that women's perceptions were shaped by cultural patterns for responding to distress, which had their origins in traditional notions of womanhood and motherhood. It was demonstrated that the pressure to hide emotional difficulties or signs of struggling to adjust to motherhood had however, the potential to leave new mothers isolated and suffering alone.

4.3 Breakdown and interpretation of main findings

At the close of the Introduction chapter, a number of questions were presented to demonstrate the direction the research took. While the aim in qualitative research studies is to derive categories directly from the data, and not from preconceived hypotheses (Charmaz, 1995), these questions were still perceived to be a useful starting point from which to conduct the investigation. It is argued here, that these questions are also helpful as a method for framing the discussion of the findings. In this section therefore, the results of the analysis are explained and interpreted in the context of the research questions presented initially, while also drawing on literature and theoretical models developed to date, to expand and enrich this discussion. In particular, I shall be seeking to illustrate where the findings from the current study correspond with and are supported by those of existing studies, but also where they depart from the prevailing literature on the area.

The first three research questions sought to explore Asian women's ideas and perceptions of pregnancy, motherhood and postnatal depression, including their thoughts about how to respond to emotional distress following childbirth. The fourth question meanwhile, sought to investigate what social and cultural factors were pertinent in shaping women's

conceptualisations. As demonstrated in the above summary, contextual factors had a key role in moulding women's beliefs and attitudes. In order to provide an integrated and coherent explanation of the findings therefore, the factors responsible for framing women's ideas will be discussed in relation to each of the three broad areas (pregnancy/motherhood, postnatal depression, help-seeking), rather than being considered individually at the end. A review of the implications of the research for professionals working with Asian mothers is presented subsequently, thus addressing the final research question.

A point of note is that, as discussed earlier, the practice of making sense of one's findings is interpretative in nature, and as such is both artful and political. Denzin and Lincoln (1994) argue that "there is no single interpretive truth" (p.15). As such, the following is one interpretation of the findings, and other interpretations are possible. It is acknowledged that within the confines of the current research, it was not possible to comment on every category or aspect of the analysis. Instead, the key or most interesting findings are drawn out and interpreted.

4.3.1 Interpretation of findings concerning pregnancy and motherhood

The research was intended to explore how Asian women conceptualised pregnancy and motherhood. It was argued in the Introduction, that while several studies had demonstrated that expectations of motherhood was a significant and worthy area of investigation (Feldman & Nash, 1984; Hare-Mustin, Bennett & Broderick, 1983), few had explored exactly what these expectations were from the woman's perspective. This study suggested that Asian women's expectations of motherhood were multi-layered, and included both positive and negative perceptions and ideas. As such, participants appeared to hold ambivalent and at times, contradictory feelings concerning their pregnancy and the transition to motherhood. Their enthusiasm for their pregnancy co-existed with expectations of considerable anxiety and uncertainty.

These findings correspond with those of other studies focusing on the experiences of non-minority women. Parker (1997) has written extensively on the production of maternal ambivalence. She argues that ambivalence constitutes more than just the experience of mixed feelings, but is a state in which feelings of loving and hating the child exist simultaneously. However, accounts of maternal ambivalence are invariably considered to be a source of shame and an object of disbelief by the culture in which we live. Parker points to the irony of these

cultural assumptions; "much of the ubiquitous guilt mothers endure stems from difficulties in weathering the painful feelings evoked by experiencing maternal ambivalence in a culture that shies away from the existence of something it has helped to produce" (p.17). A number of researchers have concentrated on challenging the notion of maternal ambivalence as undesirable and abnormal (Barnes, 1992; Ussher, 1989; Nicolson, 1998; Parker, 1997), by arguing that cultural representations of good and bad mothers make women's positions untenable. Thus ambivalence is not an indication of deviancy or abnormality, but a reflection of the agents of socialisation.

In the current study, uncertainty regarding the transition to motherhood was particularly obvious where the ideology of the glowing, radiant mother was perceived to be at odds with the reality of persistent and overwhelming nausea during pregnancy. Woollett and Marshall (1997) criticise the way nausea and sickness are represented within medical accounts of pregnancy, as the normal unfolding of a physical process, common to the experience of early pregnancy in most women. They argue instead, to see nausea and sickness as part of a woman's embodied experience of pregnancy, having social and cultural importance. Certainly, the women in this study prioritised the topic of morning sickness as an area of discussion, suggesting this had significance for them. It seemed from their accounts, that particularly traumatic physical effects in early pregnancy were likely to increase apprehension, and shape women's expectations that problems would continue throughout the pregnancy course, and into motherhood.

While the disruption of nausea and sickness to women's health and well-being is by no means confined to the experiences of Asian women, there appeared to be differences in emphasis and meaning, reflecting cultural attitudes and ideas about pregnancy and women's roles, within this group. Woollett, Dosanjh, Nicolson, Marshall, Djhanbakhch and Hadlow (1995) observed that physical symptoms limited Asian women's activities and ability to perform domestic chores. In this study, restrictions on housework and other duties were viewed as threatening valuable roles and relationships, important to women's definition of self. Difficulties maintaining roles were construed as having implications for participant's experience of support.

The current study is important both in highlighting the possibility of maternal ambivalence in Asian women, and supporting the alternative perspective on the development of these feelings offered by researchers such as Parker (1997). However, as well as the perpetuation of the myth

of ideal motherhood by society, a number of other factors were suggested as contributing to the expression of ambivalence in women's discourses in this study. These included specific cultural and religious messages about the motherhood role, and the dissonance created by uneven levels of acculturation, where women were more assimilated with the ideas and values of the mainstream culture than those around them. However well-intentioned Western and feminist models of motherhood may be, acknowledging the role of other cultural determinants is necessary if overlooking differences in Asian cultures is to be avoided. Therefore, the impact of traditional cultural values in informing women's constructions is now considered.

In this study, participants' views were referenced against traditional cultural roles of women as housewives and mothers. Research has demonstrated that the structure and values of Asian Indian families is inherently different from Western European ones (Durvasula & Mylvaganam, 1994). Ideals of interdependence, deference and family honour are perceived as having historical importance, and guide the behaviour of individuals within the group (Lau, 1994). While in most societies, women are regarded as the main carers and nurturers of children even if they work outside the home, additional cultural and religious expectations faced by Asian women suggest that they are likely to feel doubly obligated to fulfil these roles.

Findings from the analysis indicated that not only did cultural systems place the burden of raising and caring for children almost exclusively on the mother, but religious systems demanded that women did this in such a way as to ensure that beliefs and practices were successfully passed onto the next generation. It is argued therefore, that participants experiencing ambivalence and internal conflict faced additional complications, in the form of expectations of others, including family, partners, the religion and the culture.

Several other factors were identified in women's accounts, as being responsible for mediating their perceptions and expectations. Among these, patterns of acculturation were particularly salient, and had implications for the use and experience of support in pregnancy and during the transition to motherhood. Studies have shown that individuals who have been socialised into the attitudes and norms of the resident culture, as well as raised with the beliefs and practices of the traditional culture, may be less likely to adhere to traditional expectations of them, and refuse to request or act on the advice of their elders (Rosenthal, 1984). The results of this research indicated that in some instances, the younger generations were perceived to have a different understanding of the discourses around motherhood than the older generations,

having experienced varying degrees of exposure to ideas current in the UK. For persons of the older generation, the preference was to maintain the traditional roles and expectations in spite of contact with the Western culture, although this did vary markedly. It was suggested that these generational variations in attitude may have contributed to family discord, and hence increased perceived barriers to social support. Segal (1991) states that an outcome of intergenerational discrepancy is that different family members become polarised, making effective communication and support difficult.

In this study, opposing positions regarding traditional motherhood were perceived to result in feelings of isolation. Sonuga-Barke, Mistry and Qureshi (1998) found that of the mothers they interviewed, increased rates of anxiety and depression were experienced where discordant world views were evident in families that had been assimilated into the dominant British culture. It is argued from the findings of this research, that the effects of isolation may have been implicated in women's ideas and perceptions of motherhood. It was interesting for example that women highlighted lack of support and role conflict, as potentially negative effects of motherhood when asked to comment on these. Woollett and Marshall (1997) note that the role of social relations within pregnancy, and particularly those between Asian women and their parents have tended not to be acknowledged or explored. In this respect, this study has made a contribution towards addressing this gap in the literature.

The findings demonstrated therefore, that a range of different factors influenced women's attitudes and constructs. However, the results also stressed the fluid nature of women's identities, such that several different components, from exposure to both Asian and Western culture, were integrated to create a sense of self. This is in keeping with the observations of Woollett, Marshall, Nicolson and Dosanjh (1994), who suggested that acculturation may be a fluid or dynamic process, which is more or less meaningful for individuals within different contexts, and at different points in their lives.

To conclude, the ideas and experiences described by the women in this study with reference to pregnancy and motherhood, may be understood within a structure of roles and expectations. Studying the different influences on women during the transition to motherhood provides an opportunity to explore the particular meaning of becoming a mother. It is argued that, while there are a number of similarities between this research and that conducted by Woollett *et al.* (1995), there are important differences in the focus and approach taken here. This suggests

that the current study may offer new insights into the lived experience of pregnancy, and perceptions of motherhood in Asian women.

