

Dealing with it: Black Caribbean women's response to adversity and psychological distress associated with pregnancy, childbirth, and early motherhood

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Abstract

This paper focuses on Black Caribbean women's ideas about perinatal depression and the ways in which these are linked to coping with personal adversity. An epidemiological survey found that despite higher levels of social risk among Black Caribbean women living in the UK, they were no more likely than White British women to record above-threshold depression scores postnatally and were significantly less likely to have done so during pregnancy. In-depth interviews were undertaken to illuminate the models, experiences, and meaning of perinatal depression held by Black Caribbean women. Women's narratives suggested that they rejected 'postnatal depression' as a central construct for understanding responses to psychological distress associated childbirth and early motherhood. Rejection of depression as illness was associated with imperatives to normalise distress and a self-concept which stressed the importance of being 'Strong-Black-Women' for maintaining psychological well-being. This identity served to reinforce notions of resilience, empowerment, and coping strategies characterised by the need to problem-solve practically, assertively, and materially. The study questions the utility of attaching psychiatric labels to the emotional and psychological distress experienced by Black Caribbean women around the perinatal period.

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Introduction

In recent years, attention has been paid to the ways in which mental health constructs and practices are racially or ethnically patterned (Berthoud & Nazroo, 1997; Bhui et al., 2002). Studies have consistently reported associations between ethnicity, material disadvantage, gender, and onset of depressive illness (Nazroo, 1997; Lloyd,

1998; Thornicroft, 1991). However, although there has been considerable exploration of perinatal depression among White British women (see for example, Warner, Appleby, Whitton, & Faragher, 1996; Brown & Harris, 1978) and South Asian women (see for example, Fenton & Sadiq-Sangster, 1996), there has been little research into the prevalence, causal models, or the subjective experience of perinatal depression among women of Black Caribbean origin in the United Kingdom (UK).

This paper therefore explores the ways in which Black Caribbean women perceive the construct of perinatal depression and the means they deploy to maintain their mental health, thereby enabling them to cope with

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adverse events during pregnancy, childbirth, and early motherhood.

Perspectives on postnatal depression and African Caribbean women in the UK

Current research into perinatal depression reflects a range of explanatory frameworks. From a traditional psychiatric approach, perinatal depression is regarded as 'illness' or 'disorder'. Research from within this paradigm has tended to centre on establishing psychobiological explanations for purported psychiatric predisposition to depression during pregnancy or early motherhood and on developing causal models aimed at instituting prophylaxis thereby preventing onset of depression (Cooper & Murray, 1998; O'Hara & Swain, 1996). In contrast, social psychiatry and psychosocial epidemiology have focused on women's vulnerability to social stressors such as deprivation, the presence or absence of 'provoking agents' or 'trigger factors' such as major adverse life events, and ongoing difficulties (Brown & Harris, 1978). From this perspective, women's increased vulnerability to social stressors coupled with the additional burdens associated with pregnancy, childbirth, and early motherhood provide a plausible aetiological model for the onset of perinatal depression. The bio-psychosocial model, which attempts to straddle these two approaches, regards perinatal depression as aetiologically heterogeneous; suggesting that onset might be precipitated in already vulnerable women by hormone-related biological factors compounded by psychosocial stressors associated with the perinatal period (Cooper & Murray, 1998; Palazidou, 2000).

Social constructionism departs from these main explanatory frameworks and is concerned with the ways in which representations of mental illness emerge as products of communal exchange between social groups (Scheff, 1996). Consequently, the taken for granted 'reality' of mental health is viewed as being bound up with the material and cognitive interests of social groups (Bracken & Thomas, 2001). Following this tradition, theorists have challenged the existence of 'women only' conditions within psychiatric nosology by questioning the validity of attaching psychiatric labels to emotional or psychosocial distress associated with problems of everyday life which amounts to the 'medicalisation of misery' (Pilgrim & Bentall, 1999; Nicolson, 1998).

Notwithstanding arguments about the contested nature of depression (Sashidharan & Francis, 1993), research has consistently reported that Black Caribbeans are over-represented among those receiving psychiatric treatment in the UK (see for example, Lloyd, 1998; Nazroo, 1997; Bhui et al., 2002), with disproportionate numbers appearing in treatment statistics for psychosis and

schizophrenia (Harrison et al., 1989; Henderson, Thornicroft, & Glover, 1998). By contrast, evidence suggests that, in primary care, Black Caribbeans in the UK are less likely than the general population to report psychiatric morbidity and to receive formal diagnoses or treatment for common mental disorders such as depression.

However, the 'over-diagnosis' of psychoses and apparent 'under-diagnosis' of neurotic disorders might not be an accurate reflection of the prevalence of these conditions among Black Caribbeans. For example, the Fourth National Survey of Ethnic Minorities reported significantly higher levels of clinical depression among Black Caribbeans than among their White British counterparts (Berthoud & Nazroo, 1997; Nazroo, 1997). Additionally, in a community-based study undertaken in the same geographical area as the study reported here, Shaw, Creed, Tomenson, Riste, and Cruickshank (1999) reported little difference in the prevalence of depressive symptoms between African Caribbeans (13%) and White Europeans (9%). However, there were gender differences with African Caribbeans (19%) reporting significantly higher levels of depressive symptomatology than White European women (11%).

This mismatch between population and diagnosed levels of depression raises the possibility of factors which influence diagnosis or militate against symptom recognition and Black Caribbean's willingness and/or ability to consult with depressive symptoms. Influences within the consultation and diagnostic processes, such as subtle language differences, which reduce the likelihood of Black Caribbeans receiving formal diagnoses may also be implicated (Shaw et al., 1999; Paykel & Priest, 1992).

The juxtaposition of disproportionate numbers of Black Caribbeans at the coercive end of psychiatry and their 'under-representation' in primary care raises questions about how psychiatric practice, racism, or racial stereotyping (Spector, 2001) contributes to the appearance of Black Caribbeans within certain psychiatric categories and their absence from others. There is also a lack of knowledge about the lay views of Black Caribbeans on issues which might affect their willingness to consult with mental health problems such as differing concepts of mental health and perceptions of primary care management. In this context, qualitative research into Black Caribbean women's beliefs about perinatal depression and their attitudes to help-seeking sought to provide a deeper understanding of the context and construction of perinatal depression.

Methods

The work reported here emanates from a mixed-method study into perinatal depression among Black

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