

# Feminism, gender and women's experiences: Research approaches to address postnatal depression

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## ABSTRACT

Women experience symptoms after childbirth that are contradictory to the 'myth' of motherhood and in some cases can lead to postnatal depression (PND). This 'illness' impedes a mother's emotional and physical health as well as the health of the baby. Women with postnatal depression have been reported to be poor at seeking appropriate help. Currently there is little research for women experiencing PND that uses feminist theories and research approaches which are grounded in gender; particularly women's experiences that promote social change. Feminist research is an emancipatory type of inquiry, which documents aspects of reality and takes a personal, political and engaging stance to the world. It is obligated to contribute to social change through consciousness-raising or specific policy recommendations. One method which complements feminism is feminist Critical Discourse Analysis (CDA). Feminist CDA seeks to effect social change and have material and phenomenological consequences for groups of women (and men) in specific communities. In this respect, feminist CDA provides a platform to understand PND from the woman's point of view, empowering women to make decisions about their own bodies, while giving them greater voice and power over the current medical model.

**Keywords:** Feminism, postnatal depression, research, critical discourse analysis, feminist critical discourse analysis

## INTRODUCTION

Postnatal depression (PND), though statistically infrequent, affects millions of women and their families world-wide every year. Although research has previously been conducted as to the *where's*, *when's* and *who's* this research has mostly been quantitative in nature and largely ignores women's own subjective, personal accounts of their experiences. By focusing on the personal accounts and experiences research may be able to uncover 'truths' about the *what's*, *how's* and *why's* of postnatal depression.

It has already been determined that PND is a "bio-psychosocial phenomenon" (Knaak, 2009, p. 81). However, the medical model, where the body is perceived as a series of parts rather than considering a whole person, is "the dominant method of understanding" for academics, professionals and the general public (Mauthner, 1999, p. 144; Stewart, 2004). Because of this, PND is typically understood to be an "illness" or "disease" with specific biological (e.g. hormones, genetic factors), psychological (e.g. family history, previous psychiatric history), and social (e.g. social class, type of delivery) risk factors (Mauthner,

1999). However, this understanding is driven from research that when combined produces results that are “inconclusive and contradictory” (Brown et al., 1994; Mauthner, 1999, p. 144; Romito, 1989). This type of research has been conducted objectively; lacking attention to mothers' own accounts of their experiences with PND. This objectivist perspective has come under attack particularly by critical and feminist researchers (Mauthner, 1999).

To address some of these challenges this paper will highlight some key approaches to addressing the inadequacies of the medical model in regards to the lived experience of PND. The feminist Critical Discourse Analysis approach provides a new perspective on PND and may achieve greater understanding, not only of the *what's, how's and why's*, but also of the true nature of the condition.

## ASPECTS OF POSTNATAL DEPRESSION

Many women experience a period of instability shortly after birth commonly known as the *baby blues*. It has been estimated that up to 80% of women experience symptoms that contradict the expectations of feeling happy and having a sense of accomplishment. These feelings usually fade over time without need for intervention. PND (PND) is more serious, less common and impedes a mother's emotional and physical health as well as the health of the baby (Ingram, 2009). PND is not distinguished from major depression except in terms of its timing. PND covers the full range of symptoms from mild depressive episodes to psychotic periods and typically occurs within four weeks of delivery (American Psychiatric Association, 2000; Ingram, 2009). PND is not to be confused with the *baby blues* which, is more mild and transient (Ingram, 2009).

Friedan (1963) documented PND in her book *The Feminine Mystique*, however not even the feminist movement could change its pervasiveness. The incidence of PND has been reported to be as high as 10%-25% of all women who have given birth, although there is a wide variability of reported rates (Craig et al., 2005; Honey et al., 2002; Miller, 2002). Halbreich and Karkun (2006) appraised 143 studies conducted in 40 countries and concluded that the commonly stated incidence of 15% is a gross underestimate and cannot apply to developing countries where they suggest the prevalence could be as high as 60% (Almond, 2009; Halbreich & Karkun, 2006).