4.3.2 Interpretation of findings concerning postnatal depression

This study examined Asian women's perceptions of postnatal depression. It offered the chance to see how Asian women understood, explained and proposed to respond to symptoms associated with depression following childbirth. Despite their usefulness, mainstream psychological models of postnatal depression have not adequately addressed the specific obstacles faced by ethnic minority women, or reflected their particular beliefs and ideas about this event. Jambunathan (1992), in her study of sociocultural factors in depression in Asian Indian women highlighted "the importance of providing culturally relevant and congruent care through a knowledge and understanding of client's belief systems" (p.269). A related case is made for determining Asian women's perceptions of postnatal depression.

The findings suggested that women's constructions of postnatal depression did not correspond with the emphasis given in some of the literature, relating postnatal problems to the physiology of childbirth and the postpartum. Instead, there was evidence from exploring women's accounts, for a psychosocial explanation of maternal distress. Explanations given by participants appeared to reflect those identified in studies of white women (Holden, 1996; McIntosh, 1993; Nicolson, 1992), as well as those given in Parvin and Jones' (1998) study of Asian women. Nicolson (1992) found that, of the respondents included in her study, none reported having the 'blues' or 'depression', despite being diagnosed as such. Yet each was able to give a detailed explanation of the events leading to their behaviour, such as adjusting to homecoming, and anxiety about childcare. The views expressed in the aforementioned studies, were canvassed from women who had or were experiencing postnatal depression. It was interesting that there was a consistency between these views and those of the participants in this study, who were describing possible future events.

Lee (1997) argues that explanations for postnatal depression are likely to be found in social arrangements, rather than characteristics of individual women. Certainly, the women in this study highlighted the frequent experience of loneliness and isolation, and the absence of assistance and support as being clear risk factors for postnatal depression. These was exacerbated by cultural, religious, social and familial expectations to be, as Ussher (1989) writes, "the archetype of the serene madonna, juxtaposed with the capable super-mum" (p.83),

not forgetting of course, the religious ambassador. It was little wonder that many women were disheartened by the thought of a reality, which was far from the ideal. It was important to be mindful however, that no one woman's ideas and perceptions of postnatal depression was matched entirely with another's. This suggests that there is a strong argument for taking an individualised approach when talking to mothers. As described later, recognising that all women are individuals and respecting that they will each have unique needs, ideas and choices, is imperative for good maternity practice (Marshall, 1992).

The analysis demonstrated that women had a good grasp of the difficulties associated with becoming mothers, even if these were not contextualised in terms of postnatal depression. However, this raised several questions regarding the appropriateness and indeed, usefulness of the label 'postnatal depression', to define the experiences of women during this period. It is argued that the diagnostic category postnatal depression puts women's experiences beyond what they themselves believe may cause them to feel distressed. Given the way postnatal depression has been socially constructed, it is postulated that this term may not allow conversations around the negative effects of motherhood to happen in a useful or meaningful way, and may make it difficult for women's aversive feelings to be detected and treated.

Nicolson (1998) discusses the possibility of rejecting the term altogether, in her writings on this matter. She nevertheless concludes that it is helpful to have the label 'postnatal depression', as this is an entity by which women can anchor their experiences, and which is uniformly observed, measured and treated, whenever the label is applied. Therefore, it seems that it is up to the individual practitioner to be especially vigilant, to bring out into the open issues that are not automatically presented.

In previous studies of postnatal depression in Asian women, it was implied that the disorder may not be meaningful because Asian groups use different idioms for the expression of emotional distress (Bostock, 1997a; Parvin & Jones, 1998; Westwood, Couloute, Desai, Matthew & Piper, 1989). The findings of this analysis indicated that in fact women did not use a distinctive language, but employed lay terms similar to those of their British peers to describe emotional problems (Rippere, 1981, cited in Furnham & Malik, 1994).

The results suggested however, that cultural and religious factors were responsible for shaping women's perceptions, for example the cultural interpretation given to distress or illness.

Despite participants in this study appearing more integrated with the beliefs and attitudes of Western society than the women recruited in Currer's (1986) study, similar themes of endurance and silence emerged across both studies, thus demonstrating the culturally designated approach to mental illness. The findings, therefore, highlighted the potential influence of culture on women's representations of maternal distress.

Another issue generated by the analysis, believed to be particularly salient in the construction of postnatal depression, was that of women's perceptions of their support systems. Dissatisfaction with or lack of social support is widely documented in the literature as being a precursor to developing postnatal depression (Collins, Dunkel-Schetter, Lobel & Scrimshaw, 1993; O'Hara, 1986). Fewer studies have focused on the relationship between social support and Asian women however, and it is argued that there are likely to be ethnic differences in the use, supply and experience of support. It would seem important therefore, when assessing women's ideas about postnatal difficulties to consider the particular social, cultural and ideological context in which they live.

Participants were concerned with both tangible and emotional components of support. It was noted from the analysis however, that the feasibility of seeking and utilising support from relatives depended to some extent on the similarity of views. Research is increasingly recognising that the extended family is not always the most ideal form of support for coping with psychological problems (Rao, Channabasavanna & Parthasarathy, 1984). The consequences of complicated family dynamics and relationship patterns, as well as intergenerational problems have already been alluded to in a previous section. However, the pressure and effects of being positioned within these structures have been insufficiently appreciated and studied. It is argued that in this study, isolation arose out of insufficient and inadequate support systems, resulting from conflicting cultural views. The experience of isolation was thus implicated in women's explanations and perceptions of postnatal depression.

4.3.3 Interpretation of findings concerning help-seeking for postnatal depression

In addition to investigating Asian women's interpretations of postnatal distress, the analysis explored women's ideas regarding the resolution of emotional difficulties following childbirth. The existing literature on help-seeking for postpartum problems is largely concerned with the attitudes of white, European subjects (see for example Whitton, Appleby & Warner, 1996). The findings of this study offered important insights into the views of ethnic minority women in

relation to professional interventions for postnatal depression. Furthermore, the results provided awareness of those concepts likely to be significant in shaping women's response to distress.

From examining the accounts, a key factor that was identified as influencing participants' ideas of how to resolve emotional difficulties, was knowledge of the preferred or accepted cultural response to distress. It was suggested that one of the reasons why few women ever got to the stage of seeking help for their problems was the expectation, from family and culture, that mental health issues should be concealed. This was especially true of postnatal depression, which carried the associated implication that the mother was failing in her duties and obligations. As one participant explained, having a child was a 'good thing' in her religion. Therefore, suggestions that she was unable to cope could effect the whole family's reputation, and reflect poorly on their moral and social standing within the community. The degree to which cultural expectations influenced women's ideas appeared to depend however on the processes of acculturation.

The role of cultural factors in help-seeking has been illustrated in some studies in the literature. Ng (1997) argues that culture can influence the recognition and labelling, treatment and course of mental illness. In his commentary, he discusses the issue of psychiatric stigma in Asian cultures, emphasising that the degree of stigma attributed to mental illness depends on the conceptualisation of the illness within the society, and in particular its effects on social function and identity. Takeuchi, Leaf and Kuo (1988) note that a major barrier inhibiting service utilisation in ethnic groups is stigma or shame. This includes both personal shame and group shame, the latter being defined as an experience of discomfort associated with the violation of social norms or expectations. Kirmayer (1989) also discusses the role of stigma in relation to mental illness, arguing that the stigma may affect the entire family unit and demands a collective response. These studies therefore support the suggestion within the current study's findings, that the probability of engaging in help-seeking for postnatal depression is likely to be mediated by cultural perceptions of mental health difficulties.

Other factors were also identified in the analysis as shaping respondents' choices, should they require help in the future. These included the degree of confidence in one's social support mechanisms, availability and suitability of professional services offered, and the perceived severity of the problem. An ideology of self-help was also demonstrated in the findings. The

notion of drawing on one's own resources may reflect the cultural prohibition of service uptake for emotional difficulties.

Findings from the analysis suggest that this study has made a significant contribution towards addressing both the broad research question, and the more specific aims and objectives outlined in the introductory chapter. Many of the outcomes of the current investigation resonate with key aspects of other studies, exploring women's perceptions and experiences of motherhood, postpartum difficulties and help seeking behaviour. Several factors have been identified as influential in shaping women's understanding and ideas about these different events. The next section attempts to address the other main research goal, that of determining the implications of the research for professionals working with Asian mothers.

4.4 Implications of research findings

Suggestions are made regarding the usefulness and relevance of the research findings for clinical practice, organisational issues and theory.

