

**An Exploration of Men's Experiences of Depression  
During the Postnatal Period: an IPA Study**

**Sandra Mary Pascoe**

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## Abstract

Postnatal Depression (PND) is a construct that exists across time and culture, affecting both women and men at a ratio of 2:1 respectively. The dominant discourse focuses on women's experiences of PND and the mother↔infant relationship, presented within the framework of an overarching biomedical model that produced a plethora of studies underpinned by the positivist paradigm. In contrast, this research seeks to explore what it actually means for men, as fathers, to experience depression during the postnatal period. The literature to date highlights a threefold gap regarding approach to research into the phenomenon of PND: the *epistemological* underpinning, the *methodological approaches* chosen and the *gender bias*. To address this gap it is necessary for a paradigm shift regarding approach to research to embrace further qualitative methodology. Interpretive Phenomenological Analysis is the methodology identified for this research, as it provides the medium for consideration of the phenomenological and idiographic nature of the experience of PND, to include the role of the researcher and interpretation that reflects the central tenet of reflexivity within the discipline of Counselling Psychology. The overall gestalt presents a transitional adjustment process whereby the life event of the birth of a child initiated a process of deconstruction in preparation for adjusting to a new role within a changed family dynamic. The data revealed three super-ordinate and six sub-ordinate themes highlighting a complexity regarding how men made sense of their experience of depression during the postnatal period, including contemplation of past, present and possible future selves. Negative cognitive appraisal and attribution of meaning relating to childhood experiences, negative perceptions of fatherhood, masculinities, gender roles, the father↔child relationship and sociocultural contextual influences blocked the reconstructive process, resulting in increased *stress* and anxiety that led to depression. This study draws attention to risk factors, such as, childhood trauma, negative inter-generational relationships and differences in gendered expression of cognitive dissonance and anxiety. Conclusions consider implications for Counselling Psychology, highlighting the complex inter-subjective nature of men's experiences and the value of an inter-disciplinary approach to future research, healthcare practice and intervention strategies to develop appropriate care and support for parents, particularly for men during the perinatal period.

## **1. Introduction**

Over the last decade, there has been an increase in awareness that the experience of depression during the postnatal period affects both women and men, yet there remains a paucity of research addressing men's experiences of this phenomenon. This study seeks to address this gap via a phenomenological inquiry into how men make sense of their experiences of depression during the postnatal period and their construction of meaning within this context.

### **1.1 Background to research**

During my training, I worked with a charitable organisation offering support to families who experience difficulties with pregnancy related issues, to include, crisis pregnancy, baby loss, miscarriage, termination, postnatal depression, infertility and adoption. My experience of working therapeutically with women with a diagnosis of postnatal depression heightened my awareness to the needs of fathers, as a neglected area regarding care and support services. Moreover, a recurring theme within the mothers' experiences was that of concern for her partner and the impact that the birth of their child was having on their relationships at many intricate levels.

Taking this interest further, an initial search through the research literature confirmed a gap specifically addressing men's experiences of depression during the postnatal period. Men feature in their role as fathers predominantly in terms of their supportive relationship to the mother and infant, along with recognition that fathers also experienced depression during the postnatal period.

### **1.2 Clinical Guidelines and Terminology**

For the purpose of this study, the term *postnatal depression* (PND) refers to the experience of depression in adults with onset during the first twelve months following childbirth. The Diagnostic and Statistical Manual of Mental Disorders

(DSM-IV-TR, APA, 2000; DSM-V, APA, 2013) places this condition as a Specifier under Major Depressive Disorder (MDD) within the category of mood disorders. The National Institute for Health and Clinical Excellence (NICE) provides clinical recommendations for healthcare professionals regarding the detection of antenatal and postnatal depression, as important not only for the mother but also the infant, the woman's partner and significant others involved in the care and support of the mother and infant (NICE, 2007).

### 1.3 Gender and diagnosis

It is important to note that the DSM-IV-TR and diagnostic criteria for depression, such as, consciously depressed mood, fatigue, loss of energy, and diminished pleasure in activities, are traditionally associated with feminine characteristics of symptom reporting. As opposed to traditional western masculine characteristics, such as, to remain stoic, dissociate from emotions or convert vulnerable emotions to anger (Angst and Dobler-Mikola, 1984; Kilmartin, 2005). In terms of risk factors, recurrence rates and presenting symptoms, the DSM-IV-TR recognises the similarities between the presentations of depression or 'mood episodes' with onset during the postnatal period and the presentation of varying forms of depression or 'mood episodes' with onset outside of the postnatal period. The DSM-IV-TR criteria for Postpartum Onset Specifier states that:

*'With Postpartum Onset (can be applied to the current or most recent Major Depressive, Manic, or Mixed Episode in Major Depressive Disorder, Bipolar I Disorder, or Bipolar II Disorder; or to Brief Psychotic Disorder)'*

American Psychiatric Association (2000), DSM-IV-TR, p423

This suggests that the specific difference between PND and other forms of depressive mood disorder is that the onset occurs within the postnatal period, defined in the DSM IV-TR as four weeks after the birth of a child, or within six weeks according to the ICD-10 (2004). However, the Avon Longitudinal Study of Parents and Children (ALSPAC), measured paternal depression at three

postnatal intervals: 8 weeks, 8 months and 21 months, with the highest percentage reported for the first two intervals, with a decrease at the third interval (Ramchandani, Stein, O'Connor, Heron, Murray and Evans, 2008). To reflect this later onset period for men, this study has identified the first twelve months after the birth of a child as the postnatal period.

The feminine bias of the existing diagnostic criteria within western culture limits the recognition of the presentation of depression associated with the postnatal period and fathers remain set-apart from accessing care and support in this respect (see Morrison, 2006, for a comprehensive guide to the DSM-IV-TR). The NICE guidelines, do acknowledge consideration for fathers, yet this remains within the context of enhancing care and support for the mother and infant. This emphasis of care and support for the mother and infant inadvertently reinforces the traditional views of masculinity and the father's role as embodying stoicism and disassociation from personal psychological and emotional needs (Addis and Malhalik, 2003; Kilmartin, 2005; Emslie, Ridge, Ziebland and Hunt, 2006). While the supportive role of fathers is important and valuable, it is only one aspect of fatherhood. This overt emphasis on the supportive role of fathers, suggests the traditional masculine characteristics, stated above, as the more acceptable responses for fathers during the postnatal period, rather than recognising that men may need access to services in their own right.

#### **1.4 Historical Background**

The prevalence of depression during the postnatal period is a recognised and recorded phenomenon dating as far back as the writings of the ancient Greek philosopher, Hippocrates (Najman, Anderson, Bor, O'Callaghan and Williams, 2000). It is purported to affect approximately 10 - 15% of women and 5 - 7% of



men following the event of childbirth in Western culture (Cooper and Murray 1998; Chew-Graham, Sharp, Chamberlain, Folkes and Turner, 2009). Historically, PND is a phenomenon that has affected and continues to affect both women and men across time and culture. The above statistics highlight a 2:1 ratio, yet the literature to date does not reflect this ratio, with men's experiences being vastly under-represented.

It is important to note that statistics only represent identified cases, which raises the question of how these statistics are gathered, by whom and to what purpose. For example, the literature that has generated such statistics has largely focused on accessing men's experiences within the context of women's experiences. Moreover, the original design of measurement tools applied in quantitative studies focus on capturing women's experiences via a nomothetic approach. The most widely used questionnaire is the Edinburgh Postnatal Depression Survey (EPDS). Arguably, one might question the validity of applying measurement tools with an overtly feminine bias, as an appropriate means to capture men's experiences of depression during the postnatal period. Cox and Holden (2003) responded to this critique by revising the EPDS to be more gender inclusive. Edmondson, Psychogiou, Vlachos, Netsi and Ramchandani (2010), assessed this revision and concluded that the EPDS was an appropriate tool for enabling health professionals to screen both mothers and fathers for postnatal depression. However, Edmondson and her colleagues acknowledged the low response and participant sample meant these results are not necessarily representative in terms of applicability across the general population. While the specific arena of the biomedical model acknowledges men's experiences, the dominant focus remains on the care and support of mother and infant. Consideration of fathers is by default rather than as a subject

worthy of investigation in its own right (Rohner and Veneziano, 2001). Thus, statistics merely reflect what has been measured in a certain context, at a particular point in time and do not necessarily reflect the true prevalence of men's experiences of depression during the post-natal period.

The above information considers the historical background, beginning with the identification of the phenomenon of PND in the writings of Hippocrates, in Greece. Then moving on to consider the development of post-natal depression as a recognised phenomenon within the UK, which highlights its primary position within the biomedical model within Western culture. However, 'Western culture' is not a single definable construct but one that represents a multifaceted, ever-changing diverse population. In this respect, to understand further the development of knowledge regarding this phenomenon it is necessary to broaden the focus to consider briefly the literature regarding the presentation of postnatal depression in other cultures. In doing so, it is intended that this will reveal a little of the complexity of factors that may be present for individuals experiencing PND, which in-turn, become incorporated into how such individuals make sense of their experiences through the construction of personal meaning within this.

### **1.5 Cultural perspective**

Cross-cultural studies have primarily focused upon women, noting that PND is not restricted to Western, industrialised countries but is an experience that spans many cultures worldwide (Grace, Lee, Ballard and Herbert, 2001; Rahman, Iqbal and Harrington, 2003; Rodrigues, Patel, Jaswal and de Souza, 2003; Halbreich and Karkun, 2006). There is some variance in the prevalence of PND in these studies, which may indicate a difference in cultural

understanding regarding the terminology, labelling and expression of the experience of depression during the postnatal period (Posmontier and Horowitz, 2004). Cultural variables are not restricted to language difference alone; broader consideration of contextual influences, such as, spiritual and religious beliefs, gender roles, associated social expectations and support structures, also play an important part in individual and collective perceptions of PND (Hanlon, Whitley, Wondimagegn, Alam and Prince, 2009; Goldbort, 2006).

Goldbort's (2006) extensive literature review and trans-cultural analysis of postnatal depression, highlighted non-western cultures tendency to focus on social/environmental and spiritual/religious causal influences, with no subsequent recommendations for clinical intervention, whereas western culture's emphasis on the biomedical approach tends to favour more clinical interventions through health service provision. Considering the phenomenon of PND from this perspective draws attention to the need to expand the remit for research set within western culture to include consideration of the broader contextual issues that may influence individual and collective understanding of PND. This widening of the critical lens brings into focus consideration of what is meant by the term 'western culture' when applied to the UK setting.

In the 21<sup>st</sup> century, the UK population reflects a multi-cultural society developed through a particular social and political history. Christianity holds a dominant position in the history of the UK yet this dominance is shifting as the increase in immigration and the ever-changing transient nature of the UK within its global positioning has brought a cultural shift to accommodate the growing multi-faith aspect of British culture today. This inevitably adds to the complexity of what it may mean for any one individual to experience depression in the postnatal period, which may include religious and/or spiritual beliefs. Religious doctrine

does not address spirituality to the exclusion of other factors, for example, both Muslim and Christian doctrine present guidelines regarding social and political structures, along with familial roles, responsibilities and expectations (Abdel Haleem, 2004; Crossway, 2001). To explore fully the intricate interweaving of spirituality and religious doctrine within the confines of this research is not a plausible venture and one that may be a subject for future research. However, it is important for this research to acknowledge the broader contextual issues that may be influencing factors in the experience of depression during the postnatal period by conducting the research with an open, non-judgemental explorative approach, which is best suited to a qualitative design and methodology.

This research seeks to achieve this by approaching the phenomenon of PND from the perspective of men living in the UK, with the intention of opening the debate around the construct of PND within this cultural setting. This necessitates consideration of the context of the biomedical frame, as UK culture places the process of human procreation under the watchful eye of the medical profession. This study seeks to add to the current literature by extending its remit via an open exploration of men's experiences of PND, in-terms of construct and meaning on both interpersonal and intrapersonal levels.

The discipline of counselling psychology specifically works with meaning and embraces the role of reflexivity as a core feature to gaining insight and understanding. Therefore, it was important for me to consider my role as an integral part of the research process. This required careful consideration of methodology, to enable the recognition of this aspect as an active part of the interpretation of results. As such, the choice of methodology, led by the research question, highlighted the necessity to apply a qualitative approach that specifically facilitates the exploration of meaning. As a reflexive science

practitioner and trainee counselling psychologist, it was important for me to feel comfortable with the methodological framework and its epistemological positioning. In this respect, I identified Interpretative Phenomenological Analysis (IPA) as the most appropriate methodology for this study. Moreover, the epistemology underpinning IPA presents a constructivist / interpretative approach to understanding that actively embraces the role of the researcher and participants' relationship, to include ontological awareness and axiology. (Smith, Flowers and Larkin, 2009). See Chapter 3 for further exploration of IPA and its epistemological position.

## **2. Literature Review**

### **2.1 Models Applied to PND**

A brief review of current thinking within the contexts of the biomedical and social/environmental models will facilitate the development of the contextual frame for this research.

#### **The Biomedical Model**

The location of services for addressing PND in the UK reflects the dominance of the biomedical model regarding this phenomenon. Moreover, this contextual frame provides current understanding and access to mental health services. It is, therefore, crucial for this research to be familiar with the assumptions applied to families where PND occurs.

The biomedical model inevitably falls to a negative stance, as its purpose is to fix what is wrong (Engel, 1977; 1980). Achieved through a reductionist process, this approach considers the physical and/or psychological symptoms presented, searches for a cause through the application of diagnostic criteria, with the goal of achieving healing through treatment, in the form of evidence based, clinical intervention. While appearing restrictive this model plays an invaluable role within the UK in enabling individuals, regardless of class or creed, to access services offering support and care. The biological processes involved in reproduction, necessitate care to address factors, such as, neuroendocrine alterations, hormonal imbalance and physical health concerns that may result from complicated births and/or congenital hereditary conditions (Hendrick, Altshuler and Suri, 1998; Sanjuan, Martin-Santos, Garcia-Esteve, Carot, Guillamat, *et al*, 2008). These influences are important regarding the aetiology

and progression of PND for some women (Karuppaswamy and Vlies, 2003; Harris 1996). Predisposing factors, such as, bi-polar disorder and/or thyroid disorder are particularly relevant to the development of puerperal psychosis, which is a rarer, more severe presentation of postnatal depression. The term *puerperal* refers to the first six weeks of the postnatal period, which is the period of onset for this serious mental health condition. The biological and psychological histories of the mother are key features in the detection and management of puerperal psychosis (Coyle, Jones, Robertson, Lendon and Craddock, 2000; Chaudron and Pies, 2003). Men also experience hormonal changes after the birth of their child, such as, an increase in the production of prolactin and cortisol and decreases in testosterone levels. These changes are associated with paternal emotional and behavioural responsiveness to the infant (Storey, Walsh, Quinton and Wynne-Edwards, 2000; Fleming, Corter, Stallings and Steiner, 2002) However, there is no research to date examining whether a causal link exists between changes in hormone levels and the onset of depression for men during the postnatal period. As such, this presents a potential subject for future research within this field. Moreover, this highlights the complexity of influences that need consideration when exploring the phenomenon of PND and the important role that the biomedical model holds in enabling understanding to maintain and develop care and support for families. This model highlights the biological sex differences that exist regarding the experience of PND for women and men, with men's needs recognised only in respect of their parental and supportive roles (see NICE, 2007).

### **Sociocultural / Environmental Perspective**

This brings us to consider the social context of PND, as historically women have been the gatekeepers to all things related to the birth of a child and men have

continued in the traditional role of provider and protector (Pleck, 1995). However, the post-modern era has witnessed a social revolution, where gender roles are no longer so clearly defined and the fragmentation of social structure challenges individuals on many intricate and complex levels (Kimmel, 2004). Previous literature examining the phenomenon of PND to include a sociocultural / environmental perspective broadens the conceptual frame to encompass other influences affecting individual experience. For example, Burke (2003) highlighted the need to place maternal depression within a social context, drawing particular attention to the deleterious effects of maternal depression on child development and family relationships. Stein, Malmberg, Sylva, Barnes and Leach (2008) conducted a large cohort longitudinal study, the results of which showed that PND had a negative effect on maternal care giving and infants' language development. These studies provide valuable insight into the impact of maternal PND on child development, thereby raising awareness for maternity services to be especially attentive to the needs of families where PND is present. However, they do not address what the experience of depression means for the sufferer and how they make sense of it within the context of their lived experience of being in the world.

The individual differences affecting the development and maintenance of depression during the postnatal period is lost amidst the finite remit of statistical analysis. Research conducted in Spain by Vicenta Escribà-Agüir and Lucía Artazcoz, (2010), highlights this difficulty as it broadens the social/environmental perspective to encompass gender differences in postpartum depression. Conducted as a longitudinal cohort study, Escribà-Agüir and Artazcoz employed a quantitative methodological approach, which identified and confined psychosocial and personal factors via the attribution of



three categories: 1) marital satisfaction, 2) partner's depression, 3) pregnancy depression. The results showed a gender difference in terms of on-set of PND, which relate to the significance of the identified psychosocial and personal factors. These results highlight the complexity of personal experience of PND for both mothers and fathers but the quantitative approach limits the depth of understanding, particularly with regard to the intricacies of the personal and psychosocial factors involved for each participant. For instance, how the identified factors interact with the participants' personal meaning making and how this relates to the development and maintenance of PND at both an individual and relational level may be a useful premise for future research in this setting.

### **What do these models present?**

The biomedical model and social/environmental model present different perspectives. The biomedical model is somewhat reductionist, as it emphasises human biology, anatomy and physiology, highlights sex difference in its physical sense, considers human experience and cognitions in terms of *health* and *illness*, and applies these concepts to the realm of psychological and emotional experience. Social/environmental models challenge the reductionist method of investigation by considering the wider implications of PND regarding the relational aspects of individual experience. Thus, in considering the phenomenon of PND it is arguably more appropriate to view these models less as competing and more in terms of complementing each other to facilitate a holistic approach. This would ultimately serve to ensure the development of services that are appropriate to the needs of those seeking care and support. For example, Mike White's (2010) work with young-disadvantaged fathers-to-be in Wiltshire, raises awareness of the importance of caring and supporting

fathers in this context. White suggests that psycho-educational prenatal support groups serve to nurture self-awareness and encourage personal development that benefits the men on both intrapersonal and interpersonal levels, to include improved relationships with their partners and extended family. It is important to note that this is a prenatal intervention, which focuses on preparation for parenthood with a particular population group. While White reports a positive increase in confidence regarding the young men's perception of their paternal identity, he acknowledges that there is a gap in research to date, regarding whether such interventions have a long-term positive impact. White's work highlights the importance of recognising and supporting fathers' needs in their own right. Thus, for change to take place a paradigm shift needs to occur, regarding approach to research in this field to include more in-depth exploration of men's postnatal experiences of fatherhood.

## **2.2 Approach to Research**

The literature presented thus far, highlights the biomedical, social/environmental and cultural influences as part of the experience of PND, also identifying the emphasis on quantitative approaches to research within this field of study. Moreover, the biological factor cannot be ignored and women, at present, still hold the responsibility of gestational care and physical nourishment of the infant, although the development of formula milk and invention of the breast pump, enable fathers to also participate in the feeding of the infant. While acknowledging the broader relational impact of PND, the focus of medical support and care remains with the needs of the woman and child (NICE, 2007). Reflecting this emphasis, the biomedical model dominates research into the phenomenon of PND for western culture, which posits quantitative methodology as the method of choice. This has resulted in the development of measures,

such as, the widely used EPDS (Cox and Holden, 2003). Large-scale quantitative studies generate data that can be analysed to identify patterns and trends that apply to the general population, thus providing an evidence base for the development of interventions.

Using essentially quantitative methodologies, such large-scale studies provide valuable insight into the phenomenon of postnatal depression and serve to identify aspects that warrant further investigation, thereby broadening the conceptual frame in which to consider the wider implications of PND. Meta-analyses also highlight various features that may be influencing factors regarding the aetiology and duration of PND (Gaynes, Gavin, Meltzer-Brody, Lohr, Swinson, Gartlehner, Brody and Miller, 2005; Goodman, 2004; Schumacher, Zubarán and White, 2008; Wanless, Rosenkoetter and McClelland, 2008). A key finding, of particular relevance is that these studies concur that PND does not only affect women. Quantitative literature tends to approach within gender differences in terms of demographic variations, such as, socioeconomic status, age and ethnicity. Thus, the dominant discourse acknowledges differences within and between gender groups in certain contexts but fails to address the differences within gendered population groups, in terms of individual meaning and experience. Qualitative methodology provides a vehicle through which to explore within and between group influences, such as, individual inter and intrapersonal meaning constructs (Camic, Rhodes and Yardley, 2007; Smith, 2008).

### **2.3 Alternative approaches to PND**

The apparent dichotomy of models in the field of research into the phenomenon of PND does not capture the holistic, ideographic nature of this experience in

terms of what this means for men, women, and their lived sense of being in the world. Paula Nicholson (1989;1998) considered the competing biomedical and social/environmental models within the context of feminist psychology. Nicholson presented a case for viewing the experience of PND as part of a normal process of adjustment to multiple losses. She brought into focus psychosocial issues around loss and identity, individuals' past-experiences and the influence of family relationships. Nicholson applied a qualitative approach to explore the deeper meanings that influenced mothers' cognitive evaluations and experiences of negative affect and reflect on the complex levels of interaction between her participants' personal and social worlds.

Moreover, while Nicholson challenged thinking at that time, she acknowledged the important fact that access to services remained within the biomedical sphere and as such, concluded that the medical frame of reference of viewing the experience of PND in terms of *illness* ensures women continue to be able to access appropriate care and support in the UK. Nicholson's work opened the forum for debate by shifting the focus from the finite understandings posited by quantitative approaches through the application of qualitative methodology. Nicholson emphasises the need to recognise the psychological impact of childbirth and challenges the label of PND, as inadequate when considering the complexities of individual experience (Nicholson, 2010). Arguably, Nicholson's work acts as a valuable myth-buster, laying weight to the need for more qualitative research in the field to include men.

## **2.4 Relational Factors**

The importance of relational factors repositions the approach to research. For example, a key study by McBride, Brown, Bost, Shin, Vaughn and Korth,

(2005), examined whether mothers' beliefs about the fathers' role contribute to mothers influencing father involvement. Their results suggest mothers' beliefs about the role of the father moderates fathers' perceptions of their parental role, and levels of paternal involvement. This draws attention back to the relational aspects of parenthood. Previous research has identified the existence of a relationship between maternal and paternal depression (Bielawska-Batorowicz and Kossakowska-Petrycka, 2006) however, the focus remains on the woman and infant. Men's experiences of PND are currently recognised and addressed within the context of psycho-educational interventions to aide understanding and support for men to facilitate their ability to provide appropriate support and care for the mother and infant (Esterhuyse, 2009). The danger here is that the intervention itself may present an imbalanced view that the psychological and emotional wellbeing of mothers is more important than that of fathers, which may inadvertently serve to deny men the right to value their own needs within this context (Matthey, Kavanagh, Howie, Barnett and Charles, 2004).

Recent studies consider factors such as, the reciprocal relationship between mothers and fathers, parenting behaviours and parent-infant interactions (Mauthner, 1998; Gross, Shaw, Dishion, Moilanen and Wilson, 2008). Studies have also shown the importance of parental influence on child development for both mothers (Murray and Cooper 1996; Murray et al 1999; Hay et al 2003; Milgrom, Erickson, McCarthy and Gemmill 2006) and fathers (Lewis and Lamb, 2003; Wanless, Rosenkoetter and McClelland, 2008). This shift in focus helps to position the aims of this research, for example, Cochran and Rabinowitz (2000), recommended the use of qualitative methodologies to circumvent the limitations encountered in applying traditional definitions and measurement models to study men's experiences of depression. Chuick, Greenfield,

Greenberg, Shepard, Cochran and Haley, (2009) highlight the need for qualitative research to gain a deeper understanding into men's experiences of depression.

Further research in the past 15 years has, to some extent opened the arena to consider the relational nature of postnatal depression, with a growing awareness regarding the need to expand the focus of care beyond the realm of women. Deater-Deckard, Pickering, Dunn, and Golding (1998), examined data from the Avon Longitudinal study of Pregnancy and Childbirth, which identified similarities in the patterns and correlates of depression during the postnatal period for men and women, highlighting the importance of family and partnership influences on the adjustment of men both before and after childbirth. However, these studies do not address the phenomenon of PND in terms of what this experience means for men, instead the focus remains on the impact on men's relationships with partners, families and infants. There is currently a gap in the literature for research, which directly investigates the experiences of men in their own terms (Addis and Mahalik, 2003).

## **2.5 Fatherhood, Masculinity and Depression**

The discussion thus far, highlights the primary focus of research into PND as understood from the perspective of women, motherhood and mental illness, this review now turns directly to the role of men to consider fatherhood, masculinity and depression.

### **Fatherhood**

Returning to consider the social/environmental model will provide a contextual base from which to explore concepts of fatherhood. As stated above, historically traditional western concepts of fatherhood were strongly associated with the

role of provider and protector, yet the post-modern era has witnessed a shift in expectations for parental roles, such as, increased father participation in the practicalities of childcare and domestic duties (Barclay and Lupton, 1999; Plantin, Mansson and Kearney, 2003). Fathers today are more visibly involved with their children than in past generations, which suggest that the modern father may not be able to relate to his own father as a model (<http://www.bbc.co.uk/tv/features/fatherhood-season/>, 2010; Fägerskiöld, 2006).

Despite social and economic change, the focus of childbirth and its associated experiences remains predominantly with women. One area of UK culture, which reinforces this bias, comes in the form of media presentations of parenthood, which rarely portray fathers, preferring to remain with traditional images of the mother-infant relationship. For example, advertising in magazines and through television commercials for products, such as, formula milk, nappies, bathing products, creams and lotions remain female centric within the UK media. The overt feminine bias sends a powerful message regarding gender role expectations within UK culture; this message sits subtly in the absence of imagery and language regarding the positive and valuable role of fathers within the family dynamic. Warren Farrell (2001) argues that over the past 30 years, governments, legal systems and the media have reflected a negative attitude to the role of fathers and effectively diminished the importance of men in children's lives.

Media presentations of celebrity role models have featured heavily in the cultural framing of fatherhood. Politicians, such as, Tony Blair and more recently, David Cameron have sought to frame themselves as celebrity fathers (Lupton and Barclay, 1997; Smith, 2008). Estella Tinknell, (2005) suggests that displays of the *new masculinity* that is both responsible and caring, is utilised by

politicians as a means to promote policies and win votes. She also highlights the overall *problematic and contradictory* representation of the role of fathers in British and US visual culture. However, there is an emerging trend toward more frequent, casual reference to the image of caring fathers in popular culture via advertising images and depictions of sporting and other icons (O'Brien, Hunt and Hart, 2005; Segal, 2007). For example, the iconic figure of footballer David Beckham appeared on the front cover of a magazine aimed at fathers, *FQ*, which launched in 2003. In 2009 and 2010, Beckham still held his front-page status, as a positive representation of fatherhood (FQ Magazine, 2009; 2010).

The dawn of the 21<sup>st</sup> century has brought with it a subtle shift in both research and media presentations regarding the subject of men and fatherhood. Gregory & Milner (2011) reviewed the construction of fatherhood within public discourse representations of the UK and France. The authors argue that while “new fatherhood” is appearing in popular representations, “cultural products” tend to remain conservative reinforcing existing gender role stereotypes rather than shifting to alternative representations of gender relations within parenthood. This highlights the complexity of the process of the construction of fatherhood, on both macro and micro relational levels of influence. Arguably, public discourse and media representations can only influence to the extent that individual personal histories, interpretations and meaning allow. For example, in 2010, BBC Four broadcast a series of documentaries that considered various aspects of fatherhood, including the changing role of fathers over the last 100 years (<http://www.bbc.co.uk/tv/features/fatherhood-season/>, 2010). In this series, it became apparent that the historical, biological line of fatherhood coupled with social and political influences across time, resulted in a variety of concepts and experiences of fatherhood at an individual level. The personal



accounts sensitively portrayed during this series, highlights the ideographic nature of fatherhood, thereby challenging the current climate regarding research in this field, to open the debate around parenthood to include investigations that focus more specifically on fathers and how they make sense of their experiences of this role and identity.

### **Help Seeking, Masculinity and Depression**

To explore men's experiences of depression within the context of fatherhood draws attention to men's relationship to concepts of masculinity within the context of their social, cultural and personal history (Segal, 1997; Courtney, 2000; Draper, 2003). The literature addressing masculinity is vast making it impossible to explore this subject fully within the remit of this thesis. Hence, the intention here is to provide a brief overview outlining the basic tenets arising from this literature base with a view to elucidate the relationship between masculinity and men's experiences of depression.

A significant contribution to gender studies focusing on masculinity, is that of the Australian Sociologist, Raewyn Connell (1995), whose book '*Masculinities*' brought together the ideas, theories, experiences and understandings Connell had been accumulating and refining over nearly three decades, resulting in a Gender Model. This initially consisted of three structures, to which Connell later added a fourth:

- 1) Labour – the sexual division of labour,
  - 2) Power - the overall subordination of women and dominance of men, and
  - 3) Cathexis – the practices that shape and realise desire
- (Connell 1995, p. 74),
- 4) Symbolisation (Connell 2002).

Central to the grounding of Connell's developing theory in '*Masculinities*' and the deep insights into gender relations and gender construction, is the use of life history case studies informed by psychoanalysis. Connell's approach to studying gender was influenced by Freud's hypotheses that masculine and feminine currents coexist in both men and women and that adult sexuality and gender are not fixed by nature but constructed through a long and conflict-ridden process (Connell, 1995). Connell argued that the clinical method could clarify this process, for example, through the psychoanalytic case study of the person, which teases out the layers of emotion that both coexist and contradict each other. Connell argued that this approach to studying the person is not individualistic, as it uncovers the relationships that

*'constitute the person, the prohibitions and possibilities that emerge in that most extraordinary and complex of social processes, the raising of one generation of humans by another' (Connell 1994, pp. 33–34).*

The life history case studies in '*Masculinities*' explicitly link the minds and bodies of the men in the study to broad social structures like gender and class. In doing so, the participants remained visible as real, living people with their own personalities and trajectories. At the same time the social structures that shape each person to varying degrees remain explicitly historical, dynamic structures, subject to change and resistance, as well as to being reproduced and re-structured (Wedgwood, 2009).

Connell's original concept is firmly anchored at the top of a hierarchy of historically specific masculinities, including subordinate, complicit and marginalised masculinities. Connell argues that this focus on gender relations among men

*'is necessary to keep the analysis dynamic, to prevent the acknowledgement of multiple masculinities collapsing into a character typology'*  
(Connell 1995, p. 76).

Connell's work adds to our understanding, not just of the ways in which the male-dominated gender order is continually reproduced but, more importantly, of the ways in which it is undermined and the ways in which more egalitarian masculinities can be constructed.

The influence of socio-cultural beliefs on gender-socialisation brings us to consider the relationship men may have with the concept of masculinity, in other words, what it means for men to be men, on both interpersonal and intrapersonal levels. The construction of concepts of masculinity occurs on both macro and micro levels, as men develop an understanding of their sense of self through a learnt way of being. Within western culture, notions of masculinity present in different forms:

- ◆ **Traditional** - reflects stoicism and a tendency to dissociate from vulnerable emotions
- ◆ **Playboy** - considered sexually promiscuous, unable to commit, carefree, confident in his sexuality
- ◆ **New man** - more visible in the seventies and eighties of the twentieth century as the post-modern era has its trickle-down effect with more women seeking careers and men opting to become the homemaker
- ◆ **Metro-sexual** – free to choose his lifestyle without the constraints of traditional gender role identification

(Kimmel, Hearn, and Connell, 2005; Courtenay, 2000; Pleck, 1995)

In addition to the above categorisation of masculinities, during the seventies and eighties a more controversial concept of masculinity developed termed *Hegemonic masculinity*, a subject much reviewed and refined over the last two decades and is the most popular and influential element of Connell's theory of masculinity, yet it has also attracted the most criticism. In response to this,

Connell and Messerschmidt (2005) suggest a reformulation of the concept in four areas:

- (i) A more complex model of gender hierarchy, emphasising the agency of women;
- (ii) Explicit recognition of the geography of masculinities, emphasising the interplay among local, regional and global levels;
- (iii) A more specific treatment of embodiment in contexts of privilege and power
- (iv) A stronger emphasis on the dynamics of hegemonic masculinity, recognising internal contradictions and the possibilities of movement toward gender democracy

This concept of masculinity considers the multilayered experience of masculinities, as opposed to the notion that male gender identity is a singularly definable construct. The term hegemonic masculinity could arguably ascribe to the notion of a dominant gender identity within a particular social and cultural setting. However, given the multicultural context of the UK and its ever-shifting social structure, the notion of an over-arching model of masculinity is debatable. This raises the issue of what men consider as acceptable norms regarding the experience and expression of thoughts and feelings in response to life events, with particular reference to depression (Emslie, Ridge and Zeibland, 2006; Galasiński, 2008).

Exploring the experience of depression in the UK, necessitates consideration of notions of *health* and *illness*, which places men's experience of depression within the context of their relationship with and understanding of these concepts and associated help-seeking behaviours. Research findings from the perspective of western culture support the popular belief that men are reluctant to seek help, particularly for mental health concerns (Good & Wood, 1995;

Moller-Liemkuhler, 2002; Smith, Braunack-Mayer and Wittert, 2006; Thurston & Phares, 2008).

Previous research links men's negative attitudes toward seeking psychological help with traditional masculinity ideology regarding beliefs about the importance of men adhering to traditional norms for male behaviour (Levant and Richmond, 2007). The Gender Role Strain proposed that the dominant masculinity in any given culture informs socialisation processes that affect conformity to prevailing masculine norms and that masculine socialisation processes may result in men's understanding of masculine role and behavioural responses. (Levant, 2011; Pleck, 1995). Further development of these connections may be found in research pertaining to Gender Role Conflict, which seeks to address the conflict men experience within their personal and social worlds, particularly when conforming to traditional masculine norms (O'Neil, 2008; Wester, 2008).

GRC is a condition in which rigid or overly restrictive male gender roles conflict with incompatible situational demands, resulting in negative consequences for men and those around them (see O'Neil, Good, & Holmes, 1995, for review).

Four overall patterns of male GRC have been identified (O'Neil et al., 1995).

1. Success, Power, and Competition (SPC), which examines the degree to which men are socialized to focus on personal achievement through competitive efforts.
2. Restricted Emotionality (RE), discusses the degree to which men are taught to avoid verbally expressing their feelings so as to avoid appearing weak and vulnerable.
3. Restricted Affectionate Behaviour Between Men (RABBM), explores how men are socialized to have difficulties expressing their care and concern for other men.
4. Conflict Between Work and Family Relationships (CBWFR), discusses the degree to which men struggle with balancing the demands associated with work, school, and family relations.

GRC theory stresses the importance of understanding how behaviours associated with a traditionally socialized male gender role interfere with positive

outcomes in situations that require more, non-traditional actions, such as within the domestic situation of the father role. The literature to date presents a large number of separate studies exploring the nature of GRC, as experienced by men, as well as the variables associated with that experience (see O'Neil, 2008; and 2013). The predominant scale used in the research is the Gender Role Conflict Scale (GRCS; O'Neil, Helms, Gable, David, & Wrightsman, 1986). It consists of 37 items spread across four subscales representing the domains described. Research shows that all four GRCS subscales positively correlate with negative intrapersonal consequences for men, most notably depression, anxiety, stress, measures of self-esteem, substance use and abuse, as well as alexithymia and shame. Higher levels of both RE and RABBM have also been associated with decreased relationship intimacy, marital problems, and lower levels of social connectedness (O'Neil, 2013). Similarly, SPC has been linked with negative outcomes but it also positively predicts higher levels of self-esteem in certain populations, for example, college students (see Wester, Christianson, Vogel, & Wei, 2007). Furthermore, CBWFR prediction of negative outcomes varies across different age groups (Norwalk, Vandiver, White, & Englar-Carlson, 2011), potentially because younger men have not yet developed significant stress in the areas of family and career. Arguably, a paradigm shift to include qualitative measures would facilitate a more detailed exploration of such variables. Nevertheless, GRC has also provided the basis for the development of therapeutic models designed for clinicians working with male clients (O'Neil, 2006), including fathers (O'Neil & Lujan, 2009), police officers (Wester & Lyubelsky, 2005), college men (O'Neil & Crapser, 2011) male members of the military (Brooks, 1998), and transgendered persons (Wester, Mc-Donough, White, Vogel, & Taylor, 2010).

Enns (2008) and Wester (2008) recommend the conceptualisation of GRC from a larger social system or feminist perspective, drawing attention to how power and societal patriarchy and institutionalised sexism relate to GRC. Arguably, all of these influences are reflected in the UK's treatment of parents during the perinatal period with the dominance of the biomedical model presenting an image of power in the form of professional expertise. An example of institutionalised sexism, may be seen in the UK's provision of services for perinatal care, which remains focused on the mother and infant and tends to marginalise fathers, relegating them to a supportive / protective role (NICE, 2007). Studies have found mediation effects for men's GRC with protective and risk factors (Houle, Mishar and Cagnon, 2008); social support (Wester, Christianson, Vogel and Wei, 2007); attitudes towards seeking counselling (Pederson and Vogel, 2007) and with internalised sexism (Szymanski and Carr, 2008).

The GRC research programme provides one way to document the negative psychological outcomes of restrictive gender roles and the societal sexism that suppresses both men and women, however, research to date has largely focussed on men, with the dominant use of quantitative measurement tools, such as, the GRC Scale (O'Neil, Helms, Gable, David and Wrightsman, 1986). While the literature into GRC provides some insight to such phenomena, the positivist approach is limited. Heppner and Heppner (2008) support this criticism, as they draw attention to the need for new theories, models and measures to facilitate a better understanding of the construct's complexity. Both Heppner and Heppner (2008) and Enns (2008) recommend the need for more qualitative approaches to facilitate more in-depth explorations of GRC. Furthermore, Wester (2008) highlights the value of longitudinal, cross-

sequential research to gain insight into how GRC develops across the life-span. This would enable consideration of the fluidity of masculinities across time and the complex inter-relational influences of social expectations, intrapersonal and interpersonal relationships, multiculturalism and religion. This literature base draws attention to influences regarding how these aspects of men's experiential sense of personal identity develop. Individuals do not operate in a social vacuum, as such, how men view themselves within their personal and social worlds highlights the role of gender socialisation and the sociocultural influences that affect an individual's construing of developing masculinities, through inter-subjective influences that affect men's help-seeking behaviours (Addis and Mahalik, 2003).

The literature to date regarding men's help-seeking behaviours highlights the complex interaction of influencing factors, to include masculinities, gender roles and the sociocultural influences affecting individuals' cognitive behavioural responses within their personal and social worlds. However, this literature remains largely entrenched within the positivist paradigm that restricts the development of understanding as it limits exploration of the idiographic nature of men's experiential selves and the complexity of their cognitive behavioural responses, values and beliefs embedded therein (see Levant, Rankin, Mellinger, Stefanov, Halter and Williams, 2013). Courtney (2000) positioned men's help-seeking within a social constructionist frame of reference, suggesting that seeking professional help is a feminine practice, actively constructed by individuals and healthcare institutions. Courtney argued that men's help-seeking behaviours contribute to the active construction of their gendered identities, for example, when a man refuses to go the doctor,

*'...he is simultaneously describing a health practice and situating himself in a masculine arena'*  
Courtney (2000) p1389



O'Brien and colleagues (2005) conducted a discourse analysis using focus groups to explore men's help-seeking practices, in which they present a dominant discourse of hegemonic masculinity as

*'...one in which help-seeking is only contemplated following pain, endurance, stoicism and visible injury'*

O'Brien, Hunt and Hart, (2005), p514

This study also noted men's discourse in relation to depression, as the men preferred to speak about depression in terms of 'stress', suggesting this is a more acceptable masculine expression of negative affect that does not undermine their masculine identity. In contrast to this, the authors also recognised that for some groups of men, such as, fire fighters, help seeking was construed as enhancing their masculinity.

Noone and Stephens (2008), provide further support for this observation arguing that men engage discursive strategies to justify access to healthcare services. In this respect, notions of power and control serve to frame help seeking behaviours in terms of mastery and knowledge regarding proactive action. This also suggests an association of personal responsibility that reflects hegemonic masculine ideals, such as, stoicism and resistance to emotionality. Moreover, this opens the interpretative debate to consider a contradictory aspect within men's masculinities and gender socialisation that draws attention to the influence of situational context, culture and group dynamics. Considering this within the context of the group of fire fighters, their occupational identity may interpret as operating within an ethos of safety that encourages self-care as an important feature to maintaining their ability to carry out their job successfully. This highlights personal meaning making as an additional layer to how men construe help seeking in response to health concerns.

Bengs and colleagues (2008) examined gendered representations of depression in Swedish newspapers via discourse analysis. Their findings suggest that media discourses perpetuate gender stereotypes of depression by portraying men as reluctant to seek help and maintaining silence regarding their experience of depression and emotionality, in some cases to the point of sudden physical collapse (Bengs, Johansson, Danielsson, Lehti and Hammarstrom, 2008). Gough's (2006) analysis of men's discourses within the UK media highlights the stereotypes of masculinity, reinforcing the view that men resist help seeking behaviour to the extent that health professionals such as, doctors also conform to this expectation. However, Gough (2006) warns against the restrictive view of developing services in response to a single dominant hegemonic masculinity, as this does not do justice to the complexity of differing masculinities and differences between and within gendered expressions of distress. Further support presented in a review focusing on men's distress highlights the dominant discourse within academic literature that men are reluctant to seek help and the silencing effect of institutionalised healthcare. In this respect, health professionals share sociocultural understandings regarding expectations in relation to men's expression of distress with a particular focus on hegemonic masculinity and traditional characteristics of stoicism and dissociation from vulnerable emotions (Ridge, Emslie and White, 2011).

So what does this mean in terms of men's experience of depression? Arguably, when men perceive that they are failing to live up to societal expectations, they may experience anxiety and shame. This is particularly true for men who identify with traditional concepts of masculinity that pervade the UK's cultural history, as men with depression face a choice between living with sadness or living with the shame of perceived weakness and vulnerability (Ogrodniczuk and

Oliffe, 2011). Men experiencing persistent negative affect and the resulting impact on their lived experience of the world may struggle to identify with the limited diagnostic criteria for depression. Hence, it is necessary to consider in what respect the experience of depression for men differs from that of women. Previous research has identified anger as one of the few emotions for which male expression is culturally sanctioned, hence the tendency for men to convert vulnerable emotions to anger (Kilmartin, 2005; Levant, 1996). This suggests that the existing diagnostic criteria within western culture, inadvertently restricts men's ability to access appropriate diagnosis, treatment and support. Christopher Kilmartin, (2005) argues:

*'...that masculine symptoms of depression should include bad temper, anger, aggression, [ ] substance abuse, physical and sexual risk taking, emotional numbness, over-involvement in work or sports or both, and impoverished friendships.'*

Kilmartin, (2005), p97

Madsen and Juhl, (2007), support this argument suggesting the addition of eight male sensitive symptoms to the existing diagnostic criteria for Major Depressive Disorder (MDD):

1. Anger attacks
2. Affective rigidity (failure to express emotions)
3. Self-criticism
4. Alcohol and drug abuse
5. Unhealthy sexual relationships or infidelity
6. Reckless behaviour, such as unsafe driving
7. Abusive behaviour
8. Escapist behaviour, such as spending excessive time watching television or at work

Research to date, consistently supports the gender difference regarding the expression of MDD, yet the DSM-V (APA, 2013), fails to acknowledge this with the diagnostic criteria remaining unchanged and entrenched in the context of feminine symptom reporting for MDD. Further research regarding this

discrepancy, would serve to promote awareness, especially when considering MDD within the context of suicide rates, whereby twice as many women receive a diagnosis for depression, yet four times as many men die through suicide (Olfiffe and Phillips, 2008).