There are no known causes but several risk factors indicating a probability of developing PND. The most commonly noted risk factors that have been associated with PND are: prenatal depression, childcare stress, life stress, lack of social support, prenatal anxiety, postpartum blues, marital satisfaction, infant temperament, previous depression history, socioeconomic status, self-esteem, marital status, and unplanned or unwanted pregnancy (Beck, 2001; Miller, 2002). Other factors which influence the development of PND include biological causes such as family history of psychopathology or past history of depression; psychological factors such as stressful life events related to pregnancy or birth; and social factors (Almond, 2009; Craig et al., 2005; Cutrona & Troutman, 1986).

Women experiencing PND have been reported to be poor at seeking appropriate help. Whitten (1996) showed 90% of women tested recognised something was wrong but only a third realised they were depressed, and more than 80% had not reported their symptoms to a health professional. Underreporting has been shown to be related to feelings of shame, embarrassment and social stigma (Hall, 2006; Poole et al., 2006).

The available therapies for PND are varied and most require further consultation by a specialist, which highlights the discourse of medical dominance (Belcher, 1999). Despite this, PND therapies fall under four main categories: pharmacological, psychological, psychosocial therapy and complementary and alternative (CAM) therapies (Boath & Henshaw, 2001). Western societies are becoming more accepting

of CAM therapies, therefore providing women with more treatment options (Boath & Henshaw, 2001; Di Mascio et al., 2008). Despite this move to greater use of CAM therapies, the use of antidepressants remains the most widely 'accepted' and used therapy, despite the possible side effects to both the mother and baby (Boath & Henshaw, 2001).

CAM therapies have come to the forefront in treating many forms of ill health both mentally and physically, despite the current discourse of medical dominance within Western societies. Yoga, massage, meditation and music therapy have been effective in relieving stress, anxiety and the amount of pain medication that patients receive (Glover et al., 2002; Nilsson et al., 2009; Trappe, 2012). For mild to moderate PND, psychological and mind-body approaches may be more desirable than medications as they do not present risks of side effects (Honey et al., 2002). Currently there is little research regarding the use of CAM therapies for women experiencing PND. In particular there is little research using feminist theories and research approaches which are grounded in gender; focusing on women's experiences to guide and promote social change (Almond, 2009; Boath & Henshaw, 2001; Di Mascio et al., 2008; Kennedy, 2008; Stewart, 2004). There are specific approaches within feminism research which may guide current and future research regarding PND, CAM therapies and the lived experience of women within the current discourses of medical and male dominant societies within Western culture.

## **FEMINISM**

Feminism has been one of the most influential political and intellectual movements in the last fifty years which has had a tremendous impact on social research (Travers, 1991). Feminist ideas and approaches have become increasingly important across the social sciences and humanities (Travers, 1991). Feminist methodology is shaped by feminist theory, politics and ethics and grounded in women's experience. Logically, feminist methodology cannot be independent of the ontology, epistemology, subjectivity, politics, ethics and social situation of the researcher (Ramazanğolu & Holland, 2002). No rules of methodology enable the researcher to completely escape their ideas, subjectivity, politics, ethics and social location (Ramazanğolu & Holland, 2002). Further, "feminist inquiry provides not only conceptual and analytical direction but also methodological orientation in emphasising participatory, collaborative, change-oriented and empowering forms of inquiry." (Patton, 2002, p. 130)

Feminism defies patriarchal 'truths' that women are naturally inferior to men; defying the reasoning and scientific methods that are 'blind' to male "dominance" (Ramazanğolu & Holland, 2002, p. 16). This defiance varies but rests on moral and political positioning. What is distinctive about feminism is the particular political positioning of theory, epistemology and ethics that enables the feminist researcher to question existing truths and explore the relationship between knowledge and power (Ramazanğolu & Holland, 2002). A feminist perspective presumes the importance of gender not only in relationships but in societal processes (Patton, 2002). Feminist inquiry asks "How is this [the feminist] perspective manifest in this phenomenon?" (Patton, 2002, p. 133).