4.4.1 Clinical

This study has demonstrated the value of tapping into and accessing the ideas and expectations, perceptions and experiences of expectant Asian mother's concerning pregnancy, motherhood, postnatal depression and help-seeking. The results of the investigation present a strong case for greater input by health professionals and researchers in early pregnancy and during the transition to motherhood. Increased involvement in the antenatal period may be significant, both in providing more realistic education about the realities of motherhood, and in facilitating a preventative approach to postnatal depression by identifying potential risk factors. This may be especially important with regards to women from ethnic minority groups who have tended to be neglected by service providers and policy makers, as well as by those from the academic community. In the following discussion it is suggested therefore, that while the focus to date has tended to be on interventions for postnatal depression, additional benefits are likely if earlier interventions are planned and implemented while women are still pregnant.

Services for expectant and new mothers vary nationally. Typically, midwives are involved leading up to and immediately after the birth, while health visitors have a statutory requirement to visit by the tenth day after delivery (Holden, 1996). Attendance at antenatal, postnatal and

parentcraft classes fluctuates considerably across the population. Following the government White Paper, *The Health of the Nation* (1993), which set targets to improve the health and social functioning of people diagnosed as suffering from mental illness, increasing emphasis was given to training health visitors to detect and treat postnatal depression (Crocket, 1999; Holden, 1996). Crocket suggests that health visitors are in an ideal position to identify the first signs of depression following childbirth, given their early and on-going contact with the new mother. Clinical Psychologists have been instrumental in providing consultation, supervision and training in this area (Crocket, 1999).

Following The Asian Mother and Baby Campaign, health authorities were encouraged to recruit and train 'link workers' to improve communication between Asian mothers and health professionals, and to help families to become more fully aware of the services available, and of the reasons for using them (Bahl, 1987). The Campaign's objectives did not include the identification or prevention of postnatal depression. However, an initial report into an action research project conducted in Nottingham, indicated that the deployment of Asian 'link workers' could assist with the identification of women at risk of or suffering from maternal depression (Stoltz, Bostock, Sarwar & Marson, 1998).

This research asserts however, that there is scope for health visitors, midwives, 'link-workers' or other primary care workers to intervene even earlier in the pregnancy course, and offer strategies for supporting expectant mothers. Indeed, Stoltz *et al.* (1998) note that there is value in ascertaining the emotional, health and social needs of Asian women ante as well as post natally, both for the women themselves, and for the way services are delivered. In addition, given that the first half of pregnancy has been described as a period of disruption, followed by adaptation (Gloger-Tippelt, 1983), increased input would be well placed to ensure the optimal transition across phases. It is predicted therefore that intervening sooner rather than later is likely to have a number of advantages.

A programme of early intervention could have several different components. For example, engendering a forum for more meaningful discussion about motherhood, and providing more realistic role models to pregnant women. It is anticipated that that this approach would reduce the dissonance that is often experienced between idealised or romanticised notions of pregnancy and motherhood and the everyday reality of these events. Raising the profile of maternal ambivalence as a normal reaction to the upheaval of the mothering role, should be a

key part of this process. Certainly, there would appear to be a need for increasing recognition of the impact of nausea and sickness on women's functioning, their roles and relationships.

As well as challenging stereotypes of mothering, Nicolson (1989) suggests that there is a need in clinical research and practice, to reconceptualise depression following childbirth as a rational response to a period of fundamental change. She writes, "this is true whether or not the woman is pleased to be a mother. The fact that most are, compounds their confusion and guilt which may only be disentangled through this reconceptualisation" (p.18). Thus an early intervention package could also include discussion of Asian women's expectations of the postnatal months, and where necessary, alternative perspectives on these. Abraham and Sheeran (1997) argue that exploring perceptions is an extremely useful means of establishing representations of health threats.

Given the supremacy of the medical model however, it may still be necessary to inform women of the definitions and interpretations typically used by doctors and other medical professionals, to describe symptoms of depression following childbirth. This may be helpful in terms of preparing women for seeing medical staff, in the eventuality of problems occurring. A longer-term aim of course, would be to challenge the way clinicians talk about motherhood and postnatal depression with their patients. It is likely that ethnic minority women who have had minimal exposure to Western norms and attitudes, and who are less fluent in English, may particularly benefit from this approach.

A further advantage of intervening antenatally, includes the possibility of preventative work to identify potential risk factors to developing maternal depression. Tapping into individuals' perceived vulnerabilities at this stage, may reduce the likelihood of problems reaching a secondary or even tertiary level. Difficult and strained relationships within the extended family have been demonstrated to contribute to the feeling of isolation both in this study and others. Assessing women's support structures, as well as opportunities for additional support once the baby has arrived, may be important in facilitating a smoother transition to motherhood. For example, where there is a lack of supportive relationships or the breakdown in communication between family members is irreconcilable, then particular attention can be given to ensuring on-going professional support and to encouraging women to use primary care services.

Clinical Psychologists who are aware of the broader issues involved in pregnancy, childbirth and the postpartum, are likely to be well-equipped to provide teaching and training to community teams and hospital staff working with mothers (Nicolson, 1989), as well as to assist in devising and implementing a programme of antenatal intervention. In order that training is culturally appropriate, and sensitive to the needs of the women who it proposes to help however, it is recommended that the following variables are taken into account:

Individualised care, recognising cultural differences between and within groups

For service delivery to be effective, providers need to concentrate on listening to the individual's account of the issues important to them. This should help to engender a positive relationship between health carers and their patients, and to encourage women to feel that their particular needs are being respected and understood. The significance of adopting such an approach was evident in this study. Interviewing revealed that there was diversity in women's explanations of postnatal depression. Knowledge of individual discourses regarding the postnatal months could be crucial to the successful identification of postnatal difficulties.

An intuitive study involving a discourse analysis of the accounts of midwives and health visitors (Marshall, 1992), also demonstrates that individualised care is fundamental in eliminating practices that treat Asian mothers as a homogenous group. Marshall writes, "where carers draw on generalised assumptions, for instance that 'all Asian women' share certain preferences, to inform their practice, there are detrimental consequences for care receivers, which is inconsistent with any notion of meeting individual need" (p.213). Recognising diversity both within and between cultural sub-groups is therefore vital.

Awareness of religious and cultural beliefs and practices, including the influence of culture on women's responses to postnatal distress

Linked with the above point, there is a need in any training programme to understand different cultural and religious practices and expectations concerning the mothering role, as well as women's role more generally, within traditional Asian society. Encouraging professionals to avoid seeing Asian women's views and ideas as a 'problem', and creating difficulties for Western health practices, is critical if good maternity care is to be offered to all women. It is no longer acceptable that ethnic groups are expected to fit in with British services. Instead, health providers need to accommodate their practices to positively embrace difference, and reflect the multicultural, multiracial society in which we live. As was noted in women's accounts for

example, recognising in Asian cultures that the position of daughter-in-law carries implicit roles and expectations will be important, if dialogue between health carers and recipients is to be established.

This study also highlighted the effects of cultural beliefs about postnatal depression on women's perceptions and help-seeking behaviour. Furnham and Malik (1994) suggest that there is a need to target the tendency, within Asian communities, to stigmatise mental illness, which results in people denying their problems to the external world. It is argued that increasing awareness of services, and reducing the shame attached to emotional distress may facilitate more open communication concerning these issues, and thus greater opportunities for postnatal difficulties to be detected and treated. Ensuring that this is done respectfully and sensitively is imperative however, in order that a model of shared understanding is retained.

Family honour and interdependence

Education regarding the different philosophical foundations shaping Asian and Western cultures is likely to be useful when training practitioners, in order to understand the reasons behind the various beliefs and practices described above. It is important however, to be careful of falling into the trap of making stereotypical assumptions based on this knowledge. For example, interdependence within Asian families has been interpreted as a desire to support needy individuals in the community by the community. Yet, increasing evidence is suggesting that alternative support structures are now preferred. In this study, it was demonstrated that while traditionally help with pregnancy and childbirth is provided exclusively by females within the family, women's partners were also involved, and women appeared to value the support they gave.

The impact of acculturation

In addition to imparting knowledge regarding religious and cultural attitudes and behaviour, highlighting awareness of the processes of acculturation is also necessary, in ensuring a successful intervention. In this study, participants operated with different sets of beliefs and practices, based on Western norms and values as well as traditional ideas. Assessing the level of assimilation or integration with British culture, and in particular with British maternity services, is therefore critical if practitioner-client relationships are to work to their full potential. Professionals may also need to determine the degree of acculturation of the family, as this is likely to vary considerably. The evidence for this finding lies in the observation of

differences in opinion and ideas across the generations as well as between members of the same generation. Clinicians and researchers should not assume therefore that culture affects individuals in the same way.

The fluidity of women's choices

Researching the experience of women at the interface of two cultures has demonstrated the importance of being sensitive to the range of social, political, religious and cultural factors which impinge upon their lives, and accepting that these will change over time and context. Having insight into the effects of traditional and non-traditional practices is futile, unless an understanding is available of how women's identities and positions shift with different circumstances and events.