Rachmandani, Stein, O'Connor, Heron, Murray and Evans (2008) highlight the implications of paternal depression, showing an association with child psychiatric disorder, independently of maternal depression. This study highlights the importance of the father-infant relationship in-terms of both the father and child's mental health and well-being but the finite nature of its quantitative approach does not capture the complex interactions and subtle nuances affecting the development and maintenance of each father-child relationship. Future research may consider a qualitative study to facilitate access to this rich source of data and build on further understanding of the relationship between paternal depression and child psychiatric disorder.

## **2.6 Aims of the research based upon the literature to date**

This research seeks to explore men's experiences of depression within the context of the life event of the birth of a child and the way men create and support the meanings they attribute to their interpersonal and intrapersonal worlds. The paucity of research into men's experiences of depression during the postnatal period remains largely within the domain of the biomedical model, with its bias toward a central focus of care for the physical and mental well-being of the mother and infant. The importance of the mother-infant relationship is well documented, especially regarding the concepts of attachment and loss (Ainsworth, 1968; Bowlby, 1980; Klein, 1987). Furthermore, research to-date in the UK highlights the importance of the father-infant bond in relation to infant development (Hanington, Ramchandani and Stein, 2010; Ramchandani *et al*,

2008). Research within the field of counselling psychology has an important role to play in bridging the gap in research between the biomedical and social environmental models, to include the psychological and existential aspects of human experience.

This research intends to address this gap via a constructivist-interpretive psychological perspective (Kelly, 1955; Neimeyer and Mahoney, 1995; Raskin, 2002; Ponterotto, 2005; Morrow, 2005), which considers the broader contextual frame of cultural, social, biomedical and existential influences as relevant aspects that influence the psychological evaluation of, and attribution of meaning within, individual experience.

## **2.7 Summary**

Presented above is a review of the literature pertaining to the phenomenon of postnatal depression. The historical background identifies PND as a construct that endures across time; Cross-cultural studies expand this to the global frame; the biomedical and social/environmental models broaden the contextual frame by raising awareness to the complex interaction of numerous influences effecting individual experiences. This introduced consideration of relational factors, thereby shifting the focus from the traditional female gender bias to include men. Moreover, literature to-date has expanded to encompass men's experiences of postnatal depression and the impact of this phenomenon on the developing infant, yet there remains a paucity of research within this area (Ramchandani *et al*, 2005; Goodman, 2008).

Of particular relevance to this research, and its aims is a statement from Addis and Mahalik (2003) who suggest that gender-socialisation, associated norms

and the complex interaction of interpersonal and intrapersonal worlds affect how men construct meaning in response to life events. They state:

*'A man is least likely to seek help for problems that he sees as unusual, especially when he also perceives them as central to his identity. He is also unlikely to seek help if groups of men who are important to him endorse norms of self-reliance or other norms that suggest his problem is non-normative. Help seeking is less likely to the degree that a man calculates that rejection from an important social group, as well as a view of himself as deviant, are costs too great to risk in relation to the help he might receive. This is especially true if he feels he will sacrifice his autonomy by seeking help.'*

Addis and Mahalik (2003) p10

Applying this observation to the phenomenon of PND, highlights the complex levels of difficulties with which men may struggle as they adjust to the birth of their child and what may be influencing their perceptions of help seeking in this context.

This research seeks to expand the focus of PND to explore this phenomenon within the context of father's experiences. The relational nature of the subject matter, the construction of meaning and process orientation regarding informing the development of clinical interventions, identifies this as an appropriate area of research for counselling psychology. This research aims to build on current thinking, thereby informing future research and clinical practice for counselling psychologists and other health professionals working with families in this field.

The presented literature review to date highlights a threefold gap regarding approach to research into the phenomenon of PND. Firstly, the *epistemological* underpinning of these studies, secondly, the *methodological approaches* chosen and thirdly, the *gender bias*.

The dominant discourse of PND in existing literature presents the overarching biomedical model, which favours a quantitative approach to research. This has resulted in a plethora of studies underpinned by the positivist paradigm. For example, Ramchandani Stein, Evans, O'Connor, and the ALSPAC study team (2005), collected large data through their longitudinal cohort study of children of the nineties. The results of which have spawned further research from Ramchandani and colleagues (Ramchandani, *et al*, 2009; Avan, Richter, Ramchandani, Norris and Stein, 2010; Edmondson, Psychogiou, Vlachos, Netsi and Ramchandani, 2010; Hanington, *et al*, 2010). These studies present a cumulative development of knowledge regarding the phenomenon of PND; yet remain entrenched in the positivist epistemological paradigm. Moreover, it is difficult to gain a deeper insight and understanding of the various complexities affecting individual experience from a purely quantitative perspective, where traditional scientific approaches seek to control all variables and engage with participants in a sterile, isolated way. Attempting to objectify subjective experience by separating it out from its social/environmental, interpersonal and intrapersonal reality does not allow room for the development of knowledge that embraces the reflexive role of human experience (Kant, 1781/1966).

Paula Nicholson (1998) presents a key development regarding the phenomenon of PND, whereby she broadens the conceptual frame to consider the social/environmental model. Nicholson adopts a critical-realist feminist approach, as her epistemological framework within which she employed a qualitative approach to facilitate her inquiry. Nicholson's work opened the debate regarding approach to research in this field, however, the focus of Nicholson's work remains with women's experiences. To date, there is a paucity of qualitative research, particularly addressing men's experiences of PND.

Awareness of the importance of fathers' well-being during the postnatal period is gradually coming to the fore, yet this remains within the context of impact on the mother and in particular infant development (Ramchandani, Stein, O'Connor, Heron, Murray and Evans, 2008). There is no doubt that this is an important discovery and one that demands further research, however, the quantitative approach is limited here. Firstly, no research has yet ventured into the realm of exploring what it actually means for men, as fathers, to experience depression during the postnatal period. For example, how was this experience for them psychologically, socially, physically, emotionally, existentially and perhaps spiritually? Secondly, in order to address this gap it is necessary for a paradigm shift regarding approach to research to embrace further qualitative methodology.

It is important for this research to consider the literature to date through a critical lens in order to understand the development of knowledge within this area. To do this one needs to step back from the detail and consider a broader contextual frame regarding approach to research.

## **2.8 Considering Context**

Arguably, all researchers face issues regarding funding, potential publication in journals, ethical approval and personal career aspirations. As such, the dominance of the nomothetic paradigm within the field of research concerning the phenomenon of postnatal depression must be viewed within the context of the organisations and researchers conducting these investigations. Therefore, in the same way that researchers need to be mindful of the contextual factors regarding their population sample, so too, do readers need to be mindful of the



contextual factors present for the researchers themselves. Considering this, the choice of methodology used in previous research makes sense, as many of the researchers work within and/or supported by funding from the domain of the medical professions and/or government funding supporting health and social care. Accepting these as relevant factors is important when considering the development of research addressing the phenomenon of postnatal depression, as this phenomenon remains locked within the realm of the biomedical model in terms of access to care and support services within the UK.

While it is important to view the existing literature through a critical lens, it is equally important to consider any potential biases for this research. In this respect, the role of funding bias is not an issue, as there is no external funding body. The collaborating charitable organisation was originally founded to support the needs of women, however, their work does not discriminate against men and they openly provide support for men in their own right, the only criteria is that the presenting issues reflect the organisation's remit, as stated in the introduction above.

Furthermore, a criticism of the *constructivist-interpretive* stance from a positivist viewpoint may be that the inter-subjective nature and close interpersonal interaction between researcher and participant inevitably results in an analysis saturated in researcher bias. Arguably, even in controlled conditions associated with the reductionist approach of the positivist paradigm, the researcher's values and lived experience cannot be divorced from the research process (Camic, Rhodes and Yardley, 2003). However, this is a valid criticism and one that this report addresses in its consideration of choice of methodology (see below).

The research question often reflects the philosophical conceptual roots that guide the researcher's quest for knowledge and provides a good starting point for this thesis, as it seeks to present the development of thinking regarding approach to research and lend weight to the justification of the choice of methodology identified.

## **2.9 The Research Question:**

*How do men make sense of their experience of depression during the postnatal period?*

From here, key features immediately set this research apart from the quantitative paradigm that dominates existing literature addressing the phenomenon of postnatal depression. The open-explorative nature of the question reflects the philosophical basis of inquiry positioning the research within the qualitative paradigm. In this respect, the use of the first person for this section will reflect my role, as a reflective science practitioner. As a trainee-counselling psychologist, I am aware of the centrality of my role within the research process, which is a key feature that sets apart qualitative approaches from the positivist, nomothetic paradigm. In this respect, reflexivity represents a core part of the management of subjectivity within the research process (see Finlay and Gough, 2003).

## **2.10 Rationale**

The literature review to date highlights the dominant discourse of PND as presenting the overarching biomedical model, which favours a quantitative approach to research, resulting in a plethora of studies underpinned by the positivist paradigm. A constructivist epistemological paradigm presents an alternative perspective that broadens the field of investigative awareness, as it presents reality as constructed in the mind of the individual, rather than it being

an externally singular entity (Hansen, 2004). This paradigm shift regarding approach to research facilitates building on the valuable insights shown through large data analysis of previous quantitative studies, to explore the many intricate layers that interweave the interpersonal and intrapersonal worlds of human experience. Furthermore, there is currently no research embracing the constructivist-interpretive paradigm as the epistemological underpinning for exploring the phenomenon of PND. This research seeks to add to the existing literature base by focusing on the exploration of men's experiences in their own right via a qualitative approach, underpinned by a constructivist-interpretative epistemology. The intention is to gain insight into the subtle nuances and intricacies of individual experience of PND, thereby complementing and building on previous literature and serve to inform future research.

### **3. Methodology**

The intention here is to build a picture of the thinking behind the research question and lend weight to the justification of the choice of methodology identified. I will reflect briefly on the two broadly competing methodological approaches; beginning with the traditional quantitative paradigm and moving on to consider the development of the post-modern qualitative paradigm.

#### **3.1 A Complementary Perspective to Competing Paradigms**

The above literature review pertaining to the phenomenon of postnatal depression brings to the fore consideration of the competing paradigms regarding choice of methodology for this research project. However, the view of quantitative versus qualitative is not necessarily a true depiction of the complexities of choice involved in the decision processing of researchers. The last twenty years of research has born witness to the birth of a new paradigm

that attempts to bridge the gap between the presented methodological dichotomy with the development of the concept of mixed methodology, whereby, qualitative data collection and analysis complements existing quantitative measurement tools and statistical analyses (Creswell and Plano Clark, 2011).

The post-modern era has witnessed a revolution of thought that challenges traditional notions of what constitutes scientific inquiry. All researchers face dilemmas of choice throughout the research process, such as, identifying the research question, choosing the appropriate methodology, considering homogeneity, identifying the population sample, considering which funding body to approach and in which journals to seek publication. These are but a few of the multiple choices involved and any decision necessitates human interactive processing in the form of the researcher(s), which inevitably involves a myriad of cognitions, beliefs, values, presuppositions, philosophical assumptions and language.

Familiarising myself with the language of science highlighted the important role that language plays in our day to day experiences, as it is one of the main media available to us for the expression and interpretation of our lived experience of being in the world. Joseph Ponterotto (2005) provides a concise summary regarding the terminology associated with scientific endeavour and identifies some key features that are particularly relevant to research within the field of counselling psychology;

*'Incorporated within the philosophy of science are beliefs or assumptions regarding ontology (the nature of reality and being); epistemology (the study of knowledge, the acquisition of knowledge and the relationship between the knower [research participant] and would-be knower [the researcher]; axiology (the role and place of values in the research process); rhetorical structure (the language and presentation of the research) and methodology (the process and procedures of research).'* Ponterotto (2005), p127

With regard to the above research question, consideration was given to the application of a mixed methodological approach. However, to incorporate a nomothetic aspect in this context is not appropriate to the nature of the question presented above. Returning to the research question, the lack of previous literature regarding men's experiences of PND negates the definition of a clear hypothesis, deemed necessary within the positivist paradigm. The phenomenological and idiographic nature of this subject fits with the constructivist-interpretive epistemological framework, whereby the application of qualitative methodology would facilitate an in-depth exploration of the experience of PND from the perspective of fathers.

Part of the research process is to ensure that this study contributes to the literature and builds on current thinking in this field. As a part of a trainee-counselling psychologist's developing sense of professional identity it is important for the researcher to consider their ontological understanding and its relationship to axiology. Arguably, human experience is only true to the individual who is experiencing it at any one moment in time (Kant 1881/1966; Mead, 1932). Any such experience inevitably incorporates a personal history, social, cultural, religious and/or spiritual beliefs, along with values, cognitive processes, existential concepts, and the construction and attribution of meaning. In this respect, the constructivist-interpretive paradigm acknowledges the role that values and beliefs play in relation to cognitive evaluations and interpretations. As such, an important step in engaging with this research is to ensure that reflexivity is a constant feature within this process.

When considering a particular phenomenon of human experience, as a research topic, a qualitative methodological approach enables the researcher

and participant to engage with the complexity and diversity of individual understanding (Camic, Rhodes and Yardley, 2003/2007). Moreover, the discipline of counselling psychology nurtures the ability to utilise reflexivity as a means of managing the influences of ontology and axiology within the research process, as this reflects the ethics that underpin the reflexive science practitioner role (Woolfe, Dryden and Strawbridge, 2003; BPS, 2006). Smith, Flowers and Larkin, (2009) present the concept of *bracketing*, highlighting the importance of continuous reflexivity, whereby practitioners remain aware of their subjective position throughout the research process.

The above points offer a very brief critique, with the intention of introducing part of the basis for the epistemological positioning of this research. The dominance of quantitative methodology in the literature addressing the phenomenon of postnatal depression, has established the presence of PND as a valid construct that affects both women, men and the developing infant. Furthermore, these studies also reveal the importance of viewing PND within the context of relational factors (Rachmandani, Stein, O'Connor, Heron, Murray, *et al.* 2008; Deater-Decker, Pickering, Dunn, and Golding, 1998). The understanding gained through these studies is of significant value as a springboard to further research, as it has established that the phenomenon of postnatal depression is a subject worthy of investigation that calls for the development of knowledge regarding the intricate complexities that are yet to be uncovered. Moreover, the existing literature base has raised valuable questions regarding the nature of the experience of postnatal depression, highlighting the need for further research to address the relational aspects of this phenomenon.

The literature review highlights the overt lack of qualitative research regarding the phenomenon of PND. Considering the research question above calls for a qualitative approach to bridge the gap that the dominant discourse of the positivist, nomothetic approach has unveiled. The recognition of the experience of depression as having wider implications for the mother, father and infant, warrants exploration of existing relational contexts, concealed processes and the construction of meaning that intertwines the influential factors that operate as part of the experience of PND. My intention is to add to extant quantitative research in this area, through an exploration of issues that are difficult to access using more structured statistically based techniques. I believe that the application of qualitative methodology, appropriate to the research question, will serve to add a further dimension to this growing area of research, thereby developing the knowledge gained through the existing literature base.

### **3.2 Considering Qualitative Approaches**

When considering qualitative approaches to scientific inquiry there is a variety from which to choose. Qualitative approaches to research have grown from many disciplines to include, anthropology, sociology, education, psychology and history (Denzin and Lincoln, 2000). Here I found the literature extensive and overwhelming; my initial exploration posed a quandary, as there are similarities and overlap amongst the presented methodologies (see Camic, Rhodes and Yardley, 2003/2007; Creswell, 2007; Smith, 2008; Forrester, 2010).

The field of qualitative methodology posits a myriad of different approaches from which to choose. To facilitate the exploration of the research question presented above, I have identified Interpretive Phenomenological Analysis (IPA), (Smith and Osborn, 2007; Smith, Flowers and Larkin, 2009) as the best fit for the purpose of this research. In this respect, IPA provides the medium for

consideration of the phenomenological and idiographic nature of the experience of PND, to include the role of the researcher and interpretation.

### **3.3 Interpretative Phenomenological Analysis**

Having identified IPA as the method of choice, I will consider briefly the development of the main tenets of this approach, *phenomenology, hermeneutics and idiography*, with the intention of outlining the philosophical and theoretical basis for the important role of reflexivity within the research process.

Phenomenology derived from the philosophical work of Edmund Husserl (1925/1977), which stressed the importance of the 'life world' or lived experience. According to Husserl, phenomenology involves the careful examination of human experience. He developed a *phenomenological method* as a means to identify the core structures and features of human experience and focused on the perception of the lived experience. Husserl developed his process of phenomenological inquiry via a series of *reductions* in order to access the essence of a given phenomenon. He wanted to understand the nature of consciousness, in terms of what makes conscious awareness possible. Husserl was a philosopher, not a scientist, which provided a freedom of exploration and expression that drew attention to the value of a reflexive approach to understanding human experience.

Other leading figures in phenomenological philosophy include Merleau-Ponty (1962) and Sartre (1956/1943), whose work recognises that the complex understanding of experience, involves a lived process that is dynamic and fluid in nature, yet unique to each individual and subject to constant interpretation and meaning making. As stated above, ensuring a constant awareness of my



own ontological presuppositions and the interplay between these and my personal values and belief systems, is of paramount importance when conducting research that seeks understanding through the exploration of human experience and meaning. In contemplating the attribution of meaning, it is necessary to acknowledge the process by which this occurs. Kant argues that it is not possible to partition out an objective reality from the person who is experiencing, processing and labelling that reality (Sciarra, 1999), which leads us to the notion of interpretation within the research process.

Husserl's work was developed by Heidegger (1962/1927) who questioned any knowledge outside of an interpretative stance, as he considered Husserl's notions of consciousness as key to understanding human experience and highlighted the uniqueness of this with the term *Dasien*, meaning 'there-being', which reflects Husserl's emphasis on the 'life world', as the lived experience of being in the world. *Dasien*, thereby, implies a degree of reflexive awareness, which acknowledges the inter-subjective existential nature of human experience. The phenomenological concept of *intersubjectivity* refers to the shared, inter-relational nature of our engagement with the world. This is of particular relevance with regard to research within the field of Counselling Psychology, as reflexivity is a central feature within this discipline.

The notions of intersubjectivity and reflexivity highlight the cognitive processing that is an inextricable part of understanding any human experience. With regard to ontology, axiology and cognition, IPA facilitates the exploration of meaning via *hermeneutics*, which is the theory of interpretation and recognises the idiographic nature of this process. In this respect, IPA reflects the constructivist paradigm, for example, with reference to Kant's (1881/1966) *Critique of Pure Reason*, Hamilton (1994) writes that:

*'human perception derives not only from evidence of the senses but also from the mental apparatus that serves to organise the incoming sense impressions.....human claims about nature cannot be independent of inside-the-head processes of knowing'*

Hamilton (1994) p.63

For me, this highlights the complex and dynamic nature of human experience as something that incorporates every aspect of our sense of being in the world. To return to the research question, *how do men make sense of their experience of depression during the postnatal period?* it is important for me to ensure that the methodological approach I employ reflects the epistemological base of the constructivist paradigm and acknowledges the individualistic and dynamic processes involved in the process of *knowing* for both participant and researcher. For example, George Kelly (1955) believed that people improve their understanding of reality based on their experiences, thereby creating an *alternative construction* of it. Kelly saw ordinary people as *mini-scientists* suggesting that people construct their understanding of the world in the same way that scientists develop theories. Kelly's personal construct theory presents the concept of *constructive alternativism*, whereby Kelly argued that:

*'...all of our present interpretations of the universe are subject to revision or replacement'*

Kelly (1955) p.15

Reflecting on this I am aware that the role of interpretation in the research process occurs on both intrapersonal and interpersonal interactive engagement. Considering this within the context of the research question and my choice of methodology, IPA recognises the cyclical nature of an individual's sense-making process and provides a vehicle that embraces the inter-subjective nature of the researcher / participant relationship. In the application of IPA, the researcher takes on a reflexive role as a separate individual who is truly trying to understand the participants' lived experience, which complements the

emphasis on reflexivity within the field of counselling psychology. Jonathan Smith (2007) argues that IPA combines empathic hermeneutics with questioning hermeneutics. Smith and Osborn (2008) illustrated this double hermeneutic or two-stage process by stating:

*'The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world'*  
Smith and Osborn, (2008) p.53

The concept of the hermeneutic circle is of particular relevance to IPA research, as it considers the dynamic nature of interpretation within the research process in the form of the notions of *the part* and *the whole*. As a reflective science-practitioner, this concept is of particular relevance regarding the interactive engagement between me, as a researcher, the research participants and the process of methodological analysis. I will need to engage with the participants and the resulting research data in a way that enables me to consider both *the part*, for example a particular section of an interview transcript and *the whole*, such as, the cumulative presentation of the full interview transcript. Smith, Flowers and Larkin (2009) highlight how the concept of the hermeneutic circle sets IPA apart from other qualitative approaches. For example, with regard to the process of methodological analysis, Smith states that:

*'..it is a key tenet of IPA that the process of analysis is iterative – we may move back and forth through a range of different ways of thinking about the data, rather than completing each step, one after the other...[..]...The idea is that our entry into the meaning of the text can be made at a number of levels, all of which relate to one another, and many of which will offer different perspectives on the part-whole coherence of the text.'*

Smith *et al*, (2009) p.28

With regard to the notion of idiography, I consider the research question as idiographic in nature, as it is concerned with the participants' particular experiences of depression during the postnatal period. IPA presents a means by which I am able to explore this particular phenomenon, through engagement

with each participant's particular experiences within the particular context that these experiences occurred. Hence, idiography is concerned with *the particular* but within the context of the Dasien understanding that individual experience is *in-relation to* phenomenon. IPA provides a medium that enables me to engage with the idiographic nature of the subject through the detailed accounts of individual interviews. Moreover, IPA develops this through an interpretative process that incorporates the Dasien understanding of the relational quality of this data. IPA involves the identification of emergent themes within the individual transcripts that further interpretation results in master (super-ordinate) themes, which in turn facilitate the consideration of the phenomenon of PND as viewed through the wider interpretative lens within the context of all the transcripts (Smith, Flowers and Larkin, 2009). The interpretative *lens* operates in a similar way to that of a camera lens, in that it allows me to *zoom* in and out, thereby engaging with both the idiographic and the relational, Dasien nature of the presented data.

Reflecting on the theoretical underpinning of IPA presented above, I appreciate that it is fundamentally different from the extant nomothetic literature addressing the phenomenon of PND, as it presents a paradigm shift regarding the focus from the objective, generalisation of this phenomenon, to consider the idiographic nature of subjective experience. This is not to say that the nomothetic approach does not appreciate individual differences but the criticism here is that this approach is limited. The reductionist analytical process employed to address individual differences results in a paradox whereby the transforming of a psychological phenomenon into a numerical representation, ultimately sterilises and merges *the particular* of individual experience in an attempt to gain a generalisable understanding of it. Post-positivist research

challenges the positivist paradigm, as it highlights the misnomer of searching for a 'true' reality via the verification of it by recognising that an individual difference that is particular to one experience may completely falsify the generalised assumptions of the population group. Guba and Lincoln (1994) illustrate this premise in their consideration of the philosophical work of Popper (1968):

*'Whereas a million white swans can never establish, with complete confidence, the proposition that all swans are white, one black swan can completely falsify it.'*

Guba and Lincoln 1994:107

The positivist, nomothetic approach presented in existing literature addressing the phenomenon of PND has established that it is worthy of investigation and highlights the gap in the literature specifically addressing men's experiences of this phenomenon. On approaching this subject, I believe that for me to conduct a nomothetic analysis would not be appropriate to the discipline of counselling psychology in this instance, as I am seeking to gain insight into the subtle nuances and intricacies that pervade *the particular* interpersonal and intrapersonal worlds of the participants' experiences of PND.

IPA enables exploration of this depth in its emphasis on the value of small samples and case studies (Smith, *et al*, 2009). In scientific inquiry, the concepts of *validity* and *reliability* challenge this form of investigation. Lucy Yardley (2008) presents four core principles to evaluating the validity of qualitative psychology: *Sensitivity to context, commitment and rigour, coherence and transparency* and *impact and importance*.

IPA embraces these principles as key features in the application of its methodology. *Sensitivity to context* acknowledges the research process, such as, the positioning of the phenomenon in question within the context of the existing literature. Furthermore, it also highlights the importance of the

epistemological positioning of this particular research regarding a paradigm shift that intends to complement, yet challenge the positivist paradigm of the dominant discourse regarding the phenomenon of PND. IPA provides the means for me to engage with the participants by fully embracing the interacting effects of context and time, to include, socio-economic and cultural influences, religious/spiritual beliefs and personal history regarding their experience of PND, with the potential to create a new understanding through the research process. Part of this process will be for me to acknowledge the gender difference between me, as a female researcher, conducting interviews with male participants and analysing data about their experience of depression during the postnatal period, which the dominant discourse presents as entrenched within a feminine bias.

With regard to *commitment and rigour*, IPA demands that the researcher demonstrates qualities, such as, open-mindedness, flexibility, patience, empathy and the willingness to enter into and respond to the participant's world (Smith, Flowers and Larkin, 2009). As a trainee-counselling psychologist, I am able to relate to these qualities as they embody the principles of counselling psychology and reflect Carl Roger's (1957) core conditions of the person-centred approach; *congruence, unconditional positive regard and empathy*; all of which are central to establishing and maintaining a good therapeutic relationship. In this sense, I appreciate the recognition of such qualities as being central features to IPA as they reflect the code of ethics and guidelines for professional conduct to which I adhere (BPS, 2006; BACP, 2002).

*Rigour* highlights the scientific aspect regarding careful selection of participants, ensuring, as far as possible, good homogeneity. For example, this research recruited a small sample of seven men (Smith, Flowers and Larkin, 2009), who

are fathers and whom self-report having experienced depression during the postnatal period. *Rigour* also refers to the procedural aspect of data collection, which I aim to achieve via semi-structured individual interviews to facilitate the participants to share their experiences in an open and non-judgemental environment (Shaw, 2010). Although the qualities required by me as an IPA researcher mirror those embodied in my therapeutic role, conducting interviews for the purpose of research is very different from a therapeutic setting. In this respect, I am aware of the important role that my supervisory team serves and value the guidance that their feedback affords.

The principles of *transparency / coherence* and *impact / importance*, draws attention to the issue of validity and reliability. Two important criteria to assess the internal validity and reliability of qualitative research suggested by Smith (2008) are internal coherence and presentation of evidence. The first of these, internal coherence, refers to whether the argument presented within a study is internally consistent and supported by the data. The second of these, presentation of evidence, refers to sufficient data from participants discourse to enable readers to evaluate the interpretation. The procedural aspect of IPA facilitates this via the identification of emergent themes, supported by excerpts of actual discourse from the interview transcripts, thereby enabling the reader to assess the reliability and validity of the researcher's interpretations. Furthermore, as a trainee-counselling psychologist, I value keeping a journal as an adjunct to my personal and professional development, as this enables a continuity to the reflexive process. IPA also advocates the use of a journal during the research process, to facilitate a coherent development of thought to aid the interpretive process (Shaw, 2010).

## **4. Design, Method and Ethical Considerations**

### **4.1 Design**

The presented study is a cross-sectional, small sample design incorporating the qualitative methodological approach of Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2009).

### **4.2 Ethical considerations**

Ethical considerations are of paramount importance when conducting research. I achieved ethical approval for this research via the University's Research and Governance system (RAGS), further approved by the charitable organisation supporting this research. Moreover, I applied the same rigorous adherence to ethics throughout this research process, as that which I embody in my professional, therapeutic role as a trainee-counselling psychologist and reflexive science practitioner, incorporating the guidelines of the professional organisations of the BPS (2006) and BACP (2002).

#### *Confidentiality*

A locked cabinet provided confidential storage for all identifying personal information pertaining to the participants. The transcripts were coded and pseudonyms assigned to participants to ensure anonymity.

An information sheet (see Appendix A) provided participants with an explanation regarding the confidential use and storage of their information.

#### *Right to withdraw*

The participant information sheet states clearly the participants' right to withdraw, to include the procedure to follow and contact details of the



researcher and Director of Studies should they wish to withdraw from the research at any stage.

### *Informed consent*

All participants received an informed consent form (appendix A) that ensured they understood the implications of the research and how any information shared by them was to be treated. This is an important aspect of the research process as it enables the researcher to engage with any concerns the participants may have. This enables an open and trustworthy approach to reflect the notions of commitment and rigour, sensitivity to context and transparency.

### **Recruitment**

The recruitment process proved a difficult task, as access to men whom self-report having experienced depression during the first twelve months after the birth of their child proved to be somewhat elusive. I experienced three instances whereby, a wife / female partner considered that their husbands / male partners had experienced depression but when provided with the information sheet and consent form, the men in question declined to volunteer. The reasons provided were that while they appreciated this as a valid and good research topic, they themselves did not identify with the label of depression, instead describing their experience as extremely stressful, exhausting and difficult during the first twelve months after the birth of their child but they did not consider this experience to have been *depression*. This response reflects the findings in the existing literature pertaining to men's experiences of depression and highlights the gender difference and feminine bias regarding the diagnostic criteria for symptom reporting.

Further hindrance of the recruitment process occurred when the governing bodies of father support websites providing support for fathers requested full access to all raw data, on consultation with supervisors and consideration of ethical guidelines regarding safeguarding participant confidentiality, advertising via these sites was not a viable option. An alternative internet support forum produced interest but yielded no volunteers. Word of mouth proved the most effective recruitment method; talking to friends and colleagues about my research raised awareness and interest, which cumulated with the initial recruitment of seven participants, of which four progressed to interview. One participant withdrew due to his career progression and a promotion that moved him abroad. Another participant withdrew due to a family bereavement and a third participant presented an ethical dilemma due to the nature of the research question and his personal circumstances, which placed him in a vulnerable position. As such, I discussed this with the participant and my supervisors who agreed that it would not be ethically appropriate for this individual to participate at this point in his life.

This left four successfully completed interviews; while this is a small number, it is appropriate to qualitative research and in-line with the remit of Interpretative Phenomenological Analysis. This small number also reflects IPA guidelines regarding participant numbers for Professional Doctorate status (Smith, Flowers and Larkin, 2009; Morrow, 2005). The outcome of my progression examination further supports this (see appendix B). Discussion with supervisors and consideration to time limitations regarding research, it was agreed that the four interviews, with a mean of 121.25 minutes duration, had produced a large and rich source of data, appropriate to the remit of this thesis.

## Participant Information

The interview process incorporated the participants' demographic information, presented in Table 1 below.

Participant Code and Pseudonym	Age	Occupation During Postnatal Period	Ethnic Origin	Current Marital Status	Number & Gender of Children	Interview Duration (minutes)
A1P / Pete	41	Senior HR Manager	White British	Married	1 Boy	117
B2M / Matt	43	Law Enforcement	White British	Divorced and Remarried	1 <sup>st</sup> marriage 1 Girl & 1 Boy 2 <sup>nd</sup> marriage 0	128
C3R / Rob	49	Ordained Minister of Religion	White British	Divorced and Remarried	1 <sup>st</sup> marriage 1 Girl & 1 Boy 2 <sup>nd</sup> marriage Twin Girls	126
D4C / Clint	36	Solicitor's Clerk	Black British	Married	2 Boys (1 Stillborn)	114
<b>Mean</b>	42	N/A	N/A	N/A	N/A	121

**Table 1: Demographic information and interview duration for each participant**

### Inclusion criteria

The participation group is men who are fathers and who self-report having experienced depression during the first 12 months following the birth of a child, defined as the postnatal period.

### Exclusion criteria

Men who are currently receiving psychiatric / psychological services for mental health concerns, as the nature of this study could potentially exacerbate any pre-existing vulnerability.

## **Materials**

The materials employed to facilitate the collection and analyses of data consisted of an information sheet and informed consent form for each participant. Along with a semi-structured interview schedule (see Appendix C) and digital voice recorder for the researcher.

## **Procedure**

To lend weight to the validity of this research, I will present an overview of the implementation of IPA. The intention here is to enable the reader access to the process of analysis employed via an audit trail, thereby demonstrating transparency along with commitment and rigour.

- Interviews took place within confidential interview rooms located in the Psychology department at the University of the West of England, Frenchay Campus, Bristol.
- A semi-structured interview schedule enabled an open, explorative approach to facilitate the participants' to share their personal accounts within a flexible framework, whilst enabling me to maintain the focus of the research question. This format is appropriate to the methodological approach of IPA, as it is less directive, thereby facilitating access to the participants' personal meaning making.
- Each interview closed with an opportunity for the participant to ask any questions and offer feedback regarding the interview process. This feature enabled me in my role as researcher, to engage with the participants' experience of the interview process, thereby openly recognising the relationship between researcher and participant as an integral part of the research data, reflecting sensitivity to context.

- Maintaining a reflexive position ensured recognition of the developing interpretative process. As such, the first interview highlighted the importance of personal history, which in-turn enabled the researcher to adjust the interview timings to allow room for this aspect of the participants' stories to unfold in their own way.
- Verbatim transcription of the first interview enabled me to listen to the audio file, whilst reading and re-reading the transcript, thereby immersing myself in the presented data.
- Line numbers were inserted to aid location of discrete excerpts as part of the analysis and discussion.
- The whole transcript was transferred to an Analysis Process Table. Appendix D presents an example of this.
- An in-depth, line-by-line process of analysis considered three aspects of the data and notes made in a column to the right of the transcribed data.
  - *Descriptive comments* focused on the content of the interview, thereby enabling me to develop a structural understanding of the participant's personal account and my responses within it.
  - *Linguistic comments* enabled me to engage with the language used, noting changes, such as the use of first and second person, repetition, pauses, laughter, hesitation. This process enabled me to consider these linguistic characteristics of the data in relation to the content or subject matter at particular points in the narrative.
  - *Conceptual comments* drew together both of the above processes, as I engaged with the development of my understanding via a more investigative approach, questioning and reflecting to conceptualise the double hermeneutic of the interview process (Smith and Osborne, 2008). This involved a sense of moving in and out of the data, as I entered into the participant's world zooming in on particular features and then out again to consider the overall sense of the participant's narrative. This

process nurtured my reflexivity, as I engaged with both the participant's experiential account and my responses within the context of the interview relationship.

- The above was not a unidirectional staged process, as each aspect flowed through the transcribed data, enabling me to consider the more subtle nuances of the participant's experience and my part as an active agent within this research process. Here research notes in a journal further aided the analytic process and my reflexivity within it.
- Attending to the participant's words, phrases and figures of speech maintained the focus on the participant's experience within the presented data. From here, emergent themes were developed and noted in the column to the left of the transcribed data.
- Emergent themes were extracted and listed chronologically to facilitate the exploration of connections across emergent themes. Abstraction of clusters of connected themes, were checked back with the transcript, thus developing the relationship between the reader and text, which led to the development of super-ordinate themes, as presented in Table 2.
- A repetition of this process for each interview reflects the idiographic nature of IPA, as the researcher moves between the particular of emergent themes for one case to a broadening of the conceptual frame to examine themes within and across all cases, reflecting the notion of the hermeneutic circle (Smith, *et al*, 2009).
- Considering notions of convergence, divergence, commonality and nuance further enabled the development and refinement of super-ordinate themes for the group (Eatough and Smith, 2008). This process resulted in a master table of themes, presented in Table 3, thus providing

the structure from which to develop the interpretative discussion and analysis.

- Engaging in a process of triangulation within the supervisory team provided validation of the data analysis. Participant validation further supports the interpretative analysis.

### **4.3 Interpretation and Reflexivity**

In addition to the sociocultural setting, the field of Counselling Psychology broadens the conceptual frame of interpretative insight to consider alternative perspectives, such as, developmental, humanistic, psychodynamic, existential, systemic, cognitive behavioural and feminist approaches (Buber, 1958; Beck, 1976; Mahler, Pine and Bergman, 1975; Freidman, 1985; Kirschenbaum and Henderson, 1989; Jordan, 2000; Mearns and Thorne, 2000; Kagan and Tindall, 2003; Jacobs, 2004; 2006; Rivett and Street, 2009). Furthermore, Counselling Psychology has bore witness to a shift in focus away from the individual to a more inter-subjective and relational approach to therapeutic intervention that recognises the value of an integrative perspective (Spinelli, 1997; 2001; Kahn, 1997; Mitchell, 2000; Mearns and Cooper, 2005). This research reflects the inter-subjective nature of the participants' meaning making, highlighting the double hermeneutic of the interview relationship and the role of interpretative reflexivity (Finlay and Gough, 2003; Smith, Flowers and Larkin, 2009). In this respect, use of the first person highlights my role, as researcher and author of the presented interpretative analysis.

The role of reflexivity is a central tenet of the discipline of Counselling Psychology and as a trainee counselling psychologist, it is important for me to acknowledge the epistemology that underpins my practice, as this also

influences my interpretations within the research process. As an integrative practitioner of relational cognitive behaviour therapy, I am mindful of the influence of cognitive behavioural, humanistic and psychodynamic traditions. In addition to this, my training has enabled me to be in-tune with the ever-present influence of my own personal history, values and beliefs. In the same way that I need to be aware of these aspects within the context of any therapeutic relationship, I am also mindful of these factors within this study. Carl Rogers addressed these factors with respect to the need for *congruence* or *genuineness* as one aspect to his notion of '*The Necessary and Sufficient Conditions of Therapeutic Personality change*' (Rogers, 1957). Rogers believed that it is important for therapists to remain aware of their own internal process, recognising it as an integral part of the therapeutic relationship.

*'The Therapist should be, within the confines of this relationship, a congruent, genuine, integrated person. It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself.'*

Rogers (1957), p97

As a reflexive science practitioner in-tune with my own internal processes, I am mindful of how these influence my responses within my roles as both a trainee counselling psychologist and a researcher.

One of my first concerns regarding my role as researcher, centred on the fact that I was a woman interviewing men about their personal experiences of depression, within the feminine centric context of the postnatal period. Kelly (1955) considered the therapeutic relationship as benefitting from a direct approach, stating his *first principle* as,

*'if you do not know what is wrong with a person, ask him; he may tell you'*

Kelly (1955), 322-323

Considering this, I endeavoured to address my concern by incorporating the subject of gender difference as part of the interview process, for example:



**Researcher:** *As a female interviewer talking about parenting and having a baby .... I was wondering how that was for you?*

**Pete:** *I am... (laughs) probably because of my dad I feel far more comfortable talking to females than I do talking to males a lot of the time. I always feel slightly more guarded, probably actually a bit fearful if I'm honest when I'm talking to males, at least initially. My initial response to males is probably one of slight fear and not sure whether or not I can trust them.*

Transcript A1P, 30:1332-1341

This excerpt shown Pete's relationship with gender dynamics that he related to his childhood and developing relationships with his parents. His laugh protected him from his sense of vulnerability when reflecting on his relationship with his father. Moreover, this seemingly light-hearted response provides insight to Pete's relationship with his traumatic childhood, as his use of '*guarded*' shows a protective self regarding his interactions with persons of the same sex. His insertion of '*probably*' serves to protect him from vulnerable emotions that this reflection may invoke, as he moves on to describe his internal experience of same sex interactions as '*fearful*' which he softens with the insertion of '*slight fear*'. Pete qualifies this inter-subjective experience of male interaction as pertaining to personal issues of '*trust*'. These observations were of particular significance regarding his experience of depression during the postnatal period, explored further through the presented themes below. This highlights how gender is an integral part of social interaction, whether these interactions are between persons of the same gender, opposite or trans-gendered positions. In this respect, I remained acutely aware of the gender difference within the developing interview relationships.

The process of reflexivity and interpretation did not simply occur after the fact, that is, when the interviews concluded and I returned to my desk to contemplate my encounters and the transcribed data. The reflexive process occurred from the moment I engaged with identifying an appropriate area of research and the

development of the research question, continuing through interaction with the supervision team, to the presentation of this thesis and interaction with the Viva examiners (Finlay and Gough, 2003). In addition to this, I am mindful of the development of my interpretative understanding through interactions within my own personal and social worlds.

## **5. Analysis**

This section presents the process of IPA through the exploration and interpretation of the participants' accounts. Considering the hermeneutic circle, understanding develops through the close interaction with the participants' transcripts. During this process of moving within, between and across the transcribed data, the double hermeneutic occurs, whereby the researcher's own reflexivity, is incorporated as an integral part of this process (Smith, Flowers and Larkin, 2009).

### **5.1 Overview of Results**

The initial stages of analysis identified emergent themes within each participant's account, these were then cross referenced for the group. The clustering of emergent themes for the group led to the development of three super-ordinate themes, to include six sub-ordinate themes:

#### **Super-ordinate Theme 1: Fragmentation of Masculine Self**

- **Sub-ordinate Themes**

**1a:** Loss of Past Self

**1b:** Fear of Future Self

#### **Super-ordinate Theme 2: Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted Self**

- **Sub-ordinate Themes**

**2a:** Interpersonal Relationships – self in relation to other

**2b:** Intrapersonal Relationships – self in relation to self

#### **Super-ordinate Theme 3: The Disenfranchised Masculine Self**

- **Sub-ordinate Themes:**

**3a:** Gender Power Relations

**3b:** Sociocultural and Environmental expectations and influences

Considering the research question, '*How do men make sense of their experience of depression during the postnatal period?*' The analysis of the data shows an adjustment process that began with the participants' deconstruction of their pre-existing integrated experience of self. The results show a blocking of the reconstructive process of adjustment via the participants' cognitive interpretation and attribution of meaning, resulting in a cycle of negative appraisal leading to depression. The first Super-ordinate theme of *Fragmentation of Masculine Self* is the core feature of this experience and it is within the two sub-themes of 1.1: *loss of past self* and 1.2: *fear of future self* that the blocking of the participants' adjustment process occurs, further influenced by the inter-relational influences of the second and third Super-ordinate themes. This process of deconstruction resulted in an experience of loss, identified by sub-ordinate theme 1a *Loss of Past Self*. Engaging with the prospect of fatherhood and a new version of self brought the participants' to consider the notion of a future self in preparation for the assimilation of their masculine identity within a changed family dynamic, explored via sub-ordinate theme 1b *Fear of Future Self*. The Second and Third Super-ordinate themes expand the inter-relational influences contributing to the participants' negative appraisal and meaning making (see Figure 1 below).