Feminist researchers do not consider feminism to be a method per se, rather a perspective on an already existing method or a perspective that can be used to develop other innovative methods (Reinharz, 1992). Feminist ideology is interdisciplinary and diverse, and offers a deeper understanding of the forces and feelings that shape women's lives (Stewart, 2004). There is not one feminist theory (Reinharz, 1992; Stewart, 2004). Few women explicitly align themselves with any feminist theory or activism, but no one is untouched by feminism (Stewart, 2004). There are three main theoretically different feminisms:

1. *Socialist Feminism* emphasises egalitarianism and the collective good (Kennedy, 2008). It is based on Marxist theory where class is the ultimate determinant of women's social and economic status. Social theorists later developed a more complex analysis that identifies an unequal capitalist system (Kennedy, 2008; Stewart, 2004). "The profit to be gained from women's disadvantaged position derives from both their lower pay in the workplace and in the unpaid labour they perform at home" (Stewart, 2004, p. 6).
2. *Liberal Feminism* is one of the oldest forms of feminist ideology and is still heavily influential. It maintains a call for equal rights, individualism, liberty and justice. The "language" of liberal feminism declares equal opportunities and legal rights (Stewart, 2004, p. 5). Liberal feminists believe that once women have been allowed a level playing field, they will demonstrate their equal worth (Ackerly & True, 2010; Stewart, 2004).
3. *Radical Feminism* considers women as oppressed by a patriarchal system that is so powerful and so inescapable that it is seen as the natural order (Stewart, 2004). It claims that women are oppressed *as* women and that men derive direct and significant benefit from their oppression (Stewart, 2004). While it does not embrace the belief that men necessarily *want* to exploit women, they inevitably do so, both individually and collectively (Stewart, 2004). This oppression of women by men (patriarchy) was the original power system, which became the template for all others (Stewart, 2004).

It was largely radical feminists who pioneered 'reclaim the night' marches, women's aid refuges, rape crisis centres and a strong women's health movement (Stewart, 2004, p. 7). They argue that women must take back control of their own bodies and set out to educate others on how to do so. The legacy of this campaigning is still evident as there has been a change in women's health services to more focussed on 'woman-centred care' (Stewart, 2004, p. 7).

Many feminisms stem from these three main systems of feminist thought, for example: lesbian feminism, black feminism, psychoanalytic feminism, eco-feminism, and post-feminism (Stewart, 2004). These multiple definitions of feminism feed in and out of each other, joining together at some points and dividing at others (Reinharz, 1992). However, most feminist activism today is focused around common ideology rather than a shared theory (Stewart, 2004). One shared underlying principle in feminism is that women's lives are important (Ramazanoglu & Holland, 2002; Reinharz, 1992). Feminism is interested in women as individuals and as a social category (Reinharz, 1992). The important thing is to understand what women are going through. Now, thanks in part to feminism, women have more control over their lives than ever before, however their autonomy is still heavily affected by ideological forces that prescribe what is 'natural' and desirable for their sex (Stewart, 2004).

## POSTNATAL DEPRESSION FROM THE PERSPECTIVE OF FEMINISM

In recent years there has been an increasing amount of woman-centred research focusing on women's experiences of motherhood from a feminist perspective. This has given priority to women's voices and their subjective experiences. In conducting such research the findings have presented a depiction of motherhood contradictory to the cultural norm which portrays only positive images. These images come from an ideology of women as natural mothers, immediately able to care for their babies, and ultimately fulfilled in their role of selfless carer and nurturer (Choi et al., 2005). The reality of motherhood is very different to this ideological myth (Woollett et al., 1991). However, even with more realistic depictions of motherhood in literature and antenatal classes, this ideology remains dominant and sets the standard for what denotes a 'good' mother (Choi et al., 2005; Ussher, 1989). It is this mythological standard that

women measure themselves against, and which others appraise women. The prevailing myth of motherhood makes it difficult for disappointment and adverse feelings about motherhood to be expressed without guilt or fear of being regarded as a bad mother (Parker & Bar, 1996).