Lay Terminology

Professionals should possess enough flexibility to work alongside the client in defining problems, using terminology familiar to them. This may mean moving away from jargon or medical terms, and utilising alternative assessment procedures such as 'stresses and strains' of mothering, for identifying women's descriptions and explanations. A consequence of such changes in intervention, will be the empowering of clients. This outcome is particularly important for members of ethnic minority communities, and especially for women, who may already have feelings of helplessness, powerlessness and lack of control over their situations. Fostering communication and a shared ownership of problems, rather than medicalising problems, is also likely to have benefits in ensuring the quick detection of difficulties if women perceive they have someone in whom to confide.

The results of the current investigation suggest that the role of the family and the culture is instrumental to understanding the influences shaping women's perceptions and ideas. It is proposed therefore, that intervention needs to occur not only at the individual level, but also at the group level, as well as in the wider social context. When working with Asian clients, it is argued that a systemic approach should be considered (Durvasula & Mylvaganam, 1994). It is anticipated that this approach would help to ameliorate the communication gap between the generations, enabling them to appreciate and value each other's frameworks. Training practitioners to intervene antenatally using this model, is likely to also help break down historical suspicions regarding interference by services, and increase openness and trust.

An additional approach would be to use the principles of community psychology, which emphasise the importance of understanding and changing physical and social environments. Bostock (1997b) indicates that some community psychologists have integrated this perspective with feminist ideas to focus on oppression and depression among working-class and black women, and specifically to address these through social action therapy and the building of solidarity. Holland (1995) for example, describes a method of working with depressed women on a multiracial inner city estate. Through a series of steps she encouraged these women to change their view of themselves from patient to person, and ultimately to use their collective voice to demand changes in their community.

Within the context of help-seeking for postnatal depression, several suggestions were made in participants' accounts for good practice when working with Asian women experiencing postnatal difficulties. A brief description of these ideas, and there implications for services are now presented.

There has been much debate over whether therapists should share the same cultural background as their clients. Indeed, even among the women who participated in this study views relating to the matter of having counsellors from the same ethnic group as themselves varied. On the one hand, having a therapist from a different background was perceived to allow a greater degree of anonymity and, hence, more likelihood of an open-minded, non-judgmental approach, and on the other hand, to limit opportunities for shared understanding. Webb-Johnson (1991) argues that in order to provide a meaningful and valuable service for the Asian community, the client's preferences must be respected and the right of choice exercised. However, Krause and Miller (1995) note that "if clients from ethnic and cultural minority groups are always treated by health professionals from the same backgrounds, health service management and white professionals may find it easy to abdicate responsibility; inequality of health delivery may be promoted under the banner of equal opportunity" (p.154).

Whichever of these options is chosen, the findings of this investigation recognise the importance of certain therapist's variables in the process and outcome of therapy. These variables are also salient for other professional supporting mothers, throughout the pregnancy course. A successful relationship relies heavily on the therapist checking out the cultural themes and ideas of their clients for themselves. This is because cultural perspectives are not

something that can be easily read about and applied, but are frameworks or ideas which persons hold internally, and which are interpreted and re-interpreted according to the particular context.

Secondly, the therapist needs to be open to confronting their own prejudiced views and racist assumptions, as well as being mindful of how their cultural values may impose on their clients. For example, Durvasula and Mylvaganam (1994) point out that the strong value placed on family loyalty in the Asian Indian family may be misinterpreted as enmeshment, and pathological dependency by mental health professionals. Reflexive practice and regular supervision are two potential avenues through which negative stereotypes may be addressed.

4.4.2 Organisational

It is suggested that as part of developing and implementing a training programme to provide interventions antenatally, incorporating procedures through which to evaluate these initiatives should help to ensure good practice. This may involve assessing the usefulness and relevance of the programme for staff, as well as following trainees up to see what changes they have made in their practice. In addition, it would be informative to evaluate the impact of increased involvement by professionals from the point of view of the mothers themselves. It is not feasible within the confines of this report to elaborate further on a potential service evaluation. However, it is possible that this may be considered in more depth in a future research project. Marshall (1992) noted that the majority of carers in her study regarded a sound and professional practice to be one which was based on research.

It is likely that integrating additional ante and postnatal contact into service provision will require further planning and resources, and will necessitate changes in health policy if this is to be implemented systematically. However, investing in problem identification and solving from an early stage should contribute to the saving of both time and resources, in services that are persistently stretched to the limit.

The findings also demonstrate several important recommendations for the philosophy and organisation of services generally. Traditionally, statutory services have tended to clump ethnic minority clients together, and treat them as one group. The results of this study emphasise the diversity of interpretations and experiences among the women interviewed. Beliappa (1991) suggests that the planning of services for the Asian community should consider the different

needs of its members, based on gender and age differentiations. Professional services ought to be familiar with the issues facing different generations of women today, and related to this the changing political and social climate. This is especially true in the case of pregnancy and childbirth, which are socially sanctioned and defined processes.

Further implications of the analysis suggest that services for Asian women need to be locally available, well advertised, confidential and containing the flexibility to work on an individual or group level, according to the circumstances of those presenting.

Finally, it is argued that future service policy needs to focus on re-educating women, their partners and families, but most importantly the media and medical professions, as to acceptable and realistic expectations of motherhood. While this is not to undermine the joy of motherhood, its relevance is in allowing women who don't immediately have access to these feelings to be valued and respected.

4.4.3 Theoretical

Findings from the analysis indicate that this investigation has, through the use of a rigorous and systematic methodology, usefully addressed the gaps in the literature relating to Asian women's perceptions of motherhood, postnatal depression and help seeking. Previous studies have tended to employ quantitative methodologies to generate data. Such studies have typically ignored the voice of the individual whose world is being investigated. Qualitative research allows this voice to be heard, while still contributing to the theoretical aspects of psychological work. According to Smith (1995b), qualitative studies add to the broader discipline of psychology by "developing a corpus of detailed studies of individuals, illuminating and enriching the constructs psychologists use and aiding the development of theory" (p.125).

The results of this study are particularly helpful for highlighting the ideas and experiences of the current generation of Asian women. Early studies of ethnic minority populations have tended to generate stereotypes of Asian culture, which are now largely outdated. Existing paradigms that are used within the scientific community to refer to Asian people, appear to have little resonance with the day-to-day lives of those individuals born and raised in Britain. This study offers a new framework for understanding the relevant issues faced by Asian mothers today. It acknowledges both the impact of intergenerational expectations and family dynamics on women's conceptualisations, as well as the processes of acculturation.

It is recognised that this research has not produced a definitive model or theory. However, it may be argued that it is unrealistic to expect to define a complete theoretical framework from one study conducted within the constraints of a clinical doctorate. It is suggested instead, that this study presents a thick, descriptive account of the data that emerged. With continued category development and the on-going sampling of relevant cases, it is possible that this research may contribute to the generation of theory in the field in time.

4.5 Critical evaluation of the study

In this section, the research design and choice of method are critiqued, and issues of validity and reliability explored. Ideas on the transferability of findings are also presented, and a reflexive analysis of the different meanings brought to the research described.

4.5.1 Procedural critique:

While evaluating the proceedings of the study, a number of areas were identified as requiring further clarification. In the following discussion, my reflections on the process and outcomes of the research, including difficulties encountered along the way are outlined. In addition, possible suggestions for what could have been done differently are noted.

This critique of the research is presented in three sections. The first addresses issues relating to the sampling and recruitment of participants, the second, the timing of interviews and the interview schedule, and the third, the use of grounded theory.

Participant selection:

In the Methodology, it was demonstrated that the strategy adopted for selecting participants was one of convenience or accessibility. It is argued therefore, that in some respects this project did not follow the principles of grounded theory. However, other procedures of constant comparison, theoretical sensitivity, and simultaneous involvement in the processes of data collection and analysis were actively used. A better strategy for selecting participants may have been theoretical sampling. Theoretical sampling involves the deliberate sampling of new cases in order to provide depth to the developing framework (Pidgeon, 1996). As described earlier, this study did undertake one aspect of theoretical sampling, that of using the analytic insights gained from the emerging categories to refine or expand future questioning (Charmaz,

1995). A goal of future research however, would be to use theoretical sampling in its truest form, in order to account for further variation in the data. Despite the limitations of the method, the set of individuals that were recruited to the study provided sufficiently rich and complex data from which to produce a coherent and conceptually dense analysis.

As theoretical sampling was not fully utilised in the present study, it is unlikely that the categories were saturated. Similarly, the deliberate sampling of participants who did not fit the evolving conceptual system was not possible. It may have been beneficial to sample women who had lived in Britain for different lengths of time, as well as to locate and interview those women who chose not to attend the hospital for a scan. Recruiting in these areas may have helped to address possible gaps or weaknesses in the account that was generated. However, incidences of negative cases in the data were noted, and interpretations modified to account for them. This was an important indicator that all the relevant data had contributed to the results.

Although largely a sample of convenience, the participants selected were located in a range of different social spaces. This resulted from deliberate attempts by the research to recruit women who were of varying ages and marital status. In particular, the researcher had been active in obtaining a relatively equal number of participants from the Muslim and Hindu cultures. The population served by the hospital, from which women were recruited, consisted of roughly similar numbers of these two communities. As such, of those women eligible for the study, approximately half were Muslim and half were Hindu. It was felt important within the sample to ensure that both groups were adequately represented. It may be argued therefore that while the sample was homogenous in that all women were 'Asian', in fact a more accurate description of it was heterogeneous.