The second super-ordinate theme of *Failure, Guilt, Shame: The Social and Personal Worlds of a Conflicted Self* draws attention to the complexity of the participants' experience of depression during the postnatal period. The data highlights various aspects of this experience, categorised within the identification of the sub-ordinate themes of 2a *inter-personal relationships – self in relation to other* and 2b *intra-personal relationships – self in relation to self*. The participants' construing of their social worlds highlights relational identities,

such as, their experience of self as father, husband, son, brother, grandson, friend and colleague within their occupational identity, represented within the sub-ordinate theme of *interpersonal relationships – self in relation to other*. Furthermore, the data shows an additional layer to the participants' interpersonal relationships, such as, their social encounters within the context of the National Health Service (NHS), to include relationships with health professionals and the unique environment of the healthcare system. The sub-ordinate theme of *intra-personal relationships – self in relation to self*, represents the participants' expression of their internal personal experiences of self. This highlights a complexity regarding their meaning making, as they struggled to make sense of their experience of a conflicted and fragmented masculine self during the postnatal period.

The first two themes highlight the idiographic nature of the data set, while the third Super-ordinate Theme of *The Disenfranchised Masculine Self* highlights the phenomenological nature of the participants' experiences of depression. The data highlights contextual influences specific to the postnatal period, such as, perceived legitimacy of negative affect and access to care / support, fear of judgement and the perceived authority of mothers' physical experience of childbirth, to include the feminine bias regarding the diagnostic criteria for depression, explored through the sub-ordinate theme 3a, *Gender Power Relations*. Sub-ordinate Theme 3b, *Sociocultural and Environmental Influences and Expectations*, highlights the unique context of the postnatal period regarding: gender role expectations, the authority of the biomedical model, health professionals expert status and communication, the dominance of physical health over mental health, health and illness cognitions, financial concerns / responsibilities and work demands.

## 5.2 Developing the Interview Relationship

From the perspective of Counselling Psychology, the value of adapting to the client's pace enables the development of a good therapeutic relationship that provides a secure base from which to explore vulnerable experiences. As such, I approached the interview process in the same way, noting my initial responses on meeting the participants and developing the interview relationships.

Presented below is my reflexive introduction to the participants.

### **Pete**

My initial experience of Pete from his appearance, coupled with verbal and non-verbal communication, was of a man who presented a metro-sexual masculine norm (Kimmel Hearn and Connell, 2005). Yet, as Pete's story unfolded, the data highlights an internal masculine representation of self that aligned more with the traditional norm, particularly in relation to notions of success and failure. In addition to this apparent conflict, Pete's verbal communication and choice of words conveyed a sense of his vulnerability. I noticed his change in tone when he referred to his parents, particularly his emphasis on his mum's influence and his dismissive reference to his father's role in this respect.

***Pete:** 'I'm originally from the north east of England..... My career to date has been predominantly..[..]. Director level for a number of different organisations, mainly kind of large, blue chip organisations.... I'm married ...[..]...got one child, a little boy [.....] I....I guess I was born and raised a Christian by my mum and dad., by mum.... dad would probably describe himself as an atheist. I struggle with organised religion a lot but I consider myself quite a spiritual person....[..]...I think I'm probably too liberal minded to be a Christian.....'*

*Transcript A1P, 1:11-29*

Pete's reference to his cultural background suggests a particular tradition whereby expectations regarding gendered role identity, his relationship with his parents and notions of success and failure influenced the development of his intrapersonal experience of self. This appeared in his choice of language and

change in tone at different points in his narrative. For example, in the above excerpt, Pete's use of 'kind of', suggests a distancing from this successful professional identity, indicating a sense of self-doubt, which is further highlighted in his faltering hesitation, presented in his 'I...I...' when referring to his 'Christian upbringing' and his relationship with his parents in this respect. Pete's reference to being "liberal minded" suggests a need to communicate that he has a free, independent life-view.

Reflecting on this, I considered Pete's engagement with his role as participant. His statement suggests a desire for me, in my role as researcher, to accept him as a thinking person with some degree of intellect, actively engaging within the interview process rather than passively participating. There seemed to be something about establishing himself within the power dynamic of the interview relationship. To progress the interview, I was mindful of the importance of the hermeneutic circle, as I reflected my understanding of this introduction to his account. The intention was to nurture a balanced power dynamic within the interview relationship, as part of the process of developing a trusting and safe environment. This was important to facilitate the exploration of recollections that may cause Pete some discomfort, as he opens himself to the memory of his experience of depression during the postnatal period.

### **Matt**

Matt presented as a strong, confident man. His professional persona was very evident and his masculine presence filled the room both physically and in-terms of energy. I was aware of a sense of Matt entering into the interview relationship with his personal defences overtly in place I noted that he gave no reference to his parents or any family relationships apart from his children and two wives. I bracketed this observation and continued the interview by focusing on his

children, with the intention of beginning the funnelling process necessary to enable exploration of Matt's experience during the postnatal period.

**Matt:** *'My first wife, was a local girl who used to live up the road to me...[.]...Two lovely children.....Consequently my marriage broke up. I was involved in a relationship...[.]..I've now got married to that person...That's pretty well background unless there's anything else you want specifically.'*

*Transcript B2M, 1:8-26*

Matt detailed information as if he was presenting a report, stating dates in full and commanding a sense of control within the interview by providing a concise summary of his demographic information. Matt sets out a clear desire to be in control, as he limits any request for further information by directing me to enquire "specifically". Reflecting on this and my sense of intimidation, I recognised Matt's overt control as a defence mechanism, which I interpreted as indicating a discomfort within the interview relationship. Matt presented characteristics associated with the traditional masculine norm and his occupational identity within law enforcement, indicated that he was accustomed to holding control within the dynamic of an interview relationship. Reflecting on this, the role of participant within a research situation brought Matt into unfamiliar territory, placing him outside of his comfort zone. Understanding this enabled me to focus on Matt's needs and remain mindful of the balance of power within the developing interview relationship.

### **Rob**

Rob exuded a commanding presence as a charming and intelligent man whose demographic background and professional identity suggested someone who was accustomed to being in control and occupying a leading role. Yet, the way Rob conducted himself within the interview environment suggested a conflicted man whose external professional image served as a protective shield to his inner vulnerability.



**Rob:** *'I'm married and have two...uh...four children, two by my first marriage and twins with my second...[...]. I consider myself to be Scottish....Glaswegian, as I spent my childhood there... Do you know Scotland?'*

Transcript C3R, 1:12-13 / 15-16

Rob's faltering hesitation regarding his children suggests a vulnerability and self-doubt associated with his father role. The distinct separation between his first and second marriages and the context of his role and identity as a father highlights a distinction between his past and present sense of self. I responded to his question by indicating my appreciation of the beauty of Scotland, however, I noted his non-verbal behaviour as he winked, smiled and exaggerated his Glaswegian accent in his response and my slight discomfort at this point as I considered the gender difference and balance of power within the interview relationship.

Meeting Rob presented an ethical dilemma, as I recognised aspects of Rob's story and the way that he conducted himself that invoked negative associations regarding my own personal history. Noting this at an early stage enabled me to draw on my professional training and experience to balance my reflexivity with an open and inquiring mind. While I appreciate the relationship between a researcher and participant differs from that of a therapeutic relationship, the reflexive process is a valued central feature within both counselling psychology practice and IPA research. In this respect, I drew on my training and experience to enable me to progress the interview in an appropriate and professional manner, remaining mindful of the theoretical base of IPA and its mirroring of the core conditions of unconditional positive regard, empathy and congruence within the humanistic approach. This enabled me to remain present and actively engaged within the interview relationship, whilst noting and setting aside (bracketing) my personal memories.

## Clint

There were particular differences in the way Clint responded to the first question. He began by stating that he was British, not something that any of the other participants did. This suggested a need for him to recognise difference within the interview relationship, I am a white, British female and Clint was a black British male. Clint's presentation intrigued me and I found myself curious as to his omission of any reference to children and his father role, which the other participants had included in response to the first question that sought to ascertain demographic information.

**Clint:** *'I'm British...um...my family was originally from Trinidad...uh...I was born in Bristol but grew-up in London ...[.]...um...I'd got into a bit of trouble and there was a lot of gang related stuff that I was getting into....uumm...so my mum thought it would be better for me if I came to live with my grandparents..[.]...yeah...I got myself to college...[.]...um...so, yeah, I've done alright I guess.'*

*Transcript D4C, 1:6-11*

The difference in Clint's energy, presence and initial responses, highlighted a sense of sadness behind his smile. Noting this along with both the gender and ethnic difference within the interview relationship, I sensed a need for Clint to move slowly through the interview process. I noted Clint's presentation, as a smart professional male, yet there was a sense of vulnerability reflected in his hesitation highlighted by verbal utterances of 'uh' and 'um', accompanied by 'yeah', as if checking with his intrapersonal experience of self, regarding the extent and accuracy of information that he wished to reveal at this point. Clint's reference to his childhood and experience of 'gang related stuff', suggests a harsh developmental environment, where he learnt a way of being that enabled him to survive. My limited knowledge of gang culture meant that my reflexive point of reference lay in media representations via documentaries and films, which tend to depict a traditional masculine norm as the dominant, hegemonic masculine identity to which a young man would expect to conform within this

particular sociocultural environment. Clint's move to live with his grandparents and his return to education, along with his present occupational identity, suggested a shift in his sense of self across time.

Reflecting on my initial experiences enabled me to develop my approach to interviewing, as I learnt from the first interview the importance of Pete's past as a key feature of how he made sense of his experience of depression during the postnatal period. In response to this, I endeavoured to allow more time for the remaining interviews so that the participants could tell their stories in their own way and at their own pace.

Moving on, the intention is to explore each theme, using discrete excerpts from the transcribed data to elucidate the interpretations. The themes run throughout the transcripts, however, these are not unidirectional in their presentation within the data. The super-ordinate and sub-ordinate themes present an intricately woven tapestry that pervades the participants' accounts, as each participant engages with their masculine identity and father role.

### **5.3 Super-ordinate Theme 1: Fragmentation of Masculine Self**

This theme represents the central feature of the participants' accounts and refers to the participants' sense of masculine identity within the context of their experiences during the postnatal period. Considering the phenomenological notion of intersubjectivity, this theme reflects the participants' experience of self across time from boy to man, incorporating the contextual influences, of personal history, sociocultural and environmental factors during the postnatal period, along with the development of self through interpretation and meaning making.

Pete shared how he coped with his negative relationship with his abusive father,

**Pete:** *'when things became too difficult emotionally, ..[...]. I basically turned that off at some point very, very early on so I could cope with how my dad was.[...]. I just basically shut down a whole load of stuff because I don't think I could have survived that experience if I hadn't done that.'*

Transcript A1P, 27/28:1232-1236

Pete's traumatic childhood experiences reinforced stoicism as a positive attribute that enabled him to *cope* and *survive*. Clint also identified with the characteristics of the traditional masculine norm as a positive means to *survive* a traumatic childhood.

**Clint:** *'I just had to man-up and get on with it.....um.....that's one thing I learnt through growing up in London....you know....a man just gets on with it....you didn't show your emotions cos that meant you were weak and there was no way I'd have survived if I'd cried everytime I got hurt.....no....I learnt that to survive you had to lock that stuff away and just get on with it.'*

Transcript D4C, 7: 288-292

This excerpt highlights the sociocultural expectations that informed Clint's developing sense of masculine identity during his childhood. The expression '*man-up*' is a childhood script that features throughout Clint's account that suggests a link with his understanding of stoicism in the face of vulnerable emotions and his meaning-making regarding his sense of masculine identity.

Matt expressed his identification with hegemonic masculinity through his reference to being in control,

**Matt:** *'I'm used to control, I'm used to order, and I'm used to being empowered by everything I do.'*

Transcript B2M, 10: 416-417

In this respect, Matt identifies with the traditional masculine norm in relation to notions of status, power and control. Rob also identified his sense of control as part of his masculine identity, '*I like to be in control*' (Transcript C3R, 8:324). In addition to this, Rob recognised his avoidance coping response regarding his experience of vulnerability,

**Rob:** 'I think the feelings that were around for me during that time were so powerful and....well, shitty really, that.....I did my best to avoid them.....as I said I got my head down and worked.....had an affair.....and basically tried to ignore the reality of my life'

Transcript C3R, 18:806-809

The above excerpts illustrate the common thread of the participants' understanding of their pre-existing integrated sense of hegemonic masculinity. Moreover, establishing the pre-existing sense of self highlights the significance of the participants' experience of the process of deconstruction and the *fragmentation* of their former cohesive masculine identity. In this respect, the participants approached the prospect of the life event of the birth of their child with a strong sense of masculine identity that embodied a sense of stoicism, power, control and success. However, the first sub-ordinate theme highlights the participants' experience of loss, as this former experience of self became destabilised through the participants' negative cognitive behavioural responses and attribution of meaning.

#### **Sub-ordinate Theme 1a: Loss of Past Self**

The first sub-ordinate theme highlights one aspect of the participants' process of deconstruction. In this respect, there is convergence across the data set, as the first super-ordinate theme, *Fragmentation of Masculine Self*, reflects the participants' process of deconstruction of their former integrated masculine identities in response to the life event of the birth of their child. As such, the data highlights the participants' experience of loss of their former experience of self, as they began to engage with the prospect of a new masculine experience of self, to include parenthood. The sub-ordinate theme of *Loss of Past Self* encapsulates the idiographic nature of this experience, whilst acknowledging its commonality across the group. However, each participant's attribution of meaning regarding this sub-ordinate theme highlights particular nuances

regarding how the participants made sense of their struggle to adjust to the changes in their ontological awareness and Dasien sense of being, including their experience of depression during the postnatal period. For example:

**Pete:** *'I am quite decisive in work. I've always been known as somebody who can make a decision and see it through. One of the things that I actually found as a major symptom for me of what I was going through was I just kinda couldn't make decisions anymore, I felt like I was floundering..... it felt like I might lose myself and never get back to who I am, that kind of sums it up.'*

Transcript A1P, 25:1125-1137

Pete's reference to being able to *'make a decision'* suggests a clarity of mind and his qualifying reference to being able to *'see it through'* infers a strength of character regarding standing by one's convictions in the face of adversity. In this respect, this excerpt shows Pete's struggle to hold on to his sense of self, as a strong and decisive man, as his experience of depression inhibited his cognitive functioning and ability to make decisions to such an extent that he no longer recognised himself. His use of the term *symptom* suggests a biomedical frame of reference, which in-turn infers health and illness cognitions regarding understanding his debilitating experience. This places Pete's frame of reference within the bio-medical model, which considers *symptoms* as a means to diagnose what is wrong. This reinforces his experience of internal alienation by inferring that his inability to make decisions represented a state of dysfunction. He distances himself from the impact of this memory by placing *'kinda'* before his recognition of his inability to make decisions. This protective feature to his narrative paradoxically highlights his vulnerability.

In addition to this, Pete referred to his fear of losing himself, yet did not refer to his sense of self in the past tense, which suggests that his understanding of this experience encapsulated more than his professional identity. Losing his integrated sense of masculine self, held a catastrophic meaning for him, as his experience of depression presented the prospect of a future self that bore no

resemblance to his former experience of masculine identity. In this respect, Pete associated this experience of masculine self with his negative experience of his traumatic relationship with his own father, shown through the second subordinate theme *fear of future self* (see below). Pete's expression of '*who I am*' highlights the depth of impact regarding his experience of depression and loss of past self, as it suggests a deeper level of meaning, regarding his cohesive self.

Matt's experience of loss of past self took a different form, as he struggled with the loss of his reciprocal relationship with his first wife.

**Matt:** *'my thought that if we..um..rekindled that time of no baby, no baby..um..[...] but intimacy, talk about each other's day, rekindle what was missing, what....what I'd lost.*

Transcript B2M, 19: 851-854

Matt's repetition of '*no baby, no baby...*' highlights his experience of loss regarding his couple identity and former integrated sense of masculine self, as this did not include his father role. His reference to intimacy, conversation and desire to '*rekindle what was missing*', conveys his deep sense of loss regarding his reciprocal relationship with his first wife during the postnatal period. His wife's withdrawal from emotional and physical intimacy within their relationship further exacerbated his overall experience of loss.

**Matt:** *'it's a powerful thing the sexual side of a relationship....and when that's gone you kind of question yourself... that kind of compounded that...uh...sense of loss...just that sense of being a man'*

Transcript B2M, 25:1108-1112

Within this excerpt, Matt highlights the significance of his loss of sexual intimacy and the meaning that he attributed to this experience. His use of the second person in the form of '*you*' and '*yourself*', along with the insertion of '*kind of*', provided Matt with a protective distancing from the impact of any negative affect associated with this recollection of self-doubt. Matt's meaning making in this

respect resulted in his experience of loss regarding his reciprocal relationship with his wife, as '*compounding*' his overall sense of loss regarding his masculine self, further highlighted by his reference to '*just that sense of being a man*'.

Rob also referred to his loss of past self within the context of his sexual identity and loss of reciprocal relationship with his first wife.

**Rob:** *'I guess that physical intimacy was what I was yearning, it kind of reassured me that we were OK, that M was still there for me, that she still loved me, that's how it felt before C was born...sex had always been pretty good....um.....but that really changed after the birth...[.]...we would cuddle but as soon as I tried to make any signs of wanting more than that I could feel M physically tense and draw away...I've always had a strong sex drive...I think most men do.....and well.....it was just difficult to deal with.....um....that sense of rejection...'*

Transcript C3R, 11:470-473 / 483-486

Here Rob expresses that his experience of loss of sexual intimacy held a deeper meaning regarding his masculine self, as his former experience of sexual intimacy affirmed his masculine identity and sense of reciprocity within his marital relationship. He protects himself from the memory of his experience of "*rejection*" by aligning his desire for sexual intimacy with his gendered population group rationalising his "*strong sex drive*" with "*I think most men do*".

Rob differed from Matt, as he expressed an understanding of his masculine self in terms of success, reflected in the contrast between his traumatic childhood experiences of an impoverished and neglected upbringing, through his identity as a member of the armed forces and his present professional persona of a graduate member of the Christian clergy. All of which reflect his identity as a successful man, however, his confidence faltered, as his vulnerability became evident when he spoke about his first marriage and his transition to parenthood. It is here that he shows his fragmented sense of masculine identity and loss of past self.



**Rob:** *'you see...I just couldn't deal with both pressures.....you know...the pressures of succeeding on the degree and the pressure of failing at home.....so I gravitated toward my student life and inched away from M and C.....I'm not proud of what I did.....in fact I really regret it.....it cost me so much.....but I was young....still in my twenties .....M had been the first real relationship I'd ever had with a woman.....and now I couldn't even make that work.....'*

Transcript C3R, 13:578-583

Rob expressed a sense of regret, guilt and shame as he recalled his difficulty adjusting to parenthood and the negative affect this life event had on his ability to maintain a reciprocal relationship with his wife. His use of the words *pressure* and *gravitated* suggests an external force, something beyond his control. Rob's story presents a dichotomy whereby his experience of success in his academic life paradoxically emphasises his experience of failure at home. This bi-polar intrapersonal experience highlights Rob's experience of fragmentation regarding his masculine identity as he struggles to assimilate his new father role. Rob's reference to being "*young...still in my twenties*", suggests an awareness of self placed in time and the role of his developmental self that infers a recognition of having changed as he has grown older, bringing a new perspective to how he makes sense of his experience of depression during the postnatal period. Rob's reflection of "*I couldn't even make that work*" suggests a negative self-concept and core belief.

Clint's expression of his *Loss of past self*, held a weight of sadness that differed from the other participants. The hesitant and slowed flow of his narrative, along with a limited intonation and almost monotone verbalisation, suggests that this aspect of his experience held a powerful meaning for him.

**Clint:** *'each day.....well....it was as if I was losing a little bit more of me...um.....I couldn't recognise the man in the mirror anymore'*

Transcript D4C,17: 765-766

Clint's reference to "*each day*" highlights the progressive nature of his experience of depression. His use of "*me*" and reference to "*the man in the*

*mirror*”, suggests a separation from his former integrated sense of self. Clint’s intrapersonal experience of self had fragmented to such a degree that he expresses an alienation from his external representation held within his reflection in the mirror.

His description of this experience highlights his *loss of past self* within his fragmented sense of masculine identity.

**Clint:** *yeah, um.....how can I explain this?.....um.....yeah, by holding on to my sense of ...um....being a good husband...um....helped me to also hold-on to a sense of being a good dad, if you know what mean....um.....it helped me to feel like I still had some control and that I hadn't become completely lost.....like my dad. I guess.....does that make sense?*

Transcript D4C, 19:848-851

In this excerpt, Clint expresses his process of cognitive interpretation and meaning making within the context of his fragmented masculine self. His experience of his separate gendered identities provides an insight into his attribution of meaning within the context of his transition to parenthood. Clint’s understanding of himself within his husband role enables him to connect with his former integrated sense of masculinity, as his experience of self within his husband identity transverses the perinatal period. In this respect, in *‘holding-on to [his] sense of being a good husband’* enabled him to maintain a positive sense of self within his role as a father. Clint links this understanding of his ability to fulfil his husband role with his understanding of his ability to fulfil his father role, which suggests a connection with his contextual experience of self, regarding the influence of social and cultural expectations of the husband and father roles during the postnatal period.

Clint moves on from this to reveal his vulnerability in association with his father role, as he expresses his attribution of meaning in terms of *‘control’*. Clint’s positive understanding of being able to maintain a *‘sense of control’*,

paradoxically suggests a negative association in terms of losing control. In this respect, Clint's cognitive interpretation of his experience of depression during the postnatal period was presented in terms of loss of control, which for Clint meant that he was losing sight of his pre-natal integrated masculine self, expressed as, *'it was as if I was losing a little bit more of me'*. His use of *me* instead of *myself*, suggests a deeper level of meaning relating to his overall masculine identity and his core sense of self. Here Clint pauses briefly, the energy shifts and his flow of narrative slows with a lowered tone, as he expresses the deeper meaning of his association of his father role with his negative experience of this role in the form of his own father.

Clint's vulnerability showed, as he sought to protect himself by following this revelation with *'I guess'* expressing self-doubt and concern regarding his expression of meaning by closing with *'does that make sense?'* This suggests that Clint's negative attribution of meaning in association with his father role directly connected with his negative relationship with his own father effectively blocking his ability to successfully assimilate his new identity as a father and engage with the process of reconstructing his fragmented masculine self.

Clint's description of not being able to *'recognise the man in the mirror'* suggests that he may have recognised something about his adult physical appearance as resembling that of his own father, which held a meaning that went beyond his physical reflection. This powerful description suggests a loss of something more ethereal, a loss of vitality replaced by an emptiness that further alienated him from his former sense of an integrated stable self. This brought a negative association of male role models during childhood in the form of both his father and stepfather to the fore of his conscious awareness, thereby

affecting how he made sense of his experience of depression during the postnatal period.

**Clint:** *'My dad?...um...nah, my parents split when I was about two..uh...he..uh...he's got issues...he drinks and suffers from depression.....[pause].....he remarried but that didn't work out either....uumm....he's pretty screwed up really.....I've seen more of him since I finished school....he's always kinda been in the background really.....a bit of a waste of space.....so...uumm....I didn't really know him when I was growing-up'*

Transcript D4C, 1:20-24

Here Clint expresses a dismissive attitude toward his father that suggests a sense of detachment. His reference to *issues* suggests an understanding of his father's personal struggles and the following *pause* conveyed a sense of loss and sadness. Clint's description of his father as '*a waste of space*' suggests a sense of shame that highlights his negative association with paternal depression. Clint's traumatic childhood experiences with his abusive stepfather, served to reinforce his negative association of paternal role models.

**Clint:** *'he [stepfather] was a complete ass....beat my mum.....[pause]....he left just after my little brother was born.....uumm.....so, yeah...he's not someone I think about in that way...you know...he's just a twat my mum hooked – up with for a while'*

Transcript D4C, 2:47-49

Clint's description of his step-father as '*a complete ass*' and '*a twat*' highlights his contempt. His *pause* suggests a sense of reflection and though his tone appears dismissive, there is a real sense of anger and frustration that suggests loss and rejection regarding his experiences of paternal role models.

In addition to Clint's excerpts above, Pete reflected on his experience of psychological therapeutic intervention as enabling him to understand his experience of depression, as being rooted in his negative relationship with his father.

**Pete:** *'I guess through my own therapy I've come to probably understand that a lot of it stems from my relationship with my father, and I think D being born just took me back to my childhood....[...].....There was something about my feeling of*

*failing D that connected really, really strongly with my hurt I suppose from being a child myself.'*

Transcript A1P,372-374 / 387-389

Pete's use of 'I guess' and 'probably' serve to soften the impact of his recollection of his traumatic childhood experiences, thereby highlighting his enduring sense of vulnerability regarding his relationship with his father.

Matt acknowledged his parents' lack of affection during his childhood that continued into his adult life:

**Matt:** *'I would never use either of my parents as role models...[.].My parents....um... neither of my parents outwardly showed love. I've never said to my dad I love him and he's never said it the other way.....even when I nearly died that never come up'*

Transcript B2M, 23:1008-1013

Matt's reference to his father's inability to express love in the face of his traumatic accident and near death experience, highlights the impact of Matt's experience of an emotionally neglected childhood. However, his expression of *outwardly* suggests an awareness of or desire for an internal assurance that his parents loved him but were simply unable to express it. His use of 'even' reinforces the power of this experience and the existential aspect to Matt's sense of being within the personal history of his family dynamic.

Rob's data also shows a traumatic childhood, with an absent father and abusive mother.

**Rob:** *'I don't know him, he's never been a part of my life.....[pause].....his choice, he left us and that was it really.....[pause].....mum had boyfriends but no real relationships....um...well, there was one policeman,.....It was good when he was around...we didn't get the strap then.....[pause].....I guess that would be classed as child abuse now but in the 70s corporal punishment was an acceptable form of discipline in Scotland. We had the strap at school as well, so I didn't really think anything of it. Mum was on her own and struggling to bring up two boys in pretty harsh conditions, she had to employ some sense of discipline otherwise we could easily have ended up like the other kids back then.....[pause].....some may say she dished it out a bit freely but she loved us in her own way'*

Transcript C3R, 2:50-60

Rob's *pause* suggests a sense of loss and reflection, as he continues to recount his mother's romantic liaisons, distinguishing them from significant '*real relationships*' that highlights his sense of detachment from his mother's male partners. Rob's reference to his mother's use of corporal punishment highlights the context of sociocultural understanding of appropriate discipline set within a particular tradition during the 1970s. However, his acknowledgement of the frequency of his mother's use of the strap as '*a bit freely*' and his belief that his mother '*loved us in her own way*' indicates his relationship with his mother was unpredictable, threatening and dangerous. This suggests Rob developed the ability to self soothe and dissociate from vulnerable emotions, thereby maintaining a protective shield for both himself and his younger brother

The above data highlights the significance of the participants' negative association with parenthood that affected their attribution of meaning regarding the prospect of assimilating this role as part of their masculine identity. The expression of a protective self that shielded them from their traumatic experience of vulnerability reflects their relational development regarding their integrated sense of masculine identity, thereby nurturing the notion of dissociation from vulnerable emotions as an effective coping strategy. This is further highlighted by childhood scripts such as, '*man-up*' and '*crying is for girls*' and the association of not coping as meaning one was '*weak*' and '*a failure*'.

The meaning the participants attributed to their experience of *loss of past self* indicates a progressive negative process of cognitive interpretation and meaning making resulting in the participants' consideration of what the future may hold. In this respect, the data shows further convergence resulting in the development of the second sub-ordinate theme of *fear of future self*. This sub-ordinate theme highlights the participants' experience of uncertainty and their

fearful attribution of meaning and negative appraisal of their experience of depression during the postnatal period. In this respect, the data presents the participants' experience of *loss of past self* and *fear of future self*, as a modus operandi that effectively maintained a destabilised experience of self during the postnatal period. The following presentation of the second sub-ordinate theme seeks to elucidate this observation further.

### **Sub-ordinate Theme 1b: Fear of Future Self**

This sub-theme presents the participants' *fear of future self*, as they try to make sense of their experience of depression. The data shows a process of negative cognitive interpretation and meaning making that maintained the participants' experience of a destabilised present self during the postnatal period. For example;

**Pete:** *'I remember waking up every morning during that period and just lying there for a second and trying to suss out how I felt, and praying that that would be the day when I'd feel a little bit better and then realising pretty quickly that I didn't, morning after morning of doing that. I did get to a point where I was thinking what if this is it? What if I never, ever come out the other side of this and this is it, and that was the most terrifying thing...'*

Transcript A1P, 12:527-533

This excerpt illustrates Pete's experience of depression, as he waited for each day to bring some relief. His use of the term '*suss out*', indicates a cognitive questioning of this experience while his choice of '*praying*' highlights his sense of helplessness and hopelessness, as he sought for an external solution in the concept of a God. This aspect of Pete's account reflects his spiritual self, as he took solace in the notion of an objective reality that may provide him with an escape from his despair. As Pete conveys the repetitive pattern of behaviour and his growing experience of loss of control, there is an alienation within his presentation of this experience reflecting a sense of self placed in time. His repetition of '*morning after morning*' emphasises the relentless nature of his

experience of depression. Pete's questioning shifts to consider his experience of despair within the context of his future. His question, *'what if this is it?'* highlights his development of thought, as he anticipates the possibility of the long-term effect. This questioning led Pete to begin his attribution of meaning, where his emotional response comes to the fore. Pete's choice of the word *'terrifying'* conveys the intensity his attribution of meaning held for him. As his story unfolds, Pete moves on by referring to his personal history, which provides the contextual roots to his meaning making.

**Pete:** *'All of my...all of my adult life until I met R I was adamant that I wouldn't have any children and I've had other long-term partners prior to R who wanted children and we've split up because I wouldn't have children. That was always because of this innate fear that I would make a mess of it and you know somehow (sigh) I don't know, damage a child in the way that he did to me I think. That was always in the back of my mind that was kind of the worst thing I could ever do, inflict on somebody else what he did to me. That was always the worst thing and it was the thing that stopped me.'*

Transcript A1P, 18: 777-785

Within this excerpt, Pete shows how his previous experience of self did not envisage a future masculine self that encompassed the identity of a father. Pete's faltering hesitation highlights his vulnerability in association with this recollection of his former self, indicating a relational aspect to this process, in terms of his romantic relationships during adulthood, up until he met his wife. Pete's use of the word *'innate'* suggests something beyond his control that has been an integral part of his core sense of self, from childhood through to his adult life. This concealed fear is rooted in his experience of fatherhood from his negative childhood relationship with his own father. Pete's vulnerability becomes overtly present at this point, as his use of *'you know'* suggests a need for affirmation of the researcher's understanding and perhaps acceptance. His flow of narrative falters with *'somehow, (sighs) I don't know'* as he struggles to convey his meaning. His choice of *'damage'* suggests a permanent negative



affect that reflects his personal experience of fatherhood in the form of his traumatic childhood experiences with his own father.

Pete's recognition of his fear of what being a father meant for him highlights the intensity of his experience of depression during the postnatal period. Pete's understanding of this role represented the *worst* presentation of masculine identity, thereby exacerbating his experience of depression, as his *fear of future self* and fear of failing in his role as a father, associated with his relationship with his own father, blocked his ability to assimilate his new father identity, thereby maintaining the fragmentation of his masculine self.

A further two participants also expressed a fear associated with negative childhood experiences with particular reference to their relationships with their own fathers.

**Rob:** *'I guess, what I'm trying to say is that I didn't know how to be a dad.....and that feeling of expectation.....um....responsibility....well I struggled with it.....and well I started to try to avoid it....I started to stay in my study working later .....it wasn't really a conscious decision to do that but it was easier to escape into my studies.....I mean that brought its own kind of stress but it was a stress I could handle....I could do something about it.....but this whole fatherhood thing...completely alluded me....and I think the thing.....the thing that frightened me the most was the fear that I was actually just like my dad.....[pause]....hmmm.....so instead of throwing myself into learning how to be a good dad....I ran from it and hid in my work environment.....where I felt competent and able to cope.....stupid really'*

Transcript C3R, 12:547-556

Rob highlights his avoidance coping response to the negative affect he experienced within his new role as a father. His reference to not knowing '*how to be a dad*' highlights his lack of a paternal role model during his own childhood. Placing this statement at the beginning of his explanation regarding his fear of becoming like his father, suggests the need to protect himself from judgement through the avoidance of personal responsibility. Rob expressed his experiences in terms of '*coping*' versus '*not coping*' suggesting notions of success and failure. His negative association of fatherhood and attribution of

meaning in this respect resulted in his inability to assimilate his father identity, thereby blocking the process of reconstruction to a new integrated masculine self.

Clint also expressed a fear of future self in reference to his own father. The transcribed data shows a personal history of loss mirroring his father's experiences.

**Clint:** *'I really was becoming like my dad.....[sighs].....and that...that was the thing that frightened me the most.....that I'd end up an empty shell of a man.....no use to anyone....a complete failure.....[pause].....'*

Transcript D4C, 16:725-728

The hesitant flow and *sigh* suggest a sadness and loss held within this recollection of his experience of depression during the postnatal period. Clint's repetition of *'that...that'* emphasised the intensity of negative affect that this meaning held, highlighting his fear of his future self. His choice of *'empty shell'* highlights his sense of fragility and lack of substance regarding his own father and his interpretation of this as *failure* meant that Clint's own experience of depression resulted in an attribution of meaning that conflicted with his former integrated masculine self. Clint's negative childhood experiences nurtured the development of a traditional masculine norm with characteristics of strength and stoicism, which resulted in his negative appraisal of his experience of not coping during the postnatal period.

**Clint:** *'I was losing control.....everything was spiralling out of control and I just felt so helpless and frustrated.....I was really angry with myself for being so pathetic and weak.....[pause].....'*

Transcript D4C, 16:731-733

This data illustrates Clint's experience of not coping, which he describes in terms of *losing control*. His use of *'spiralling'* highlights the progressive nature of his experience, resulting in him feeling helpless and frustrated. The data highlights his increasing sense of loss of control through the progressive

experience of his wife's withdrawal and controlling behaviour regarding the parenting of their son (see super-ordinate theme 2). In addition to this, Clint internalised sociocultural and environmental expectations to 'be happy'. The contextual experience of Clint's previous traumatic experience of loss of his first child and the positive healthy presentation of his second child resulted in an internal conflict (see super-ordinate theme 3). In this respect, to 'be happy' would mean that he could no longer mourn the loss of his son, resulting in the negative association of failing his first son and becoming like his own father. Clint's emotional response to this expressed as *anger*, as he attributes this experience as meaning that he was '*pathetic and weak*'. This negative appraisal of his inability to cope and association of his negative paternal role model, meant that Clint could no longer identify with his former cohesive sense of masculinity resulting in the development of an internal conflict that maintained his experience of a fragmented masculine self and destabilised sense of self during the postnatal period.

The data highlights the significance of the influence of the father↔son relationship and negative associations with the masculine role of fatherhood. This effectively reinforced the process of negative appraisal and attribution of meaning, resulting in a *fear of future self*, particularly regarding the fear of being able to successfully fulfil the role of fatherhood, that blocked the ability to move on to a positive process of reconstruction and assimilation. As such, an internal conflict develops effectively reinforcing a sense of helplessness and loss of power and control.

The data shows a convergence regarding the experience of loss of power and control. However, there is a subtle divergence in Matt's account, as his experience of *fear of future self*, lay within his interpretation and attribution of

meaning regarding the loss of his reciprocal relationship with his first wife, his sexual identity and a change in his physical appearance after a serious road traffic accident during the postnatal period of his second child.

**Matt:** *The only thing I didn't do was break my second cheekbone but I was smashed...smashed to pieces and...and they rebuilt me. But what they didn't do was rebuild me up in my head'.*

Transcript B2M, 8:369-371

Matt's choice of word and repetition of 'smashed' highlights the traumatic extent of his physical injuries. The term 'smashed to pieces' and his reference to being 'rebuilt' emphasises his experience of being physically broken. Matt goes on to express a separation between his physical and mental experience of self, as he recalls the psychological impact of this trauma, 'But what they didn't do was rebuild me up in my head'. The post-traumatic stress experienced by Matt presents at different points throughout the data, which highlights the significance of this aspect of his experience of depression during the postnatal period.

**Matt:** *'I should've just been able to cope..... [pause]...but to be fair, I did have the accident...and....don't get me wrong.....it's not an excuse for my subsequent behaviour, as I said....it's much, much more complicated than that.....but I...I changed.....physically and inside.....in here.....my head....my head wasn't right.....[pause].....but no-one sees that.....not until....yeah, the breakdown'.*

Transcript B2M, 17:814-817

Matt's negative appraisal of his coping ability, highlighted by 'should've', suggests a sense of personal responsibility that reflects the traditional masculine characteristic of stoicism. His tone softens and flow of narrative slows suggesting a sadness, and experience of loss, guilt and shame, as he recalls his avoidance coping behaviours. Matt's presentation shifts as his narrative regains momentum highlighting his vulnerability in association with this memory, as he shifts the focus on to his dual experience of change in both his physical appearance and his emotional and psychological experience of self. Matt's non-verbal behaviour of tapping his head and his repetition of 'my

*head...my head'* emphasises his recollection of a fragmented self. The energy shifts once more, as his tone softens and speech slows to reveal a more fragile presentation of self.

Matt's experience of loss of his pre-natal sense of an integrated masculine identity highlights his experience of a fragmented masculine self. The loss of his reciprocal relationship with his wife was experienced in-terms of both physical intimacy and emotional rejection.

**Matt:** *'I guess...the rejection that I experienced from my ex-wife...um...that rejection....it really challenged my sense of...of...being a man .....uumm....you have to remember...I had that accident and L had already rejected me in that respect....um..as her lover.....I was allowed to be her friend....but the physical rejection...that hurt and it's difficult to recover from that....hence the affairs'*

Transcript B2M, 24:1103-1107

Matt's negative appraisal of his wife's physical and emotional withdrawal held a deeper meaning, highlighted by his faltering hesitation and flow of dialogue. Matt reminds the researcher of his traumatic accident to contextualise his avoidance coping response in the form of extra-marital affairs. Matt's experience of his wife's physical and emotional rejection compounded his loss of sexual identity and this experience of loss became exacerbated through his attribution of meaning regarding his change in physical appearance.

The above data presents the cognitive processing that led to the contemplation of Matt's future self and attribution of meaning within the context of his response to the loss of his reciprocal relationship with his wife, his sexual identity and physical appearance. In this respect, Matt's recognition of the fact that his relationship with his first wife had become void of any physical or emotional intimacy resulted in the development of a *fear of future self* as he considered the prospect of remaining within this dysfunctional relationship.

**Matt:** *'I would have given up trying....I kind of did for a few years.....uumm...and I would have probably just become a doormat'*

Here the data presents a sense of Matt's experience of self placed in time, as his present self reflects on his attribution of meaning regarding his *fear of future self*. Matt's description of his feared future presentation of self as '*a doormat*', suggests a permanent shift in gender power relations within his first marriage that conflicted with his pre-natal experience of a positive reciprocal marital relationship. The loss of his former experience of a mutually positive couple relationship, resulted in a process of negative cognitive behavioural responses as his understanding of this loss meant that he was devalued within his home, resulting in an experience of loss of power and control, particularly regarding his sense of masculine autonomy within the home environment. In this respect, his fear relates the concept of a future self that bore no resemblance to his former cohesive hegemonic masculine identity that was an integral part of Matt's experience of being.

Moving on from this base the intention is to broaden the conceptual frame to consider the second super-ordinate theme of *Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted Self*, via the exploration of the sub-ordinate themes 2a, *Interpersonal Relationships – self in relation to other* and 2b *Intrapersonal relationships – self in relation to self*.

## **5.4 Super-ordinate Theme 2: Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted Self**

This theme reflects the participants' multiplicity of self, expressed through the relational experience of their social and personal worlds. Further interpretation of this experience occurs within the context of each participant's personal history, with the cyclical nature of reflexivity throughout the data revealing the interdependent nature of the sub-ordinate themes of *interpersonal* and *intrapersonal relationships*.

The second super-ordinate theme highlights the interdependent relationship of the sub-ordinate themes by identifying the complex nature of the participants' Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted self during the postnatal period. Sub-ordinate theme 2a, *interpersonal relationships – self in relation to other*, reflects the sociocultural and environmental context of the participants' experience of masculinity and its fragmentation as they engaged with the prospect of fatherhood.

### **Sub-ordinate Theme 2a**

#### **Interpersonal Relationships – self in relation to other**

This sub-ordinate theme reflects the participants' masculine self, constructed through their *interpersonal* relationships that incorporate various gendered and occupational role identities. Exploration of this aspect of the data provides further insight into the first super-ordinate theme, as the participants' struggle to make sense of their experience of depression and the fragmentation of their masculine self within the context of their interpersonal relationships.

**Pete:** *'There was probably a degree of embarrassment there I think. I definitely had a real sense that I was kind of, failing, I know I've used that word before, in terms of work, in terms of D [his son], in terms of supporting her [his wife]. I felt like I was just falling down on all fronts really and that was hard to kind of, articulate I suppose.'*  
Transcript A1P,16: 684-689

Within this excerpt, Pete expresses his concern regarding his interpersonal relationships experienced through his role identities of occupational self, self as father and self as husband. Beginning with '*probably a degree*', distances and protects him from the memory of his experience of depression by softening its impact in the present. His expression of *embarrassment* suggests an intrapersonal experience of shame as he struggles to make sense of his inability to cope. In this respect, his experience of depression conflicts with Pete's former connected sense of self that identified with the characteristics of the traditional masculine norm highlighted by his attribution of meaning expressed as '*falling*'. This draws attention to the role of intersubjectivity as an integral part of Pete's process of meaning as it suggests that his meaning went beyond the individual relationships to acquire a more generic sense of failing as a man. Pete's reference to '*falling down*' highlights his experience of losing control, which he qualifies with '*on all fronts*', thereby expanding his attribution of meaning from specific masculine identities to encompass his existential experience of being. There is a sense of Pete's presentation of self placed in time, as his present self reflects on this past experience of a fragmented masculine self. His recollection of this experience as, '*hard to [...] articulate*', highlights the paralysing impact his experience of failing had on his ability to communicate within his interpersonal relationships.

The presented data highlights the negative role extended family relationships may play in the maintenance of negative affect during the postnatal period. In this respect, there is an inter-generational influence regarding gender role expectations and power relations that affect the personal and social worlds in which people operate. For example, Matt's interpersonal relationships with his



first wife and mother-in-law exacerbated his experience of loss of power and control.

**Matt:** *'I was told....I was **told** that [child's name] would be christened, blah, blah, blah, by my mother-in-law and I said to [wife's name] well I love you and if you want her christened then you have her christened. My mother-in-law looked round and she said she will be christened at this church and she will be christened within six weeks. I turned round and I said, No, she won't. ....then it was.... My granddaughter will be christened by this vicar and she will be christened within six weeks even if I have to pay for it. I said it's got nothing to do with money. I said my child will be christened if my wife wants her christened not because you want one and...and...stupid thing is... she wasn't particularly religious, [wife's] mother wasn't religious....um....none of them were religious, anyway, [child's name] was christened within six weeks because of my wife.....and her bloody mother.....[pause]'*

Transcript B2M, 22:962-971

Matt's repetition and emphasis of the word *told* highlights his experience of anger and frustration, as he recalls a difficult situation with his mother-in-law and first wife. There is urgency in his flow and presentation of dialogue that reflects his experience of negative affect within the present moment. Matt's flow slows slightly as he reflects on the confusing experience of what this interchange presented, as his understanding of the role of religion within his extended family relationships did not match the intensity of this interchange. There is a real sense of loss that goes beyond his experience of loss of control within the specifics of this account that suggests a deeper meaning regarding gender power relations. This highlights Matt's sense of loss of authority and power within the context of his interpersonal relationships during the postnatal period (see super-ordinate theme 3).