It is documented that the expectations that women have of motherhood are influenced by this ideology and 'when faced with reality' some women find it difficult to accept that they cannot meet this ideal; which then leads to internal conflict. This conflict has been associated with depression after the birth of a child (Mauthner, 1999), but not all women who experience this conflict will become depressed. Mauthner (1999) suggests that in attempting to resolve this conflict, women who reduce their standards and modify their expectations of themselves are those who are less likely to become depressed. Nevertheless, it would hardly be startling if unhappiness were experienced to some degree as women adjust to motherhood (Choi et al., 2005).

In addition to the discrepancy between myth and reality, a woman may also have to deal with feelings about her new, changed status as a woman, the loss of her former self, and possible changes in the relationship with her partner (Choi et al., 2005; Mauthner, 1999). Additionally, while all of this is happening there is also an overwhelming fatigue that has a propensity with childbirth, possible pain from childbirth procedures, and stress resulting from loss of income as well as learning the practical skills of caring for an infant (Choi et al., 2005).

Depression in the postpartum period continues to be researched by both biomedical and social scientists. Biomedical scientists focus on individual factors such as hormones and previous psychiatric history, while social scientists focus on the context and experience of childbirth and motherhood (Choi et al., 2005). The findings of social research have led to the idea that depression is "a realistic response to motherhood" (Choi et al., 2005, p. 169). However, Mauthner (1999) disagrees because it "implies that women are simply passive victims of social conditioning" (Choi et al., 2005, p. 169), while Stoppard (2000) further suggests that to make sense of their experiences women draw on culturally available discourses which strongly feature femininity. Motherhood being the ultimate performance of femininity within cultural norms (Choi et al., 2005).

In addition to social conditioning and learned identity, the medical model further dominates women's experience of childbirth and the postnatal period (Ussher, 1989). Medical science has medicalised and pathologised these events (Mauthner, 1999; Ussher, 1989) and clearly fails to acknowledge the social constraints of motherhood. However, even within the medical model it is common for PND to not be considered a "legitimate psychiatric disorder" and it was, until recently, excluded from the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) (Taylor, 1998, p. 359). Rossiter (1988) showed how women view their difficulties as mothers as personal inadequacies rather than looking at why they were unprepared or felt inadequate in motherhood. Further, the medical model eliminates the consideration of the emotional and physical exhaustion associated with mothering (Buultjens & Liamputtong, 2007).

Within the medical model, PND is perceived as an illness; however a feminist perspective provides conflicting views that challenge prevalent beliefs and ideologies about motherhood (Buultjens & Liamputtong, 2007; Polatnick, 1996). For example, one belief that has been challenged is that women have instinctive knowledge of how to be a mother (Polatnick, 1996). Feminists such as Oakley (1980) and Brown (1994) seek to eliminate the myth that motherhood is central to a woman's life and identity (Buultjens & Liamputtong, 2007). Motherhood is not necessarily a woman's biological destiny nor the greatest achievement in her life (Buultjens & Liamputtong, 2007; Ussher, 1989). For those who do not feel overwhelming joy and love for their new baby or those who find being a mother exhausting and

stressful, the myth of motherhood can create feelings of inadequacy or possibly leading to depression failure (Buultjens & Liamputtong, 2007).

In addition to the identification of myths, feminists challenge society's double standards regarding motherhood. For example, motherhood is idealised while simultaneously trivialised and undervalued (Buultjens & Liamputtong, 2007). Knaak (2009) identifies these contradictions as well as the contradictions within the myth of motherhood. She noted that feminist research has concluded that cultural factors, including the myth of motherhood, the devalued status of mothers and a lack of "positive social structuring of the postpartum period all contribute to the proliferation of emotional difficulties after childbirth" (Knaak, 2009, p. 81).