It is possible that the lack of homogeneity in religion or culture however, reduced the specificity of findings. Yet as has been emphasised throughout this study, both with reference to the findings of previous research and those generated here, level of acculturation appears to be more important as a source of variability in women's ideas than ethnic group. In addition, given the novelty surrounding this area, the study was designed to be exploratory, and therefore was concerned primarily with highlighting the major issues in the field. These could then be developed further by subsequent research endeavours, should this be felt to be appropriate. Future projects may wish to select a more homogenous group, to determine if the findings are generalisable across cultures, or whether certain differences between groups do

apply. It is likely that further studies will add to, rather than take away from, the understanding of the multiple constructions of the worlds in which participants live.

The selection criteria employed in this study necessitated that participants were able to converse in English. For the qualitative researcher there is a dilemma with using interpreters, of the subtleties and nuances in the accounts being missed. For this reason, and also the practical limitations of conducting the research, the decision not to use interpreters was taken. It is possible that by excluding women who could not speak English, the sampling procedures limited the opportunity to hear the views and opinions of the more traditional mothers, who had recently immigrated to Britain. This is a problematic issue within research and one for which there is not an easy solution. As a result, the ideas of the most vulnerable and disadvantaged members of the community are unfortunately often missed.

A final issue, relating to participant selection in this study, suggests a possible drawback with the research design. Women recruited may inadvertently have formed two groups; those who volunteered because they wished to be interviewed, and those who felt obliged to take part because they perceived that the interview was part of their routine medical care. Having potentially two groups of women may have influenced the explanations or interpretations that resulted. In other words, women believing that the study was part of hospital policy, may have approached the questions from a different angle, and conveyed their feelings to a health professional rather than an impartial researcher. Unfortunately, as participants were not asked about their reasons for agreeing to the study, it is difficult to know whether there was any truth in this suggestion. However, having completed a thorough and detailed analysis, no apparent difference was immediately obvious. In addition, all attempts were made at the recruitment stage to fully inform women about the purpose of the study, and my role in it.

Interviewing:

Women recruited to the study ranged from fifteen to twenty weeks pregnant. It is likely that interviewing women at this point in their pregnancy had implications for the data collected, and it is possible that an alternative timing may have generated a different outcome in the results. Gloger-Tippelt (1983) has described a process model of the pregnancy course, from which four phases may be distinguished. According to this model, participants had just moved from the disruption phase into the adaptation phase when they were interviewed. The centring and anticipation/preparation phases were still to follow. The disruption phases is characterised as a

period of biological, psychological and social upheaval. Gloger-Tippelt argues that "for most women, few events equal the initial pregnancy in terms of their multiplicity of demands" (p.138). In the adaptation phase meanwhile, the instability of the initial phase is replaced by relative calm.

It is possible that the experiences of early pregnancy were still fairly recent in women's minds, and that these therefore influenced the focus of the analysis. It could be argued that had women been interviewed later in pregnancy when physical and psychological well-being was at its greatest, the contents of the findings may have been quite different. For example, discussion of nausea, and elements of loss and anxiety may have been less prominent. However, the analysis suggested that a significant number of other issues were raised, that were likely to continue to be pertinent throughout pregnancy and beyond, such as the nature of women's social situations and relationships. Exploring women's constructions at this stage was still very valuable therefore. In addition, there would appear to be a strong argument for interviewing women around the initial pregnancy episode, given the potential impact of this period on women's perceptions and expectations of the rest of the pregnancy course.

A further potential criticism of the study relates to the content and structure of the interview schedule. It may be argued that the questions employed could have led participants towards responding in a certain way, and had they been constructed in an alternative form, the outcome may have been quite different. A related danger was that in using too many prompts on the interview schedule, the interviewer may have been overly guided by these to the detriment of participants' own concerns being expressed. Mason (1996) argues that qualitative researchers do not usually have a script of questions, but formulate appropriate questions there and then. In hindsight for example, it is possible that consistently asking women what they 'had enjoyed about being pregnant so far', was too presumptuous, leading them to believe that they had to find positives in their experiences, even if this wasn't the case. However, as the findings demonstrated women expounded a whole range of physical, emotional and practical effects of being pregnant. It is possible therefore that it was not only the interview questions, but also the personal style of the researcher in providing a warm and open forum, that enabled the full extent of experiences to be elicited.

Mason (1996) suggests that "it is important not to underestimate the reflexive challenge posed by analysing your own role within the research process" (p.41). This highlights therefore the

difficulty in understanding to what degree the interview schedule may have led participants' responses. In conclusion, this was a first attempt at a qualitative research project, and inevitably lessons must be learnt in order to improve standards and rigour in the future.

Grounded Theory methodology:

The advantages and disadvantages of grounded theory were outlined in an earlier chapter of this report and will not be repeated in detail here. In brief, while demonstrating a valuable approach to qualitative data, it would appear that the grounded theory technique has positivistic underpinnings. In this present study, epistemological considerations led to the adoption of a social constructionist reformulation of grounded theory. This approach has a desire to subvert the notion of reified truth, preferring instead to see what is said about the world as a product of shared conventions of discourses (McNamee & Gergen, 1992). Thus, it was recognised that "we do not derive our understandings of behaviour in a kind of objective vacuum" (Harper and Warner, 1993, p.73), and instead, that the positions or viewpoints from which we speak will contribute to the ways in which experience is constructed. As such, reality is jointly produced through the interdependent relationship of the researcher and researched.

Despite the importance and relevance of the researcher's own perspective, a challenge identified in this study, was how to ensure that the researcher moved away from preconceived ideas, in order to develop as much as possible the perspective of those being studied. Otherwise as Silverman (1993) argues, grounded theory can degenerate into a mere smoke-screen for legitimising the implicit theories of the researcher. In order to 'bracket' existing theory and the researcher's own values, it was necessary to engage in self-reflective practice (Elliott, Fischer & Rennie, 1999), as well as the systematic use of procedures to enhance validity and reliability. The extent to which the researcher was able to negotiate this challenge by using these methods is outlined in the following sections.

Finally, a number of researchers warn of the need to be cautious when opting for a social constructionist position. Harre (1997) stresses the importance of identifying the boundaries of 'sense-making', in order to avoid slipping into radical relativism. Similarly, Miller and Glassner (1997) recommend a healthy suspicion of propositions claiming that interviews are meaningless beyond the context in which they occur. In this study, a more moderate school of social constructionism was adopted in order that the benefits of the approach could be realised and at

the same time, the hazards avoided. Future psychological projects using a social constructionist revision of grounded theory may benefit from an understanding of these issues.

4.5.2 Validity and reliability

Validity and reliability were introduced in chapter two of this report, where it was argued that the specific techniques of securing these criteria within qualitative studies are different to those in quantitative research. Their importance for methodological soundness however, has been firmly stated (Perakyla, 1997). The extent to which the data in the current study can be judged to be reliable and valid is now considered.

Validity:

Flick (1998) argues that the assessment of the validity of qualitative research turns into the assessment of how far the researcher's constructions are grounded in the constructions of those whom he or she studied. One method of specifying validity that was employed in this study, was the establishment of the *internal coherence* of the thematic argument that had evolved. This involved identifying whether or not the final account was comprehensive, and fitted with the investigator's and participants' theory and belief systems.

Stiles (1993) suggests that in order to achieve coherence, researchers need to be tough-minded and look for something wrong in the data, a scenario which he calls the 'doubting game'. In this study, the outcomes of the analysis were thoroughly and repeatedly inspected, to ensure any loose ends or ambiguities in the data were sufficiently dealt with. Internal consistency was also sought by repeating the categorisation process within the qualitative research support group.

A further mechanism through which the authenticity of a particular piece of research may be addressed is exposure of one self to multiple perspectives and sources (Kirk & Miller, 1986). This is more commonly referred to as the *triangulation* of data, of which several different types have been identified. These include investigator triangulation, which involves recruiting a number of different observers to detect any biases resulting from the researcher, and methodological triangulation, which necessitates employing two or more strategies for gathering data (Denzin, 1989). According to Flick (1998), the strengths of triangulation lie in its ability to "increase the scope, depth and consistency of methodological proceedings" (p.230).

Within the confines of the present report opportunities for triangulation were limited. The study could therefore be criticised for failing to incorporate these methods in facilitating richer and potentially more valid interpretations. However, Tindall (1994) discusses the use of theoretical triangulation, which would appear to reflect efforts in this investigation to draw on more than one theory in framing an explanation of the findings. Literature gained in other disciplines such as sociology, anthropology, cross-cultural research and feminist theory have enhanced insights and critical awareness in the current study. Strauss and Corbin (1990) argue that referencing the literature when writing up findings can give validation of the accuracy of findings.