**Rob:** *'Looking back.....I can see that my life started to split in two.....it was weird.....I was one person on the course then I'd get back to the flat and have to try to be a dad....um.....things weren't good at home'*

Transcript C3R, 9:372-374

This excerpt highlights Rob's conflicting experience of interpersonal relationships, as he reflects on his experience of self during the postnatal period. *'Looking back'* highlights his sense of self placed in time, as his present

self considers his past experience of self, emphasised further by his use of both the present tense '*I can see*' and past tense '*it was weird*'. The adjective *weird* highlights his present reflexivity regarding his description of how his experience of self became '*split in two*'. His academic identity as a successful student was in sharp contrast to his increasing sense of failing at home within his father and husband roles, effectively maintaining his experience of a fragmented masculine self and de-stabilised experience of being in the world.

**Rob:** *[sighs].....[pause].....I was sooo stupid.....blind.....I was so caught up in my own world that M and C were just a burden.....a huge responsibility that I just couldn't handle.....well...that's what they represented'.*

Transcript C3R, 9:385-387

The elongation of the word *so*, emphasises Rob's negative appraisal of his avoidance coping response, which he judged as *stupid* and *blind*. This suggests a sense of regret as Rob goes on to consider his attribution of meaning within the context of his interpersonal relationships. His positive interpersonal experience of self as a successful academic student paradoxically exacerbated his negative interpersonal experience of self within his father and husband roles.

Considering this within the context of Rob's ontological experience of a life '*split in two*', highlights his *intrapersonal relationship* through his attribution of meaning. In this respect, Rob experiences his positive relationships with his peers as affirming his masculinity, as he interprets this experience as meaning he was a successful man. In contrast to this positive experience of masculine affirmation, Rob's interpersonal gendered identities of husband and father represented the polar opposite in terms of his internal experience of self. Rob interpreted his experience as failing within these familial roles, as he struggled to cope with the relational impact of responsibility that these roles represented.

For Rob, not coping with the transition from couple to family conflicted with his understanding of masculinity, thereby maintaining his sense of a destabilised and fragmented self, resulting in a persistent experience of anxiety that led to depression.

The idiographic and contextual nature of the participants' experience of depression during the postnatal period highlights subtle divergences within the data, while their process of negative appraisal and attribution of meaning shows converging themes that present a cohesive thread throughout the data set. For example, Clint's experience of interpersonal relationships within the context of his work environment during the postnatal period highlights the subtle idiographic difference within this sub-ordinate theme, while his interpersonal relationships, as experienced through his father and husband roles, reflect the cohesive thread of the super-ordinate and sub-ordinate themes throughout the data set.

**Clint:** *'the constant babbling baby talk in the office was driving me insane.....I just couldn't cope....every time there was any reference to my colleague's pregnancy there would be little comments like.... "oh ask C he knows all about babies and stuff" or "How are [son's name] and [wife's name]....you must be so happy".....I know it sounds stupid.....and don't get me wrong....the comments themselves were fine.....it's just what that all represented for me.....you know.....it was as if my failure as a husband and father was being held up in banners all around me...at home and at work.....[sighs].....and I just couldn't cope'*

Transcript D4C, 16:734-741

Clint's experience of interpersonal relationships with his work colleagues affected his intrapersonal experience of self. The additional context of a colleague's pregnancy resulted in his colleagues relating to him as a father, which meant that his occupational identity was usurped and no longer a source of positive refuge. His reference to *'the constant babbling baby talk'* highlights the relentless nature of his experience of not coping, emphasised by the phrase *'driving me insane'*. Clint's choice of language highlights his negative appraisal

that suggests a sense of losing control, as *'driving me'* infers an external force, highlighting contextual influences. His use of *'insane'* reflects the first subordinate theme of *loss of past self*, as Clint's description suggests an increasing awareness of alienation from his former experience of a cohesive masculine self.

Clint's use of the phrases *'I know it sounds stupid'* and *'don't get me wrong'* highlight his intrapersonal protective self and fear of judgement that suggests the influence of contextual gender power relations. Clint qualifies his experience within the frame of reference of his attribution of meaning, as his experiences of failure within his husband and father roles at home came to the fore within his interpersonal relationships with work colleagues. His description of his experience of failure *'held up in banners'*, suggests that his intrapersonal judgement of self affected his ability to interact within his interpersonal relationships, resulting in an increasing sense of loss of control, exposure and isolation.

Further exploration of the data, shows the participants' *intrapersonal* relational experience of self in a more subtle, nuanced way, whereby the inter-subjective role of interpretation of the participants' narratives reflects a sense of their more protected inner worlds.

### **Sub-ordinate Theme 2b:**

#### **Intrapersonal Relationships – self in relation to self**

The attribution of meaning regarding the participants' conflicting intrapersonal experience of *success versus failure* resulted in maintaining the experience of a fragmentation of masculine self, thereby blocking the ability to begin the process of reconstructing a positive integrated masculine identity. For example,

**Rob:** *'I was experiencing a new world through my degree and this also meant I was experiencing a whole new me.....so there was a great sense of success and achievement regarding that aspect of my life...yet at the same time....in my husband and father roles, I just felt a complete failure'*.

Transcript C3R, 13:608-611

Rob attributed his experience of not coping with his husband and father roles, as meaning that he was failing as a man. His description of *'a whole new me'* suggests that Rob's former experience of self had not included a concept of self as a successful academic with the intellectual inference that this identity affords within the social structure of the UK. His undergraduate studies challenged his preconceived expectations of self, opening his intrapersonal experience to consider the addition of a previously untapped aspect of his ability. This led to the positive developmental experience that affected this participant's ontological awareness and existential sense of being in the world. In association with this experience, the participant's interpretation and attribution of meaning led to the positive appraisal of *'success and achievement'*. Rob's intrapersonal experience as a *'complete failure'* within his husband and father roles, suggests a sense of personal responsibility that reflects the characteristics of the traditional masculine norm.

In the above excerpt, Rob's use of *'complete'* highlights his conflicting intrapersonal experience of self, as this contradicts and negates his previous reference to his positive experience of self within his successful undergraduate identity. Here a double hermeneutic can be seen, as the data shows a deeper level of intrapersonal relationships, which the researcher identifies as a judgemental and punishing self operating within Rob's internal sense of being. In this respect, this punishing and judgemental self results in the participant's experience of the associated negative affect of guilt and shame.

**Rob:** ‘...I just couldn’t reconcile my sense of failure when I was around them[wife and child] and so, I neglected them..... just threw myself into my work..... [pause].....hmmm..... guilt and shame are powerful forces and it’s taken me years to deal with that stuff.’

Transcript C3R, 14:629-633

‘I just couldn’t reconcile..’ suggests a sense of frustration as Rob was unable to find the resources within his intrapersonal relationships to affect a positive resolution to his increasing sense of failure within his husband and father identities. This conflicting internal experience of self resulted in Rob engaging his avoidance coping response identified by his recognition of how he ‘*just threw [him]self into [his] work*’. Here the data presents Rob’s experience of self placed in time as his reflective present self passes judgement on his past self with the statement ‘*I neglected them*’. The *pause* and Rob’s utterance of a prolonged *hmmm*, highlights his reflective self within the present moment suggesting a sense of regret and loss. His narrative continues with his recollection of the negative affect of ‘*guilt and shame*’, highlighted further by his reflection on the enduring ‘*powerful*’ nature of this experience.

Pete’s intrapersonal experience of self during the postnatal period also presented as *failure* and *guilt*.

**Pete:** ‘I just had a real sense that I was failing, failing as a father and I felt incredibly guilty’

Transcript A1P, 9:367

However, there is a subtle divergence within the idiographic data as Pete’s experience of failure tipped the balance away from his husband identity and weighed heavily within his father identity. Exploration of Pete’s interpersonal relationships identified failure as part of his intrapersonal experience with a strong connection in association with his father identity. His repetition of *failing* and use of *incredibly* emphasises his experience of guilt in this respect.

Further exploration of the data shows a deeper level of meaning for Pete that affected his intrapersonal experience of self. The data highlights Pete's sense of self placed in time and the powerful and enduring impact of his traumatic childhood.

**Pete:** *'There's something about me as a father needing to protect my son and be there for my son, which is undoubtedly to do with me trying to protect and be there for who I was when nobody was... My dad's an alcoholic basically is the back story to all of this, quite aggressive and abusive verbally. There was something about my feeling of failing [my son] that connected really, really strongly with my hurt I suppose from being a child myself. I understand now that's why it was so profound the experience for me, it was kind of rooted in all of that stuff to do with me*

Transcript A1P, 9:383-390

This excerpt highlights a historical aspect highlighting the significance of the relationship between the sub-ordinate themes of *interpersonal relationships* and *intrapersonal relationships*. Pete reflects on a complex inter-relational affect regarding his experience as both a son and father. His experience of depression during the postnatal period transported him back to his traumatic childhood experience of isolation and neglect, as he reflects on the potential negative impact on his own son regarding his inability to cope within his new role as a father.

Considering this in relation to the second sub-ordinate theme of 'fear of future self', highlights how Pete's process of negative appraisal and attribution of meaning magnified his experience of '*failing*' in his father identity, through his recollection of his childhood experience of an '*aggressive and abusive*' father. The repetition of '*really, really*' coupled with '*strongly*' emphasises the powerful emotional impact of this association on the multiplicity of Pete's intrapersonal experience of self across time. His use of *profound* highlights further his recognition of the depth of this insight revealing a reflective presentation of self,

identified through his reference to his present understanding of his intrapersonal relationships during the postnatal period.

The ensuing cycle of negative appraisal and attribution of meaning resulted in an increasing experience of loss of control and helplessness.

**Pete:** *'...I think my inability to influence it and the helplessness that I felt around being able to influence it so I could be there for him fuelled the guilt, and it was a real mix of guilt and sadness and probably shame.'*

Transcript A1P, 9:391-393

There is a weight of sadness presented within this data, as Pete shares his intrapersonal relationships within the context of the postnatal period. His reference to not being able to *'influence'* his intrapersonal relational experience of self results in an experience of debilitating *'helplessness'*. Pete's choice of *'fuelled'* highlights the significance of his experience of self placed in time and the relationship between his childhood experience of self as son and his experience of self as father during the postnatal period.

Considering this within the context of the first super-ordinate theme of a fragmentation of masculine self, highlights the importance of this participant's identification with the traditional masculine norm, as this provides insight into the extent of his process of meaning. The above excerpt shows the participant's cognitive interpretation and attribution of meaning, as his experience of helplessness and failure reflects the sub-ordinate themes of *'loss of past self'* and *'fear of future self'*. His attribution of meaning reflects his judgemental self, which results in his intrapersonal experience of *guilt, sadness and shame*. The insertion of *probably* before identifying his experience of *shame* reflects the significance and depth of this meaning, as this distances his present self from the memory, thereby revealing within the presented data, the protective self that



he developed within his childhood and referenced in the previous excerpt (see above).

Clint's childhood experiences of interpersonal relationships within the context of London gang culture were also a significant factor in the development of his masculine identity, reflected in the characteristics of the traditional masculine norm. This pre-existing association affected his process of cognitive interpretation and attribution of meaning through his experience of interpersonal and intrapersonal relationships during the postnatal period.

**Clint:** *'this was my stuff and I just had to man-up and get on with it.....um.....that's one thing I learnt through growing up in London....you know....a man just gets on with it....you didn't show your emotions cos that meant you were weak'*

Transcript D4C, 7:288-290

Clint's emphasis on '*my stuff*' suggests a strong sense of personal responsibility and ownership highlighting the influence of his protective self that he developed in response to his traumatic childhood experiences. This further highlights the role of responsibility as a significant factor regarding internalised gender role expectations and sociocultural and environmental influences within the UK. Clint's expression of '*man-up*' reflects the traditional masculine norm characteristic of stoicism revealing his judgemental self in response to his intrapersonal experience of depression during the postnatal period. His reference to '*a man just gets on with it*' highlights his group gender identity associated with the traditional masculine norm identified in his presentation of masculine self. While his tone expresses strength within this association, his use of the second person reflects his vulnerability within his intrapersonal relationships as his protective self steps in to protect his present self from the negative affect this recollection and attribution of meaning affords.

**Clint:** *'I felt useless.....as a man.....I don't know if you can understand that....it sounds a bit pathetic really.....but that's how it felt.....that I just*

*wasn't good enough.....not as a husband nor a father.....the only place I still felt like me was at work or football.....[pause].....'*

Transcript D4C, 14:607-610

Here Clint describes his sense of helplessness within his masculine identities of a husband and father. His expression of feeling '*useless...as a man*' highlights the extent of his process of negative appraisal, as he extends his meaning to his gender identity. His questioning of the researcher's ability to understand highlights the significance of this association, as he recognises the gender difference within the interview relationship that reflects the contextual gender power relations during the postnatal period (see super-ordinate theme 3).

Clint's attribution of weakness highlights his process of interpretation of his experience of not being '*good enough*' within his gendered identities of father and husband. This shows a judgemental aspect to his intrapersonal relationships highlighting the complexity of his Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted self during the postnatal period. Clint's vulnerable self reflects his fear of judgement, as his protective self pre-empts judgement within the male / female dynamic of the interview relationship by naming and shaming his experience of uselessness as '*pathetic*'. This draws attention to the role of gender power relations within the context of the postnatal period reflecting a feminist perspective explored further within sub-ordinate theme 3a. The participant's self-deprecating judgement enables him to assert a sense of power and control within the interview relationship, as his present self reflects on his past experience of self. However, his insertion of *a bit* softens and protects him from the negative affect that this judgement may invoke.

Clint's reference to his experience of interpersonal relationships within occupational and football identities highlights his fragmentation of masculine self. His reference to '*still felt like me*' suggests that his occupational self and

footballer identities reminded him of his past integrated masculine identity, as these roles held no expectation regarding his father and husband identities and served as respite from the intrapersonal turmoil during the postnatal period. This further highlights Clint's experience of loss of control when his interpersonal relationships within his work environment resulted in his father identity overshadowing his occupational self.

There is convergence within the above data regarding the participants' intrapersonal experience of failure in relation to their husband and father roles. Whereas, Matt's data shows a subtle divergence as his intrapersonal relationships presenting a negative experience of self that is weighted towards his husband role with his father role taking a more prominent position in-terms of reaffirming his masculine experience of self within the family dynamic during the postnatal period.

**Matt:** *'it was what kept me going....you see....it was what I **could** do [.....] that's....that's how I dealt with it...uumm...the husband role was not really there....um....lover....my ex-wife had made that quite clear....that wasn't needed....not for her but the father role...yeah, that was needed and, certainly after my accident...I was at home and so was very much the hands on dad, you know'*

Transcript B2M, 24:1064-1070

Here the data highlights the significance of the idiographic nature affecting the process of meaning making during the postnatal period. Matt's traumatic experience of a road traffic accident during the postnatal period affected his intrapersonal experience of self, particularly his *'loss of past self'* (see super-ordinate theme 1). This excerpt highlights how this additional life event, enabled him to focus on his father role, as his long recuperation meant that he gained quality time caring for his children. Matt's reference to his father role as *'it's what kept [me] going'* suggests that beyond his relational experience of self as a parent, his inter and intrapersonal experience of self had lost meaning,

reflecting his experience of post traumatic stress and the existential aspect of Matt's experiences during this period. His identity as a father reaffirmed his intrapersonal masculine experience of self, as it replaced the temporary loss of his occupational identity and compensated for the loss of his reciprocal relationship with his wife. His emphasis on the word 'could' and repeated reference to what was 'needed' highlights his internal experience of self-worth, as he was able to fulfil an active role within the family dynamic.

**Matt:** *'I couldn't be the lover I wanted to be to my ex-wife...that was rejected. But I could be a good dad....uumm....doing that...umm....being hands-on, particularly when I was recovering from the accident...that helped to rebuild my self-esteem, you know...being a dad meant that I was OK....I was OK as a person.....[pause]'*

Transcript B2M, 25:1096-1099

This excerpt highlights further Matt's process of cognitive appraisal and attribution of meaning, as he reflects on the significance of his father role regarding his recuperation and intrapersonal experience of self. Being able to fulfil an active masculine role enabled Matt to hold onto hope and some sense of control, highlighted by his attribution of meaning, 'being a dad meant that I was OK.....I was OK as a person'. This emphasises the layered process of meaning and the interdependent nature of the sub-ordinate themes, as Matt's evaluation of his interpersonal experience of being a good dad affected his intrapersonal experience of self.

Counselling Psychology highlights the role of empathic understanding, developed through an open reflexive approach that appreciates the complex inter-relational nature of an individual's social and personal worlds, as it acknowledges that individual internal experiences do not operate within a social vacuum. In this respect, the data presents the participants' experience of self as a dynamic and symbiotic, developmental process that incorporates the broader

frame of reference of the third super-ordinate theme of The Disenfranchised Masculine Self.

### **5.5 Super-Ordinate Theme 3: The Disenfranchised Masculine Self**

Exploration of the First and Second Super-ordinate themes draws attention to the contextual influence of the postnatal period and gendered role expectations within the UK. As such, the father and husband/partner roles present men with the confusing task of ascribing to traditional masculine role expectations, such as stoic, provider and protector, whilst embodying traditionally feminine characteristics of nurturing care and support, to include the physical, psychological and emotional well-being of the mother and infant. These conflicting expectations serve to devalue men's own psychological, emotional and physical needs during the perinatal period.

The sub-ordinate theme of *Gender Power Relations* represents the participants' experiences regarding their loss of masculine autonomy, power and control during the postnatal period. The sub-ordinate theme of *Sociocultural and Environmental expectations and Influences* reflects the complex inter-relational experiences of the participants' personal and social worlds. This further highlights the role of intersubjectivity within the participants' cognitive behavioural responses and attribution of meaning, affecting how they made sense of their experiences of depression during the postnatal period.

#### **Sub-Ordinate Theme 3a: Gender Power Relations**

This sub-ordinate theme runs across the data set and interweaves through the previous themes. The specific context of the postnatal period within the UK devalues men's experiences, as it relegates the father to a supportive role

rather than acknowledging him as having needs in his own right and as an equal participant within the family dynamic.

The data highlights this imbalance regarding gender power relations during the postnatal period, as the participants expressed a reluctance to seek help for their own needs, while prioritising their wife's needs.

**Clint:** *'I just felt pretty useless really...you know...as a dad.....and husband.....so I didn't think I had the right to ask for help....not for me.....for D [his wife]...yeah...but not for me...[...].....[sighs].....it was like she and J [his son] were in this little bubble together and I wasn't allowed in.....I could be around to do all the other stuff but the parenting bit...D took over that completely and .....[pause]....it was really frustrating...cos I wanted to help.....I wanted to be a good dad....that was really important to me.....to be a good dad.....I wanted to be a good role model for my son.....for him to have something different...better than I had.....I wanted to be there for him.....but D just ....shut me out'*

Transcript D4C, 13:573-582

Clint's insertion of 'pretty' softens the impact of the recollection of his experience of feeling 'useless'. The contextual influence of the postnatal period reinforced his experience of disempowerment, highlighted by his statement '*I didn't think I had the right to ask for help*'. The reference to having '*the right*' suggests gender power relations within the UK's cultural and social expectations regarding legitimacy of access to care during the postnatal period. Clint's reference to his experience of his wife and son occupying a '*bubble*' suggests a sense of presence, as a bubble is transparent and visible, yet fragile, reinforcing his experience of responsibility, isolation and powerlessness within the family dynamic.

This excerpt highlights Clint's experience of a shift in gender power relations within his interpersonal relationship with his wife, as he relates his experience of being restricted to a supportive role, '*I could do all the other stuff but the parenting bit...D took over that completely*'. Clint's experience of his wife's rejection of his parental ability exacerbated his experience of powerlessness,

resulting in his experience of frustration. Considering this from the perspective of Counselling Psychology, Clint's experience of rejection may have connected with his childhood experience of rejection when his mother sent him to live with his grandparents. Coupled with his negative relationship with his own father and traumatic experiences with his stepfather, the intensity of Clint's experience of rejection during the postnatal period may interpret as an emotional re-experiencing of his childhood experiences.

Clint's repetition of *'I wanted to be'* emphasises his intrapersonal experience of self as the shift in gender power relations meant that he was unable to fulfil his father role and provide his son with *'something different...better than [he] had'*. This draws attention to inter-generational influences, as his reference to his own childhood suggests a fear of his son experiencing a negative paternal role model, aligning his experience of self to his deeper fear of future self. *'D just shut me out'* suggests a feminine bias shift in gender power relations within their couple relationship that compounds the loss of his reciprocal relationship with his wife. This highlights his disempowerment, reflecting his sense of loss and helplessness regarding his paternal role.

Furthermore, exploration of the data set highlights the participants' experience of gender power relations and the notion of legitimacy to access of care during the postnatal period. In this respect, the sociocultural expectation regarding the disenfranchised masculine role within the family dynamic highlights the authority of the bio-medical model and feminine bias, creating a sense of separation and exclusion that effectively silences men's voices within this context. For example,

**Rob:** *'I can't remember the midwife talking to me apart from to check that I was supporting M as much as I could.....in fact no-one was interested in me in terms of becoming a dad, as I said, unless it was in reference to what I was doing to support M'*

Transcript C3R, 24:1085-1088

This excerpt highlights Rob's devaluing experience through his recollection of interpersonal interaction. The fragmentation to his flow of narrative followed by his expression of *'in fact'* reinforces the impact of this communication and suggests a sense of self placed in time, as he justifies his past recollection within the present, recalling his experience that *'no-one was interested'*. This highlights his experience of disempowerment and suggests a sense of rejection that went beyond specific instances to reflect the broader contextual expectation that influenced his intrapersonal relationships.

The data provides further support as Rob recalls the sociocultural and environmental influences that served to reinforce the imbalance in gender power relations during the postnatal period.

**Rob:** *'I don't think men tend to talk in the same way as women.....not when it comes to babies and stuff.....that was very much the domain of the mothers, and well the college community with its Christian ethos reinforced those traditional role models'*

Transcript C3R, 18:835-838

Here Rob protects himself in the present by distancing himself through the depersonalisation of group gender identity. His differentiation between styles of gender communication, highlights the feminine bias regarding the subject of *'babies and stuff'*, his use of the generic term *'stuff'* suggests an alienation that distances and protects from the recollection of his disempowering experience. Rob's choice of the word *'ethos,'* highlights the complex inter-relation of sociocultural and environmental expectations and influences. His reference to *'traditional role models'* infers a common understanding within the interview relationship regarding the values and beliefs that affected the participant's experience of gender power relations during the postnatal period. This highlights sociocultural understanding of traditional masculine and feminine norms within the UK regarding expectations of behaviour within the family



dynamic. As such, the maternal role supersedes the paternal role, thereby creating an imbalance of power within the family dynamic.

In addition to the feminine bias regarding access to care during the postnatal period, the data also presents the participants' intrapersonal experience of guilt and shame with regard to their right to experience negative affect during this time. For example, Pete's concern for his wife highlights his internal conflict.

**Pete:** *'I mean there was definitely times when I remember thinking, oh, my God, how's she kinda putting up with this as well....you know, we've got a little....this is the last thing she needs, me having a wobble.'*

Transcript A1P, 16:715-718

Pete recalls his process of negative appraisal regarding his experience of depression within the context of his concern for his wife's needs. His exclamation of *'oh, my God'* highlights his desperation regarding his intrapersonal experience of failure, as he considers the broader contextual experience of self in relation to his reciprocal relationship with his wife. There is a suggestion of awe regarding his wife's ability to continue to support him in his own struggle while coping with her own transition to parenthood that suggests an experience of failure, guilt and shame.

Pete's rhetorical questioning is softened in the present with *'kinda'* and his expression of *'putting up with this'* highlights the notion of legitimacy regarding gendered rights to mental health concerns within the specific context of the postnatal period. His aside of *'you know'* reiterates the gender difference within interview relationship that suggests a common understanding of expectations regarding gender power relations, highlighting his sense of personal responsibility that his wife should not need to concern herself with his care during this time. Pete trails off with his reference to their son highlighting the significance of the specific context of the postnatal period, which he emphasises

with his statement *'this is the last thing she needs'* reinforcing sociocultural expectations and the feminine bias in terms of care and support. Pete devalues his own needs regarding his experience of depression by his dismissive description of this debilitating experience as *'having a bit of a wobble'*.

Another factor influencing gender power relations that reinforces the devaluing of men's needs specific to the postnatal period is the notion of the authority of the female physical experience of childbirth. The data presents the powerful silencing effect regarding men's right to express need, especially regarding mental health concerns. For example,

**Matt:** *'I just couldn't take it anymore.....it just did my head in, you know.....[pause]..... I was the man of the house, you know...I **should** be coping.....that was my job, you know, my ex-wife was the one who'd had all that physical trauma.....and I should've just been able to cope.....'*

Transcript B2M, 18:810-813

Matt's judgemental self highlights the power of this notion of the authority of the female physical experience of childbirth. His reference that he *'couldn't take it anymore'* highlights his increasing sense of not coping, which he reinforces with *'it just did my head in'*. This expression highlights where Matt's affinity to the traditional masculine norm conflicted with his experience of negative affect resulting in frustration, as he became increasingly aware of his inability to remain stoic. His reference to being *'the man of the house'* suggests sociocultural expectations regarding gender roles that emphasise the imbalance in gender power relations regarding the life event of the birth of a child. Matt's use and emphasis of *'should'*, reinforces his negative appraisal of his experience of not coping, emphasised in his reference to the notion of coping as his *'job'*. Matt's specific reference to his ex-wife's experience of *'physical trauma'* emphasises the perceived authority of this experience over his own needs.

**Matt:** *'So you've got all this trauma now surrounding it all, in a new job and everything that goes on and L changed. She went through a difficult time with the birth of L....[...].... but you...um....feel very guilty.....uumm....you feel guilty to ask for anything'*

Transcript B2M, 8:331-336

Matt's repeated use of the term *'trauma'* highlights the negative impact of contextual influences suggesting an experience of self that encompasses both physical and psychological influences. His use of the second person highlights his need to distance and protect himself in the present from the recollection of negative affect within his past experience of self. Matt expands this experience to encompass further contextual influences regarding his occupational experience of self, as he struggled to cope with the additional demands of a *'new job'*. There is a sense of compassion as he acknowledges the impact of the physical trauma his wife experienced during the birth of their son. The broken flow to his narrative, utterances and continued use of the second person highlight gender power relations regarding the authority and impact of the silencing effect of the female physical experience of childbirth. His present self distances and protects from his experience of self placed in time, as he recalls his experience of feeling *'guilty'* regarding his own needs. This suggests an associated experience of shame, thereby reinforcing the silencing effect of gender power relations during the postnatal period.

Clint's account provides further support for the silencing effect of the authority of the female physical experience of childbirth that draws attention to the broader frame of sociocultural influences regarding gender power relations within the specific context of the perinatal period.

**Clint:** *'don't get me wrong...the health visitor was really good....and, you know, at the end of the day....I didn't go through all that physical stuff and didn't have all those hormonal things to deal with.....so....you know.....it was my job to be strong.....[pause].....but that was the problem.....I wasn't.....strong.....not then.....I just kinda.....withdrew.....I did what I could for*

*D ....and J when she let me.....um.....but otherwise I just worked and played football*

Transcript D4C, 14:639-644

This excerpt begins with a sense of apology as Clint expresses concern with *'don't get me wrong'*, which suggests a fear of judgement within the interview relationship that highlights Clint's awareness of the gender difference within the present dynamic. His affirmation of the health professionals' ability to carry out their role serves to communicate an appreciation of the authority of the biomedical model regarding care and support during the postnatal period. This further supports his fear of judgement as he expresses a sympathetic understanding regarding the authority of the female physical experience of childbirth. Use of the saying *'at the end of the day'* emphasises this authority, as he refers to *'all that physical stuff'*. This suggests a notion that the female physical experience of childbirth is the trump card within the play of gender power relations that effectively silences men's voices regarding their personal needs during the perinatal period. The use of the word *'stuff'* highlights a sense of alienation regarding the physical experience of childbirth, which Clint further qualifies with reference to *'hormonal things'*.

Clint also refers to his sense of responsibility regarding his supportive role as he refers to it as his *'job'*. His expression of needing to *'be strong'* reflects an affinity with the traditional masculine norm that further exacerbates his experience of depression. The following *[pause]* highlights this as Clint's present self reflects on his past experience of self. His judgement of his inner turmoil as a *'problem'* highlights the authority of the feminine bias regarding legitimacy of negative affect. Clint's expression of not being *'strong'* infers an attribution of meaning that his experience of depression meant that he was weak. His reference to *'not then'* highlights the specific context of the postnatal

period and his sense of alienation regarding his existential experience of being as he struggled with the fragmentation of his masculine self. There is a sense of guilt and shame in association with this experience, as Clint recalls his avoidance coping response of withdrawing to find solace within his experience of successful masculine identities within the environments of work and sport.

The above excerpts highlight the feminine bias within gender power relations during the postnatal period, with the data drawing attention to the broader frame of reference of the context of sociocultural and environmental expectations and influences.

### **Sub-ordinate Theme 3b:**

#### **Sociocultural and Environmental Expectations and Influences**

This sub-ordinate theme presents various aspects that reflect the complex inter-relational nature of the three super-ordinate themes that run throughout the data set. The following analysis highlights both the idiographic and phenomenological nature of the participants' experience of depression during the postnatal period and their process of cognitive appraisal and attribution of meaning in this respect. The specific context of the postnatal period brings both the bio-medical and sociocultural / environmental models to the fore. The location of access to intervention and support services for perinatal care within the UK highlights the dominance of the bio-medical model. The previous sub-theme of *gender power relations* highlights the sociocultural / environmental model, as it drew attention to the feminine bias that affects sociocultural expectations regarding gender role and the legitimacy of access to care and support during the postnatal period.

Further exploration of the data highlights the additional environmental influences that affected the participants' development and experience of depression during the postnatal period. For example, the data set for the group highlights the impact of the bio-medical model in terms of the hospital environment during the participants' experience of their child's birth. Convergence within the data occurred with the identification of the phenomenon of a traumatic birth experience for all participants, which suggests an existential aspect to their process of appraisal and attribution of meaning. The reality of human mortality necessitates contemplation of the fragility of life. As such, the participants' experiences of a traumatic birth, coupled with their identification with hegemonic masculinity and the sociocultural expectation of the father as provider and protector, served to exacerbate their experience of loss of power and control. In this respect, they struggled to reconcile the conflicting message regarding an expectation of embodying an active supportive / protective role, consistent with the characteristics of a hegemonic masculine identity, whilst passively submitting to the authority of the health professionals' expertise. This highlights the influence of the participants' experience of gender role conflict within the context of the postnatal period.

Considering this within the context of the hospital environment and birth experience, the data presents how the participants reflected on their sense of helplessness and loss of autonomy, which further highlights their fragmentation of masculine self and the destabilisation of their existential experience of being in the world. For example,

**Pete:** *'She went into shock and started shaking. I was stood by the bed as all of this is happening.....[...].I kind of remember thinking I don't know what I'd do without her.....then the surgeons came in and they erected the screen...[...].and we can't see what's happening...[pause].*

Transcript A1P, 21:919-924

Pete's description of witnessing his wife's physical presentation of shock and the urgency surrounding the health professionals' actions regarding the complications of his son's birth highlights his experience of helplessness, as he became a powerless spectator within an alien environment. '*...kind of*' softens and protects him in the present, as he reflects on his existential experience of human mortality within the paradoxical context of human birth. Pete's quick shift back to describing the unfurling of events highlights the impact of this experience, as his description of physical separation from the health professionals and the birthing process emphasises his experience of isolation and disempowerment.

The data also highlights the experience of the health professionals' dismissive communication, which further exacerbated his experience of helplessness, highlighting the authority of the bio-medical model, sociocultural and environmental influences within the context of the perinatal period.

**Pete:** *'So two nurses started lowering the screen and then I saw one of the doctors shake his head at the nurse and they quickly put the screen back up. I must have looked alarmed and one of them said it's nothing, 'he's just a little bit floppy' was the expression they used. R's like what's wrong, what's wrong and I said nothing, nothing.. they're just going to get him out and clean him up....[pause].*

Transcript A1P, 21:925-933

Pete recounts the traumatic moment when he was aware that there was something wrong regarding the birth of his son. His observation of the non-verbal communication between the health professionals and the reinforcement of the screen separation highlights his sense of powerlessness and fear of the unknown regarding his son's well-being. Pete assumes that his nonverbal facial expression alerted the health professionals to his concern, yet their dismissive communication failed to reassure and inadvertently enhanced his fear, as the statement '*he's just a little bit floppy*', is clearly remembered and suggests a

process of negative appraisal regarding fearful / catastrophic thinking. Pete's repetition of *'nothing'* in his reassurance to his wife highlights his protective self within his husband role. The *[pause]* highlights Pete's sense of self placed in time as his present self reflects on his past experience of fear and helplessness as a passive witness to the traumatic birth of his son.

**Pete:** *'Then all of a sudden we hear this crying coming from the corner of the room and to this day I'm not quite sure what happened. I mean I don't know what they've got to tell you if they have to resuscitate a baby or whatever, maybe he just wasn't breathing strongly or something.'*

Transcript A1P, 21:940-944

Pete expresses relief at the sound of his son's cries, his description of the disembodied sound *'coming from the corner of the room'* highlights his experience of alienation and separation, emphasising his helplessness as a passive witness rather than an active participant. This sense of separation between the health professionals tending to the birth and him and his wife highlights the disempowering authority of the bio-medical model and sociocultural and environmental expectations regarding rules of behaviour within the healthcare system. Pete's assertion *'to this day I'm not quite sure what happened'* emphasises his sense of disempowerment regarding the lack of knowledge of the details of his son's birth, particularly regarding his son's well-being, which suggests a frustration of unresolved concern that remains with him across time. His expression *'I mean, I don't know what they've got to tell you'* suggests a tentative questioning that highlights further the perceived authority of the bio-medical model and the notion of legitimacy regarding access to information and support via effective communication within this context.

Pete's rhetorical questioning regarding the circumstances surrounding his son's birth highlight his experience of disempowerment within the present, as he struggles with the void that remains within his memory of this significant life



event. The nature of this questioning highlights Pete's intrapersonal experience of the traumatic birth of his son, as it suggests a process of catastrophic thinking regarding his son's ability to breathe, highlighting Pete's paradoxical experience of human mortality at the point of his son's birth.

The above excerpts highlight sociocultural and environmental influences and expectations and the authority of the bio-medical model in this respect. The data presents the specific context of the hospital environment and the health professionals' verbal and non-verbal communication, as a disempowering experience for the participants. There is a suggestion of sociocultural and environmental expectations regarding rules of behaviour and notions of power and control, as the participants struggled with the conflicting inter-subjective experience of embodying the sociocultural expectation of stoic protector, whilst submitting to a passive role within the context of the authority of the biomedical model and the health professionals' expert status. The data presents further support regarding the disempowering experience of these influences within the group data, for example,

**Rob:** *'....she was in so much pain .....the midwife was so abrupt....she was an older woman and she made me feel like it was my fault that we'd left it so late to get M in....[...]... she just looked at M...then me and said.....'the baby's breach!'....she was really accusing in her tone....M just said...'no' and I confirmed we were not aware....this woman scurried over to the table and looked at M's record card, after which she was more supportive toward us cos it was an undiagnosed breach....then she disappeared.....and well....we didn't know what was going on.'*

Transcript C3R, 7:294-301

Within this excerpt, the participant begins with the recollection of witnessing his wife's experience of pain and the negative experience of the midwife's communication. His specific reference to the midwife's maturity and her '*abrupt*' manner, suggests a perception of authority that reinforced his loss of autonomy within the hospital environment. '*she made me feel..*' highlights a reluctance to

own his feelings, which suggests a childlike disempowerment, further emphasised by his expression of *'fault'* and *'accusing'*. This highlights the inter-subjective nature of this experience, as it suggests a connection with Rob's personal history in-terms of his subjective experiences of the male/female dynamic, particularly regarding gender power relations and his traumatic relationship with his mother.

Rob's description of the discovery that his baby was an *'undiagnosed breach'*, suggests a shift in the dynamic of power relations as the term *'undiagnosed'* suggests an oversight regarding his wife's antenatal care. While Rob recognises empathy in the midwife's subsequent communication, *'disappeared'* suggests a sudden unexpected departure and a sense of abandonment. Rob's statement, *'we didn't know what was going on'* highlights the negative experience of the midwife's lack of communication and the resulting disempowering experience of uncertainty.

**Rob:** *'I like to be in control...and that was just the opposite....the whole thing felt very out of control.....not just for me but for everyone...M, the nurse, Dr.....it was .....well I can remember thinking....never again.....I really didn't like feeling so helpless, especially as M was looking to me for support...[...].and just not knowing....you know...that whole certainty of what we thought it was going to be like was simply blown out the water.....and well...we trusted the healthcare system....but they'd got it sooo wrong.....[pause].'*

Transcript C3R, 8:324-331

Rob's expression of his need for *'control'* suggests a concealed vulnerability regarding his existential sense of self. His reference to *'the whole thing'* and *'very out of control'* emphasises his sense of disempowerment and helplessness. Rob's intrapersonal relationships and concealed vulnerability bring his protective self to the fore, as he asserts a reassuring cognitive avoidance coping response with his decision to ensure that he does not place himself within the same situational context in the future. This intrapersonal

process enabled Rob to hold on to some sense of control within a situation that enforced an experience of disempowerment.

The above suggests a deeper association for Rob that reflects his traumatic childhood resulting in his intrapersonal relationships superseding his interpersonal relationships, as his expression of concern regarding his wife's need for support remains processed within the context of his subjective experience of *'feeling so helpless'*. Rob's reference to broken trust highlights the sociocultural and environmental expectation of the authority of the bio-medical model, which suggests a perception of a safety net of professional expertise. However, the traumatic birth presented a personal experience that challenged Rob's preconceived expectations. His expression of *'blown out of the water'* highlights the negative impact of his experience of disempowerment as Rob reflects on his sense of disillusionment. The emphasis of *'sooo'* suggests a sense of frustration that reinforces Rob's experience of disempowerment as a passive witness within the context of the birth of his child.

The *'contextual experience of self'* theme continues across the data set demonstrating convergence within the experience of all participants. For example, Matt also experienced a traumatic birth with his second child. The data presents an experience of disempowerment regarding the authority of the bio-medical model.

**Matt:** *'...um...she was in terrific pain....um.....you feel so helpless and you always feel helpless because you...you're relying on these specialists. It's their job, you know,...[...].but what can you do?.....so, you know, you speak to these people and say, look, she's in pain...but no...um...it's normal, you know, it's normal, she'll be all right.....uumm.....[pause]'*

Transcript B2M, 7:281-285

This excerpt highlights further the negative impact of sociocultural and environmental expectations regarding the perception and authority of health

professionals' expertise, to include the disempowering experience of dismissive communication in this respect. Matt's use of the second person distances and protects him from the traumatic memory of his son's birth within the present. His repetition of '*helpless*' highlights his experience of powerlessness, emphasised by his rhetorical questioning '*but what can you do?*' His generic reference to the health professionals as '*these people*' suggests a subjective experience of disillusionment that invoked anger and frustration. Matt's repetition of '*it's normal*' highlights the dismissive nature of the health professionals' communication with his prolonged utterance and *[pause]* suggesting a sense of self placed in time as he reflects on the silencing effect of his contextual experience of disempowerment.

Like Rob, Matt also highlights his need for control, which he illustrates with reference to his occupational identity.

**Matt:** '*....at the time I was a police officer. I'm used to control, I'm used to order, and I'm used to being empowered by everything I do. So to be in a situation where I am fully aware that things aren't right ...[....]..., I was also very aware that they're not listening to me....you know....and I....and I'm powerless*'

Transcript B2M, 10:415-421

This highlights the participant's identification with the traditional masculine norm. His expression of '*control*', '*order*' and '*being empowered*' emphasises the impact of the sharp contrast of disempowerment within the context of the hospital environment during the birth of his son. His reference to being '*fully aware*' and '*very aware*' highlights his inner turmoil, as he experienced the silencing power of sociocultural and environmental expectations regarding rules of behaviours within the context of the healthcare system. Matt's generic reference to the healthcare professionals as '*they're*' provides a distancing depersonalisation that protects him in the present from the anger and frustration this memory may invoke. His expression of '*you know*' suggests a desire to be

heard and understood within the dynamic of the interview relationship that reflects the sub-ordinate theme of gender power relations. Matt's statement of *'I'm powerless'* highlights his contextual experience of self and the enduring nature of the negative impact of this experience by remaining in the first person and present tense. This suggests a sense of self placed in time as Matt recalls his experience of disempowerment, within the context of witnessing the traumatic birth of his son.

While the data presents a convergence regarding the experience of a traumatic birth, there is a subtle divergence within the idiographic presentation. For example, Clint reflects on his paradoxical experience of self within the context of the birth of his second child, as this simultaneously invokes the traumatic memory of witnessing the stillbirth of his first child.

**Clint:** *'it was the best and worst time of my life.....everything that had happened with A was just on replay in my head while at the same time I was witnessing the miracle of our beautiful baby boy coming into the world.'*

Transcript D4C, 10:440-443

Clint's description highlights the duality of his experience of traumatic loss and tentative hope within the context of the birth of his second child. His reference to his memory of his first child's stillbirth as *'on replay in my head'*, suggests a vivid recollection that invoked an intrapersonal turmoil, as he struggled to reconcile the positive experience of the successful birth of his second son. Clint's reference to this event as a *'miracle'* suggests an existential aspect, as he *'witnessed'* the life event of human birth whilst recalling the fragility of human existence within the context of the stillbirth of his first son.

Further exploration of the data highlights the inter-relational effect of sociocultural and environmental expectations and influences regarding the participants' experience of depression during the postnatal period, as presented

through their struggle regarding access to care and their experience of the diagnostic process. In this respect, the data shows the negative contextual experience of depression regarding the participants' ability to perform within their occupational roles, as a key feature to their motivation to seek help. Their relational experience of self within the sociocultural and environmental context of their occupational identity resulted in a legitimisation of help seeking behaviour, presenting a convergence across the data set. Divergence within the data occurs in the idiographic nature of specific influencing factors leading to help seeking behaviour. However, the data also shows convergence within the relational effect of the participants' identification with the traditional masculine norm, as a key negative influence regarding their process of cognitive appraisal and attribution of meaning on an idiographic level within the context of the diagnosis of depression.