PND continues to remain a complex health issue with a number of factors, both biological and psychosocial, that predispose women to an increased likelihood of developing this condition, which extends beyond the medical model (Nicolson, 1990). PND research includes many quantified studies (Dennis et al., 2004; Lumley et al., 2004; Small et al., 2003). It seems that the use of quantitative methods is to discover the 'truth' rather than attempting to understand women's accounts of their actual experience (Buultjens & Liamputtong, 2007). Only a few studies have reported qualitative data that acknowledge the voices of the women themselves. This is where using a feminist approach in research is critical, as it seeks to get to the root of the cause and validate the postnatal experiences of women.

## **FEMINIST RESEARCH: A CRITICAL DISCOURSE ANALYSIS APPROACH**

Feminist research is an emancipatory type of inquiry, which not only documents aspects of reality; it also takes a personal, political and engaging stance with the world (Kumar, 2011). Feminist research has the specific purpose of studying women and their status in the community (Grbich, 2007; Ramazanğolu & Holland, 2002). Feminist theories are employed "in part because other theoretical traditions ignore or downplay the interaction of gender and power" (Reinharz, 1992, p. 249).

The nature of feminist research is obligated to contribute to social change through consciousness-raising or specific policy recommendations (Reinharz, 1992). Australian historian Matthews (cited in Reinharz, 1992, p. 251) proposed that it is necessary "to understand the lives of Australian women in order that we might change our condition". The international feminist community remains concerned that social research both contribute to the welfare of women and contribute to knowledge (Acker et al., 1983; Ramazanğolu & Holland, 2002; Reinharz, 1992). Taylor (1998, p. 358) states "the aim of feminist research is to expand science and culture to create knowledge that makes a difference in the world. Ultimately feminist methodology aims to outline an approach to research consistent with feminist aims of challenging gender inequality and empowering women."

As such, feminist research is characterized by its philosophical base that acts as the guiding framework (Kumar, 2011; Taylor, 1998). The core of distinctive Feminist research methodology differs from traditional research in several ways by:

1. Focusing on gender and gender inequality.
2. Focusing on the everyday experiences and viewpoints of women and the use of research methods aimed at exploring these.
3. Using reflexivity as a source of insight.

4. Actively trying to remove or reduce the power imbalance between the researcher and the respondents.

Having a policy or action component to assist in change of social inequality (Taylor, 1998).

There are relatively very few social researchers who explicitly acknowledge using feminist methods. However, there are scholars that are interested in “advancing principles of feminist inquiry” (i.e. S. Reinharz and J.M. Nielson), identifying feminist research as multi-methodological, experiential, contextual, involved and politically relevant research (Taylor, 1998). Feminist research has potential in nearly any study (Kumar, 2011) and has been described as ‘amoeba-like’, going everywhere, in every direction (Reinharz, 1992). It reaches into all the disciplines and uses all the methods, sometimes singly and sometimes in combination (Reinharz, 1992).

Just as there is not one feminist theory, there is not one feminist research method. There is little methodological elitism or definition of methodological correctness in feminist research (Reinharz, 1992, p. 243). Rather there is a great deal of creativity and variety. Feminist research focuses on enlightenment and social change using a variety of methods which have been borrowed from other methodologies, particularly qualitative methods. The broad-based nature of feminism means that it is compatible with many types of sociological work, and it is possible to conduct feminist research using a range of research methods (Travers, 1991). However, feminists generally have a preference for employing qualitative research methods and are more acutely aware, when compared with most qualitative research traditions, of the political and epistemological assumptions which guide the research process (Travers, 1991). The characteristic of feminist research is not the methods employed but their application and purpose (Kumar, 2011).

In certain cases, feminist researchers adopt the methods of a discipline without any major modification. They use a discipline for its power, turning its power to feminist ends. In other instances, feminist researchers have found that a method must be modified to meet the demands of feminist research (Reinharz, 1992). American psychologist Riger (cited in Reinharz, 1992, p. 24) has argued that traditional research methods “emphasize objectivity, efficiency, separateness and distance” (Reinharz, 1992, p. 24).