Respondent validation is yet another avenue through which validity may be assessed. This is a controversial area as highlighted by Miller and Glassner (1997), who point to claims by some researchers that narratives or interviews are context-specific, and as such represent nothing beyond that in which they occur. For epistemological reasons therefore, as well as time constraints, respondent validation was not conducted in this study. However, some of the earlier findings were shared with later respondents, and their feedback incorporated into the on-going development of categories. Thus, this procedure assisted in validating the analytic process.

Finally, *constant comparison* and the *exploration of negative cases* were further methods by which the credibility of the research was evaluated in this study.

Reliability:

Dependability was checked through mechanisms of auditing, including process notes and diagrams, memos and the keeping of a reflexive journal. In addition, the analytic procedures used in the study were clearly documented, to ensure that potential readers were familiar with how the account was arrived at, and able to replicate the process should they wish to take the research further.

4.5.3 Generalisabilty/ Transferability

The parameters of transferability suggest that the findings of one study may apply to a second population, believed or presumed sufficiently similar to the first (Marshall & Rossman, 1995). It is argued that the conceptual framework that emerged from this research may be transferred to a similar group of women, experiencing similar circumstances. In other words, the ideas and

perceptions of the women featured here may be appropriate to understand those of other pregnant Asian women who have resided in the United Kingdom consistently from an early age.

4.5.4 Reflexivity

A central component of qualitative research is that of reflexivity. According to Parker (1994), "a reflexive analysis respects the different meanings brought to the research by researcher and volunteer ... characteristics, whether of the situation or the person, are treated as valued resources rather than factors that must be screened out" (p.14). Operating within such a paradigm requires researchers to acknowledge how their interests and assumptions might influence the process of research, as well as the impact the research might have in triggering personal change. King (1996) draws on Gergen and Gergen's (1991) work in emphasising one of the most significant features of reflexivity, that of addressing the power imbalance between the researcher and researched. An awareness and interaction with the dynamics of power in research can avoid social stereotyping, and open up more critical reflection.

The researcher was of the same gender and of a similar age group to the participants included in the study. Comparisons of socio-economic status varied across participants, such that the researcher's position was considered to be either the same as or higher than the women interviewed. It is likely that the researcher was perceived to have had more opportunities in terms of education than most of the participants. As such she may have been viewed as being in a more privileged position. Efforts were made to minimise the effects of potential inequalities of power within the research relationship, by ensuring that the principles of empathy and positive regard were observed. Respondents were also encouraged to view themselves as the experts of their own worlds.

A likely factor influencing participants' perceptions of the understanding held by the researcher was ethnicity. As the researcher was white Anglo-British, it is possible that participants either over compensated in their explanations, or chose not to disclose issues that they felt the researcher would not relate to, or consider irrelevant. The approach adopted to overcome these difficulties was to explain to participants that while her position was not one of total naiveté, the researcher was interested in learning of any aspects of their culture and ethnicity that they wished to share. It was felt that as many of the participants were integrated or at least familiar with Western values, there was significant common ground from which to build a

trusting relationship. Finally, the researcher did not have children and was not pregnant at the point of data collection. Some women may have found that had the researcher been pregnant it may have increased the likelihood of a shared understanding.

Nicolson (1998) highlights the need to explore one's personal action as a researcher, in order to understand the research processes. My own reasons for conducting this research were twofold. Firstly, they were personal - a strong interest in the subject matter of Asian women, motherhood and postnatal depression, and secondly they were concerned with my desire to obtain a Doctorate in Clinical Psychology. In terms of the latter therefore, my emphasis was on identifying the implications of my analysis and making recommendations for future psychological theory. It is important that the multi-layered aspect of the researcher's goals for carrying out a study, are made transparent, as these objectives will inevitably drive the direction the research takes.

Bhavnani (1988) suggests that by defining the research, the researcher has power in relation to those investigated. As such, decisions relating to what is peripheral or irrelevant in the analysis lie with the researcher alone. Acknowledging the aims of the proposed research is useful, for recognising where further endeavours are necessary to reduce the likelihood of participants becoming dis-empowered.

In discussing reflexivity, it is helpful to comment on the personal impact of the research process, as well as to reflect on the experience of being interviewed for the participants. While I originally perceived the interviewing process as a data-collection exercise, I recognise that my outlook and sense of engagement with participants changed over the course of the research. I began to find the experience very rewarding, and felt privileged to have such an intimate access to participants' ideas, feelings and ultimately, their lives. As the interview progressed, I was aware that an alliance was being built between myself and the participant, and a feeling of obligation for their well-being was formed.

Since finishing the interviews, I have found that the experience of conducting this study has had a significant impact on my clinical work. In particular, it has enhanced my assessment skills, and specifically the way in which I ask questions of my clients and pursue relevant areas. In addition, it has reaffirmed my interest in the systemic model, and the influence of the wider social and political context on clients' constructions.

Following each interview, a period of debriefing was held with the participant, of which one of the aims was to reflect on the content of the interview and the interviewing process for them. Participants welcomed the experience of being interviewed, and felt it had provided them with the opportunity to vent a lot of feelings and emotions that they might otherwise have held on to. Many said that they had found the interview thought-provoking, and that it had caused them to evaluate their own views concerning motherhood and postnatal depression. Others described it as having been educational, demonstrating that there were options available for those women experiencing difficulties. Participants were also keen that the results be used to improve service provision and challenge stereotypical attitudes towards Asian women. Overall, the interview was deemed to be a positive and on occasions even therapeutic experience, for these women.

4.6 Recommendations for future research

From the analysis, a number of suggestions are made regarding future directions for research. These include both revisions and expansions of the present study, and new investigations inspired by the results. One recommendation is for a longitudinal study of Asian mothers from pregnancy to childbirth, and throughout the postnatal months. This would determine the way in which women's perceptions change over time and context. Secondly, it would appear beneficial to explore the ideas and opinions of relatives and partners of these women, to ascertain their perspectives on motherhood and postnatal depression. Further studies may wish to focus on some of the implications of the findings, such as developing and evaluating a training programme for health visitors and midwives, for intervening ante as well as post natally. As mentioned earlier, it may also be helpful to investigate whether specific differences do exist in women's ideas and interpretations between ethnic groups.

Finally, given the exploratory nature of this study, it would be useful to develop some of the issues raised further, and in particular, those topics that only received a brief coverage within the constraints of this research. For example, given the significance of this period in women's lives for the formation of their identity, it may be interesting to examine how negative expectations of motherhood impact on this.

4.7 Concluding remarks

This study has demonstrated the value of a social constructionist revision of grounded theory, and a woman-centred perspective, in developing the ideas and beliefs of expectant Asian mothers in relation to pregnancy, motherhood, postnatal depression and help-seeking.

The analysis demonstrates the lonely and often isolated position of these women in the community setting. At the same time, it identifies a very resourceful and courageous group of individuals who are learning to adapt to and manage a period of transition in their lives. While on occasions overwhelmed by their circumstances, and the reactions of other people to them, they generally display a determination to find solutions to their difficulties that can only be admired.

For these women, the process of becoming a mother requires not only having to negotiate their position in the wider family network, but also dealing with the effects of bi-culturalism. Both of these represent a potential threat to the individual woman's coping mechanisms. The findings suggest that this is a key time in the formation of women's personal and ethnic identities, and involves careful planning for the future. Allowing women to describe the many influences upon them at this stage in their lives reveals a number of valuable insights, which may be important when considering future service provision. Simultaneously, it provides a forum for the expression of a viewpoint that is rarely valued or heard.

An important reminder is that the research presented is neither conclusive nor exhaustive, and as such the data is open to reinterpretation as new themes are developed. Nevertheless, this study has made a useful contribution to addressing the gaps in the literature, and to understanding the complexity of factors facing women as they attempt to interpret their worlds.

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Appendix 1: Interview Schedule

Interview Schedule

Introduction: 13/12/98 (6)
Who I am/ What I do
Go over purpose of study and need to record interview
Confidentiality

Consent
Give Interview Guide - no right or wrong answers

Tape Recorder and Microphone On

A. Pregnancy and motherhood:

1. What have you enjoyed about being pregnant so far?

2. What aspects of becoming a mother are you particularly excited about?

3. How do you feel about being pregnant?

4. Have you experienced any difficulties being pregnant?
   - How has your health been so far?
   - How would you describe your health before you became pregnant (any illnesses)?

5. Was the baby planned?

6. Do you work?
   - When will you be finishing?
   - What are your plans for after the baby is born (returning to work)?

7. How would you describe your role or your position in the family at the moment (eldest etc)
   - How might this change after the baby is born?
   - Are there certain things that are expected of you by the family?

8. Do you expect becoming a mother will bring about changes in your life?
   - Can you give me any examples of changes that you may experience?
   - In what ways do you think these change will affect your life?

9. Who has been helping with the pregnancy so far (in-laws, maternal family, friends)?

10. Who or what has been your main source of information about pregnancy and becoming a mother?
   - What sort of information or advice have they provided/you obtained (food, health and fitness)?
   - Why do you think they suggested that?
   - How useful has the information been?
   - How else have you obtained information?
   - What have you read about pregnancy?
   - Have you had enough information?
   - Is there anything you would have liked to have known more about?