**Rob:** *I had no choice, I wasn't able to fulfil my work obligations cos I just didn't have the resources in me.....I tried to do what I always do.....you know throw myself into my work but it was different this time....this time it wasn't private.....everyone knew, so my supervisor advised me to take some time out and insisted I went to my GP to get sick leave.'*

Transcript C3R, 22:992-996

Rob's experience of having '*no choice*' suggests a loss of power and control regarding autonomy of self-care, with his reference to being unable to '*fulfil [his] work obligations*' suggesting an experience of failure. His reference to his lack of '*resources*' highlights his past experience of the debilitating affect of depression regarding day to day functioning. There is a sense of self placed in time, as he reflects on his attempts to employ his default strategy of avoidance coping behaviour. Rob's reference to '*it wasn't private.....everyone knew*' highlights the public nature of his occupational identity. In this respect, Rob's previous avoidance coping response of an increase in alcohol consumption and seeking solace through extra-marital relationships was no longer an option, as

his occupational identity and status within the local community, no longer afforded him the privilege of anonymity and a private personal life. This reiterates the suggestion of an experience of failure exacerbated by the associated experience of shame. Rob's reference to his '*supervisor*' suggests a hierarchical authority, further emphasised by his use of '*advised*' and '*insisted*'. Rob's experience of his supervisor's direction to visit the GP in order to '*get sick leave*' serves to motivate and legitimise help-seeking behaviour.

The idiographic nature of the data suggests a sense of the participants' self placed in time, for example, Rob goes on to reflect on his contextual experience of receiving the diagnosis of depression and his process of cognitive appraisal and attribution of meaning.

**Rob:** *'Well, for me....and all my issues around failure.....having my doctor tell me I was clinically depressed and needed medication, well I was just failing as a man all over again.....you know*

Transcript C3R: 22:1011-1013

Rob's reference to his '*issues*' suggests an awareness of a deeper relational aspect to his experience of '*failure*', which suggests an experience of self that goes beyond the specific contextual experience of the doctor ⇄ patient relationship, highlighting the ontological aspect to his process of cognitive appraisal and attribution of meaning. Rob highlights the perceived authority of the bio-medical model, as his reference to '*having [his] doctor tell [him]*' suggests an experience of passive acceptance, whereas his expression of his attribution of meaning regarding the diagnosis highlights his intrapersonal resistance to the diagnostic label of depression, as Rob reflects on his association of this term as meaning '*failing, as a man*'. This emphasises Rob's experience of receiving a diagnosis of depression, as reinforcing his intrapersonal experience of failure within the context of his identification with the traditional masculine norm. This highlights Rob's process of negative appraisal,

as his judgemental self seeks to resist the diagnosis, with the expression of '*should be able to cope, pull myself together*'. This reflects his internal conflict as his previous sense of hegemonic masculinity reinforces his sense of failure, guilt and shame.

The data further highlights the relationship between the diagnosis of depression and the traditional masculine norm regarding the process of negative cognitive appraisal and attribution of meaning that resulted in a resistance to clinical intervention. For example,

**Matt:** *'well I still had to see the doctor for like checks and he suggested that I may benefit from some antidepressants....umm....just to help me over this patch.....but there was no way I was going down that route, oh no....I just had to pull myself together and do something about it .....I thought I was depressed..... because of the accident...but that wasn't it, no.....it was us, our relationship'*

Transcript B2M, 19:819-823

Matt's experience of his GP suggesting he would '*benefit from some antidepressants*' resulted in a strong resistance. His assertion of '*no way*' emphasises the impact of his subjective response to clinical intervention that suggests a process of negative cognitive appraisal and attribution of meaning. Matt's expression of '*going down that route*' suggests a notion of travelling toward an unacceptable passive self, as acceptance of clinical intervention would result in a loss of autonomy thereby reinforcing his experience of loss of power and control. This reflects the first super-ordinate theme regarding the fragmentation of masculine self, as Matt struggles with his loss of past self both in-terms of the post-traumatic change to his physical appearance and his intrapersonal experience of depression, as a further alienation from his previous cohesive sense of masculine identity.

Matt's resistance to clinical intervention draws attention to his fear of future self, as this suggests an association of alienation from his identity with the



characteristics of the traditional masculine norm, highlighted by his expression of *'I just had to pull myself together'*. Matt's reference to his ex-wife attributing his experience of depression to the post-traumatic affect of *'the accident'* emphasises his contextual experience of self. Matt's accident was a significant contributory factor to his experience of depression, however, his intrapersonal process of cognitive appraisal and attribution of meaning identifies the loss of his reciprocal relationship with his ex-wife, as the key feature regarding the development and maintenance of his experience of depression during the postnatal period.

The data presents a clear association between the participants' resistance to diagnosis and clinical intervention and their process of cognitive appraisal and attribution of meaning, as it highlights the inter-subjective relationship between the experience of fragmentation of masculine self and The Disenfranchised Masculine Self. For example, Clint expresses an alienation regarding his association with clinical intervention and his existential experience of self.

**Clint:** *'...um.....well, the meds, that kinda made it real, if you know what I mean....um.....that I couldn't fix this myself....that I was mentally ill.....uumm.....that didn't connect with me, if you know what I mean....um.....it wasn't something I ever thought would happen to me'*

Transcript D4C, 20:903-906

Clint's reference to *'the meds, that kinda made it real'* highlights the significance of what the clinical intervention of antidepressant medication represented for him. His reference to the suggestion of medication making *'it real'* suggests dissociation between the diagnostic label of depression and his intrapersonal experience of self. There is a sense of helplessness within his account as he relates the diagnosis and suggestion of medication with loss of autonomy. Clint's process of appraisal involved health and illness cognitions, as the clinical intervention of antidepressant medication resulted in his attribution of meaning

that he was *'mentally ill'*. This conclusion was unacceptable to Clint highlighted by the phrase *'that didn't connect with me'* as this suggests a deeper meaning in association with the diagnostic label of depression. In this respect, Clint's personal history and negative experience of his own father's expression of chronic depression connects with his loss of past self and fear of future self. In particular, his fears of becoming like his own father (see super-ordinate theme 1). Clint's statement that he did not anticipate *'ever'* experiencing depression highlights his resistance to the diagnostic label of depression. His expression *'happen to me'* suggests a loss of power that reflects his intrapersonal turmoil regarding the debilitating experience of depression and his previous experience of an integrated hegemonic masculine self with the characteristics of stoicism and a tendency to dissociate from vulnerable emotions.

The data presents convergence regarding the link between the first super-ordinate theme and the participants' experience of resistance to the diagnosis and treatment of depression. For example, Pete's resistance to the clinical intervention of medication highlights his process of negative cognitive appraisal and attribution of meaning regarding his loss of past self and fear of future self.

**Pete:** *'I never wavered in my view on the medication, not even an ounce which strikes me as strange now but I was completely adamant that I wasn't going down that route.'*

Transcript A1P, 25:1097-1099

Pete's expression of, *'never wavered'* and *'not even an ounce'* emphasises his conviction regarding his resistance to medication. Pete's identification with the traditional masculine norm resulted in a need to be an active participant in his own recovery, rather than a passive recipient of clinical intervention. In this respect, Pete accepted counselling as an appropriate intervention to aid his recovery from depression, as this form of intervention relies on the active participation and relationship between both the therapist and client. Pete's

evaluation of his past conviction in the present highlights his sense of self placed in time. His use of '*strikes me*' suggests a re-evaluation in the present, as he reflects on this experience of refusing antidepressant medication during the postnatal period. '*Strange*' highlights his sense of something unusual about this, which he qualifies with his recollection of his inability to make decisions, as a '*symptom*' of his experience of depression.

**Pete:** *'One of the things that I actually found as a major symptom for me of what I was going through was I just kinda couldn't make decisions anymore, I felt like I was floundering. I didn't know what was right or what I actually thought about certain things, and yet through all of that rather confusing experience of not having a sense of which way to go on things anymore I was absolutely adamant about that one thing.'*

Transcript A1P, 25: 1127-1133

Pete's contrasting experience of the debilitating effect of his experience of depression on his day-to-day functioning and sense of being in the world, highlights the significance of his conviction regarding his refusal of antidepressant medication, particularly as this moment of clarity and conviction occurred within the context of his help-seeking behaviour. This paradoxical experience of self suggests a concealed attribution of meaning affecting Pete's experience within the two environmental contexts of his GP's surgery and his place of work.

Considering this within the context of his previous hegemonic masculine self and identification with the traditional masculine norm, suggests a process of cognitive appraisal and attribution of meaning regarding a shift in his values and beliefs. For example, Pete's job had originally enabled him to gain a sense of status, power and control that connects with the notions of success represented by the associated expectations of the traditional masculine norm within the sociocultural expectations of the UK. However, his existential experience of self during the traumatic birth of his son brought a shift in meaning, as his husband

and new father identities resulted in a drive for personal development and investment in family relationships. This shift in his intrapersonal values and beliefs regarding his ontological awareness and existential experience of self superseded his professional identity and his previous desire for affirmation of success through the development of his career and professional relationships.

Pete moves on to consider this apparent paradoxical experience of self within the context of his presentation of depression and his resistance to clinical intervention.

**Pete:** *'.. there was a greater risk associated with doing it than there was with not I think for me, that's how it felt.'*

Transcript A1P 25: 1107-1108

Here the data presents the participant's reflective self in the present as he evaluates his contextual presentation of self during the postnatal period. The notion of '*risk*' assessment as a process of cognitive appraisal highlights the significance of Pete's meaning making regarding his resistance to clinical intervention. In this respect, Pete interpreted the notion of submission to prescribed medication, as failure regarding his sense of masculine autonomy, as it contravened his former experience of self-reliance reflected through his identification with the traditional characteristics of hegemonic masculinity.

## 6. Discussion

### 6.1 Overview

Any story has a beginning, middle and end, the participants began with their personal histories, presenting their developing sense of masculinity from boy to man. It is important to note that while the participants' present common characteristics that reflect a traditional masculine norm within a hegemonic masculine identity, the key feature to this pre-existing sense of masculine self is that it is an *integrated* representation of their *masculinities*. The data highlights the participants' identification with hegemonic masculinity (Connell and Messerschmidt, 2005), as the dominant masculine identity that influenced their developing sense of masculine self through personal relationships and sociocultural expectations. Yet, the data also highlights nurturing and care giving tendencies associated with more traditionally feminine characteristics. Arguably, such characteristics would perhaps be more akin to alternative representations of masculine norms, such as, the *New Man* of the 70s and 80s and the *Metro-sexual man* of the 90s and new millennium (Connell, 1995; Pleck, 1995; Kimmel, Hearn and Connell, 2005; Courtenay, 2000; Gough and Robertson, 2010). In this respect, the data shows aspects of the experience of self that reflected vulnerability within the participants' relationship to their pre-existing sense of cohesive masculinities, which draws attention to the role of the participants' personal histories as a significant factor regarding how they made sense of their experience of depression during the postnatal period.

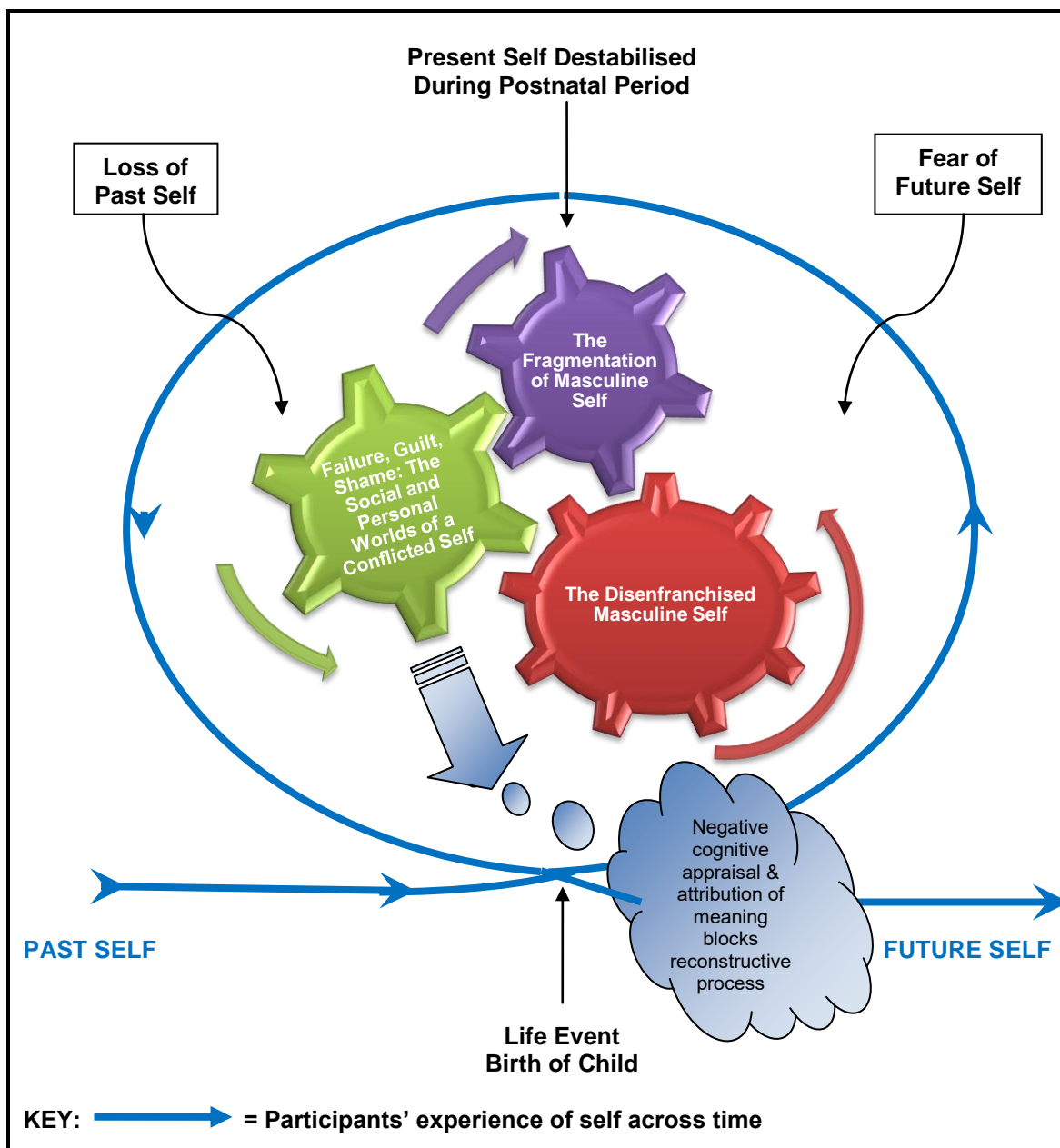
The chosen methodology for this research, also acknowledges the central role of reflexivity, which Jonathan Smith (2007) addresses with the notion of bracketing and the role of the hermeneutic circle, as part of the developing process of interpretative engagement:

*'I start where I am at one point of the circle.....influenced by my preconceptions, shaped by my experience and expertise. In moving from this position I attempt to bracket, or at least acknowledge my preconceptions before I go round to an encounter with a research participant at the other side of the circle...[...]...I continue the journey around the circle..[..].to analyze the material I collected, influenced by my prior conceptions and experience. However, I am also irretrievably changed because of the encounter with the new, my participant[s]' account.'*

Smith (2007) p.6

An empathic relational approach to this research, reflected within the discipline of counselling psychology, enabled the development of a secure base from which to explore the participants' experiences of depression during the postnatal period.

The data further reflects the notion of the hermeneutic circle, as the participants engaged with a process of meaning making that involved contemplation of their developing sense of self through their experiences of past, present and contemplation of a future self. The data highlights the participants' development of an integrated hegemonic masculine identity (Connell and Messerschmidt, 2005), influenced by interpersonal relationships and sociocultural expectations that ultimately affected the participants' experience of self across time. The themes run throughout the transcripts, however, these are not unidirectional in their presentation within the data. As such, the super-ordinate and sub-ordinate themes interweave within a cyclical structure that pervades the participants' accounts, illustrated in Figure 1, below.



**Figure 1: Depicts the cyclical nature and inter-relational presentation of Themes to include the role of negative cognitive appraisal and attribution**

This basic structure operates across the transcribed data, with a fluidity of movement between the participants’ past, present and potential future representations of self.

The data highlights the development of the participants’ integrated masculine identity, highlighting a common thread of hegemonic masculinity associated with notions of strength and success, to include the characteristics of a traditional masculine norm, such as, stoicism and a tendency to dissociate from

vulnerable emotions (Kimmel, Hearn, and Connell, 2005; Courtenay, 2000; Pleck, 1995). The data further shows how this integral part of the participants' Dasien sense of being in the world (Heidegger, 1927/1962), becomes fragmented through the process of meaning making within the context of the life event of the birth of their child.

The participants' process of cognitive appraisal and attribution of meaning is a key feature regarding their ability to move through the deconstruction of their former self and onto the process of reconstruction and assimilation of their father identity and gendered roles within a changed family dynamic. The analysis of the data revealed a common thread of negative cognitive behavioural responses and attribution of meaning that effectively blocked the participants' ability to move on to a process of positive reconstruction and assimilation. This ultimately resulted in the maintenance of a destabilised experience of self, with the development of depression presenting across the data set.

## **6.2 Epistemological Positioning**

Analysis of the data presented in this study shows the participants' relationship with the self as a multifaceted and fragile experience of being, in this respect, psychological theories of the self, serve to inform interpretative understanding. For example, as an integrative practitioner theoretical influences stem from relational and cognitive behavioural perspectives, to include existential notions of the developing self.

Heinz Kohut (1913-1981), presented a developmental theory of self-psychology, identifying three needs for the development of a healthy self; the need to be *'mirrored'*, *the need to idealize and the need to be like others*. (Kohut, 1971; 1977). These notions of the self highlight the influence of childhood



experiences, sociocultural influences and the inter-relational nature of the self, reflected in the presented data. This also resonates with psychodynamic notions of object relations and the ever-present influence of personal history, to include, notions of attachment along with inter and intra personal relationships, as the self continues to develop across time (see Jacobs, 2006). In addition to these influences, I am mindful of the role of social constructivism and the influence of George Kelly's (1955) personal construct theory that argues that we not only construct our worlds but also reconstruct our worlds in response to life events. Kelly states,

*'all of our present interpretations of the universe are subject to revision or replacement'*

Kelly, (1955) p15

Furthermore, Guidano and Liotti's (1983) *personal meaning organization* considers attachment processes particularly between parent and child, as central to the development of an individual's knowledge of self and the world. This provides insight to the process of deconstruction and reconstruction of personal worlds in response to new experiences, such as the life event of the birth of a child.

George Herbert Mead's notion of a relational and symbiotic self (1934), further aids understanding of the participants' inter-relational experiences, particularly within the second and third themes of the Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted self and The Disenfranchised Masculine Self. Mead recognised the inter-relational development of self constructs that operate through inter and intra personal relationships within particular sociocultural constructs. For example Mead states,

*'Selves can only exist in definite relation to other selves. No hard and fast line can be drawn between our own selves and the selves of others, since our selves exist and enter into our experience only in so far as the selves of others exist and enter as such into our experience also.'*

Mead (1934), p. 164

The data revealed the participants' cognitive behavioural responses and attribution of meaning as a significant factor regarding their understanding of their experience of depression. As such, the following analysis reflects the influences of Aaron Beck (1976) and Albert Ellis (1977). Beck suggests that thoughts and images that occurred involuntarily within a person's stream of consciousness affect emotional responses. Beck termed these, as '*automatic thoughts*' arguing that if thoughts centred on danger or threat then these would create an anxiety response. If loss is the dominant theme of a person's thoughts then depression may result. Beck's work on the influence of negative automatic thoughts enhanced my understanding of the participants' process of making sense of their experience of depression during the postnatal period. Ellis's work identified *irrational beliefs* as a key component to the way people develop their sense making and proposed the ABC model identifying three key features explaining the relationship between thoughts and feelings;

- ◆ **A**= activating event,
- ◆ **B**= beliefs: inferences and evaluation,
- ◆ **C**= Consequences: emotional and behavioural

This model served to inform and develop my understanding of the data, for example, Table 4 presents this model with relevant excerpts from the transcribed data, showing how the participants' thoughts affected their emotional and behavioural responses during the postnatal period (see Tables section).

The notion of the double hermeneutic of the researcher trying to make sense of the participants' trying to make sense of their experience of depression during the postnatal period, echoes Kohut's emphasis on the role of empathy as,

*'the capacity to think and feel oneself into the inner life of another person'*

Kohut, (1984), p.82

Carl Rogers also highlighted the value of an empathic approach as,

*'To sense the client's private world as if it were your own but without ever losing the "as if" quality – this is empathy.....[..]...To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it....'*

Kirschenbaum and Henderson (1989), p.226

Empathy is a central tenet of counselling psychology, highlighted within the ethical guidelines that underpin this research (BPS, 2006; and BACP, 2002), which further enabled my reflexivity as I engaged with the research process for this study.

The sensitive nature of the research question and the existing sociocultural understanding of the diagnostic label of *depression* within the UK draws attention to the participants' relationship to their interrelated masculinities (Olliffe and Phillips, 2008; Mahalik and Rochlen, 2006). The data presents the participants' recollection of a cohesive masculine identity that existed before they became fathers, to include their personal history and transition from boy to man (Emslie, Ridge, Zeibland and Hunt, 2006; Connell and Messerschmidt, 2005). In this respect, hegemonic masculinity, depicting the characteristics associated with the traditional masculine norm of stoicism and tendency to dissociate from vulnerable emotions (Emslie, *et al*, 2006; Galasiński, 2008), was identified as the dominant masculine norm for the group.

The data highlights the significance of traumatic childhood experiences within the group data regarding the development of self-constructs and schemas, within a traumatic and neglected family environment. In this respect, constructivist perspectives served to inform the interpretative process. Kelly's (1955) personal construct theory highlights the negative impact of such avoidance responses as preventing the ability to revise, update and reconstruct the self. In this respect, the data shows the role of traumatic childhood experiences, as affecting the development of a cohesive masculine self.

Thereby, conveying a perception of fragile, vulnerability within the participants' pre-existing self that is resistant to reconstruction when faced with situations that invoke cognitive dissonance and anxiety.

The influence of sociocultural expectations of the husband and father roles during the postnatal period within the UK suggest an assumption that men may be judged as successful fathers when they effectively fulfil the supportive role within the new family dynamic. The cultural authority of the bio-medical and sociocultural/environmental expectations and influences within UK prioritises the supportive role of the husband (NICE, 2007). Arguably, this emphasis on the supportive role of fathers infers that it is a de facto measure of their parental ability (see super-ordinate theme 3).

### **6.3 Considering the themes within the context of the extant literature**

The above analysis highlights the role of personal reflexivity regarding how the participants made sense of their experiences during the postnatal period and my reflexivity within the interpretative analysis. The data shows convergence across the group regarding the presentation of the participants' appreciation of the passing of time through the development of self as one matures, along with the new perspective that this reflexive vantage point affords.

The analysis highlights the themes, as data driven and this discussion chapter will now move on to consider the presented themes within the context of the extant literature, with a view to further elucidate understanding of the complex inter-relational nature of the participants' experiences of depression during the postnatal period.

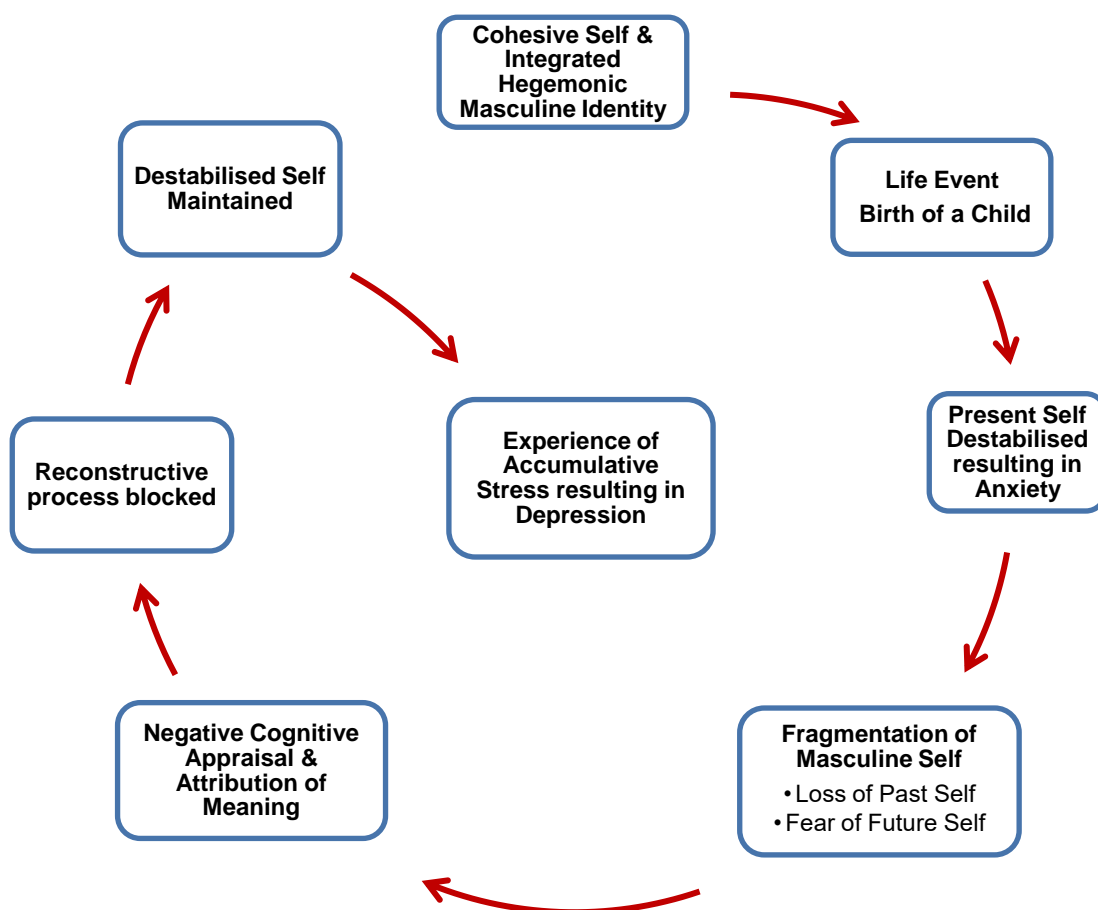
The first sub-ordinate theme draws attention to the participants' sense of loss in response to the life event of the birth of their child. Exploration of the first sub-

ordinate theme, *loss of past self*, revealed certain common features across the group, such as the participants' sense of loss regarding their couple identity, as they made the transition to being a part of a family identity. There are particular nuances within the idiographic presentation of the data that draw attention to subtle divergence regarding the participants' experiences of loss of past self. For example, three of the four accounts identify the loss of the reciprocal relationship with their wives as a particular point of loss of their former experience of being part of a positive couple relationship. Whereas, convergence exists within the traumatic personal histories and negative masculine role models within the childhood experiences of all participants.

This reflects Kohut's (1971) developmental theory of the self, highlighting further the impact of negative parental relationships on the development of self constructs and schemas. For example, Matt and Rob's accounts present a lack of positive affirmation through parental mirroring, along with the absence of any calm, stable parental relationship to balance this, which Kohut identified as the *need to idealize*, while Pete and Clint's accounts present personal histories of traumatic paternal relationships with some form of positive rebalancing through their maternal relationships.

As Rob continues his narrative, his emphasis on his experience of negative affect in terms of '*stress*' suggests this is a more acceptable term regarding masculine expression of psychological strain, (Kilmartin,2005). Rob's polarisation of his identity as a successful academic versus his experience of failing within his father and husband roles served to maintain his experience of a fragmented masculine self. (see Ch.4, p. 97). This reflects Kelly's notion of bipolar constructs as an anxiety provoking experience that prevents effective reconstruction of a cohesive self (Kelly, 1955).

Exploration of the first Super-ordinate and sub-ordinate themes, shows how the participants' experience of *loss of past self* and *fear of future self*, led to a cycle of negative appraisal and attribution of meaning that blocked the process of reconstruction after the life event of the birth of a child. This negative cycle served to maintain the participants' experience of *fragmentation of masculine self* thereby reinforcing their experience of a destabilised sense of self. The outcome resulted in an experience of accumulative stress leading to the development of depression during the postnatal period (see Figure 2).



**Figure 2: Showing Negative Cycle Blocking Transitional Adjustment**

The literature pertaining to the concept of the *Self* is vast and subject to much debate, as such it is impossible to do justice to the complexity therein within the

confines of this thesis. However, when considering the concept of the self within the remit of this research, I am mindful of the influences of previous literature from the phenomenological and hermeneutic perspectives, such as, Heidegger (1927/1962) and Husserl (1925/1977), along with social constructionists, such as Mead (1962) and Kelly (1955).

The *multiplicity of self* represents the various identities held within the participants' integrated sense of self. The data shows a number of separate masculine identities that the participants use in reference to different aspects of their experience of self, such as, self as: husband, lover, father, son, brother and occupational self. Arguably, within the UK, occupational status and notions of success regarding men's ability to provide financially for their families, contributes to defining their masculine identity (Lee and Owens, 2002). The data in this study highlights the participants' identification with their occupational identity as an integral part of their gendered experience of self, however, considering this aspect within a feminist frame of reference challenges this assumption. In this respect, the feminist approach provides an alternative means of construing representations of self, as it seeks to break down traditional barriers of gendered role identities, with particular emphasis within the occupational realm, whereby the feminist argument for equality seeks to shift the balance of gender power relations within the domain of occupational status and reward. Moreover, the feminist frame of reference provides a liberating means for individuals to engage with their social worlds according to their skills and abilities irrespective of their sex (Hart, 1990). Considering this alternative frame of reference enabled the identification of the participants' occupational identity as a discreetly separate inter-personal experience of self.

The participants' experience of self in relation to others draws attention to the gendered experience of self and the sociocultural and environmental factors involved in the construction of an integrated hegemonic masculine identity. In this respect, the sub-ordinate theme of *inter-personal relationships: Self in relation to other* reflects the constructivist frame of reference, to include sociocultural constructed ideals. Mead (1934) maintained that the self arises in social interaction with others through symbolic communication and that self-consciousness necessitates becoming,

*"...an object to oneself in virtue of one's social relations to other individuals"*

Mead, (1934), p172

The phenomenological perspective values the social aspect regarding the inter-subjective nature of the self and expands this to consider the experiential self as self-aware (Husserl, 1925/1977). The field of Counselling Psychology, further informs notions of the self. For example, Kohut suggests that the self is a product of internalizations of experiences of connectedness with others. Rogers also notes interaction with the environment and significant others as inter-related influences affecting the development of a "*concept of self*", recognising social/environmental influences in his consideration of the development of the Self and highlighting differentiation and symbolism within an awareness of being or "*Self-experience*". (Rogers, 1951; 1961). Moreover, Rogers focuses on the role of empathy as a way of being (Rogers, 1980) and the perception of the self as situated within "*the private world of the individual*" (Raskin & Rogers, 1989, p.168). This draws attention to the notion of a more intimate personal dimension to the experience of self that informed the development of interpretative analysis within this study.



Reflecting on these different perspectives highlights the second super-ordinate theme of *Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted self*, as it draws attention to the complexity of influences revealed through the data. Furthermore, in addition to the gendered and occupational representations of self, the data revealed a deeper personal level to the participants' presented experiences of self, such as, vulnerable / protective self, judgemental / punishing self, reflexive / reparative self, spiritual and developmental self. These representations of self reflect the internal processing of the participants' interpersonal, sociocultural and environmental relationships, which affected their relational experience of ontological awareness and existential sense of being in the world. This highlights the relational nature of the participants' experience of self, with the internal experiences explored within the subordinate theme of *Intra-personal Relationships: self in relation to self*.

The role of intersubjectivity regarding how the participants made sense of their experience of depression during the postnatal period draws attention to the inter-relational nature of cognitive behavioural responses and the significance of the participants' attribution of meaning. Moreover, this reflects the notion that men are active agents in their developing sense of self, which includes various masculine identities, as they move from boy to man actively engaging in the cyclical process of constructing and reconstructing the dominant norm of masculinity that affects their integral experience of self (Courtney, 2000b; Hitlin and Elder, 2007).

Kohut (1977) treated the self as involving constancy within experience, cohesion of psychological functions, continuity of identity across time and consistency of location within space. Combs and Snygg (1959) describe a cohesive self-concept as the central factor in mental health and experiences

with others, to include how culturally transmitted meanings portraying important factors in the development of the self-concept. Kohut and Wolf (1978) describe the three major constituents of a cohesive self as, *the struggle for success and power, established ideals and goals and an area of talents and skills activated by the tension between ambitions and ideals.*

The data reflects these notions, for example, the excerpt in Ch. 4, pp.111 presents Matt's experience of loss of power and control within a once familiar and predictable environment of interpersonal familial relationships, effectively displaced his sense of masculine autonomy within his changed family dynamic, thereby maintaining his experience of a fragmented and destabilised sense of self. Reflecting on Matt's experience places his avoidance coping response in the form of extra-marital affairs within a broader frame of understanding as he seeks to re-establish his experience of a masculine self that reflects the strong characteristics of power and control associated with the traditional masculine norm (see super-ordinate theme 1). The power of this recollection suggests that Matt's experience of loss during the postnatal period has an enduring quality within his experience of self across time that reflects Kohut's (1977) self-psychology.

Furthermore, Rob's account presents a duality within his experience of interpersonal relationships during the postnatal period that resulted in a conflicted experience of self (see Ch4, p. 113). He described his experience of personal development through academic learning and the effect of positive feedback from his peers that affirmed his self-esteem. Following this through to consider Rob's negative, traumatic childhood of an abusive maternal relationship coupled with the absence of any positive paternal role model, highlights the power and importance this feedback affords. In this respect,

Rob's experience of academic success, affirmed through his interpersonal relationships with his peers resulted in a positive appraisal that led to his attribution of being a successful man, thereby re-affirming his sense of masculine identity within the context of his professional development. However, in contrast to the positive interpersonal relationships regarding his academic student identity, the data shows the duality of Rob's experience of self by identifying the negative experience within his father and husband gendered role identities. Rob's account reflects Kelly's notion of the bi-polar experience of self, as the point at which internal conflict results in an inability to adjust one's internal personal world in response to experiences within sociocultural and environmental relationships (Kelly, 1955).

The data highlights the participants' interpersonal relationships as significant factors regarding the development of a conflicted, fragmented sense of self, resulting in an accumulative experience of stress and anxiety that led to depression. Moreover, considering this from the perspective of a cognitive construct, when unresolved conflicts persist and cognitive appraisal gets caught up in negative automatic thoughts and maladaptive behavioural solutions, such as the avoidance coping responses identified within the presented data, then the self remains confused and incoherent, resulting in anxiety and depression. (Beck, 1976).

Exploration of the data regarding the participants' experience of interpersonal relationships during the postnatal period highlights the complexity of individual experience within a social world, as the self occupies multiple spaces (Flaherty and Fine, 2001; Mead, 1932). Furthermore, the contextual influence of the postnatal period and sociocultural expectations regarding gendered roles within the UK, serve to reinforce a sense of masculine responsibility regarding the

provision of care and support for the mother and infant. Moreover, expectations regarding the traditional characteristics of stoicism associated with hegemonic masculinity extend the participants' expectations of responsibility to include self-care. This strengthens the sub-text of devaluing the needs of fathers during the postnatal period, in terms of their right to seek and access support within this context (see super-ordinate theme 3).

The data shows the intra-personal experience of frustration, anger, guilt and shame, as the participants interpreted their inability to cope as failing. This ultimately affected their sense of personal agency regarding their ability to fulfil their gendered role identities of husband and/or father and occupational role, due to an increasing sense of loss of power and control. Owens and Goodney (2000) suggest that shame stems from the inability to fulfil a valued role adequately, which threatens the individual's sense of self. Hitlin and Elder Jr. (2007) take this further, arguing that the stronger the identity commitment, the more existential the threat one feels at failing to fulfil that identity. Considering this within the context of the presented data, highlights the significance of the participants' meaning making as they struggled to reconcile their experience of depression with the loss of their former cohesive masculine self and hopes and dreams of their future self, parenthood and relational reciprocity.

The second super-ordinate theme highlights the inter-dependent nature of the *Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted self* in terms of both *inter* and *intra-personal relationships*. The above analysis draws attention to the participants' sense of self placed in time with the data revealing the recollection of a destabilised and fragmented present self, caught between contemplation of the loss of past self and fear of future self during the postnatal period. Mead suggests that the self exists expressly in the ever-passing

present, a moment whereby the individual interprets situations and symbols as well as his or her past and future (Mead, 1932). This highlights the role of cognitive appraisal and attribution of meaning as mediating the participants' sense of personal agency and ability to move on to a process of reconstruction and assimilation, thereby regaining a sense of a cohesive self.

The myriad of theoretical influences from different perspectives within the discipline of counselling psychology enhances the interpretative analysis. For example, Rogers draws attention to the inter-subjective nature of self-constructs in his recognition of both interpersonal and intrapersonal relationships, as affecting the development of psychological distress (Anderson and Cissna, 1997; Mearns and Cooper, 2005). In contrast to traditional psychoanalytic theory regarding unconscious drives derived from the *Id*, *Ego* or *Superego*, Cortina (2003) highlights the cognitive functioning of appraisal in the interpretative processing of experiences and the role of defence mechanisms as higher order internal working models (see Knox, 2003 for a comprehensive exploration of psychodynamic perspectives regarding the relationship between trauma and defences).

Interpretative analysis of the complexity of the participants' experiential representations shown within the data draws attention to the notion of Gender Role Conflict (GRC), as a useful concept for developing understanding, as it encapsulates the super-ordinate and subordinate themes shown within this research and is particularly relevant to the field of Counselling Psychology (see O'Neil, 2008). Furthermore, O'Neil defines GRC as a psychological state where the socialised male gender role has negative consequences for the individual and/or others. Commenting on O'Neil's comprehensive review of GRC, Stephen

Wester (2008) highlights the significance of contextual influences regarding men's experiences.

*'Building on this, many now realise that the mechanisms through which these negative consequences occur, rather than being Global are instead contextual. That is, different men engaging in the exact same traditional male gender role behaviour will experience different levels of GRC and accordingly different consequences, depending on the context of their lives.'*

Wester, (2008), p462

Returning to the research question, '*how do men make sense of their experience of depression during the postnatal period?*' highlights the contextual nature of this phenomenon, to include the idiographic nature of human experience within a specific point in time. The third super-ordinate theme draws attention to the broader frame of reference of influences specific to the context of the postnatal period. Exploration of the data set shown the sub-ordinate themes 3a: *Gender Power Relations* and 3b: *Sociocultural and Environmental Expectations and Influences*, as influencing factors within the participants' process of meaning making.

The social history of the UK reflects a patriarchal society, whereby the division of labour relegated women to the role of domesticity, while men enjoyed masculine autonomy, status, power and control. The feminist movement challenged the dominance of masculine power, advocating the right to vote and egalitarianism, particularly in terms of the workforce. The postmodern era brought a shift in the division of labour, blurring the boundaries of gender role expectations. However, the specific context of human procreation reflects a sub-culture of matriarchal power and control that endures across time. Arguably, the feminist movement has not sought to expand their advocacy of egalitarianism to the realm of the perinatal period, except to stress mothers'

rights to maternity leave and fathers' responsibility to play an active role in the care and support of the mother and infant.

Recent developments regarding father's rights within the UK have brought a shift toward parity in respect to paternity leave. April 2011 saw the introduction of the statutory right for fathers to take up to twenty-six weeks additional paternity leave. However, the TUC conducted an analysis of official figures for 2011/12 regarding paternity leave revealing that few fathers take this entitlement (TUC, 2013). The TUC study identified low remuneration as a contributory factor in fathers' responses. Future research may provide insight into fathers' responses to accessing their right to paternity leave. A system for shared parental leave proposed for April 2015, goes some way to redress the balance in this respect (TUC, 2013).

There is no doubt that this is an important, long awaited shift within the sociocultural ideals within the UK, however, this is just one aspect of fathers' rights. The data within this study highlights a complex inter-play of sociocultural and environmental influences that affect fathers' experiences during the postnatal period to include, gender power relations that reflect the feminine bias that remains intact effectively silencing men's voices regarding their own needs during this time.

The contextual influences of the postnatal period further highlight sub-ordinate theme 1a: loss of past self, as the participants' intrapersonal experience of negative affect and loss of power, control and masculine autonomy conflicts with their former experience of a cohesive self and identification with a dominant hegemonic masculine identity. The Humanistic perspective recognises the inter-relational nature of the self regarding both internal and external experiences.

For example, Roger's (1951) theory of the development of the person highlights constructs of the self and the notion of *self-actualisation*, in this sense the function of self-actualisation is to maintain and enhance the self structure. The humanistic tradition views the self as a consistent set of experiences and perceptions that gradually differentiate into an active, experiencing 'I' and a reactive, socially defined 'me'. As the self develops, values become attached to experiences that create a sense of the multiplicity of self, achieved through sociocultural interactions with the environment (see Sanders, 2004; Kirschenbaum, and Henderson, (eds.), 1989). The data within this study shows a conflict between the participants' internal experience of self and external, sociocultural expectations and environmental influences, thereby providing further support to the existing literature addressing male gender role conflict.

The biomedical model within the UK presents a feminine bias within its approach and treatment of the parent↔child relationship, highlighted by the NICE guidelines for health professionals working within the field of perinatal care (NICE, 2007). Moreover, the feminine bias within the diagnostic criteria for depression (APA, 2000; 2013), limits men's access to care particularly when placed within the context of the postnatal period, as it does not acknowledge the gender difference that exists regarding the onset and expression of symptoms during this time (Kilmartin, 2007; Madson and Juhl, 2007; Escribà-Agüir and Lucía Artazcoz, 2010).

Clint's experience further reflects Kelly's (1955) notion of the bi-polar self caught between loss of past self and fear of future self, resulting in anxiety and Mead's belief regarding the present self as caught in a constant cycle of processing past and future representations of the self (Hitlin and Elder Jr., 2007).



The ethos within the UK regarding gendered communication styles reinforces the notion that it is socially and culturally unacceptable for men to openly talk about how they feel, there is an assumption that the expression of vulnerable emotions remains within the feminine tradition (see O'Neil, 1981a; 1981b; Norton, J. 1997). This highlights the influence of the participants' identification with the traditional characteristics of hegemonic masculinity and the sociocultural sub-texts that run at a deeply entrenched level regarding inter-generational and sociocultural communication, to include personal family relations, the media and peer-group interaction.

The data highlights sociocultural influences and expectations, such as those reinforced by the NICE guidelines regarding the father's role (NICE, 2007). A further example of an existing sociocultural influence is reflected in the participants' accounts regarding common understanding of the physical and emotional effects experienced by mothers during the postnatal period. (See Super-ordinate theme 3.) Moreover, this again highlights the feminine bias that dominates the postnatal period, as the sociocultural expectations and influences within the UK, promote the physical changes experienced by mothers during the perinatal period, yet ignores the physical hormonal changes that fathers experience in response to the birth of their child (Storey, *et al.* 2000; Flemming, *et al.* 2002).

The above excerpts suggest a relationship between gender role conflict and the participants' experience of cognitive dissonance and emotional distress during the postnatal period. In this respect, the participants' past experience of a cohesive self presenting a dominant hegemonic masculine identity and the characteristics associated with the traditional masculine norm, directly conflicts with the opposing experience of disempowerment and loss of masculine

autonomy, thereby highlighting the silencing affect of sociocultural and environmental expectations and influences during the perinatal period. Furthermore, the analyses presented above links back to the key text for this research:

*'A man is least likely to seek help for problems that he sees as unusual, especially when he also perceives them as central to his identity. He is also unlikely to seek help if groups of men who are important to him endorse norms of self-reliance or other norms that suggest his problem is non-normative. Help seeking is less likely to the degree that a man calculates that rejection from an important social group, as well as a view of himself as deviant, are costs too great to risk in relation to the help he might receive. This is especially true if he feels he will sacrifice his autonomy by seeking help.'*

Addis and Mahalik, 2003:10

In this respect, the postnatal period with its overt feminine bias, to include the expression of symptoms of depression, inhibits men's ability to voice their personal needs in relation to their psychological and emotional wellbeing, as it is a particularly inhospitable environment for masculine expression of need.