### **The role of the researcher**

A feminist methodology implies that the researcher bears moral responsibility for their politics and practices (Ramazanğolu & Holland, 2002; Taylor, 1998). Feminist investigations of the social world are concerned not just with truth, but also with how knowledge is produced and authorized (Ramazanğolu & Holland, 2002). These aims are problematic since there is no neutral way of producing valid knowledge of gendered lives across differences, or of judging between different accounts of social reality (Ramazanğolu & Holland, 2002). Therefore, feminist researchers adopt strict conventional methods when they want to utilise “the most rigorous, scientifically sound methodology” (Reinharz, 1992, p. 244). Feminist researchers follow the standards and principles of qualitative research, but with the added element of focusing on women as both researchers and researched (Reinharz, 1992).

Feminist researchers use the strategy of “starting from one’s own experience” as a woman (Reinharz, 1992, p. 259). This strategy defines the research questions, leads to sources of useful data, gains the trust of others being researched, and enables the researcher to partially test the findings (Reinharz, 1992). Feminist researchers frequently start with an issue that bothers them personally and then use various research methods to study the phenomenon. In feminist research the ‘problem’ is frequently a blend of intellectual question and personal trouble (Reinharz, 1992, p. 260). However, while valuing the

researcher's personal experience, feminist researchers are careful to differentiate their 'own experience' from the experience of 'other women' (Reinharz, 1992, p. 262).

Feminism supplies the perspective and the disciplines supply the method in the research. The feminist researcher exists at the intersection. The perspective of the feminist researcher is continuously expanded due to a changing world and accumulating feminist scholarship. Thus, feminist research "is grounded in two worlds—the world of discipline and academy, and the world of feminist scholarship" (Reinharz, 1992, p. 243).

### **Collecting data within feminism**

Feminist researchers find interviewing an appealing data collection technique, as interviewing offers access to people's ideas, thoughts and memories in their own words rather than the words of the researcher (Reinharz, 1992). From the feminist viewpoint interviewing enables women's voices and experiences to be heard and to get a sense of people as "rounded individuals rather than as numbers in boxes" (Reinharz, 1992, p. 244).

For a woman to be understood in a social research project, it may be necessary for her to be interviewed by a woman. Such a situation represents woman-to-woman talk which, it has been argued, is different from talk in mixed-sex groups (Reinharz, 1992). Feminist researchers who interview women often discuss topics that are not part of typical public or academic conversation. This is particularly important for the study of women as this way of learning from women may be a remedy for the centuries of ignoring women's ideas or having men speak for women (Reinharz, 1992). This woman-to-woman talk generates a sense of power for women as it affords them the opportunity to speak more fully about their experiences. The consciousness-raising that occurs within this context "is at the heart of feminist theorizing" (Devault, 1990, p. 98).

Some feminists focus on the importance of interviewing to the interviewer, arguing that open-ended interviewing is particularly suited to female researchers (Reinharz, 1992). Asking people what they think and feel is an activity females are socialised to perform in modern Western society. Interviewing draws on skills in the traditional feminine role: a passive, receptive, open, understanding approach recognizing and responding to other's feelings and being able to talk about sensitive issues without being threatening (Devault, 1990; Reinharz, 1992, p. 20). Interviewing is also consistent with many women's interest in developing a sense of connectedness with others (Reinharz, 1992). The versatility of feminist interviewing is evident in the variety of topics studied, as well as the particulars of interviewing (Devault, 1990).

Because of the nature of the interviewing technique, there are typically large variations in interviews within a single project (Reinharz, 1992). Some feminists who engage in intensive interviewing label their method "phenomenological interviewing" (Reinharz, 1992, p. 21). Feminist phenomenological interviewing requires skills of restraint and listening as well as participants who are verbal and reflective (Reinharz, 1992).