B. Knowledge and beliefs about postnatal distress:

1. How has being pregnant affected you emotionally?
   - What do you think some of the stresses and strains of becoming a mother might be?

2. Have you ever heard of the term 'postnatal depression'?
   - How did you hear about it?
   - What do you know about it?
   - What do you mean by ...?
   - Can you describe what you think it might be (symptoms)?
   - How do you think you would know if someone had postnatal depression?

   OR:
   - What do you think it might be?
   - Could you have a guess?

If participant is clearly confused by this term, it may be paraphrased to:
   - Have you ever heard of a woman being distressed after having a baby?
   - What might you call this?

3. Do you know when after birth, postnatal depression is most likely to start? *(use alternative terminology where appropriate)*
   - How long do you think a mother may feel like this?
   - How common do you imagine postnatal depression is? *(use alternative terminology where appropriate)*

4. Do you know anyone who has had a baby recently?
   - How did they seem after the birth?
   - Do you know anyone who has or has had postnatal depression? *(use alternative terminology where appropriate)*
   - Could you describe what affect this has had on them?

5. What things or factors do you think may lead to a mother experiencing postnatal depression after having a baby? *(use alternative terminology where appropriate)*
   - What do you think might make it worse?
   - Are you concerned about any of these things for yourself?
   - How do you feel they may affect you?

6. How do you think you might cope or manage if you were to experience these difficulties after having a baby?
   - How would your partner/family respond?
   - How might they cope themselves?

7. What do you think may be some of the consequences/results of having postnatal depression? *(use alternative terminology where appropriate)*

C. Ideas about forms of help for postnatal distress:

1. What do you know about the types of help available to new mothers?

2. *(If applicable)* The woman that you mentioned before, did she get any help for how she was feeling?
   - From whom?
   - How useful was that?

3. Have you any thoughts on the type of help that women experiencing postnatal depression might find useful? *(use alternative terminology where appropriate)*

4. If you did experience these feelings after having your child, is there anyone you feel you could talk to?
   - Why would you talk to them in particular?

5. If you were to experience postnatal depression, where would you consider getting help for it? *(use alternative terminology where appropriate)*
   - What about help from outside your family/friends?
   - Would that be from medical services or from other people in your community?
   - Is there anyone else who might be able to offer you advice or support?

6. What benefits (positives)/disadvantages (negatives) could there be from talking to such a person?
   - Why would this be a benefit (good)/disadvantage (bad)?

7. How would you get help for yourself if you needed it?
   - Would this be easy/difficult?
   - Why might you find it difficult?

8. How might other people close to you feel about you getting help from outside the family (professionals, community leaders)?

9. Do you think issues such as postnatal depression are talked about enough by health professional? *(use alternative terminology where appropriate)*

D. May need to do demographics here?

E. The impact of familial and cultural beliefs/practices on women's constructions:

1. Would you say you were more westernised or more Indian/ Pakistani/ Bangladeshi?
   - In what ways would you say you were more ...?

2. What does your culture and/or your religious beliefs mean to you?

3. How much do you feel your culture influences your life?
   - How would you say your culture influences your life (dress, food)?

4. What about your religious beliefs - what impact do you think they have on your life?
   - Can you give me an example of this?

5. How would you describe your caste?

6. Do you feel your culture and/or your religious beliefs have influenced your ideas about becoming a mother.
   - Can you give me an example?

7. Will you be following any special ceremonies or practices after the birth?

8. How many people live in your household?
   - What is their relationship to you?
   - Do you get any time for yourself?
   - Would you say you were currently part of a large, extended family (pros and cons of nuclear and extended families)?

9. How much do you feel your family influences the decisions you make about your pregnancy, and the upbringing of your child?

F. Is there anything else that I haven't asked you, that you wish to share with me?

G. Have you any comments on the research interview that would be useful for me to know?

Give explanation of postnatal depression at this point, and distinguish it from the baby blues (e.g. PND: 1/10; onset within 1 month; feeling tired, low, tearful, irritable, anxious, also sleeplessness, 'not coping', loss of enjoyment. BB: 1/2; 1st week; weepy).

Appendix 2: Interview Guide for participants

Interview Guide

The following is an outline of the areas you may be asked about in the interview today. I am interested in learning about your experiences and ideas, and therefore there are no right or wrong answers.

I may not cover all of these topics, as I am keen to allow enough time to discuss any other issues that are relevant to you and which you would like to share with me.

1. Pregnancy and Motherhood:

Your experiences of being pregnant and expectations about becoming a mother.

2. Stresses and strains following childbirth:

Ideas you may have about the emotional effects of becoming a mother.

3. Ideas about forms of help, both within and outside of the family:

Your knowledge and feelings about types of help available to new mothers.

4. The effect of cultural and religious beliefs and practices:

Very little research has looked at the unique experiences of Asian women. It may be that you do not have strong feelings about the impact of your culture on your ideas. However, we would like to give women the opportunity to talk about what their cultural identity means to them, and in particular in relation to becoming a mother.

Thank-you for agreeing to take part in this research

Appendix 3: Letter of approval from Ethics Committee

Melanie Sursham
Direct Dial 0116 258 8610

Health for Leicestershire
LEICESTERSHIRE HEALTH
Gwendolen Road, Leicester LE5 4QF
Tel: (0116) 273 1173 Fax: (0116) 258 8577
DX 709470 Leicester 12

11 November, 1998

Mrs Emma Crossley
Department of Clinical Psychology
Centre for Applied Psychology
New Building
University of Leicester
University Road
Leicester LE1 7RH

Dear Mrs Crossley

Asian women's understanding of emotional distress in the post partum - our ref. no. 5290

Further to your application dated 15 October 1998, you will be pleased to know that the Leicestershire Research Ethics Committee at its meeting held on the 6 November 1998 approved your request to undertake the above-mentioned research. Enclosed is information on video taping which you may find helpful.

Your attention is drawn to the attached paper which reminds the researcher of information that needs to be observed when ethics committee approval is given.

Yours sincerely

R F Bing
Chairman
Leicestershire Research Ethics Committee

(NB All communications relating to Leicestershire Ethics Committee must be sent to the Committee Secretariat at Leicestershire Health)

Appendix 4: Covering letter to participants

Maternity Department
Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Invitation to take part in a study of women's ideas about motherhood and the changes it may bring

Dear .....

You are invited to participate in a study taking place at the maternity department. The study is looking at women's ideas and feelings about becoming mothers, and the stresses and strains they may experience after the birth of their child. Very little research has looked at Asian women's views, and so several Asian women are being approached to consider being interviewed.

This project is important in order to help us in the maternity department to provide a better service to expectant mothers.

Please would you read the attached **Information Sheet** which explains more about the research. If you are willing to take part you will be interviewed by Emma Crossley, for no longer than one and a half hours. This would normally take place at your home, or another convenient place.

Any information that you give will be kept confidential. You are free to withdraw from the study at any time, without giving a reason and without affecting your current or future treatment.

Emma will be in the waiting area when you attend for your appointment at the Maternity Department. She will be able to discuss the study with you further and answer any questions you may have.

Thank-you for taking time to read about our work,

Mr P Kirwan
Consultant Obstetrician
& Gynaecologist

Appendix 5: Research Information sheet

Participant Information Sheet

A study of women's ideas about motherhood and the changes it may bring

1. What is the purpose of the study ?
We are interested in understanding women's ideas and feelings about becoming mothers, and the stresses and strains they may experience after the birth of their child. Very little research has looked at Asian women's views, and so we are approaching several Asian women to ask them to consider being interviewed.

This information will be useful to professionals who are looking to develop the services they offer to mothers in the longer term. Finding out what is important to you may enable us to work more successfully with other women in the future.

2. What will be involved if I take part in the study ?
We would like you to help us in this research. If you agree to this, Emma Crossley will come and visit you at home or another convenient place. The interview will last no longer than one and a half hours. We would like to audio-tape this conversation as this will allow us to get a full as picture as possible and not miss anything you might say.

3. Will information in the study be confidential ?
Every effort will be made to ensure that anything you say is kept confidential. No names, addresses or other details that would identify you, will be held on computer or appear in any reports. All written material and tapes will be kept in a locked drawer and any information stored in a computer will be password protected.

Some sections of the interview may be discussed with supervisors of this project, however no information will be passed to anyone directly involved in your care in either this or any future pregnancies.

4. What happens if I do not wish to participate in this study or wish to withdraw from the study ?
If you decide not to take part, your decision will not affect any treatment that you may receive either now or at a later date. If you give consent to participate at this stage, you may change your mind or withdraw your consent at any point in the future.

5. What do I need to do if I wish to participate in this study ?
When you attend for your antenatal appointment please ask the reception staff to introduce you to Emma Crossley who will discuss the study with you in more detail.