## **7. Summary**

This study highlights the process of negative cognitive appraisal regarding sociocultural expectations associated with the characteristics of the traditional masculine norm. In this respect, the representation of clinical intervention for mental health needs within the UK and the existing feminine bias in both the diagnostic criteria and sociocultural expectations regarding gendered presentation and expression of depression, resulted in a negative attribution of meaning that encompassed the participants' inter-subjective experience of self and the development of their masculine identities through time.

The participants' perception of loss of autonomy through the passive compliance of clinical intervention highlights the first super-ordinate theme and the participants' experience of loss of past self and fear of future self, as they associated clinical intervention with notions of failure within the context of their

former cohesive masculinities and dominant hegemonic masculine identity. This association highlights the impact of meaning regarding motivational influences for the participants' help-seeking behaviour, including preconceived notions of sociocultural expectations in response to mental health needs and the influence of gender-socialisation regarding the participants' inter and intra-personal relationships.

Considering the research question, '*how do men make sense of their experience of depression during the postnatal period?*' highlights the complex inter-subjective nature of the three super-ordinate themes, as the participants' struggled to reconcile their ontological awareness and existential experience of self. The idiographic nature of the presented data highlights the participants' subjective construing of their personal and social worlds. The data shows a process of cognitive appraisal and attribution of meaning that ultimately affected their sense of reality and being. The specific context of the postnatal period and the patriarchal authority that this context affords within the UK, devalues men's right to negative affect effectively usurping their ability to engage with help seeking behaviour in this respect. Moreover, this served to reinforce sociocultural expectations regarding hegemonic masculine characteristics, resulting in the participants' inability to reconcile their personal and social worlds. This prevented the participants from successfully engaging a positive process of reconstruction, as they remained caught in a persistent cycle of negative cognitive appraisal and attribution of meaning that led to depression.

The dominant discourse regarding postnatal depression presents a feminine bias with a plethora of research within the positivist paradigm, discussed in the literature review. Such large-scale studies support the experience of depression during the postnatal period as a phenomenon worthy of investigation.

Development within this field of study has identified the need for further research regarding paternal depression, not least because of the negative impact on the family dynamic and the developing infant. However, attempting to objectify subjective experience by separating it out from its sociocultural, environmental, interpersonal and intrapersonal reality does not allow room for the development of knowledge that embraces the reflexive role of human experience (Kant, 1781/1966).

In this respect, this study highlights the importance of engaging with this aspect of the research process, as the researcher and participants' reflexivity is an integral part of the development of thought and interpretative understanding. The presented research adds to the existing literature base, as it seeks to redress the balance of the phenomenon of the experience of depression during the postnatal period to include exploration of the idiographic processes of meaning making that affect the development of paternal depression during the postnatal period. Furthermore, the transcripts provide a rich source of data that shows subtle divergence within the idiographic presentation, whilst identifying convergence across the data set, thereby revealing themes that enabled the construction of a model of understanding regarding the research question, as presented in Figure 3.

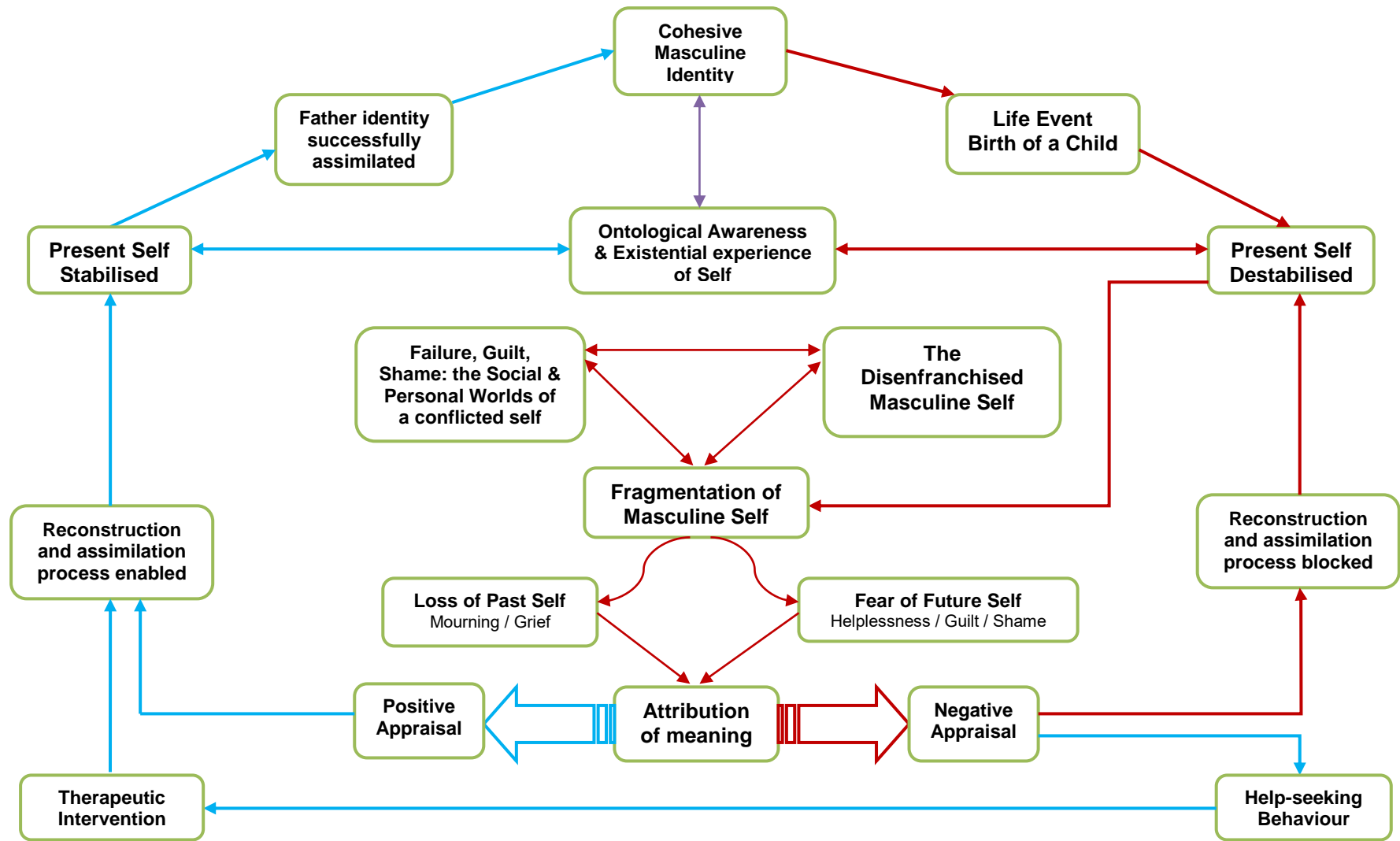


Figure 3: Overview of the Process of Transitional Adjustment during the Postnatal Period

This study seeks to enhance existing knowledge within the field of perinatal health, as it highlights the importance of raising awareness of fathers' needs, particularly during the postnatal period. The extant literature addressing the negative impact of fathers' mental health and ability to interact within the family dynamic, on both the mothers' wellbeing and the infants' development, highlights the need for a paradigm shift in-terms of redressing the balance of gender power relations within this context. The literature pertaining to gender role conflict provides further insight, as a useful construct to understand men's experiences of cognitive dissonance and emotional distress. This study lends weight to this argument, as it highlights the inter-generational impact of the parent↔child relationship and sociocultural expectations and influences (see also, Blazina and Watkins, 2000; DeFranc and Mahalik, 2002; Fischer and Good, 1998; Schwartz, 2001). In this respect, health professionals have a duty of care to enable both parents to navigate their way through the transitional adjustment process, thereby providing the core foundations necessary to nurture the healthy development of their child.

### **7.1 Implications for Counselling Psychology**

As a trainee counselling psychologist, I appreciate the value of an integrative relational / cognitive behavioural approach to intervention that celebrates diversity. Moreover, parents need to have psychosocial support available that embraces the diversity of gendered needs. As such, there needs to be a shift in the approach to the provision of support services during the postnatal period that ensures that health professionals are aware of the gender difference regarding the onset and expression of symptoms of psychological and emotional distress, in order to provide appropriate support and intervention.

The discipline of counselling psychology has a role to play in raising awareness within the public domain, whilst enabling the provision of appropriate intervention, to include training and support of health professionals within the field of perinatal health. In this respect, Figure 3 shows how appropriate intervention within the field of psychological therapies can facilitate the transitional adjustment process, thereby enabling the successful assimilation and reconstruction of parents' experience of self. Further research into the validity of this model of understanding regarding the transitional adjustment process may serve to enhance the development of knowledge within the field of perinatal health and men's experiences of cognitive dissonance and emotional distress in relation to the notion of gender role conflict and masculinities.

On reflection, I am aware of my status as a novice researcher and the sharp learning curve that I have experienced regarding the research process. This is an interesting aspect as it, in some way, mirrors the experience of disempowerment reflected in the data. Particularly regarding gender power relations, as my Director of Studies, supervisor and external examiner are male and represent an expert status. Moreover, my own personal history and the development of my personal constructs of the self are an ever-present part of this research process. In this respect, I remained mindful of managing my subjectivity and recognised the need to step back and take a break from the analysis, particularly when exploring the detailed accounts of traumatic experiences, to include my recollection of the relational experience of the interviews and my own personal memories of negative relationships with men.

Overall, my experience of conducting this research has enlightened me regarding the difficulties, prejudices, disempowerment and silencing experience

that the postnatal period presents for men. The research process has provided me with an opportunity to learn and develop my understanding of the complexities regarding gender relations, inter-generational influences and the constantly shifting field of existential awareness regarding self-constructs and personal agency. As such, I am committed to developing my knowledge to enhance my skills as a practicing Counselling Psychologist, particularly regarding any future work with male clients.

## **7.2 Limitations**

The small number of participants limits broader generalisation regarding the interpretative results. However, the aim of this study was to explore how the participants' made sense of their experiences of depression during the postnatal period and their meaning making in this respect. This highlights the idiographic and inter-subjective nature of the research question, whereby the intention is not to seek out a particular *truth* regarding men's experience of depression during the postnatal period but rather to consider possible *truths*. The extant literature addressing the phenomenon of postnatal depression provides a wealth of evidence supporting it as an important focus for research, for both women and men. However, as presented in the literature review, such studies operate within a positivist perspective, highlighting the need for more qualitative approaches within this field of research.

As this research developed, I became increasingly aware of the limitation of time and space to explore fully the complexity that the data shows. In this respect I was, at times overwhelmed by the amount of possible avenues of exploration. For example, the first theme regarding the participants' initial process of deconstruction in response to a life event raises awareness of the existential experience of being. In this respect, this study highlights the role of



personal histories but is limited in its exploration of these. The second theme highlights the psychological development of self constructs and relational aspects, such as, the psychodynamic concepts of object relations and attachment (Klein, 1959; Ainsworth, 1968; Bowlby, 1980; Jacobs, 2006), humanistic concepts of self actualisation (Kirschenbaum & Henderson, 1989) and the systemic nature of family relationships (see Rivett and Street, 2009). A systemic perspective appreciates the importance of context, which the third theme highlights to include sociocultural and environmental / situational consideration and psychosocial notions of personal agency (Bandura, 1989; 2001) and the role of gender power relations (see Brannon, 2011). Moreover, this study is limited in its ability to do justice to such broad conceptual frames of reference, as all of the above have a vast literature base that encompasses many academic disciplines spanning decades. Such a plethora of research and theory serves to support further detailed investigation of the themes shown within this study regarding men's experiences of cognitive dissonance, anxiety and depression during the perinatal period.

### **7.3 Future Research**

On reflection, each super-ordinate theme presents the potential for exploration as a research topic in its own right. The above limitations highlight the broad spectrum of potential avenues for future research that this study has shown. From here, one might consider the participants' pre-existing experience of self, to include perceptions of and relationship with gendered identities and the development of self constructs. This would serve to establish the *fragility / stability* of any pre-existing *integrated / cohesive* sense of self, from which to investigate whether a relationship exists regarding individual differences in vulnerability for the potential future development of cognitive dissonance and

anxiety in response to life events. Such a study may benefit from a mixed method approach with quantitative tools to enable access to a larger population sample and assist in the identification of any correlations. A qualitative approach would complement further exploration of any identified relationships by facilitating a more in-depth level of investigation, to include integration of researcher reflexivity.

Future research may consider the role of sex within the interview relationship and gender dynamics as an aspect that adds value to the research process. For example, this study shows the participants' process of meaning making as an ongoing process that continued through the interview relationship, highlighting the centrality of reflexivity and empathy as an integral part of co-constructing interpretative understanding of the participants' lived experience of depression during the postnatal period (Rogers, 1952; Kohut, 1971/1977; Kelly, 1955). Moreover, this research demonstrates the value of counselling psychology as a vehicle for engaging an integrative theoretical approach, as the traditionally opposing theoretical perspectives of the constructivist, psychodynamic and humanistic perspectives have served to enhance my interpretative understanding of the data along with the existential and cognitive behavioural traditions.

The complex, inter-relational and idiographic nature of men's experiences of depression during the postnatal period shown through this research suggests a collaborative, inter-disciplinary approach would benefit future research within this field. For example, future research may consider investigating whether a relationship exists between men's biological responses to their infant, hormonal interactions and experiences of cognitive dissonance, anxiety and depression. Another interesting avenue to explore may consider whether men's meaning

making regarding their gender role identity as fathers affects biological responses and the potential role of Gender Role Conflict as a moderating / mediating variable. Such investigations would benefit from an inter-disciplinary approach to draw on the expertise from natural and social sciences, particularly as human experience includes biological, physiological, psychological and sociocultural interactions.

Furthermore, it may be prudent to investigate what form of support is the most appropriate for engaging men in positive help-seeking behaviours, including health promotion and valuing men's existing coping mechanisms, such as, stoicism as a positive attribute to the management of negative affect and experience of stress. Moreover, this study highlights the role of notions of success and control, as important to the participants' sense of agency and masculine autonomy. As such, researchers need to consider utilising a positive, proactive approach to health promotion practices for men. The discipline of counselling psychology has an active role to play in addressing how to enable men greater access to mental health support. For example, the value of developing remote access services that can offer the flexibility of utilising technological advances, such as, online resources, face-time, forums and mobile applications (apps) offering psycho-educational information and access to self-help *toolkits*, such as, mindfulness and CBT, along with links to support groups and therapists. Another area for collaboration may consider linking with sports facilities, such as, gyms, to integrate and promote mental health as part of general health and fitness regimes.

Considering the existing dominance of the bio-medical model within the realm of perinatal health, future researchers need to remain mindful of the delicate balance between pathologisation and normalisation regarding experiences of

psychological and emotional distress within this context. Individual differences, particularly regarding personal histories and developmental influences may adversely interact with the application of generalised concepts that do not account for the role of individual cognitive appraisal and attribution of meaning that affects emotional and behavioural responses.

## **8. Conclusion**

Addis and Mahalik (2003) highlight the notion of risk, suggesting that men are less likely to seek-help if the association of help-seeking behaviour is placed within a non-normative environment with an overtly feminine bias, such as the postnatal period. As such, men may construe help-seeking behaviour as a higher risk than suffering in silence when considered in relation to their sense of masculine identities. Consequently, men's experience of depression becomes more unacceptable because of the shift in gender power relations and sociocultural and environmental expectations and influences within the context of the postnatal period.

This draws attention to the notion of gender role conflict and the significance of the situational experience of self, as a contributory factor in the participants' experience of anxiety and development of depression. The themes presented in this study mirror the four categories identified by O'Neil (2008) relating to situational contexts that contribute to the development of GRC:

- Gender Role Transitions (such as becoming a father)
- Intrapersonal experiences
- GRC experienced through interpersonal relationships toward others and
- GRC experienced through interpersonal relationships from others

Moreover, this study builds on the existing literature (see Pleck, 1995; Hayashi, 1999; Hayes and Mahalik, 2000), as it reflects O'Neil's recognition of the complex inter-relational role of

*'cognitive, affective, behavioral, and unconscious domains of GRC that relate to problems with depression, anxiety, self-esteem, [...] restricted emotionality, communication problems, intimacy, marital conflict, [...] and health problems'*  
O'Neil, 2008, p363

The process of IPA enabled the identification of themes shown through the interpretative analysis of the data, which brought consideration of GRC as a useful construct regarding how men make sense of their experience of depression during the postnatal period. However, the location of GRC within the positivist paradigm, limits its investigative awareness, as it does not enable consideration of the role of personal meaning making central to the idiographic nature of the research question that interweaves the participants' reflexive experience of self across time. The data presents the participants' experience of a Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted self, to include their past experience of a cohesive masculine self and future representations of self that present a conflict between their hopes and dreams of the self they desired and the fear of the potential disaffected and broken self they may become.

The specific context of the postnatal period brings both the biomedical and sociocultural/environmental models to the fore. In this respect, the field of counselling psychology serves to bridge the gap between these traditionally opposing models to consider a more complementary approach to understanding the complexity of influences that affect how men make sense of their experience of depression during the postnatal period. Arguably, the duality of my identity as a female trainee counselling psychologist and researcher

produces a somewhat biased view. However, as author of this study, I have sought to remain open-minded throughout and have drawn on my professional training as a positive attribute ensuring that I maintained an acute awareness of my own personal interaction with the participants and the analysis of the data. As such, I remained aware of the gender difference that existed within the interview relationships and am curious as to the possible difference in the presentation of data had this study been conducted by a male researcher. I hope that my inclusion of this aspect as part of the research process goes some way to addressing this concern, along with the balancing of a male supervisory team.

This study brings to the foreground several areas for concern:

- ◆ The dominance of the bio-medical model within the area of perinatal health and its lack of equality regarding the treatment of men and women as parents
- ◆ The overt lack of recognition for the promotion of mental health for men within the context of the postnatal period
- ◆ The lack of recognition for men as having needs in their own right, particularly concerning mental health and gender differences regarding the expression of symptoms, language and service provision
- ◆ The significance of early childhood experiences and paternal relationships, particularly regarding the existential experience of self, gender role identities, fatherhood and the development of vulnerabilities to cognitive dissonance and anxiety.
- ◆ The role of psychological theories of the self and the rich resource of perspectives within the discipline of counselling psychology, such as, integrative relational / cognitive behavioural, systemic, phenomenological and existential approaches to enable understanding and the development of appropriate intervention strategies in collaboration with sociocultural and bio-medical approaches.

It is my hope that this study will serve as a springboard to a burgeoning in research within the fields of counselling psychology, men's health and perinatal health, particularly with regard to men's experiences and the role of counselling

psychology as a positive means to developing inter-disciplinary dialogue and collaborative future research.

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## **Journal Article**

To be submitted to Counselling Psychology Review

### **An Exploration of Men's Experience of Depression during the Postnatal Period: an IPA Study**

Sandra Pascoe, Dr. Tony Ward and John Waite

<sup>1</sup>University of the West of England

<sup>2</sup>University of the West of England

<sup>3</sup>University of the West of England

This has been redacted from the thesis in order not to infringe  
on publication options

**(Word Count including Abstract and references; 6169)**

## **APPENDICES**

- A.** Information Sheet and Informed Consent Form
- B.** Outcome of Progression Exam and Evidence of Ethical Approval
- C.** Semi-structures Interview Schedule
- D.** Example of Analysis Process Table and Transcript Sample
- E.** Participant Formulations

## **APPENDIX A**

Information Sheet

and

Informed Consent Form



## Research Information

### **Title: An exploration of men's experiences of depression during the postnatal period: an IPA study**

My name is Sandra Martin and I am a final year trainee on the Professional Doctorate in Counselling Psychology, at the University of the West of England (UWE), Bristol. I also work with the charitable organisation, Hopes Place, which specialises in providing psychosocial support for families with any pregnancy related issues, to include: miscarriage, termination, infertility, baby loss, still-birth and postnatal depression. Reflecting on my work, I have become increasingly aware of the lack of available support services specifically for fathers. One aspect of my work is in reference to postnatal depression, research shows that not only women experience postnatal depression but that men also are vulnerable to the experience of depression during the postnatal period.

#### **Background information**

The term *postnatal depression* (PND) refers to the experience of depression with onset during the first twelve months following the birth of a child. Historically, postnatal depression is a phenomenon recognised and recorded as far back as to the writings of the Greek philosopher Hippocrates. It is purported to affect 10-15% of women and 5-7% of men. However, support services in the UK do not reflect this 2:1 ratio, as services continue to focus on the needs of mothers and infants. Fathers remain recognised in terms of their supportive role, rather than as needing support in their own right.

Research has shown that men and women differ in their experience of depression. In this respect, the above statistics do not necessarily reflect the true prevalence of men's experiences of depression during the postnatal period, as men's needs during this time may not be recognised by either themselves or others.

#### **What this research hopes to achieve**

This research seeks to expand the focus of PND by exploring this phenomenon within the context of fathers' experiences and build on current thinking, thereby informing future research and clinical practice for professionals working with families in this field.

#### **How you can help**

If this research is of interest to you and you are a father aged between 17 and 60 years, who has experienced depression during the first twelve months after the birth of your child, I invite you to volunteer as a participant for this research.

#### **What does it involve?**

If you agree to volunteer as a participant, I will contact you to arrange a convenient time to meet with you. Each meeting will take the form of a semi-structured interview to allow you freedom to tell your story in your own way. The purpose of this method of investigation is to enable the researcher to explore each participant's unique story and the meanings by which they understand their experiences. Each interview will last approximately 60-90mins and will be treated in the strictest confidence.

#### **What are the risks?**

The interview process may remind you of difficult experiences from your past.

### **What are the benefits?**

I hope that having the opportunity to tell your story will help us to gain a clearer understanding of your experiences. I also hope that this research will serve to raise awareness of the neglected needs of fathers and inform further research within this field.

My training in counselling psychology equips me to be able to support you as we explore together your experiences of the postnatal period. Should any issues arise that concern you, I am able to assist you in accessing free, confidential counselling services, from an appropriate service provider, if required.

As a trainee-counselling psychologist, I adhere to the ethical guidelines of the British Psychological Society and the recommendations of the University of the West of England's Research and Governance board.

### **What happens to the information you give?**

All information will be treated in the strictest confidence. The encoding of participant information will ensure anonymity, with no personal identifying details kept on file.

I have chosen the qualitative methodology of Interpretative Phenomenological Analysis (IPA), which involves analysing interview transcripts. Some information may be reproduced in the thesis text, to help illustrate identified themes but these will carry no identifiable information and will only be recognisable by the participant and researcher.

### **How to volunteer**

If you are interested in volunteering as a participant in this research, please read and complete the attached consent form, which also explains your right to withdraw at any time.

There are no right or wrong answers, you are the expert and everything that you have to say is important and of value.

If you have any questions, please do not hesitate to contact me and/or my director of studies, via the contact details below:

**Researcher:** Sandra Pascoe

**e-mail:**

**Mobile:**

**Director of Studies:**

**Tel:**

Dr. Tony Ward  
Head of Department: Psychology  
Psychology Department  
School of Life Sciences  
University of the West of England  
Frenchay Campus  
Bristol BS16 2QY

**e-mail:**

**Thank you for your interest in this research**

### **Informed Consent Form**

Participation in this research is potentially beneficial, as it will provide an opportunity to reflect on your personal experience of fatherhood. However, it is important to note that this process also has the potential to remind participants of upsetting experiences. Participation in this research will also provide an opportunity to access psychosocial support, if required. The researcher and project supervisor are available to answer any questions and offer support during the research process. (see information sheet)

### **Confidentiality**

All information pertaining to this project will be treated in the strictest confidence.

- After each interview, the recorded data will be transcribed and the audio file deleted.
- Transcribed data will be encoded to ensure anonymity
- Signed consents will be kept in a locked cabinet and destroyed when the research has been completed.
- Only the researcher and director of studies will have access to the research material

### **Your right to withdraw**

You may withdraw from this study at any time. If you wish to withdraw after your interview, please e-mail the researcher and copy this to the director of studies. Your interview will be deleted and any transcribed material will be destroyed, along with this signed consent form.

If you would like to participate in this study, please sign the statement of understanding below. Return the signed copy to the researcher and retain the second copy for your records.

Thank you for your time and interest in this research.

### **Statement of understanding**

- I have read and understood the above information.
- I am aware of who I may contact for information and support.
- I consent to participation in this research.

Signed: .....

Date: .....

## **APPENDIX B**

Outcome of Progression Exam

and

Evidence of Ethical Approval



University of the  
West of England

Sandra Martin  
xxxxxxx  
xxxxxxx  
Bristol  
xxxxxx

28<sup>th</sup> June 2011

Dear Sandra

**PROGRESSION EXAMINATION**

I am pleased to inform you that the outcome of your recent Progression Examination was favourable and you are therefore able to progress with your Professional Doctorate. This is, of course, subject to the submission of satisfactory Annual Monitoring Reports by yourself and your supervisors and subsequent annual re-registration.

I enclose a copy of the RD2c form for your information.

It would be most helpful to be able to use your Progression Report as an example for other Faculty research students. Since we already have a copy, non-response will be taken to indicate consent. Please email

by  
return if you would prefer your Report to be kept confidential.

Please note that final examination arrangements should be submitted to the Faculty Research Degrees Committee for approval not less than three months before the final examination. The precise title of the thesis **must** also be submitted at this stage. Recommendations for the examining team should first be approved by the Faculty Research Degrees Committee.

Yours sincerely

**Dr David Pontin**  
Director of Postgraduate Research Studies

cc:

THE UNIVERSITY OF THE WEST OF ENGLAND  
 FACULTY OF HEALTH & LIFE SCIENCES  
 RESEARCH DEGREES COMMITTEE

FORM HL5 RD2c

### FINAL REPORT BY EXAMINERS OF PROGRESSION EXAMINATION

This form should be typewritten and completed after the progression viva.

Student Name: Sandra Martin Student Number: \_\_\_\_\_

#### 1. EXAMINER'S REPORT (please see UWE Procedures H112 for guidance)

Sandra has produced a very clear and well written progression report. This is very interesting research and she has clearly identified a gap in the literature and designed a study that is well-suited to her research question. I enjoyed reading the report and discussing the research with Sandra during her progression viva on 11<sup>th</sup> May.

During the progression viva, Sandra spoke confidently and enthusiastically about her research. She reflected well on her role as researcher versus experience as a counselling psychologist. She has a clear understanding of the appropriate use of IPA and of important issues around research methods and data collection that are especially relevant to sensitive work such as this.

The literature review in part 2 is a very good start for the introduction to the write-up of her research, although she should consider including literature around masculinity and previous research into men's experiences of depression that is not deemed to be post-natal, and consider her findings in relation to these areas too.

We also discussed the need to consider carefully the potential audience(s) for the research, which might shape the final report and outputs, and to consider building-in time to feed back the study findings to participants giving them time to comment before the final write-up is completed.

We discussed that, with 4 participants recruited and one interview completed, she should have no difficulty gaining the sample of 8-8 participants that she has planned for. However, if there are no more participants beyond the current sample then her use of IPA will still mean that she has an appropriate sample size.

I do hope that Sandra proceeds with the rest of her data collection and analysis feeling confident that she has the basis here of a very interesting study, and the potential to complete a very worthwhile piece of work.

#### 2. RECOMMENDATION BY INDEPENDENT and INTERNAL EXAMINER

Please tick one of the following options as appropriate:

- Progress – I am happy with the candidate's progress and achievement to date and plans for the continuation of the project

Signed \_\_\_\_\_ (Independent Examiner) Date ...11/05/11.....

Signed \_\_\_\_\_ (Internal Examiner) Date ...12/05/11.....

Approved by RDC .

..... Date: 2/6/11.....



University of the  
West of England,  
Bristol  
Faculty of Health  
& Life Sciences  
**Research  
Governance  
Project  
Certificate**

**Project Details** Overall approval status for  is

Project Title:

Project Area/Level:  /

Proposed Start/End Dates:  /

Chief Investigator:

Supervisor/Manager:   <-Approval  
 Lock should be checked

Section Status:

**Ethics** Ethics Not Required?  or Previous Approval?

Supervisor/Manager Status/Approval:

Ethics Scrutineer Status/Approval:

Ethics Chair Status/Approval:

UWE Ethics Comm Status/Approval:

Ethics Section Status:

**Health & Safety** Low Risk?  or Previous Approval?

Supervisor/Manager Status/Approval:

H+S Scrutineer Status/Approval:

H+S Chair Status/Approval:

H+S Section Status:

## **APPENDIX C**

### Semi-structured Interview Schedule



### **Semi-structured Interview Schedule**

- Tell me about yourself
  - a. Age
  - b. Occupation
  - c. Ethnic origin
  - d. Religion
- Tell me about your child/children
  - a. When born
  - b. Boy / girl
- We're going to move on to consider your experiences before the birth of your child/children
  - a. Tell me about any experiences in previous years that you feel are relevant
  - b. What was life like for you before you conceived?
  - c. What did it mean for you when you found out about conception?
- Tell me about your experiences during pregnancy
- What were your experiences at birth?
- Moving on to consider your experiences during the first twelve months after the birth of your child/children:
  - a. You identify that you felt having been depressed during this time, tell me more about this
  - b. How do you understand this experience?
  - c. How did you make sense of your experiences at the time
  - d. What does it mean for you as you reflect/think about those experiences now
- What support did you personally seek and receive during this time?
- As we are approaching the end of our interview,
  - a. How have you experienced being interviewed by a woman?
  - b. Do you have any questions or concerns?

## **APPENDIX D**

Example of Analysis Process Table

and

Transcript Sample

## **Example of an Analysis Process Table and Transcript Sample**

Emergent Themes	Transcript D4C	Research Notes
<p>Cultural identity / ethnic background Self as son Negative childhood experiences <i>'there was a lot of gang related stuff that I was getting into'</i> Social / environmental influences / social mobility <i>'I came to live with my grandparents here in Bristol.....I got myself to college and am now working in a Solicitors office as a clerk'</i></p> <p>Complex family relationships <i>'I have one brother, he's actually my half-brother'</i> Self as brother Negative relationship with father – Self as son father ⇄ son ⇄ boy ⇄ man Masculine identity Negative role model <i>'My dad?...um...nah, my parents split when I was about two..uh....he..uh...he's got issues....he drinks and suffers from depression.....'</i> father ⇄ son ⇄ son ⇄ father - ?shame / rejection / loss – <i>'I can't say that he was ever like....uh...like my dad'</i> time then and now multiplicity of self father ⇄ son ⇄ son ⇄ father</p>	<p>I: Thank you for coming to meet with me today and agreeing to participate in this research.</p> <p>X: No problem</p> <p>I: OK so just to start off – tell me a bit about yourself generally – um, your age, occupation, ethnic origin and if religion is important for you, what that might be?</p> <p>X: Uh...yeah....um, I'm [redacted] yrs old, I'm British...um... [redacted]...uh...I was born in Bristol but grew-up in London until the age of 16 when I moved back to Bristol to live with my grandparents..um...I'd got into a bit of trouble and there was a lot of gang related stuff that I was getting into....uumm...so my mum thought it would be better for me if I came to live with my grandparents here in Bristol, which I did and ....yeah...I got myself to college and am now working in [redacted]...um...so, yeah, I've done alright I guess. Um...I'm not <i>religious</i>, my grandparents are, so Christianity has been a part of my life but I don't go to church and can't say that I have any particular beliefs.....um...yeah</p> <p>I: Thank-you...um...I was wondering, do you have any brothers or sisters?</p> <p>X: Yeah, I have one brother, he's actually my half-brother... younger than me...um...he came to live with my grandparents for a while but has gone back to live in London....we get on OK and he kinda looks up to me, I guess....so...um yeah, just one brother</p> <p>I: OK, thank you...um...I was just wondering about your dad...did you know him...was he around when you were growing up?</p> <p>X: My dad?...um...nah, my parents split when I was about two..uh....he..uh...he's got issues....he drinks and suffers from depression.....[pause].....he remarried but that didn't work out either....uumm....he's pretty screwed up really.....I've seen more of him since I finished school....he's always kinda been in the background really.....a bit of a waste of space.....so...uumm....I didn't really know him when I was growing-up ....um...not until later really, as I said.....more as an adult.....uumm..... I can't say that he was ever like....uh...like my <i>dad</i>, if you know what I mean.....um...does that make sense?</p> <p>I: Yes, thank-you....so you've developed a relationship with your dad since you've</p>	<p>Demographic info. Multi-cultural background Difficult childhood Social/environmental factors – social mobility</p> <p>“Half-brother” suggests complex family relationships</p> <p>“My dad?...um...nah, my parents split when I was about two..uh....he..uh...he's got issues....he drinks and suffers from depression.....” – <i>nah</i> – dismissive of biological father – <i>uh...he...uh</i> – hesitation suggests slight guardedness re: talking about his dad – uses both past and present tense - history of depression and suggestion of alcohol dependency - disassociation re: his relationship to his dad – presents as reluctant to speak about this relationship father ⇄ son ⇄ son ⇄ father - ?shame / rejection / loss – time then and now – emphasis rejects father ⇄ son relationship “Does that make sense?” – questioning suggests uncertainty of his communication – checking my ability to understand? – perhaps testing out the interview relationship? Negative association of father role / identity</p>

<p><i>“we’ve started to build some sort of relationship since I’ve become a dad”</i>                  Self as son / Self as father                  Masculine identity                  Reflective self –  <i>‘I guess, I’ve learnt a lot more about my own father since I had my own difficulties’</i>                  relational self placed in time - self as son then and now                  Protective self versus vulnerable self</p> <p><i>‘I’ve had counselling and that’s helped me to sort a lot of this stuff out.....I kinda expected to talk about my dad’</i>                  Father⇌son⇌son⇌father                  Gender power relations                  Control                  Negative / traumatic childhood</p> <p><i>“he was a complete ass....beat my mum”</i>                  Multiplicity of self                  Self as son                  Protective self versus vulnerable self                  Anger / rejection / fear                  -ve masculine role model                  +ve relationship with mother                  mother⇌son⇌son⇌mother                  Gender power relations within family dynamic                  man⇌boy⇌boy⇌man  <i>“so I don’t ever think about him”</i>                  Gender power relations                  Mother⇌son⇌son⇌mother</p>	<p>become an adult....uumm....I was just wondering .....what is that relationship like for you now?</p> <p><b>X:</b> Yeah...uh....it’s OK, I guess, we kinda...bump along, if you know what I mean....he’s just got his own stuff to deal with and we’ve started to ....uh....build some sort of.....uh.....relationship since I’ve become a dad.....um....[pause].....uumm.....it’s complicated....how can I explain.....uumm....I guess, I’ve learnt a lot more about my own father since I had my own difficulties.....uumm.....it’s kinda weird but he has, um..sort of, helped me to ....uh...kinda make sense of it all, I guess.....[pause].....that’s not me saying he’s suddenly become a great dad.....uh.....it’s actually been more to do with the counselling I received that helped me to piece things to.. together and start to kinda make sense of everything</p> <p><b>I:</b> I see...yes, it sounds like you are still working through some stuff around your relationship with your dad.....um...and how this connects with the....difficulties you mentioned in reference to becoming a dad yourself.....uh...I just want to check...are you OK to continue with the interview?</p> <p><b>X:</b> Oh, yeah, for sure....as I said I’ve had counselling and that’s helped me to sort a lot of this stuff out....so, yeah, it’s not a problem....I kinda expected to talk about my dad cos it’s all mixed up in there really.....so, yeah, no problem</p> <p><b>I:</b> OK, thank you....um...you said you have a half-brother, I was just wondering...do you have a step-father?</p> <p><b>X:</b> I did have but not anymore....he was a complete ass....beat my mum.....[pause]....he left just after my little brother was born.....uumm.....so, yeah...he’s not someone I think about in that way...you know...he’s just a twat my mum hooked – up with for a while.....it’s good he left....mum’s done really well for herself since...she’s made a good career for herself in London</p> <p><b>I:</b> That sounds like a pretty traumatic experience....how old were you when your step-dad was around?</p> <p><b>X:</b> uumm...he was around for a couple of years when I was about 6 ...I was 8 when he left.....uumm....yeah, it was pretty bad but I’ve got a good relationship with my mum and she made sure he couldn’t come back into our lives, so I don’t ever think about him.</p> <p><b>I:</b> ....so you survived as a family together....your mum sounds like a very strong</p>	<p><i>Ums and uhs – hesitant broken flow to dialogue – sense of reflection within his response -</i></p> <p><i>“we’ve started to build some sort of relationship since I’ve become a dad” – his own transition to parenthood has affected his relationship with his father</i>  <i>“it’s complicated.....how can I explain?” – gender power relations? – how can I understand? - Male / female dynamic specific to relational topic -</i></p> <p><i>Describes role of counselling - suggests it has facilitated insight to his relationship with his father – and perhaps himself within that dynamic – there seems to be an acceptance and understanding of his dad’s personal responsibility regarding his negative coping behaviours</i>                  Note that C is still working through issues around his relationship with his father – provide opportunity to withdraw from interview – concerned that the interview remains focused on research and client is comfortable to continue                  Confident response – presents as relaxed and comfortable                  Gender power relations – letting me know he is OK - ?in control</p> <p><i>Describes negative relationship with step-father – “he was a complete ass....beat my mum” – anger and resentment – pause suggests reflection – tone shifts to dismissive – suggests negative relational meaning – traumatic memory ? male role model / masculine identity – negative association – gender power relations within home – tone shifts to defiant pride – positive role model of mother - mother⇌son⇌son⇌mother</i>                  Relaxed tone – positive relationship with mum – compensates for negative father relationships - +ve female –ve male relationships - ?gender power relations within family dynamic of childhood – gender power relations within the interview – “so I don’t ever think about him” – ?communicating that his relationship with his step-father is of no significance – protecting himself – strong adult self defending vulnerable inner child                  +ve mother⇌son⇌son⇌mother</p>
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<p><i>"if it wasn't for her I wouldn't be here today...I mean I'd probably be doing time somewhere....or worse..."</i>          Success versus failure          man ↔ boy ↔ boy ↔ man          Social / environmental / cultural influences  <i>'...enabled me to get out...'</i>          Self as father  <i>'I have one child.....J....he's 3years old.....[pause].....but he isn't my first child.....um....we lost our first child'</i>          Loss – reflective self          Protective self versus vulnerable self  <i>"doctors told us he wouldn't survive.....they advised...us to consider termination"</i>          Authority of health professionals' communication          Helplessness / sadness / loss          Spiritual / religious beliefs / social / cultural influences  <i>'my wife.....she, uh...believes in God, she's a Christian, so termination was out of the question for us'</i>          Self as husband / masculine / protective self          Gender power relations / loss of control  <i>"it was a tough time but we survived"</i>          Protective self versus vulnerable self – self as father and husband          Loss / guilt  <i>"now have a beautiful boy who's healthy"</i>          Success versus failure          Protective / masculine self          Self as father and husband</p>	<p>woman and you seem to have a good relationship with her</p> <p><b>X:</b> Yeah, yeah, I do...if it wasn't for her I wouldn't be here today...I mean I'd probably be doing time somewhere....or worse.....so, yeah my mum is important to me, she's enabled me to get out and make something of my life</p> <p><b>I:</b> Thank you.....um.....just moving on from that.....tell me a bit about your own family.....um.....how many children do you have?</p> <p><b>X:</b> Uh...yeah, um I have one child.....[pause].....he's 3years old.....[pause].....but he isn't my first child.....um....we lost our first child.....[pause].....the doctors told us that he wouldn't survive and that if he made it to birth he'd suffer and wouldn't be able to sustain life for more than a few weeks.....          [pause]          .....uumm.....so they advised us to consider termination.....[pause].....um....we couldn't bring ourselves to do that.....[pause].....my wife.....she, uh...believes in God, she's a Christian, so termination was out of the question for us.....um....so we carried on with the pregnancy but she went into labour at seven months and....uh....well...[pause].....it was a tough time for us but we survived and now have a beautiful boy who's healthy and just great....so, yeah...we have one child</p> <p><b>I:</b> That must have been so hard for you...</p> <p><b>X:</b> yeah...yeah it was but we're OK now.....[pause] keeps us on our toes...he's a real livewire</p> <p><b>I:</b> Yes, I can imagine a lively three year old certainly would keep you on your toes.....um....so [pause] was born in 2009?</p> <p><b>X:</b> yes...he was three in March this year</p> <p><b>I:</b> OK...um...I was just wondering....would you tell me a bit more about what life was like for you before you conceived?</p> <p><b>X:</b> Do you mean before we conceived the first time....with [pause]?</p> <p><b>I:</b> uh...yes.....is that OK?</p> <p><b>X:</b> yeah, for sure....um....it was pretty good...um...I met my wife at the gym, we</p>	<p><i>"if it wasn't for her I wouldn't be here today...I mean I'd probably be doing time somewhere....or worse..."</i> – suggests the parental decisions of his mother saved him from some potentially negative life choices - ?meaning - something about debt? – must succeed – be a successful man ie: not like his father or step-father – make mum proud? "enabled me to get out" – suggests social/cultural influences</p> <p>One child three yrs old – pause – reflective / hesitant – lost first child congenital condition – "doctors told us he wouldn't survive" – suggests sense of authority of health professionals communication</p> <p>Pause...uumm.. – suggests vulnerability – powerful sense of loss – "they" - doctors advised termination – authority of health professional's communication - spiritual / religious beliefs of wife negated this – power and control - premature labour resulted in stillbirth – pause – reflective – sadness / loss – softly spoken, flow slows  <i>"it was a tough time but we survived"</i> - Tone shifts and dialogue flow speeds up – protecting vulnerable self – second pregnancy and birth – pause – reflective - "it was a tough time for us but we survived" – survived – communicates traumatic nature of experience – "now have a beautiful boy who's healthy" – relief / pride – loss / ? guilt          Protective self / vulnerable self</p> <p>Dialogue is upbeat – pride – success versus failure?          Time – positioning narrative within context          First conception – A represents C's transition to parenthood – Father identity associated with his first child</p>
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<p>Positive reciprocal relationship with wife          Preconception – gender power relations equal / balanced          Self as husband          Masculine identity</p> <p>Shift in gender power relations  <i>“it was more D really...um...she wanted to have children”</i>          Feminine bias / cultural / social expectations / influences  <i>“so when D said she felt ready I just kinda went along with it, you know...I didn't think much about it...um...except to consider how we were going to afford a family”</i> – financial concerns – masculine identity? – traditional / provider / protector – self as husband / expectant dad – loss of control  <i>“Don't get me wrong”</i>          Gender power relations / fear of judgement          Cultural / social / environmental influences          Protective self          personal responsibility – masculine self / self as husband and father</p> <p>Multiplicity of self          Occupational self          Self as husband and father</p>	<p>have a lot in common and well, just connected, you know what I mean...um...it's good.....um.....we dated for about three....years...we got married in [redacted].....um.....[pause]....what was life like....uh...good, yeah...we worked, had holidays and went out with friends, you know, all the usual stuff....<b>yeah, life was pretty good really</b></p> <p>I: OK...so it sounds like you and [redacted] have a good relationship....um...that life was pretty good for you before you conceived....um...when did you decide to start a family?</p> <p>X: <b>well, it was more [redacted] really...yeah, um... she wanted to have children and...well....I did aswell but it was something that was more in the background for me...uh...just something that would happen at some point, I guess, but I never had any real sense of when, if you know what I mean.....so when [redacted] said she felt ready I just kinda went along with it, you know...I didn't think much about it.....um...except to consider how we were going to afford a family, you know....[redacted] was in sales and earning a good salary and well, my income is OK but it's not great so, [redacted] stopping work to look after our child was going to have quite an impact on us financially....um....so, yeah, I guess that was more in the forefront of my mind. <b>Don't get me wrong....I was happy to think about having a family....I mean I didn't have any concerns about being a parent but you gotta think practically about these things cos it's kinda irresponsible not to.....I mean....I work hard but the financial side of things did cause me some concern....uumm....we talked about it...[redacted] and I, and worked it all out...um...she was able to get maternity pay and they kept her job open for her so we knew the future was going to be fine...but it was that first year when D wasn't earning that was my main concern.....um....yeah</b></b></p> <p>I: so...starting a family felt like a natural step in your relationship but it wasn't without it's concerns.....um....what was it like for you when [redacted] told you she was pregnant?</p> <p>X: Do you mean the first time or with [redacted]?</p> <p>I: uh...well, let's start with the first time if that's OK for you?...</p> <p>X: yeah, for sure...um...well I... it was great, I was well made-up, you know...so proud to tell everyone.....and well, at work there's a lot of women in the office, so they were all excited and pleased for me...so it was great....yeah.....[pause]</p> <p>I: mmm...you were obviously very happy at the prospect of becoming a dad</p>	<p><b>Tone positive and upbeat – positive reciprocal relationship with wife – “life was pretty good”</b> - preconception relationship positive – gender power relations balanced / equal?</p> <p><i>“it was more D really...um...she wanted to have children”</i> – suggests shift in gender power relations regarding decision to start a family – ?feminine bias / authority cultural expectations?  <i>“so when D said she felt ready I just kinda went along with it, you know...I didn't think much about it.....um...except to consider how we were going to afford a family”</i> – financial concerns – masculine identity? – traditional / provider / protector – self as husband / expectant dad  <i>“Don't get me wrong...”</i> – suggests concern over my judgement - ?fear of judgement – gender power relations within interview relationship - <b>Repetition of / mean...</b> – need to ensure my understanding / acceptance?  <i>“I didn't have any concerns about being a parent but you gotta think practically about these things cos it's kinda irresponsible not to”</i> – concerns regarding personal responsibility – masculine self / self as husband and father – protective – concerns not related to transition to parenthood? – possibly trying to mask his own fears of what becoming a dad presented for him – demonstrating his presentation of self as a hard working responsible adult rather than vulnerable and fearful child?</p> <p><i>“well.I...”</i> – slight hesitation suggests uncertainty yet continuation is energised and flowing – definite feel of something hidden - ?fear / anxiety re: what becoming a dad meant for him – perhaps still developing his trust within the interview relationship</p> <p><i>“of course it all went wrong with A...but initially it was</i></p>
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Masculine / protective self versus vulnerable self  
 Loss / guilt / fear of judgement  
 Success versus failure  
*"it's something that I didn't really feel I had much control over"*  
 Loss of control / helplessness / fear  
*"I didn't feel that I had the right to deny her that"* – gender power relations – feminine bias / authority re: procreation - shift in reciprocal relationship – veil of mystery re: pregnancy and birth – physical authority / ?power  
*'I had kinda been kiddin myself after losing A....I just tried to focus on work and getting on with life'*

Avoidance coping response  
 Fear / grief / isolation / loss of control  
 Occupational self / Masculine identity / protective self versus vulnerable self

Protective self versus vulnerable self  
*'...I didn't really connect.....kinda like existing in a bubble.....watching the world carry on.....I wasn't really there.....it was a bit surreal...disconnected....just going through the motions.'*  
 Separateness / fear / isolation / helplessness / loss of control  
*really wanting to kinda like...reconnect with the sense of excitement that I had the first time, you know.....with A.[pause]..but it wasn't there...I just felt scared ..... terrified'*  
 Self as father / vulnerable self  
 Fear / isolation / helplessness / loss of control / grief / loss  
*'I just couldn't face the thought of anything going wrong.....I felt completely helpless....a bystander.....just waiting...'*

**X:** yeah, yeah I was.....but...of course it all went wrong with ...but initially it was just great....uumm.....[pause].....but with it was different....um....you see, we conceived again just six months after we lost A.....umm...so while I knew I *should* be pleased....and don't get me wrong I did still want a family and I wouldn't be without ...he's fantastic...but.....[pause]... to go back to your question....um....when told me that she was pregnant with .....I....um....[pause].....well I just panicked....you know....inside.....I was terrified.....it was just too soon for me.....um.....it's not like I didn't know wanted to get pregnant again but it's something that I didn't really feel I had much control over, if you know what I mean....uumm.....I know that must sound a bit weird but was sooo desperate to try again that I didn't feel that I had the right to deny her that.....it was a pretty messed up situation.....uumm.....[pause].....I think that I had kinda been kiddin myself that after ....after losing .....well...I guess I thought wouldn't be able to get pregnant so soon.....that it would take longer for her body to adjust.....I really didn't think that we'd conceive so easily after the first time.....so, yeah....um....I guess I just went along with things cos it was easier .....um.... and agreeing to try again made such a difference to .....she just became her old self again.....and....well the relief of seeing that...well it kinda put all that fear aside really....uumm.....I just tried to focus on work and getting on with life again.....[pause]

**I:** So the first time you conceived you were really pleased and excited but the second time was a very different experience for you.....um.....it sounds like that was a really difficult time for you....you said that you didn't feel like you had much control regarding the second pregnancy....that it was too soon for you.....um....would you tell me a bit more about what that meant for you?