Feminist research includes the utilisation of research techniques designed to break down the separation and hierarchy between the researcher and the researched (Taylor, 1998), such as in-depth interviews, which more closely resemble conversation than other commonly utilised interview techniques. This further requires the researcher to not only conduct the research, but get actively involved in the researched community and also empower the community by encouraging their involvement in the research process (Nielsen, 1990; Taylor, 1998).

## Feminist Critical Discourse Analysis, a complimentary method of data analysis

In addition to there being more than one feminist research method, there are many methods of data analysis. One method is Critical Discourse Analysis (CDA) which is a branch of discourse analysis that is used to critique the social order of power and inequality in language and discourse (Blommaert & Bulcaen, 2000; Van Dijk, 2001). The CDA approach is *critical* as it is rooted in a thorough critique of social order and relations (Billig, 2003). CDA predominantly studies how and in what manner social power, abuses, dominance and inequality are sanctioned, replicated, and opposed by text, talk and action within political and social environments and settings (Van Dijk, 2001, p. 352).

In addition to CDA, which is known for its overtly political stance and is concerned with all forms of social inequality and injustice, several branches of discourse studies have made a concentrated effort to explicitly include the label 'feminist'. Mainstream research has been characterized by supposedly neutral and objective inquiry, which feminist scholars have challenged. The need to identify and establish a feminist perspective in language and discourse studies is part of what feminists have criticised and sought to change across disciplines such as the humanities, social sciences and sciences (Lazar, 2007).

Feminist linguists, such as Michelle Lazar, have been working under the rubric of CDA without needing to flag a feminist perspective explicitly (Lazar, 2007). Why then a need for the explicit label *feminist CDA*? Many studies in CDA with a gender focus adopt a critical feminist view of gender relations as they are motivated by the need to change substantively the existing condition of these relations. As such, the dominant figures in CDA who are "all straight white men" has led to a growing number of feminist critical discourse analysts world-wide (Cameron, 1998, pp. 969-970).

With the goal of social transformation and emancipation, the critical perspective regarding the unequal social arrangements that are sustained through language use, is a cornerstone of CDA and many feminist language studies (Lazar, 2004). Lazar (2007), one of the leading figures in feminist CDA indicates that this method of analysis is interdisciplinary in nature. It has a political perspective on gender and is concerned with demystifying the interrelationships of gender, power, and ideology in discourse, texts and talk

Feminist CDA contributes to critical language and discourse studies. Its perspective is informed by feminist theories and used within language and discourse studies for investigating feminist issues in gender and women's studies (Lazar, 2007). The critical praxis not only informs the approach for social justice; it also shapes the theory itself. The orientation of CDA involves making "linguistics itself more accountable, more responsible, and more responsive to questions of social equity" (Kress, 1990, p. 88).

There is much overlap between the social emancipatory goals of feminism and those of CDA. Unlike feminist approaches that apply descriptive discourse analytic methods, feminist CDA has the advantage of operating within a politically invested, explanatory program of discourse analysis. CDA offers a considered theorization of the relationship between social practices and discourse structures and a wide range of tools and strategies for detailed analyses of contextualized uses of language in the form of texts and talk. Thus, the central concern of feminist critical discourse analysts is with critiquing discourses which sustain a patriarchal social order; relations of power that systematically privilege men as a social group, and disadvantage, exclude, and disempower women as a social group (Lazar, 2004). Feminist discourse scholars can learn a great deal about the interconnections between and the particularities of discursive strategies utilised in various forms of social inequality and oppression that can feed back into critical feminist analysis and strategies for social change. The union of feminism with CDA can produce a rich and powerful political critique for action (Lazar, 2007; 2004, p. 5). However, the overlapping of power and ideology in discourse is sometimes not as apparent to the participants who are involved in

particular social practices as it is from the point of view of critical theorization of their interrelations. In other words, to speak from the position of a 'woman' is not the same as speaking from the political perspective of a feminist (Lazar, 2004). A feminist political critique of gendered social practices and relations is aimed ultimately at effecting social transformation (Lazar, 2004).