Appendix 6: Demographic Information sheet

Demographics

1. Age:..... **Date of Birth:.....**

2. Marital Status: *(please tick)*

Married	Divorced
Cohabiting	Widowed
Single	

3. Born in UK:

	(please tick)		*(please tick)*
You:	Yes	Partner:	Yes
	No		No

4. If No to above, length of time in UK:

You..... **Partner.....**

5. Occupation:

You..... **Partner.....**

6. Age when left full-time education (school/college):.....

7. Exams/Qualifications Obtained:.....

8. Religious Background: *(please tick)*

None	Hindu
Muslim	Sikh
Christian	Other.....

9. Practising: *(please tick)*

Yes
No

10. Ethnic Group: *(please tick)*

Asian-Bangladeshi	Asian-Pakistani
Asian-Indian	Other.....

11. First Language spoken:.....

12. Number of weeks pregnant:.....

Date:.....

Appendix 7: Consent Form

Consent Form

A study of women's ideas about motherhood and the changes it may bring

I have had the nature of the research explained to me and I have understood the Information Sheet. I have had the opportunity to ask questions and discuss this study. I understand that any information I give will be anonymised, and will not be able to be traced to me as an individual.

I have had the need for audio-taping of the interview explained to me and I give my consent to the recording of the interview. I understand that the audio-tapes will be stored securely and their contents will remain confidential and used for this investigation only.

I understand that if I give my consent to participate at this point, I can change my mind and withdraw from the study at any point in the future. My decision not to participate will not affect any treatment I am receiving either now or at a later date.

I agree to take part in the above study as described in the Information Sheet. I give my consent to be interviewed and for the interview to be audio-taped and transcribed.

Signature of participant:..... Date:.....

Name (in BLOCK LETTERS): .....

I confirm that I have explained the study, as detailed in the Information Sheet, in terms which in my judgement are suited to the understanding of the participant.

Signature of investigator:..... Date:.....

Name (in BLOCK LETTERS): .....

If you have any further questions, I can be contacted at the following address:

Emma Crossley (Principle Investigator)
Department of Clinical Psychology
Centre for Applied Psychology
University of Leicester
University Road
Leicester, LE1 7RH
0116 252 2466

Appendix 8: Transcription notation

Key

(.) = noticeable pause

! = humour

= = absence, or a discernible gap between speakers

[] = overlap between utterances

Appendix 9: Example of line-by-line coding

Do you think there's sort of expectations on you then from your husband's family?

Expectation to return to work

I think they, my in-laws tend to expect that you have the baby and you go straight back to work, because they don't really, I don't think they would like it if you know I stayed at

Expectation to share in earning of finances

home. Because they would feel that there would be too much pressure on X. They would expect really me not to stay at home. And I think they also, the other things like when

Expectation to consult with in-laws

you're bringing up a child, I think they would expect me to ask their opinion on a lot of

Expectations unreasonable

things and a lot of major things which I wouldn't do to my own parents. But I think they

Expectation to include in-laws in decision-making re child.

would, they would want constant involvement in decision-making and things like that, in upbringing, or how they should dress sometimes and things like that (inaudible).

How do you feel about that?

Strong-minded

Well, I am quite strong-minded on that to be honest, you know its my child, its mine and

Decisons re child-rearing to be made independently from family

my husband's, and as long as we agree on it, I'd stick, you know put my foot down. I

Determination

Respects in-laws concerns

mean you know obviously I understand their concerns and things like that and their

Decisions re childcare and finances to be made independently from family.

opinions if we ask for it, but you know things like whether I will go back to work or not, that is something between me and my husband, whether we can decide we can financially

financial considerations influence decisions about returning to work

afford it. And unless we are asking for their help in anyway, I don't think it is anybody's

Decisions re child-rearing not in family's domain.

business, to be honest.

So do you expect becoming a mother will bring about changes in your life?

(.) to my life?

Yeah.

Motherhood will increase responsibility

Yeah, I think it will make me a lot more responsible, and I mean I do it now, I think twice

Sense of increased responsibility already

about everything. You know if I want to go and buy a new dress, I think oh but do I really

Changed priorities

need that now. You know in that sense you just, you know I think it will bring a big

Thinking for someone else

change in that sense, that I have got somebody to look after. I mean at the moment, and I have always been, we have been very social. We have been going out a lot. We always

Change to social life

tend to go at the weekend and that. And that is something I need to think, you know I

Restrictions to mobility

think about it now, but I won't be able to do this if I had a baby, because obviously you can't take your baby everywhere and you know I haven't really got that many people that

Limited childcare options

I would feel comfortable baby-sitting as well. So, in that sense I think it will change my life

Social life to be adapted - not curtailed.

in that way, that erm, not that it would stop me from going out because I'm that sort of

Awareness of other's practices.
person, that I'll take my baby everywhere you know. I have seen other people do it, so
Less spontaneity
that doesn't bother me. But its just that on the spur of the moment, I won't be able to get
up and just go out, or do things like that. And obviously if I give up work then it will
Restrictions in financial freedom
drastically change my life. Even part-time, it will change it financially, and if I give up
financial sacrifices associated
completely, there is a lot of things that we would (.) you know do without or go without,
with staying at home
in order for me to stay at home. So, I think it, yeah, it will change my life quite a lot.
significant impact overall.

There is more planning involved really then?

Planning/awareness required.
Yeah its just like, I think its just thinking ahead really. Being aware that it is going to
change your life in that way. And I also know, I mean we don't have, it will change my life
Motherhood accords increased familial acceptance/inclusion
in a sense I think erm, I think I will be accepted more within the family, because they
know that's your child now. Its just that at the moment I am accepted, I mean they are not
Isolation within family (in-laws)
horrible people or anything like that. Its just this feeling that they don't really include you
in any, everything or they will always tell X something, but they won't you know, but I
Powerful position as mother of baby within family
think with this baby, because I am that baby's mother, I mean obviously where I go the
baby goes. I think I will be included a lot more, thought of a lot more, you know in that
Motherhood accords increased familial acceptance/inclusion.
sense. So I think with my in-laws, I think it will bring us a little bit closer. So my
relationship probably will change with them, you know as they share.

So there's a lot of different changes then.

Research questions prompt new thoughts/ideas
Yeah, there's a lot of things which you don't really think about until somebody asks you,
you think oh gosh yeah I suppose that does change as well.

So who has been helping with the pregnancy so far?

Isolation of couple
We have really been doing it on our own. We have not had much help. I mean when I was
support from sister-in-law
ill, my sister-in-law was very good, you know she'd come round. And I mean when I was
Practical support from mother-in-law
ill my mother-in-law was good in the sense, erm you know the cooking and things, she'd
Ability to cope independently
drop food round or whatever, but I've not really needed any help as such, apart from
Sister-in-law main source of support
when I was ill, and I have had, like my sister-in-law I would say was the main person that
Ability to cope independently.
has probably helped me quite a lot. But apart from that I have managed to do things
myself.

Appendix 10: Minutes of Qualitative Support Group

Minutes From Qualitative Meeting: 25th November.

Present

Alison, Emma, Richard, Anna, Wendy.

1. Meeting with Sam Warner

Alison and Wendy discussed the meeting with Sam her advice had been:

- To establish your epistemological position as soon as possible as this will affect the way you collect your data and the framework for your research.
- Instead of using coding in the traditional way, that you could use subheadings/themes and cut up the transcripts and place bits of the interview with the relevant theme. This would involve labelling each piece of transcript with the page and paragraph number and participant number.
- Sam had also suggested that instead of just looking for the similarities that we look at the differences in the material which is often of as much interest. Sam had suggested that you look for people who are vastly different from one another – discussion arose as to whether this represented theoretical sampling. It was thought that T.S related to analysing the data as you go along and then trying to fill any gaps that the research was highlighting to enhance understanding.
- Reference: **Gender Trouble by Judith Butler**, a post-structuralist text and **Who Grounded Grounded Theory? by Pidgeon & Henwood.**
- It was suggested that we ask Sam if she could do a workshop on a Business Day.

2. Social Constructionism

Issues about whether or not you needed to validate coding using either another trainee to look at your codes or using respondent validation was discussed and it was suggested that if you were using the soc-cons position that this was not consistent with the epistemology. You can still use someone else to look at your data as long as it is not to validate it but to enhance or enrich your ideas, accepting that any differences are related to individual differences/perspectives, rather than one being right and the other wrong.

3. Historical Contexts

- Emma wanted to know if people thought she should be looking at the Feminist literature given that she was interviewing women.
- Discussion arose about importance or not of historical contexts e.g., era person comes from, sociological issues etc. It was felt that this was sociological perspective and not psychological.

4. Cost of Transcription

Costs approximately £5 per hour. Alison's tape of 1 hour duration took four hours to transcribe, therefore approx.: £20 per hour, £30 for hour and a half.

5. Technical Tips

- Tape recorders need to be put at low sensitivity to eliminate any background noise.

- Ensure that the tape is recording at normal speed as can easily switch to fast play or slow play, if this does happen there is however a function on transcribing machine which does slow down the tape.

6. **Sue Thrift and Jane Curruthers are coming to next Qualitative Meeting on 1.12.98.**

Wendy Coetzee
25.11.98