**X:** Uh...yeah....uumm.....[pause].....well, I guess I didn't really connect with what was happening.....it was kinda like existing in a bubble...you know...like I was watching the world carry on around me but I wasn't really there, if you know what I mean....um.....it was a bit surreal...disconnected....um....I was just going through the motions, you know....um... [pause].....yeah... was so happy...and that kinda made it all OK.....at the time, if you know what I mean...uumm..... I just carried on....just going through the motions...you know....uumm.....[pause].....I can remember really wanting to kinda like....um....reconnect with the sense of excitement that I had the first time, you know....with .....[pause].....but it wasn't there.....I just felt scared ..... terrified.....I knew I couldn't face .....[pause].....I just couldn't face the thought of anything going wrong, if you what I mean.....I felt completely helpless....a bystander.....just waiting.....[pause].....uumm.....I...I can't really describe what it was like.....um.....I can remember kinda, going into autopilot mode, if you know what I

just great"  
 Tone somewhat nonchalant / indifferent yet referring to a traumatic experience – masking deep sense of loss – protecting vulnerable self  
 Moves on to describe the unplanned nature of their second pregnancy – emphasis on *should* suggests guilt over inner response to pregnancy – *panicked* and *terrified* highlights power of ensuing inner turmoil - "don't get me wrong..." - gender power relations - the need to justify emotional response - fear of judgement / ?shame/guilt  
*"it's something that I didn't really feel I had much control over"* – loss of control – *you know what I mean* – an habitual response perhaps indicating uncertainty of recipient's understanding? Suggests desire to communicate personal meaning within narrative – "I didn't feel that I had the right to deny her that" – gender power relations – feminine bias / authority re: procreation - shift in reciprocal relationship – veil of mystery re: pregnancy and birth – physical authority / ?power  
*I had kinda been kiddin myself* – suggests awareness of avoidance response to negative affect - Repetition and hesitation suggests an awareness of how this recollection is exposing his vulnerability - ....'cos it was easier....' - ? than what? – the absence of verbalisation communicates more of the power of the emotional turmoil and his sense of vulnerability regarding this experience – it seems he was aware of his own grief at this time but unable to embrace / express it – ? gender power relations / concepts of masculinity – need to protect and support his wife overrides his own needs – a means to avoid engaging with personal trauma - ? juxtaposition of control vs loss of control – both appear to be present

*'...I didn't really connect.....kinda like existing in a bubble.....watching the world carry on.....I wasn't really there.....it was a bit surreal...disconnected....just going through the motions.....'* – Describing his experience – highlights his sense of separateness from events / loss of control - Repetition of 'just going through the motions' – emphasises this sense of emotional detachment  
*'...really wanting to kinda like reconnect...'* – suggests conflict between desire and reality of experience - ? meaning – avoidance of addressing meaning suggests vulnerability - ? describing facilitates a protective distance from experience  
 Broken, hesitant dialogue highlights inner turmoil – 'helpless...a bystander...just waiting' – uncertainty, fear,



<p>Fear / loss of control / gender power relations          Masculine self / occupational self  <i>'it was better when I was at work....I could just get my head down and concentrate on my job'</i> – avoidance coping response          Protective self versus vulnerable self</p> <p>Personal history / Traumatic loss          Self as husband and father  <i>'we'd have to face all that pain and sheer hell....I just couldn't really deal with that at all'</i>          Fear / loss / grief / helplessness / loss of control          Avoidance coping response</p> <p>Protective self versus vulnerable self  <i>'I talked to my counsellor before I agreed to do this so I've got support there'</i>          Gender power relations</p> <p>Protective self versus vulnerable self  <i>'initially I didn't want to think about that time in my life'</i>  <i>'the more I thought about it, it kinda became....I dunno....something I had to do'</i>          Masculine identity          Gender power relations          Self as father          man ↔ boy ↔ boy ↔ man          Self placed in time</p>	<p>mean, I just got on with it.....uh...yeah....um....it was better when I was at work....well, at first.....I could just get my head down and concentrate on my job, you know what I mean.....but that got harder after a while.....so, yeah, it was all a bit odd really but I don't really know how else to describe it.</p> <p>I: you've given a very clear description of your experience....um....you said that when ■ told you that she was pregnant again...you said that it was too soon for you...um....I'm wondering about what being an expectant dad again meant for you at the time?</p> <p>X: uumm....what did it <i>mean</i>.....[pause].....I guess it meant that I .....that we, ■ and I....um....as I said I couldn't face the thought of anything going wrong....cos that would mean....well, that we ..... we'd have to face all that pain and sheer hell of losing another baby.....and that...I just couldn't really deal with that at all.....[sighs].....I guess that's why I kinda shut off from it.....um....went into autopilot.....[pause].....so, yeah...■ falling pregnant so soon after losing ■ meant that we could be facing it all again.....yeah.....[pause]</p> <p>I: yes, I can see how scary that must have been for you...um...you said that you didn't really connect with what was happening....um...it seems that you needed to switch off in order to be able to survive.....[pause].....revisiting this time in your life is opening up some difficult memories for you.... I just want to check that you are ok?</p> <p>X: Yeah, sure, no problem...I knew this wasn't going to be easy but I talked to my counsellor before I agreed to do this so I've got support there.....but I feel comfortable talking with you, so it's ok.....I can do this</p> <p>I: It's not easy to revisit difficult life events, especially when exploring memories mean recalling traumatic experiences.....um....it's good to know that you have support in place....um....I was wondering what does taking part in this research mean for you?</p> <p>X: well....when I heard about this, it came up through my wife's connection with Hope's Place....um...she received counselling after we lost ■ .....um.....initially I didn't really want to think about that time in my life, if you know what I mean.....but...the more I thought about it, it kinda became....I dunno....something I had to do.....it's kinda like.....um.....I..I think what you are doing is really good cos from my experience it's really hard to go through that whole dark ....uh....isolation....and to come out the other side and be able to enjoy my family now.....I mean....■...he's my little man, you know, he's the light of my life....him</p>	<p>loss of control – disempowered – Describing experience - struggling to communicate meaning - ? fear of judgement ? gender power relations – avoidance / protecting against vulnerability &amp; re-experiencing negative affect  <i>'It was better when I was at work'</i> – suggests work served as a distraction / escape from inner turmoil – <i>'well at first'</i> – suggests time limited nature of this respite          Recognition descriptive narrative – identifying “too soon” to encourage engagement with his attribution of meaning at this time</p> <p>Repetition of question with emphasis on “<i>mean</i>” – hesitant, broken flow to dialogue - I have a sense of gently peeling back layers – there is a fragility here          Shifts between use of <i>I</i> &amp; <i>we</i> – Further highlights vulnerability with attribution of meaning – “<i>we'd have to face all that pain and sheer hell</i>” - indicates depth of experience of traumatic loss  <i>"I just couldn't really deal with that at all"</i> – recognition of personal avoidance / fear – second pregnancy presented reality of potential of re-experiencing traumatic loss – exposed, vulnerable, helpless, loss of control</p> <p>Confirms personal support of counsellor – gender power relations – communicating personal responsibility for accessing support - ? asserting sense of control within the interview process  <i>"...what does taking part in this research mean?"</i> – this seemed an important question as it invites exploration of the act of participation and conversely non-participation as an active part of the research process</p> <p>Hope's Place reference - ? participation represents giving back to help received – motivating factor?  <i>"initially I didn't want to think about that time in my life"</i> – reluctance suggests self-preservation – protection from exposure to vulnerability – “<i>something I had to do</i>” – participation represented opportunity to have his story heard          Emphasis on <i>my</i> suggests ownership of individual</p>
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*it's really hard to go through that whole dark...uh...isolation...and to come out the other side and be able to enjoy my family now'*  
 Reflective self / protective self  
*'I think it's great that someone is actually thinking about what it's like for us men, you know?...dads'*  
 Gender power relations  
 Group gender identity

*"six months...uh...as I said it was too soon for me.."*  
 Time – protective self versus vulnerable self – loss of control  
*'I was still trying to get that sorted, you know...up here...[taps head]'*  
 Protective self versus vulnerable self – avoidance of negative affect / grief – *'I was so scared...I guess I just got on with it...no choice really.it was happening... and D was happy'*  
 Gender power relations / loss of reciprocal relationship with wife  
 Inter and intra personal relationships – masculine / protective self / self as husband  
 Avoidance coping response / loss of control / fear / isolation / helplessness  
 Inter and intra personal relationships  
 Cultural/social/environmental influences  
 Positive communication with health professionals – dominance of biomedical model  
*"but for me...I still felt very much on the outside of it all..."*  
 Protective self versus vulnerable

and [redacted].....my family.....sooo.....this research is good to support cos I think it's great that someone is actually thinking about what it's like for us men, you know?....dads.....so, yeah.....this is good for me.....and...uh....yeah, I'm ok.....[pause].....uumm.....I'm not the kinda guy that just rushes into something and I guess that's why I spoke to my counsellor .....and [redacted], of course.....um...before committing to this.....so, yeah, it's all good, it's all good.....

I: OK, thank you...that makes sense....um...I just needed to check you're ok before we continued.....um.....moving on a bit.....I guess that your experience of depression will be in relation to the 12 months after [redacted] was born....um....I was wondering about your experiences during the pregnancy...um...tell me a bit more about that

X: Yeah....it's funny though cos [redacted] is part of all that too, if you know what I mean.....

I: yes, of course

X: yeah, so the pregnancy.....um..... six months....uh....as I said it was too soon for me, you know.....I was still trying to get my head round what had happened.... we were so happy when we first knew we were expecting A, then that all changed with his health concerns and then the hell of losing him.....um.....I was still trying to get that sorted, you know...up here...[taps head].....so, yeah....when [redacted] told me she was expecting [redacted]...as I said, it was just.....I was so scared.....[pause].....um....yeah.....uh, I guess I just got on with it....no choice really...it was happening and, you know... [redacted] was happy...I mean she got completely paranoid about her health...you know....um....we had every magazine, book, you name it and we had it....she watched her diet, exercise, where we went out, you know....she really laid into any friends that mentioned having a cigarette...even though they were really careful about not smoking around her but just mentioning they were popping out for a smoke got her all fussing.....[sighs].....yeah, it was pretty stressful..... [pause].....um....so, yeah...um....the doctor and midwife were really good....um...they were really supportive...um....we could phone anytime and ask anything....um.....[redacted] had regular checks and she had an additional scan, which was reassuring, cos we could see for ourselves that everything was progressing.....I mean, with A they were able to see his development wasn't what it should be and his heart beat was irregular, so there were signs that meant that they would be able to tell if there was a problem with [redacted].....but....he was great.....no problems.....but for me....I still felt very much on the outside of it all.....don't get me wrong...as I said the support from the midwife was brilliant...um....but for me...how can I put this.....it was all

experience – “that whole dark...uh...isolation” – descriptive reference to experience of depression  
 Gender power relations – ?masculine affirmation of feminine enquiry – sharing with a researcher who represents a wider faceless audience and to facilitate further personal development / healing  
 “what it's like for us men” – collective masculine identity - “I'm not the kinda guy that just rushes into something”  
 -Gender power relations – expressing control within interview process  
 Picking up on reference to depression as an opportunity to move the interview forward

Power and control - Gender power relations – reminding me that his experience involves both pregnancies – “if you know what I mean” – habitual response suggesting need for recipient to hear meaning within narrative – something about I'm doing my bit so you do yours – roles within the interview relationship – infers recognition of relational aspect to interview process  
 States time period between loss of first baby to conception of second – “six months...uh...as I said it was too soon for me..” - highlights awareness of vulnerability - “..... get my head round what had happened” – does not name grief – protecting from negative affect by placing experience within realm of cognitive processing – highlighted by “I was still trying to get that sorted, you know, up here” and [taps head] behaviour  
 Highlights conflicting emotional responses within experience of first pregnancy and fear, uncertainty and loss of control associated with second pregnancy  
 “D was happy” – shift in wife's emotional and psychological well-being – ?justifying response – hidden guilt at prospect of becoming a dad again? – avoidance of grief – Gender power relations – emphasis on care and support of wife whilst neglecting self – protective, husband identity – masculine self protecting personal vulnerability  
 Describes wife's behaviour as paranoid – suggests concealed fear of losing second baby – helplessness, guilt, control – impact on other relationships – family and friends – [sighs] pretty stressful– suggests sadness and exhausting nature of his experience of his wife's behaviours - support of health professionals – positive – close monitoring of J's development eased anxiety  
 “but for me...I still felt very much on the outside of it all...” – suggests separation of internal experience of