One of the aims is to show that social practices on the whole, far from being neutral, are in fact gendered (Lazar, 2004). Critical praxis research, therefore, cannot and does not pretend to adopt a neutral stance; in fact, as Lather (1986, p. 259) notes, it is scholarship that makes its biases part of its argument. To critics who discount overtly political research as lacking in 'objectivity' and 'scientificity' the feminist position has been to raise as problematic the notion of scientific neutrality itself, because it fails to recognize that all knowledge is socially and historically constructed and valuationally based (Lazar, 2004, p. 6).

From a critical view, ideologies are representations of practices formed from a particular perspective in the interest of maintaining unequal power relations and dominance. Although such a view of ideology in Marxist accounts was developed specifically in terms of class relations, the concept now has wider currency and encompasses other relations of domination including gender (Lazar, 2007). As stated by Lazar (2004, pp. 6-7):

The aim of feminist critical discourse ... is to show up the complex, subtle and sometimes not so subtle, ways in which frequently taken-for-granted gendered assumptions and hegemonic power relations are discursively produced, sustained, negotiated, and challenged in different contexts and communities.

Feminist CDA is not just for the purposes of the academic deconstruction of texts and talk, but arises from an acknowledgement that issues dealt with, in light of effecting social change, have material and phenomenological consequences for groups of women (and men) in specific communities. In this sense "feminists do not consider language a side-issue or a luxury, but an essential part of the struggle for liberation." (Cameron, 1998, p. 1).

### **Feminist Critical Discourse Analysis and postnatal depression**

One community where social change may be affected through discourse and the deconstruction of text and talk, is women with PND. Patton (2002) states that a feminist perspective considers the importance of gender within relationships and society, while a critical perspective seeks to not only study and understand society but also to analyse and change society. In this sense, feminism and CDA address the issues and language associated with women, particularly those experiencing PND. They seek to address the assumptions and hegemonic power within discourses concerning women. In this sense, feminism demonstrates that women with PND are generally met with an "unresponsive male-dominated medical establishment that failed to hear their 'cries for help'" (Taylor, 1998, p. 367). Therein lies the belief of early feminist discourse analysts that women are denied access to powerful styles of speech, those that confer authority and credibility on a speaker.

As research is conducted with and about women experiencing PND, the feminist CDA approach focusses on "how gender ideology and gendered relations of power are (re)produced, negotiated and contested in representation of social practices, in social relationships between people, and in people's social and personal identities in texts and talk" (Lazar, 2005). In addition researchers may, through feminist CDA, be able to give voice to the voiceless, highlight and eliminate the stigma concerning mental illness and depression that comes from the socially contrived ideology of what is good and bad mothering. Using this approach in PND research allows women to make decisions about their own bodies, while giving them greater voice and power over the current medical model. The feminist CDA approach provides

opportunities to reduce the power imbalance between doctor and patient, between mothers and fathers, and among women in society. By employing feminist CDA, those who 'provide' treatment to women with PND may further understand, from a woman's perspective, the health care requirements of women, while further developing patient-centred care policies, practices and processes.

## CONCLUSION

PND is a public health concern that affects millions of women world-wide. Treatment options are diverse; however, in order to treat PND effectively and provide support to the woman and her family, PND needs to be better understood from a woman's perspective. Currently there is little research regarding the use of therapies for women experiencing PND that focuses on using feminist theories and research approaches. As highlighted, feminist research is an emancipatory type of inquiry, which not only documents aspects of reality but takes a personal, political and engaging stance to the world while contributing to social change through consciousness-raising or specific policy recommendations. CDA complements feminism, not just for the purposes of academic research, but as it seeks to acknowledge and effect social change for women. In this respect, feminist CDA is focused on understanding PND from the woman's point of view, empowering women to make decisions about their own bodies, while giving them greater voice and power over the current medical model. By employing feminist CDA those within health care field who use the medical model to treat women with PND may further understand (from a woman's perspective) the health care requirements of women, while further developing patient-centered care policies, practices and processes.

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