<p>self Self as husband Masculine self Gender power relations Fear of judgement Questioning self</p> <p>Dominance of biomedical model <i>"it was happening to D...like she was in this kinda healthcare protective bubble and I was just hanging around the edges..."</i> Gender power relations Loss of control / fear / isolation / helplessness Avoidance coping response <i>"trying to do all the right things but just not really feeling like I was there, if you know what I mean...I was kinda just...um...on autopilot...getting through each day"</i> Protective / masculine self versus vulnerable self Social / cultural / environmental expectations Inter versus intra personal relationships <i>'I needed work to get away from everything...you know...I just needed to be able to switch off and focus on something else for a while'</i> Avoidance coping response Masculine / protective self versus vulnerable self / self as husband and expectant dad Loss / fear / anxiety / loss of control / isolation / helplessness Inter versus intra personal relationships Social/environmental influences Success versus failure Multiplicity of self Occupational self / masculine self Versus vulnerable self Isolation / fear / guilt <i>'that must sound really selfish..but I needed that space and when she said that, it felt like my whole life was being taken over by this pregnancy...does that make sense?'</i></p>	<p>out of my control....I mean, I'm not a control freak, if you know what I mean....um....I appreciate all that the midwife and doctor...um...consultant did for us throughout pregnancy with [redacted]....but....uh....how can I say this without seeming like a complete idiot....um....[pause].....</p> <p>I: [pause]...it must have been really hard watching all this go on around you....you said it was all out of your control.....</p> <p>X: yeah, exactly....um....I know that [redacted] needed this....to be pregnant again and all the support she got was great and I wouldn't have wanted it any different.....but if you're asking about what it was like for me.....then....honestly....I felt that it was happening to [redacted]....like she was in this kinda, healthcare protective bubble and I was just hanging around the edges trying to do all the right things but just not really feeling like I was there, if you know what I mean....I was kinda just...um....on autopilot.....getting through each day.....so, yeah the pregnancy itself went well and I guess I just waited....went to work, came home and just waited.....so, yeah the pregnancy itself went well and I guess I was hoping that what they were telling us was true and our baby was going to be fine.....[pause].....but everyday seemed to get harder....rather than easier....I can remember this sense of everything spiralling out of control.....and....um.....I kept thinking.....I'm not ready for this....I'm just not ready for this.....[pause].....um.....you see it was different with [redacted]....I mean, I got all that buzz of excitement and wanted to tell everyone I met that I was going to be dad...but this time...with [redacted]....[sighs]....it wasn't the same.....I didn't want to tell anyone.....um...initially because I was scared that we'd just have the same thing happen again, so I didn't mention the pregnancy to anyone at work.....not till after the later scan and it was so obvious that [redacted] was pregnant....you know physically.....so then I had all the women in the office fussing over me.....don't get me wrong...I know they were just trying to be supportive....but to be honest....I needed work to get away from everything....you know....I just needed to be able to switch off and focus on something else for a while.....so when a colleague said she'd seen [redacted] and asked why I hadn't said anything.....well....I kinda snapped at her...I didn't mean to and I apologised straight away and it was all ok....but....inside....I just wanted everyone to butt out and mind their own business, so that I could get on with my work.....that must sound really selfish...but I needed that space and when she said that, it felt like my whole life was being taken over by this pregnancy.....does that make sense?</p> <p>I: yes, absolutely it must have been so hard for you.....um....you mentioned having a sense that everything was spiralling out of control...um....I was wondering what that meant for you...um.....can you name any emotions that were</p>	<p>self from external presentation – withdrawal – self-preservation – protecting personal vulnerability “don't get me wrong” – fear of judgement – ?gender power relations within interview dynamic “but for me...how can I put this...” and “how can I say this without seeming like a complete idiot....” – questioning suggests uncertainty – hesitation - fear of judgement Need to demonstrate understanding of wife's needs and the positive support she received – fear of judgement me – emphasis suggests external presentation of self separate from internal experience of self - external supportive / protective husband versus internal vulnerable self / expectant dad “it was happening to D...like she was in this kinda healthcare protective bubble and I was just hanging around the edges....” - suggests experience of helplessness / loss of control Describes his ante-natal experience as “hanging around the edges....on autopilot.....I just waited....” [pause] – reflective shift in energy Describes how the positive news of J's development did not ease his anxiety – his sense of loss of control and how he was finding it harder to cope “I kept thinking....I'm not ready for this....I'm just not ready for this.....” – repetition highlights sense of escalation and suggests increasing fear and anxiety – [pause] – energy shift - Something about a deeper inner fear – fear of the unknown? Cognitive appraisals ? NATs – What if.... Differentiates between first and second pregnancy – excitement with first pregnancy – “I got all that buzz of excitement and wanted to tell everyone .....but this time with J....it wasn't the same....I didn't want to tell anyone” [sighs] – highlights sadness – loss, fear work represents an escape, a means to “switch off”- suggesting a need to occupy his mind with other things – something about cognitive processing and attribution of meaning - ?NATs beginning to affect his experiences during this time – loss, fear, ?guilt at rising sense of not being ready – ?fear of failure Inside – highlights internal turmoil – isolation, guilt – something about not being able to give this internal experience a voice - that must sound really selfish and does that make sense – questioning - fear of judgement – gender power relations – placed in time - then and now <i>I needed that space.....it felt like my whole life was being taken over by this pregnancy – frustrated urgency</i></p>
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<p>Frustration / fear / isolation Questioning self / fear of judgement / fragmentation of self Gender power relations Social / cultural / environmental influences Protective self versus vulnerable self Anger / frustration / grief / loss Self as father / masculine self Inter versus intra personal relationships Social / cultural expectations <i>'he was still my first child and everyone had just forgotten about him...so, yeah...I was angry...'</i> Multiplicity of self Protective / masculine self versus vulnerable self / self as father Helplessness / isolation / fear / loss <i>'there was this kinda...um... expectation....I was about to be a dad so I should've been happy'</i> Social / cultural expectations Fear of judgement / loss / isolation / helplessness Inter versus intra personal relationships / financial concerns <i>'I did all that I was supposed to do and I didn't mind looking after D, she was everything to me....so that wasn't a problem....I just struggled inside'</i> Fragmentation of self - Inner turmoil versus external presentation Gender power relations Social / cultural expectations / fear of judgement / loss / anxiety father ↔ son ↔ son ↔ father Self as husband and father</p> <p>Crisis point Legitimacy of help-seeking within context of work Occupational / masculine self versus vulnerable self Success versus failure Shame / guilt / loss</p>	<p>around for you then?</p> <p><b>X:</b> I just felt angry.....that's all I can remember feeling.....um.....frustrated and angry.....you see no-one seemed to care about ■.....it was as if he'd never existed....and I know he was still born....but he was still my son....he may not have breathed...but he was my son.....I held him in my arms and his little face.....I'll never forget.....it was as if he was sleeping.....OK, yeah he was an odd colour.... but he was still my first child and everyone had just forgotten about him.....so, yeah....I was angry.....[pause]</p> <p>I think part of my problem, as well, was that I knew that there was this kinda...um...expectation, if you know what I mean....um ...an expectation to be happy.....I was about to be a dad and everything was fine with ■ and the baby, so I should have been really happy.....but I just couldn't kinda...connect with that, if you know what I mean....it was all too soon.....for me.....and I kinda got more anxious about becoming a dad as ■ due date got nearer.....um.....you see...I was scared, not just because of the problems we had with ■ but because of how I was this time.....I just knew I wasn't ready, whereas with ■ I really was ready to be a dad.....so, yeah.....the pregnancy with ■ was a pretty stressful time for me.....uumm.....the other thing to remember is that ■ didn't go back to work during this time....she was so anxious about the pregnancy that she didn't want to risk going back in case the stress of work demands had an adverse effect on the pregnancy....so.....we had a reduced income for a lot longer than we had originally anticipated.....and well, that's worrying, especially as everything seemed to be getting more expensive.....so, yeah there was a lot going on for me during that time and I was pretty stressed and struggled to keep on being that...uh...kinda supportive husband .....don't get me wrong.....I did all that I was supposed to do and I didn't mind looking after ■, she was everything to me.....so that wasn't a problem....I just struggled inside, you know.....so, yeah.....that was it really</p> <p><b>I:</b> mmm.....it sounds like you were really struggling with trying to be a caring and supportive husband while at the same time you were still grieving.....um....I was wondering, you mentioned counselling earlier was that during that time?</p> <p><b>X:</b> No.....um...the counselling came much later .....after J was born.....um.....it got to a point where I just couldn't cope anymore and I just lost it at work.....um.....it was my GP who referred me for counselling after I was diagnosed with depression</p> <p><b>I:</b> I see, OK....um...you mentioned seeing your GP and being diagnosed with depression....um....before we move on to explore that ....I was wondering.... did</p>	<p>in tone – [interesting internal response, as a woman interviewer – bracketed and set aside – consider this statement in reflection] – <i>does that make sense</i> – questioning – fear of judgement – need to be accepted / understood <i>Felt angry....remember feeling.....frustrated and angry</i> – clearly named emotions – tone resigned – social/cultural expectations re: masculine expression of negative affect – highlights attribution of meaning – emotive response natural / expected within this frame of reference - undisclosed emotion present - sadness, loss, isolation - ?guilt and shame <i>Describes perception of interpersonal relationships – uncaring, forgotten/denied life</i> <i>Repetition and emphasis of my son</i> – highlights his bond with his first son and his identity as a father <i>so yeah...I was angry</i> – justified anger – something about the legitimacy of external expression of grief – proud of his father identity in relation to his first child – protective / masculine identity – [pause] – energy shift / reflective - <i>part of my problem</i> – suggests perception of his responses as problematic / unacceptable / disallowed - ?guilt and shame – trying to make sense of this experience of being <i>I knew there was this kinda ..expectation....an expectation to be happy</i> – suggests awareness of social/cultural expectations regarding his emotive response to being an expectant father - “I was about to be a dad.....so I should have been happy” – emphasis on <i>should</i> – highlights influence of perception social/environmental/cultural expectations – [no gender bias – expectations affect both men and women] – emphasis indicates relationship between cognition, meaning making and experience <i>kinda</i> – softens / protects from meaning of <i>anxious</i> - ?fear of failure – “I just knew I wasn't ready” what did <i>becoming a dad</i> mean for him? – “with A I really was ready” – aware of difference in internal experience of being - the prospect of fatherhood – first son initial positive experience full free to engage with hopes and dreams – second pregnancy represented fear - grief – loss <i>additional pressure of reduced income – worrying highlights concern</i> <i>pretty – softens / protects struggled to keep on being – highlights sense of role and social/environmental/cultural expectations - ?gender power relations</i> – emphasis on men's <i>role</i> as supportive – neglect of personal needs of men <i>don't get me wrong – fear of judgement</i></p>
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<p>Protective / masculine self Self as husband versus vulnerable self</p> <p>Inter versus intra personal relationships Gender power relations Masculine identity Personal responsibility <i>'this was my stuff and I just had to man-up and get on with it'</i> Avoidance help-seeking behaviour Negative personal history / childhood / masculine identity Social / cultural / environmental influences</p> <p>Protective self versus vulnerable self Avoidance coping response Self as father and husband Success versus failure Masculine identity Gender power relations Self placed in time</p> <p>Negative / traumatic personal history / childhood Negative relationship with step-father Protective self versus vulnerable self / masculine identity / power and control / fear / avoidance coping response Protective self versus vulnerable self - Masculine identity boy ⇄ man ⇄ man ⇄ boy fear / resentment / isolation / anger / rejection / guilt / shame</p>	<p>you seek any help during ■ pregnancy?</p> <p><b>X:</b> No....um...I just tried to get through each day as best I could..... so, no....I was more concerned with making sure that ■ was OK</p> <p><b>I:</b> Did you talk to anyone about how stressed out you were?</p> <p><b>X:</b> No...not really....I mean I've got good mates and one in particular that I can have a bit of moan to but I never really felt like I could talk about it.....um.....everyone was so pleased that ■ was pregnant again that I kinda didn't want to put that on them....if you know what I mean .....this was <i>my stuff</i> and I just had to man-up and get on with it.....um.....that's one thing I learnt through growing up in London....you know....a man just gets on with it....you didn't show your emotions cos that meant you were weak and there was no way I'd have survived if I'd cried everytime I got hurt.....no....I learnt that to survive you had to lock that stuff away and just get on with it.....you know.....be a man....not a mummy's boy.....so, yeah..that's what I did.....[pause].....and you know.....that's actually what I needed to do then.....it wouldn't have been good to open-up all that shit when ■ needed me to be there for her.....so.....no....I didn't talk about it.....not to anyone....not then.....it's just how it had to be</p> <p><b>I:</b> yes, I see.....um.....you mentioned your childhood and how you learnt not to show your emotions....um...with not having your dad around...um...I was wondering....it seems that there were certain expectations around what it meant to be a man....would you tell me a bit more about that?</p> <p><b>X:</b> yeah, for sure....I mean.....it was rough where we lived and as a boy I learnt to toughen up....I mean, yeah it was a tough upbringing and certainly when my step-dad was about I knew that if I wanted to avoid a thrashing I needed to keep my head down and not show any emotions ....and....and that was hard when I would hear him come in late...drunk and yelling at mum.....[pause].....and then the next morning seeing her bruises.....I hated him and never saw him as a father ....I mean he was ok at first and mum seemed happy so I was ok with him but then after my brother came along things changed quite rapidly.....[pause].....then he just became this twat.....fortunately he left and mum stuck herself back together and made a life for herself....and us.....I think that when I hit my teens and got mixed up with the local gang.....[sighs].....mum could see what was happening and decided to get me out.....yeah....</p> <p><b>I:</b> I noticed you said that you lived with your grandparents.....did your mum stay in London?</p>	<p><i>I did all that I was supposed to do.....I just struggled inside</i> – highlights internal turmoil – grief, fear, isolation, loss Did not seek help – his wife's needs prioritised over his own – social/cultural expectations – masculine identity – protective, supportive husband - ?influence of personal history and relationship to masculine identity Interpersonal relationship with friends – one close friend – <i>I can have a bit of a moan to</i> – downplays need to seek psychosocial support during perinatal period <i>Everyone was so pleased....I kinda didn't want to put that on them</i>– social/cultural expectations and personal responsibility <i>If you know what I mean</i> – gender power relations – shame? <i>this was my stuff</i> – emphasis highlights sense of ownership regarding his emotive responses – <i>man-up....get on with it</i> – suggests strong relationship with masculine identity and expression of negative affect reflects on growing up in London – describes development of masculine identity within context of social/cultural environment – placed in time [pause] – energy shift – reflective Experiences placed in time – then and now <i>It's what I needed to do then...it wouldn't have been good to open up all that shit when D needed me</i> – highlights prioritising of wife's needs over his own <i>....it's just how it had to be</i> - personal responsibility and choice – acceptance / ?pride – something about success and failure? Seeking to explore participant's development of masculine identity and relationship to expression of emotion with a view to gaining insight to how this impacted on his experiences - Describes relationship with step-father – <i>if I wanted to avoid a thrashing I needed to keep my head down and not show any emotions</i> – matter of fact tone suggests protected vulnerability Step-dad's abusive behaviour toward participant's mum – [pause] – energy shift – reflective <i>the next morning seeing her bruises....I hated him and never saw him as a father</i> – a father rather than <i>my dad</i> – highlights negative relationship – sadness, loss – defiant / dismissive Negative childhood experiences – [sighs] – reflective – sadness, loss - mother ⇄ son ⇄ son ⇄ mother</p> <p>Moves to live with grandparents – initial resentment of mother and sibling – rejection</p>
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<p>Multiplicity of self Protective self versus vulnerable self – anger / resentment / rejection / guilt / shame / loss Mother ↔ son ↔ son ↔ mother Time / reflective self Social / environmental and cultural influences man ↔ boy ↔ boy ↔ man</p> <p>Reflective self Social / environmental / cultural influences <i>Getting a place in college...gave me a different kind of confidence</i> Social / environmental / cultural influences Masculine identity Protective self versus vulnerable self Aggression / anger / fear Protection = survival Gender power relations Group gender identity</p> <p>Reflective self / Protective self Gender power relations Social / environmental influences Fear of judgement Masculine identity Protective self versus vulnerable self Boy ↔ brother ↔ man Personal responsibility Fear / vulnerability / strong versus weak - man ↔ boy ↔ boy ↔ man social / environmental / cultural expectations</p> <p>masculine / ethnic identity Protective self versus vulnerable self Anger / resentment / frustration Protective self versus vulnerable self Individual versus group identity Authority / power and control Helplessness / loss of control</p>	<p><b>X:</b> yeah...she had good job .....I...I know it was hard for her to send me to Bristol and I hated her for it at first.....especially as my little brother got her all to himself then, so I kinda resented him for a while..... but it didn't last long cos life was sooo much better with my grandparents and getting a place at college....well....I just wanted my mum to be proud of me .....</p> <p><b>I:</b> That was a massive change for you.....it must have been hard to leave your home at such a young age</p> <p><b>X:</b> yeah.....yeah it was.....but I know why she did it.....anyway.....I got my head down and decided I was going to make this work.....um....<b>getting a place in college, well, it gave me a different kind of confidence</b>, you know what I mean.....but yeah, <b>it was a tough childhood, I guess.....[pause].....</b>but you're right.....<b>there were expectations, same as anywhere, I guess.....uumm.....certain, kinda, rules.....uumm.....blokes could get angry....that was OK and aggression was a.....a survival mechanism.....if you didn't learn to fight and man-up you just got beaten and I mean seriously knocked about....</b>the kids I knew all carried knives, knuckle-dusters .....I never used a weapon.....uumm.....<b>it's like a kinda uniform....if you were packing a weapon then you were more respected, you know what I mean.....it was necessary.....I mean half the kids I knew never wanted to hurt anyone it was more for self-defence and status, you know....it's difficult to explain.....but violence was just a part of that gang culture, if you know what I mean....uumm.... and once you were in it then you had to show that aggression or your position within the gang was brought into question.....[sighs].....and that's when you get set-up to do really stupid things....you know....to prove your loyalty to .....kinda, prove you're a man.....I don't know if you can understand that.....uh.....I..I think it's hard for anyone to understand if they've not experienced what that's like.....it was just part of being a teenage boy for me, it's just what we did.....being aggressive was more of a self-preservation thing.... and having a brother that was so much younger than me.....well he was an easy target and I had to protect him.....you know, when we were out on the streets.....to and from school.....and in school.....the teachers were pretty useless, so it was just a part of who I had to be back then.....[pause].....and [redacted], well there was this kinda suspicion, you know.... [redacted] being a [redacted] teenager where I grew-up meant you were treated with suspicion.....the number of friends that got stopped and searched by Police....for no reason.....that happened to me as well, I wasn't carrying anything but I mouthed off and got a warning.....anyway, that was it as far as mum was concerned...being brought home by the Police was the last straw.....<b>but thanks to my mum, I got out</b></b></p>	<p>Self placed in time <b>Reflection</b> – relationships changed over time – social/environmental/?cultural – influences</p> <p>Reflection brings understanding and acceptance of past – relationship with mother and brother improves – social/environmental influences enabled personal development – development of self – interpersonal and intrapersonal relations changed – positive</p> <p><i>It was a tough childhood, I guess.....[pause]</i> - Reflects on early years – I guess softens / protects - sadness, loss – multiplicity of self - man ↔ boy ↔ boy ↔ man – son ↔ brother Development of masculine identity within context of early childhood experiences Emergence of internal scripts – <i>blokes could get angry / aggression as a defence / survival – man-up and fight</i> Aggression / weapons – <i>a kinda uniform</i> - mean protection and survival – <i>you know what I mean</i> – gender / social power relations – fear of judgement <b>[sighs]</b> – energy shift – reflective – sadness, shame</p> <p>Strong connection between aggression and masculinity – development of traditional masculine identity</p> <p><i>I don't know if you can understand.....I..I think it's hard for anyone to understand</i> – questioning - ?gender differences – fear of judgement – social/environmental/cultural influences / expectations – protection / survival – fear, vulnerable – brother ↔ boy ↔ man - responsibility</p> <p>Describes his childhood experiences of racial discrimination</p> <p>Social/environmental/cultural influences – inter and intrapersonal relationships</p>
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<p>Social / environmental / cultural influences / peer group Inter and intra personal relationships Masculine identity man ↔ boy ↔ boy ↔ man Mother ↔ son ↔ son ↔ mother</p> <p>Multiplicity of self Protective self versus vulnerable self Masculine identity Gender relations / group identity Personal history / developmental self Avoidance coping response to negative affect – core internal scripts - <i>Men don't cry....crying was for girls....be tough....man-up</i></p> <p>Self placed in time – <i>I'm older now</i> Reflective self - <i>Having gone through all that I have...and the counselling.... I hope I can teach my son that it's OK for men to cry and ask for help....but within the right context –</i> Self as father / protective self – masculine identity Father ↔ son ↔ boy ↔ man</p> <p>Multiplicity of self Reflective self Self as husband Masculine / protective self Positive interpersonal relationships Extended family support Occupational self versus self as husband and father <i>I know everyone was trying to be supportive but ....the effort to appear happy was exhausting.... inside...</i></p>	<p>of all that and ...my experience here has been so different...I think a lot of it was to do with the friends I made....I guess I just got lucky....I could've easily have carried on with the same kinda lifestyle here in Bristol if I wanted to.... but....you know....something my mum said to me stuck....she said, "I'm not having you turn out like ■.....", my step-dad....that hit something deep inside me.....and well, the rest is history</p> <p>I: You certainly had a tough start in life...um...and I agree that it's difficult for people who have a different life experience to really understand the role that aggression and violence plays for young people in the environment you described.....um..... .....um....so it seems that there was a strong association between anger, aggression and masculinity for you...um...certainly during your childhood</p> <p>X: yes, definitely, anger was acceptable....men got angry....crying was for girls.....so you just learnt to be tough.....man-up.....and it's seen me through</p> <p>I: yes, I can see how that would work.....um.....just to go back to your experience during ■ pregnancy....um....it makes sense that you felt angry.....it's your natural response to emotional turmoil.....your defence mechanism</p> <p>X: yeah, that's it.....it's how I cope.....I know it's not necessarily the best way...I mean, I'm older now and having gone through all that I have.....and the counselling.....um....I hope I can teach my son that it's OK for men to cry and to ask for help.....but within the right context, I mean I'll teach him how to stand up for himself but that aggression should always be a last resort, if you know what I mean</p> <p>I: mmm....yeah...so during the pregnancy you focused on supporting ■ and just getting on with life.....um....moving on now....tell me about ■ birth....what was that like for you?</p> <p>X: the birth...yeah...um....scary.....[pause].....I mean everyone was very reassuring, you know....the midwife, ■ and our mums....and my nan....um....yeah, so as ■ got closer to her due date she was getting more anxious, so we'd try to get out whenever we could, you know....to distract her....um....she'd do stuff with her mum or meet-up with friends during the week then ■ and I would go to the shops or take a walk....um.....but I was finding it difficult at work.....everyday someone would ask.."Any news yet?"....it drove me nuts.....I know everyone was just trying to show an interest and be supportive but this expectation of everything being just .....you know...fluffy bunnies and.....[sighs].....just the effort to</p>	<p>Social/environmental/cultural influences – peer group mother ↔ son ↔ son ↔ mother / boy ↔ man ↔ man ↔ boy inter and intrapersonal relationships masculine identity / sense of self</p> <p><i>Men don't cry....crying was for girls....be tough....man-up – strong internal scripts – masculine identity – gender relations –</i> <i>...you just learnt to be tough – shift from first to third person</i> - protective self versus vulnerable self – self preservation / survival – avoidance coping response <i>I'm older now – self placed in time - then and now</i> <i>Having gone through all that I have...and the counselling – reflective – suggests sense of personal development</i> <i>I hope I can teach my son that it's OK for men to cry and ask for help – suggests shift in masculine identity –</i> father ↔ son ↔ boy ↔ man – inter and intrapersonal relationships Something about the perception of characteristics / expression of emotion as more feminine than masculine – masculine identity and notions of strength and weakness – protection and the perception of male and female roles within interpersonal relationships – multiplicity of self and social environmental influences <i>Scary – suggests experience of birth as emotionally disturbing - [pause] – reflective</i> Positive psychosocial support – interpersonal relationships Increase in wife's experience and expression of anxiety – protective self – self as husband – gender power relations – masculine identity – social/environmental influences Describes difficulty in coping with increased interest from colleagues regarding the progression of the pregnancy - <i>It drove me nuts – suggests experience of</i></p>
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<p><i>inside I was so scared</i></p> <p>Fragmentation of self Inter versus intra personal relationships / Social / environmental / cultural expectations / influences Internal experience versus external expression Frustration / isolation / fear / loss of control Protective self versus vulnerable self / Self as father Father ↔ son ↔ son ↔ father Traumatic loss / grief / isolation / helplessness / ? failure / sadness / warmth</p> <p>Gender power relations Masculine identity Protective self versus vulnerable self Energy Self as husband</p> <p>Positive communication / authority of health professional Inter versus intra personal relationships Social / environmental / cultural expectations / influences</p> <p>Multiplicity of self Self placed in time Reflective self Protective self versus vulnerable self - Fear / anxiety / helplessness / isolation Occupational self versus self as expectant father Inter versus intra personal relationships <i>It was surreal...it seemed really odd</i> Gender power relations</p>	<p>appear happy was exhausting.....don't get me wrong...I was happy that everything seemed to be going well but.....inside....inside I was so scared, you know.....I kept thinking...what if they've got it wrong and the baby isn't OK.....what then?.....and that thought.....that was so hard to deal with, you know what I mean.....[pause].....whenever I thought about the birth .....all I could see was .....and the feeling of that tiny little lifeless body in my arms.....[pause].....sorry, it's just .....it never really leaves you, you know</p> <p>I: please don't apologise.....this is a very traumatic memory and I can see this is very difficult for you...um.....are you OK?</p> <p>X: yes, thank you.....I'm fine, it's OK</p> <p>I: Please take your time, there's no rush and if you want to stop at any point just say so...there's no pressure here</p> <p>X: Thank you...no really, I'm fine.....I'd say if I wasn't.....[pause].....uumm.....so anyway, where was I...um...yeah, so we just got on with life ....um.... due date came and went....and that's when things started to get harder.....everyday we waited and with each day that passed I got more and more anxious....the midwife was brilliant....um....she kept in contact with I and just talked us through everything, you know....um...I was booked in to see her consultant....um...I think it was about two or three weeks after her due date....um...I can't really remember now...but it was to get examined and discuss....um.... something to do with starting the labour....</p> <p>I: Inducing labour</p> <p>X: yeah, that's it, inducing.....if she went too long then they'd induce her to get things started.....[pause]....anyway, we didn't get that far cos I went into labour about 10 days later .....yeah....now that was a scary time.....I was at work and I mum called to say I needed to get home .....um.....my boss was great....she just said...."Go" and then there was a chorus of women's voices all shouting "good luck"....that was hard....the good luck bit.....I needed more than luck to get me through this.....so, yeah...I got home as fast as I could and .....when I got in.....the house was strangely calm.....I was having a bath and her mum asked if I wanted a cup of tea....it was surreal....it seemed really odd to me.....I expected I to be waiting on the doorstep with her bag ready to go to the hospital.....so it took me a few minutes to adjust....sort of come back down to earth, if you know what I mean</p>	<p>frustration - Recognises positive intention regarding colleagues' expression of interest – social/environmental influences / expectations – inter and intrapersonal relationships – conflict/frustration <i>this expectation of everything being...just...fluffy bunnies</i> – social/environmental/cultural expectations – something about perception of acceptable expression of emotion – <i>just the effort to appear happy was exhausting</i> – suggests negative impact of social/cultural expectations – inner turmoil - <i>don't get me wrong</i> – suggests fear of judgement – gender power relations <i>but....inside....inside I was so scared</i> – repetition highlights differentiation between internal emotive responses and external expression – social/environmental/cultural expectations – intra and interpersonal relationships – multiplicity of self – masculine identity / occupational identity / self as husband and expectant father <i>kept thinking...that thought....I thought...</i> – highlights power of relationship between thoughts / attribution of meaning and emotional responses [pause] – energy shift – emotion present in room - reflection – traumatic memory – loss, sadness, warmth [pause] – energy shift – tone changes to more reporting / narrative – protection of vulnerable self - ?gender power relations – masculinity Describes increase in wife's anxiety as the due date passed <i>The midwife was brilliant</i> – highlights positive experience of communication, care and support of health professionals</p> <p>Describes experience of birth process</p> <p><i>Scary</i> – highlights anxiety / fear of the unknown Loss of control / anxiety / fear / ?isolation – gender power relations</p> <p><i>I needed more than luck to get me through this</i> – suggests separateness of experience – isolation / fear – gender power relations</p> <p><i>surreal and odd</i> – suggests experience to be alien – out of the ordinary – something about loss of control –</p>
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<p>Internal experience of self versus external expression of self as husband – fragmentation of self</p> <p>Reflective self / self placed in time / then and now Protective self versus vulnerable self / Masculine identity / self as husband Inter and intra personal relationships Extended family support</p> <p>Social / environmental / cultural influences Authority of health professionals Self as husband Helplessness / loss of control / fear Positive expended family support</p> <p>Protective self versus vulnerable self Self as husband Helplessness / fear / loss of control / anxiety / uncertainty Social / environmental / cultural influences Positive communication from health professional</p> <p>Internal conflict – authority of health professionals communication Self placed in time – reflective self Protective self versus vulnerable self Self as father and husband Helplessness / isolation / fear / loss of control</p> <p>Masculine / protective self versus vulnerable self Responsibility / fear / loss / relief</p>	<p>I: yes, I imagine the adrenaline must have been pumping through your body by that time</p> <p>X: Exactly....so, anyway.....I went in to see ■ and she just smiled up at me and said the contractions were about 20 minutes apart and.....she said later that the panic on my face was quite funny.....looking back on it...but at the time we were both pretty scared....um....so, yeah...I had my cup of tea....helped ■ out the bath and supported her with her breathing as the contractions got closer.....■ said she'd rung the midwife and said the hospital knew we were coming in.....so we got everything together, I phoned my mum and I took ■ and her mum to the hospital.....[pause].....when we got there we were shown into a room and D was examined.....the rooms are quite....um....homely, if you know what I mean.....um.....I think they try to make it as relaxing as possible.....um.....there was a telly but I didn't want it on.....I just wanted it to be over, you know.....the waiting was hard but once we were there they monitored ■ very closely and everyone was so kind.....um.....I was able to stay with ■ the whole time, as ■ contractions got closer together...her mum waited in another room, which was good.....um...she's great...S but this was our time....me and ■.....and S knew that... so there wasn't any issue about her not being in the room for the birth.....um.....■ had said she wanted the pain relief, so she had an ...uuhh.....epi...something.....an injection in her back.....</p> <p>I: an epidural?</p> <p>X: yeah, that's it....that wasn't so good ■ cried out and I didn't know what was happening....it was so hard to see her in so much pain, you know, just from the contractions.....the doc was good, the one that gave her the injection....he talked us through it and even when she cried out he was so reassuring to both me and ■.....I guess he could tell from my face that I wasn't exactly happy with it all....but she relaxed after that and we were able to concentrate on what the midwife and doc were saying.....they asked if we wanted to see and we both said yes.....and.....you know....it was the best and worst time of my life.....everything that had happened with ■ was just on replay in my head while at the same time I was witnessing the miracle of our beautiful baby boy coming into the world....like a rocket!....[laughs].....yeah.....so, ■ was born and....you know....I can't really describe what it was like..... they put ■ stomach while they sorted out her inside bits.....and asked if I wanted to cut the cord.....I didn't.....[pause].....I can remember....waiting for the cry.....it felt like an eternity but it was actually only seconds.....and when I heard it.....[pause]....I just cried....■ and I both cried.....we had a beautiful healthy baby</p>	<p>disconnected? / separate – gender difference in knowledge and understanding? – gender power relations</p> <p><i>pretty – softens – protects</i> experience of self – placed in time - then and now <i>Panic and scared – highlight experience of fear and uncertainty</i> Fear of the unknown – traumatic memory and sense of helplessness</p> <p><i>they – suggests separation – notions of us and them – environmental / cultural context – shift in power and control – he and his wife adopt couple identity</i> <i>I just wanted it to be over – highlights experience of fear and uncertainty – environmental triggers of traumatic memory – anxiety / loss of control / helplessness</i> <i>they monitored D very closely and everyone was so kind – suggests a degree of sensitivity and care from the health professionals within the context of previous traumatic birth</i></p> <p><i>Describes birth experience</i> <i>I didn't know what was happening – fear, uncertainty, loss of control, helplessness</i> <i>Positive reassuring communication from health professionals – social/environmental/cultural influences – power and control</i></p> <p><i>...the best and worst time of my life... – highlights experience of conflicting emotions</i> <i>Recalls memory at time of J's birth and his traumatic memory of A's birth.</i> <i>[laughs] – protects from re-experiencing negative affect associated with traumatic memory.</i> <i>Describing waiting to hear his son's first cry – suggests a sense of helplessness / fear / loss of control</i> <i>[pause] – reflection – I just cried...D and I both cried – suggests expression of tears as positive rather than negative affect – relief / also loss ...healthy..emphasis</i></p>
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<p>Self placed in time – physical and emotional experience of self as father – masculine identity – protective / vulnerable self Father ↔ sons ↔ sons ↔ father</p> <p>Protective self versus vulnerable self</p> <p>Multiplicity of self Self as father Self as husband Inter personal relationships Social / environmental / cultural influences</p> <p>Extended family support Masculine identity / protective self</p>	<p>boy.....[pause]..... needed stitches so they cleaned up then gave him to me to hold while they finished off .....[pause].....[tears].....he was the most beautiful, amazing little miracle.....so small and helpless in my arms.....very different to .....his colour and shape of his little head.....[pause].....it's strange.....but I can still remember the feeling.....here in my arms.....the stillness of .....and the kinda snuffley wriggle of .....both incredible and both sensations that I never want to forget.....especially not .....so, yeah.....[pause].....that was birth</p> <p>I: [pause].....you've described an incredibly beautiful event in your life....but one that also holds a deep sense of loss for you.....the memory of your physical sensations.....um...holding each of your babies...is quite powerful.....um.....I just want to check you are OK</p> <p>X: [takes a deep breath]....yes.....I'm good...thanks.....um....do you have a glass of water?</p> <p>I: yes of course....um.....I'll just stop the recording and we can take a short break [recording stopped for ten minutes]</p> <p>I: OK, so just to confirm that you are happy to continue with the interview?</p> <p>X: yeah, for sure...um...thanks for the break...I appreciate it</p> <p>I: it's no problem, as I said, there's no rush and I really appreciate you sharing your story with me.....thank you.....um.....so we've talked about your experiences during childhood, meeting .....um....work.....then the pregnancy and birth.....um.....just moving on to consider the first twelve months after birth.....um.....coming home and adjusting to life as a family.....tell me about that....what was that like for you?</p> <p>X: yeah, sure....um...well, again....I just kinda got on with it, you know....um..... stayed in hospital for a couple of days then she came home with and...well, it was all the usual stuff you associate with a new baby.....um.....lots of visitors...um...everybody was so happy for us....and it was great, you know.....all the fuss and attention...well just loved that...and everyone was so supportive and we had loads of flowers and gifts....umm....yeah, it was great..... was brilliant, no problems.....he was such a happy little chap, you know.....but I guess who wouldn't be with all the attention he was getting..... mum stayed with us for a couple of weeks, then my mum came down from London for a week.....um.....and Nan visited whenever she could get my granddad to give</p>	<p>highlights importance of son's physical health – something about protection / helplessness and responsibility – father identity - father ↔ son - adult ↔ child – protective self versus vulnerable self [pause] – reflective – [tears] – highlight power of memory regarding emotional response Highlights memory of physical sensations and difference between his experience of holding his first stillborn son and his second healthy son– powerful description – loss / grief / relief/ pride and love - a sense of protection – embodiment of father identity and masculine presence alongside an open vulnerability</p> <p><i>Do you have a glass of water? – distancing / protection – as opposed to can I have a glass of water – I understood this to mean that he would appreciate a break and perhaps a drink – so whilst saying that the words I'm good thanks – his question suggests that he is not – I am aware that the interview is approaching the subject of his experience of depression and am mindful of his emotional vulnerability before continuing.</i></p> <p>Describes initial transition to parenthood as a positive experience Support from family and friends – positive interpersonal relationships <i>I was good no problems – suggests relief at his son's continuing good health</i> <i>Such a happy little chap – contented baby suggests low stress levels at home – who wouldn't be with all the attention he was getting – suggests peripheral experience – outside / ?pushed out – loss of control – gender power relations – interpersonal relationships – my nan is a force to be reckoned with – highlights his childhood experiences of gender power relations within the home – mum and nan both strong / ?powerful</i></p>
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<p>Inter versus intra personal relationships                  Separateness / isolation                  Gender power relations                  Loss of control</p> <p>Legitimacy of support within context of mother son relationship                  Mother ↔ son ↔ son ↔ mother                  Self as father and self as son                  Masculine identity / gender power relations                  Self as husband / self as father -                  Frustration / loss of control /                  anger / ?rejection</p> <p>Reflective self – self placed in time                  Self as father                  Pride / joy / fear / uncertainty</p> <p>Positive reciprocal relationship with wife                  Inter and intra personal relationships                  Positive shift in experience of self and others</p>	<p>her a lift.....[laughs].....his life would've been hell if he didn't.....my Nan is a force to be reckoned with....[laughs].....so, yeah...it was all quite busy and ....um...I had some time off....um...a couple of weeks paternity, which I took off when my mum went back....actually we overlapped, so I got to spend some time with her aswell.....[pause]....yeah....I needed that.....she didn't need to say anything....but I knew she understood, if you know what I mean.....um....we took out for a walk....to give a break....she was able to meet up with her friend for a coffee and look around the shops.....so that was a good thing for her.....but she rang to check everything was OK.....which was a bit frustrating, cos my mum was with me...and, well....I'm not incompetent, you know....I read all the books too....so, yeah....I understood so I didn't let know that and just reassured her and let her speak to my mum.....[laughs] I even sent her a photo of J asleep in his pram.....so, yeah.....where was I.....um.....my mum, yeah...um....we walked and talked and she told me how my brother was doing now that he'd joined the army and that he was due leave over the Easter, to visit....so, yeah we had a really good afternoon.....[pause]..... so then we came home, she went back and it was just me, and , for the first time.....just us.....a family.....and you know....I was so happy and proud to be a dad.....I can't tell you how many photos I took.....it was ridiculous but I wanted to capture every single moment....those two weeks at home really were the best time of my life..... and I got into a routine....I couldn't do the feeding then cos was breast feeding but I did everything else...changed his nappies, bathed him, got up in the night with while she fed him.....it was such a special time for us.....even my Nan managed to keep a low profile...which is a bloody miracle in itself.....[laughs].....so, yeah....coming home and just having that time together was ...was brilliant.....[pause]</p> <p>I: it sounds like a very special time for you....um.....so after the two weeks paternity leave did you go back to work?</p> <p>X: yeah,....uumm.....that was hard cos I didn't want to leave them but I needed to keep earning so no choice there ..[laughs].....uumm.....I remember the day before I went back to work....that was...that was pretty special for us.....uumm.....it was a Sunday ....the sun was shining and we'd had a pretty good night with .....um..... wanted to go to church, so my grandparents picked her up with and I stayed at home.....um.....I met them over at my grandparents for lunch then and I came home.....well, we started to come home..... had gone to sleep in his car seat and just quietly said....I think it's time.....and with that I turned the car and we went to the cemetery .....[pause].....we got J out and into his pram and we walked.....in the sun.....didn't talk.....didn't need to.....and I'll never forget that moment.....when we arrived at s grave and</p>	<p>women                  Paternity leave – legitimises fathers' time off to help support mother and infant when they first come home - see journal notes                  [pause] – reflective – I needed that – first person suggests ownership / recognition of his own need for support – legitimate / acceptable for a son to receive support from his mother – son ↔ mother ↔ mother ↔ son – gender power relations – mum's understand about childbirth – ?ok to be vulnerable as a man within the context of his relationship with his mother                  Describes an afternoon walk with his mum and his frustration at his wife's need to check everything was ok with the baby                  ...which was a bit frustrating - a bit – softens / protects from experience of frustration – I'm not incompetent ..I read all the books – highlights desire to fully engage with new parental role and identity – sense of anger – fear of not being good enough – rejection – ?as a husband and father                  [pause] – reflective – something about relationship with mum – what was not said - mother ↔ son ↔ son ↔ mother - father ↔ son                  I wanted to capture every single moment – suggests uncertainty – fear of loss – disbelief / reassurance                  Describes paternity leave as “the best time of my life” – sense of relief and pride at new parental status – success versus failure – masculine identity / self as father and husband Describes positive experience of adjustment to parenthood for both him and his wife – highlights positive experience of reciprocal drelationship with wife / Inter and intrapersonal relationships – positive shifts in experience of self and others</p> <p>Describes return to work                  [laughs] – distances / protects – loss of control – helplessness - ?fear – uncertainty – protective self versus vulnerable self – self as father and husband                  Describes events on his last day of paternity leave – pretty special – protects / distances                  Hesitation and broken flow highlights impact of this experience and attribution of meaning                  The detail in his account of this event highlights the significance / impact of this experience</p>
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<p>Protective self versus vulnerable self</p> <p>Multiplicity of self</p> <p>Protective self versus vulnerable self</p> <p>Self as husband</p> <p>Self as father</p> <p>father ↔ son – husband ↔ man</p> <p>Self placed in time</p> <p>Present experience of past event</p> <p>Cognitive recollection over emotive</p> <p>Protective self versus vulnerable self</p> <p>Gender power relations</p>	<p>there were flowers growing...um....what are they called uh...little yellow...ones.....and um....you know, those little stumpy flowers.....um....different colours.....</p> <p>I: primroses and crocuses</p> <p>X: yeah, I guess.....it was beautiful.....we held on to each other, smiled and had a few tears.....but it was beautiful and J stayed asleep.....so we just had that moment, you know.....[pause].....it wasn't goodbye.....we weren't saying goodbye.....it was as if .....it .....um.....[sighs].....[pause].....I can't describe what it was.....there are no words.....I just know I'll never forget that.....it was the one time we were all together and it felt like .....I can remember thinking.....this...this is my family.....we are complete.....[pause].....me, ■ and our boys.....[pause].....so, yeah...um....we stayed there a little while then came home.....[sighs].....yeah...um.....then I was back to work and we had to adjust to a new routine.....um.....it was OK cos ■ still got a lot of support, her mum lives nearby so she popped across each day to help out with the housework and cooking....Nan brought cakes and we kinda just got on with it.....■ was a really good baby....I mean he fed well and I guess cos ■ was so relaxed...well the health visitor said that that made a big difference to J .....um.....so, yeah...um.....things were OK for me at work....I mean I was tired cos I still got up with ■ for ■ night feed.....but...yeah, it...it was OK</p> <p>I: So everything was OK....um....you were managing to cope with the transition to family life and returning to work.....um.....I'm wondering how this changed for you as time progressed.....um.....you have identified having experienced depression during the first twelve months...tell me a bit more about that</p> <p>X: Yeah.....um.....yeah, at first it was all OK but as time went on .....I don't really know how it happened.....but once I was back at work.....um...■ just did more of the parenting stuff.....well...she had to cos I wasn't there.....and then obviously her mum still visited but she wasn't doing as much.....cos she had a part-time job too and her own home to run .....um.....and ■ started to get more stressed.....um.....when I got home.....I'd have to cook a meal cos she said she didn't have time.....um.....we still did the grocery shopping together, so there was food in the house but she didn't seem interested in anything but ■ .....at first that just seemed perfectly normal but it didn't get any better.....the house was gradually getting more and more messy.....um.....her mum even commented and they had a bit of a falling out.....I did what I could but it just seemed to be getting out of hand.....if I asked ■ what she'd done in the day....she'd just snap at</p>	<p>[pause] and [sighs] – suggest emotive nature of memory and protective communication – <i>it wasn't goodbye...we weren't saying goodbye</i> - something about being vulnerable and protective at the same time – father ↔ son – husband ↔ man – masculine identity – this is an important memory in terms of providing a place for C to hold his memory and attachment to A within the context of the family unit – something about providing a safe and protected place for him – <i>this is my family...we are complete....me D, and our boys....</i> – present tense highlights self placed in time - ?memory carrying experience across time – then and now merge – sense of being – experience of self as father of two sons – power and control within this memory – no external factor – not even physical death – can take that memory and experience away from him</p> <p>[pause] – reflective / protective – energy shift – more animated – there's a sense of having been allowed to glimpse a particular moment but the speed at which he shifted to continue his narrative regarding his return to work gave me a sense that that particular memory / subject was now closed – it highlighted the intimate and private nature of that experience and I chose to respect that and move along with him – gender power relations within interview relationship</p> <p>Describes how his return to work effected changes in routine and parental responsibilities – <i>D did more of the parenting stuff...well...she had to cos I wasn't there</i> – loss – guilt?</p> <p>Reduction in support – social / environmental influences – interpersonal relationships – extended family relationships</p> <p>These changes resulted in his wife becoming more stressed Shift / separation within reciprocal relationship – loss – rejection – isolation – gender power relations within couple dynamic</p> <p>Negative impact on extended family relations <i>I did what I could but it just seemed to be getting out of hand</i> – suggests loss of control – gender power relations – helplessness, isolation / rejection</p> <p>...you don't know – gender power relations within interview relationship – power and control – ?something about reclaiming his power in the experience of recollection within the context of the interview -</p>
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<p><i>I did what I could but it just seemed to be getting out of hand loss of control</i>                  Gender power relations – helplessness, isolation / rejection                  Self as husband and father versus vulnerable self  <i>D just didn't seem to be coping...it was as if I was coming home to a stranger</i>                  Frustration / loss of control / helplessness / isolation/ rejection                  Protective self versus vulnerable self                  Masculine identity                  Gender power relations                  Loss of control / frustration / rejection  <i>I felt so helpless...useless...she wouldn't let me do anything...I'd done it before...but now I...I just couldn't do anything</i>                  Loss of reciprocal relationship with wife                  Frustration</p> <p>Masculine / protective self versus vulnerable self</p> <p>Exhaustion – physical and mental                  Gender power relations                  Loss of control / helplessness / frustration / rejection / isolation                  Self as husband and father versus vulnerable self                  Fragmentation of self                  Masculine identity challenged                  Shame / guilt / failure / rejection / loss  <i>I didn't think I had the right to ask for help...not for me...for D...yeah...but not for me</i>                  Social / cultural expectations                  Gender power relations                  Legitimacy of coping responses and need  <i>it was like she and J were in this bubble together and I wasn't allowed in...- rejection, helplessness, loss of control, isolation</i></p>	<p>me.....saying “what do you think I've done...it's a full-time job looking after [ ].....and you don't know how .....frustrating that was.....I mean, OK yes, I get it... a baby takes a lot of work....and don't get me wrong, I know it's hard when they're really young but he was about three and half...uh...four months old now and we'd got him on to eating baby food....so he was sleeping better.....[ ] just didn't seem to be coping.....it was as if I was coming home to a stranger.....and.....well, I felt so helpless.....useless.....she wouldn't let me do anything for [ ].....if I changed his nappy she'd just take over.....you know all huffing and puffing....saying I was doing it wrong.....I mean.....I'd done it no problem before and she was happy but now....it was like....I...I just couldn't do anything right.....well...no that's not strictly true.....I was allowed to cook....that was OK....so...I started to plan our meals and adjusted my routine so that when I got home in the evenings I could knock- up a meal pretty quickly.....[laughs]....another thing I can thank my Nan for.....she taught me how to cook....so we ate well.....um.....the house was a bit of a mess....and yeah....that did piss me off a bit...I mean...[ ] did still sleep in the day so [ ] could have tidied up a bit...you know....done the dishes....maybe even hoovered...I dunno....but it seems that anything other than looking after [ ] was completely beyond her.....[pause]</p> <p>I: That sounds very hard.....you said it was frustrating and that you felt helpless.....did you talk to anyone?...the health visitor perhaps?</p> <p>X: I didn't....no....I mean I was just trying to keep it all together, you know .....um.....I went to work, came home....cleared up the day's dishes.....cooked our evening meal....um.....helped to bath [ ] when I could....but that gradually got taken over, so I just gave up on that.....I was too tired....too exhausted to do battle, if you know what I mean....it was just easier to let her get on with it.....um.....[ ] said she was seeing the health visitor and that this was normal....that I shouldn't fuss about the house and that she needed me to support her .....which made feel guilty....I just felt pretty useless really....you know...as a dad.....and husband.....so I didn't think I had the right to ask for help....not for me.....for [ ]...yeah...but not for me.....I mean....[ ] wasn't doing anything wrong.....she just .....[sighs].....it was like she and [ ] were in this little bubble together and I wasn't allowed in.....I could be around to do all the other stuff but the parenting bit...[ ] took over that completely and .....[pause]....it was really frustrating...cos I wanted to help....I wanted to be a good dad....that was really important to me.....to be a good dad.....I wanted to be a good role model for my son.....for him to have something different...better than I had.....I wanted to be there for him.....but [ ] just ....shut me out.....I did happen to be off once when the health visitor came</p>	<p>?mirroring his experience of his wife's communication – she claimed power with her increased knowledge and perceived expert status as mother over his less experienced status of absent father – he reclaimed this power as he is the expert in his own experience of being - ?as a female interviewer, I could not know because I am woman - ? group gender identity – see journal notes  <i>Frustrating</i> – emphasis highlights strength of emotive response – <i>I mean</i> – suggests a need to be understood – <i>don't get me wrong</i> – suggests fear of judgement – gender power relations – social/environmental/cultural influences – individual and group gender identity – protective self – masculinity                  Describes experience of his wife's presentation of self – <i>didn't seem to be coping...as if I was coming home to a stranger</i>                  Describes disempowering experience of communication with his wife – <i>I felt so helpless...useless...she wouldn't let me do anything...I'd done it before...but now I...I just couldn't do anything</i> – ?meaning – failure – loss of control – rejection – loss of parental role - ? fear of loss of second son – gender power relations – loss of reciprocal relationship with wife                  Didn't seek help – engaged in practical support – loss of control and rejection – physical and mental exhaustion <i>I just gave up...I was too tired...too exhausted to do battle.....you know what I mean.....it was just easier to let her get on with it...</i>                  Authority of health professional – social/cultural influences / expectations – <i>normal.....shouldn't fuss.....needed me to support her....-</i> gender power relations within postnatal frame of reference – describes negative affect experienced in response to perceived expectations – <i>guilty.....useless.....as a dad.....and husband...</i> – highlights attribution of meaning - masculine identity challenged - ?shame – failure <i>I didn't think I had the right to ask for help....not for me....for D...yeah...but not for me</i> – highlights perceived social/cultural expectations – gender power relations – right to access support – something about legitimacy of coping responses and need -[sighs] – highlights sense of helplessness - Describes experience of wife's behaviour and sense of separation from her and his son – <i>it was like she and J were in this bubble together and I wasn't allowed in...-</i> rejection, helplessness, loss of control, isolation - [pause] – reflective Talks about his desire to be a good dad and positive role model – highlighted by repetition and emphasis on <i>wanted</i> – <i>frustrating ...really important to me...to be a good dad</i> – loss</p>
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Self as father and husband versus vulnerable self  
 Resignation / helplessness  
 Fear of failure / frustration  
 father⇌son⇌son⇌father  
 Loss of reciprocal relationship with wife  
 Self as husband and father versus vulnerable self  
 Gender power relations  
*I couldn't get close to her...I felt like I was losing my son*  
 loss of control, helplessness, hopelessness, loss / ?bereavement –  
 father⇌son⇌son⇌father  
 Self placed in time  
*I didn't realise, at the time what was going on...all I knew, was that I wasn't good enough for them...I wasn't good enough as a dad and I wasn't needed.... only as a support*  
 anger / resentment / frustration / guilt / shame / rejection  
 Fragmentation of self  
 Masculine identity challenged  
 Self as husband and father rejected  
 Loss of physical intimacy  
 Loss of reciprocal relationship with wife  
*I couldn't reach her and it was crap... I felt useless...as a man...I don't know if you can understand that...it sounds a bit pathetic really...but that's how it felt...that I just wasn't good enough... not as a husband nor a father*  
 Exhaustion  
*the only place I still felt like me was at work or football*  
 Protective self versus vulnerable self  
 Masculine identity  
 Occupational self  
 Group gender identity  
*It meant I could just be me*  
 intrapersonal self versus interpersonal self – relational aspect of experience of self – fragmentation / protective self versus vulnerable self  
*I knew what I had to do to*

round.....and I...um...just mentioned to her that I was concerned about [pause].....the health visitor was very good....I mean she listened.....and said that it was still early days and not to worry.....um.....she said that if I felt [ ] was not coping...then I could phone her and she'd make an extra call.....so, that was kinda supportive.....anyway.....we just slipped into a new routine.....I did the house stuff and [ ] looked after [ ].....but it wasn't right, you know.....between us.....[ ] and me.....we weren't...right.....[ ] was becoming more distant.....I couldn't get close to her.....and as for [ ] well....he started to cry if I held him.....that was the worst.....I felt like I was losing my son .....[pause].....and that made me angry and I started to resent both [ ] and [ ].....then felt guilty and .....well it was just crap.....[pause].....I didn't realise, at the time what was going on.....all I knew, was that I wasn't good enough for them.....I wasn't good enough as a dad and I wasn't needed.....only as a support.....you know what I mean.....I was needed to provide for them and cook and clean but that was all.....and yeah, I just got more and more frustrated and angry.....it wasn't fair, you know.....[sighs]

I: You said that [ ] had become distant....um.....your relationship had changed....how did you experience that?

X: Well, we were always a team before, if you know what I mean, did everything together, shared the housework, cooked....um....enjoyed the same TV and films.....[pause].....and we talked, you know, about everything.....[sighs].....I think that's why I knew things weren't right.....[ ] had changed.....um.....as I said it was just her and [ ].....I didn't seem to figure anymore.....[pause].....sex was out of the question.....but then again.....I was pretty exhausted so it didn't really become an issue.....I just missed her, if you know what I mean.....I couldn't reach her and it was crap.....I felt useless.....as a man.....I don't know if you can understand that....it sounds a bit pathetic really.....but that's how it felt.....that I just wasn't good enough.....not as a husband nor a father.....the only place I still felt like me was at work or football.....[pause].....

I: What was different about being at work or going to football?...what did it mean for you?

X: It meant I could just be me.....do what I needed to do and that was all....no kinda .....hidden expectations, if you know what I mean...um....at work I knew what I had to do to successfully complete my work.... and football.....well that was my space to just hang out with the guys and get physical, if you know what I

of control, helplessness, fear of failure – father⇌son⇌son⇌father – self placed in time  
*D just shut me out* – gender power relations – loss of control / rejection  
 Recounts his experience of speaking to the health visitor – *I was concerned about D* – legitimacy of seeking help for wife – ?covertly seeking help for himself – Reassurance of health visitor – *kinda supportive* – suggests this was not the desired response – highlights his own need for support  
 Describes adjustment / shift in couple relationship – *we just slipped into a new routine* – sense of resignation / hopelessness  
*But it wasn't right between us...D and me...we weren't right* – highlights loss of reciprocal relationship and shift in couple identity  
 Describes how his relationship with his wife and son changed over time – *I couldn't get close to her...I felt like I was losing my son* – loss of control, helplessness, hopelessness, loss / ?bereavement – father⇌son⇌son⇌father – *I didn't realise what was going on at the time* – suggests future development of understanding – not giving more information at this point reflects his need to regain a sense of control over this experience within the interview – self placed in time then and now  
 Describes his experience of negative affect – *angry.....resent.....guilty....* – meaning – *I wasn't good enough for them.....I wasn't good enough as a dad and I wasn't needed* – rejection / failure / guilt and shame – masculine identity challenged – low self-worth – fragmentation of self – loss of control – fear / isolation – repetition of *more* – highlights increased inner turmoil – *frustrated and angry* – gender power relations  
 Reflects on positive reciprocal relationship with wife before the birth – *always a team....did everything together.....shared....* - Highlights couple identity - [pause] – reflective – energy shift – *and we talked....about everything....[sighs]* – highlights sense of loss – identifies awareness of breakdown in reciprocal relationship – describes loss of intimacy and experience of exhaustion – *I just missed her.....I couldn't reach her* – hopelessness / helplessness / vulnerability / isolation / loss - *I felt useless....as a man... I don't know if you can understand that....it sounds a bit pathetic really...but that's how it felt.....that I just wasn't good enough..... not as a husband nor a father....the only place I still felt like me was at work or football.....[pause].'* - masculine identity – guilt / shame – gender power relations – then and now – success versus failure – fragmentation of self – occupational self / protective self versus vulnerable self  
*"It meant I could just be me..."* – intrapersonal self versus interpersonal self – relational aspect of experience of

<p><i>successfully complete my work</i>  success versus failure  Social / environmental / cultural expectations / influences  Group gender identity  <i>hang out with the guys and get physical.....the exercise helped.....when you're with the guys you can kinda get angry.....yell and get all that frustration out</i>  Masculine identity – familiar / acceptable masculine expression of emotion – anger and frustration  Masculine identity lost in home but reaffirmed at work and football  Home life versus social and work life – failure versus success  Fragmentation of self  Gender power relations  Fear of judgement  <i>it wasn't as if I didn't care.....quite the opposite.....I just couldn't.....I couldn't breathe at home</i>  loss of control / rejection / exhaustion / suffocation / frustration  Authority of Health Professional  Guilt / failure / loss of past self  <i>I really should be coping.....it was my duty to be strong.....just get on with it...man-up</i>  Gender role identification  Social/cultural influences / expectation  Fear of judgement / masculine identity / personal responsibility  Protective self versus vulnerable self  Authority of female physical experience  Success versus failure  Shame/guilt/loss of past self  Fragmentation of self and masculine identity  Protective self versus vulnerable self  Shift in gender power relations at home  Interpersonal versus intrapersonal relationships  Loss of reciprocal relationship</p>	<p>mean.....the exercise helped and just being able to....I dunno how to explain it  .....um.....when you're with the guys you can kinda get angry....uh.....just kinda....yell and...get all that..frustration out.....and....I dunno if it's the same for women but guys don't take any notice.....it's OK to get pissed off.....as long as you don't start a fight or anything.....mates kinda know when you just need to get it out.....and they don't ask questions.....so there's no pressure to have to try and explain everything.....or.....kinda justify why you got angry.....it's just part of being a bloke.....uummm.....so yeah.....work and football were my escape from that sense of failure I got at home.....[pause].....I had football practice Tuesday evenings and played some weekend matches.....but ■ wasn't happy.... she criticised pretty much everything I did and me going to football seemed selfish to her but I really needed that time.....to switch off, you know what I mean.....I mean....it wasn't as if I didn't care.....quite the opposite.....I...I just couldn't.....I couldn't breathe at home.....[pause]</p> <p>I: I can see how the football would have helped and it's good that you were able to have that space away from the difficulties you were experiencing at home.....um.....this event seems quite significant in terms of your relationship ■ ■ .....it was a really tough time for you....um....earlier you said you spoke to the health visitor but only in reference to your concerns for ■...um....why didn't you feel you could ask for support for yourself?</p> <p>X: Well....with J still being so young....like the health visitor said....it was still early days....um.....and .....well that just made me feel guilty.. cos, you know.. I thought that I really should be coping....especially as ■ obviously wasn't....I mean, it was my duty to be strong and just get on with it, you know what I mean.....man up.....[pause].....</p> <p>I: So, speaking to the health visitor kind of reinforced your sense of responsibility, that it was your job to ....um....man up....be strong for ■ even though she shut you out.</p> <p>X: yeah, I guess....don't get me wrong...the health visitor was really good....and, you know, at the end of the day....I didn't go through all that physical stuff and didn't have all those hormonal things to deal with....so...you know....it was my job to be strong.....[pause].....but that was the problem.....I wasn't.....strong.....not then.....I just kinda.....withdrew.....I did what I could for ■ .....and■ when she let me.....um.....but otherwise I just worked and played football</p> <p>I: um...you said you thought ■ wasn't coping...um...I was wondering, did you speak to the health visitor again when you realised ■ was struggling?</p>	<p>self – fragmentation / protective self versus vulnerable self – “<i>I knew what I had to do to successfully complete my work...</i>” – success versus failure – influence of social/environmental/cultural expectations – “<i>and football....that was my space.....the exercise helped.... get all that frustration out...</i>” – masculine identity – familiar / acceptable masculine expression of emotion – anger and frustration – <i>you and you're – rather than I and I'm – distances / protects</i> – gender power relations within interview relationship – fear of judgement – protective self versus vulnerable self – <i>if you know what I mean.....I dunno how to explain it.....I dunno if it's the same for women...</i>” - ?group identities – men versus women – alienation - ?an assumption that I won't be able to appreciate the value of masculine expression of emotion in terms of physical expression - anger / aggression – <i>it's just part of being a bloke – “work and football were my escape from that sense of failure I got at home...”</i> – masculine identity, success versus failure – interpersonal versus intrapersonal relationships – [pause] – reflective - Describes how football became a coping behaviour – <i>'I really needed that time....to switch off....' -....I mean...'</i> – highlights importance of meaning beyond descriptive narrative – fear of judgement – gender power relations then and now – social/cultural influences – gender group identification  <i>'it wasn't as if I didn't care...quite the opposite....I just couldn't .....couldn't breathe at home'</i> – hesitant repetition highlights emotional impact – protective self versus vulnerable self – fear of judgement – sadness, loss, failure, guilt – football; served as a positive reinforcement of his masculine identity whereas this was challenged in his home environment where he expresses a sense of failure as a husband and father – loss of reciprocal relationship and critical communication with wife – rejection / isolation – describes how Health professional's communication reinforced sense of guilt – shame / guilt/ failure – <i>'I really should be coping. ....especially as D obviously wasn't ...'</i> – should highlights personal responsibility – protective self versus vulnerable self –personal responsibility – <i>'it was my duty to be strong.....man-up'</i> – childhood scripts highlight perception of masculine role – protective / supportive husband and father – social/cultural expectations  <i>'don't get me wrong...'</i> – suggests need to be understood – fear of judgement – gender role identification – social/cultural expectations - <i>'...I didn't go through all that physical stuff and didn't have all those hormonal changes to deal with .....it was my job to be strong'</i> - Highlights gender difference / feminine authority re: physical experience of</p>
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<p>Loss of past self and past couple identity Loss of power and control Helplessness</p> <p>Wife's diagnosis PND juxtaposing emotional response - <i>'...made me feel so crap....I remember feeling relieved'</i> Guilt / masculine identity Fragmentation of self Self as husband and father Protective self versus vulnerable self Social / cultural influences Authority of health professional Diagnosis legitimised wife's negative affect <i>'it kind of took the pressure off me.....helped me to see why D had been the way she was'</i></p> <p>Protective self versus vulnerable self Masculine identity Self as Husband and father Loss</p> <p>Social / cultural influences Personal responsibility Deconstruction of meaning and Inter and intra personal relationships Inner turmoil Cognitive processing versus emotional response Loss / guilt / shame / failure Fragmentation of self and masculine identity Social / cultural expectations Escalation of experience of inner turmoil - frustration / anger Self as husband and father / Protective self versus vulnerable self Avoidance coping response</p>	<p><b>X:</b> uh,...no....<b>█</b> did....um....and the health visitor put her in touch with <b>█</b> and arranged for her to see the Doctor....um.....he said she had postnatal depression..... but that it was also to do with ...um....unresolved grief over the loss of <b>█</b> and that <b>█</b> coming along just ...um....kind of .....opened all that up again.....[pause].....I was glad that <b>█</b> was getting the support she needed.....but it also made me feel so....crap....I mean....of course she was going to find that difficult.....in fact we both were....though I didn't realise that that was also there for me.....um.....I .....um.....I remember feeling relieved when <b>█</b> told me what the Doctor said.....um....I know that must sound a bit strange...but it kind of took the pressure off me.....um.....helped me to see why <b>█</b> had been the way she was.....um.....funny thing was though, it also kind of twisted up inside me.....to think about <b>█</b>...if you know what I mean.....[pause]</p> <p><b>I:</b> yes, I can see that it would have been very hard for you .....um.... you said it kind of twisted up inside ..... would you tell me a bit more about that.....um.....what that meant for you when <b>█</b> told you about her visit with the doctor?</p> <p><b>X:</b> yeah, for sure....um.....like I said...I guess grieving the loss of our first son, <b>█</b>well, we hadn't really done that....not properly, if you know what I mean....um....you see....as I said, <b>█</b> fell pregnant with <b>█</b> just six months after we lost <b>█</b>[pause].....and well....we kind of just got swept up with all the usual pregnancy stuff ....and...well everyone was so happy for us.....and <b>█</b>.....it was like I'd got her back again....like she was before, you know....um.....so, yeah we .....we didn't really .....um.....get time to ...uh.....really deal with what had happened.....[pause].....uumm.....so when the Doc said about postnatal depression and this <i>unresolved</i> grief....well it just kind of made sense...you know.....um.....what was the question?</p> <p><b>I:</b> What did that mean for you?.....you said it kind of made sense</p> <p><b>X:</b> yeah.....um.....I guess it kinda meant that it wasn't my fault that <b>█</b> was like she was.....[pause].....but it wasn't <b>█</b> fault either.....so it was a bit of a weird experience cos.....um.....I said twisted up...cos it was like two things happening at once.....I mean, yeah, I was relieved cos I knew <b>█</b> was getting the support she needed and I didn't feel like she was rejecting me so much, if you know what I mean....uumm.....but at the same time I felt <i>really</i> guilty.....cos....you know....I should've been more understanding.....and I <i>really</i> should've been so happy to have <b>█</b>especially cos he was healthy.....but it wasn't like that.....and that kind of screwed up feeling</p>	<p>perinatal period – personal responsibility – masculine identity – self as protective husband and father [pause] – reflective - <i>'that was the problem...I wasn't strong....'</i> – suggests imbalanced view of role responsibility – social/cultural expectations / influences - ? negative childhood scripts – masculine identity – be strong – to show vulnerability means weakness – success versus failure – shame / loss / fragmentation of self – <i>'I just kinda.....'</i> – <i>'just and kinda</i> softens impact of negative affect – shame at inability to be strong Describes coping behaviour – <i>'withdrew.....did what I could....worked and played football'</i> – highlights avoidance coping response – <i>'did what I could for D...and J when she let me'</i> – highlights shift in gender power relations at home – loss of reciprocal relationship with wife – loss of power and control – helplessness Wife sought help from Health professional – GP diagnosis PND and grief – referred for counselling <i>'...made me feel so crap....I remember feeling relieved'</i> – describes his response in relation to his wife's diagnosis – reinforced sense of guilt and responsibility – masculine identity within father and husband roles – protective self versus vulnerable self – <i>'it kind of took the pressure off me.....helped me to see why D had been the way she was'</i> - authority of health professionals - ?legitimises wife's experience of negative affect – <i>....it also kind of twisted up inside me....to think of A'</i> – suggests his wife's diagnosis enabled him to begin to identify / accept / ?legitimise his experience of negative affect and inner turmoil Continues to describe – protective self versus vulnerable self Negative affect viewed in terms of grief - acceptable Social / cultural influences</p> <p><i>'it kinda meant..it wasn't my fault....but it wasn't D's fault either'</i> – suggests attribution of external cause eased sense personal responsibility and experience of rejection Describes experience of both <i>relief and frustration</i> <i>'I was relieved...D was getting..support...I didn't feel like she was rejecting me.....I felt really guilty.....I should've been more understanding....'</i> suggests diagnosis reaffirmed self as husband - masculine identity reinforced sense of personal responsibility Describes inner turmoil regarding his transition to parenthood – <i>'I really should've been so happy to have J....especially cos he was healthy'</i> - intra and inter-</p>
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<p>Masculinity and social / cultural influences Inter and intra personal relationships Group gender identification positive masculine identity Deconstruction of self Self as father – shame / guilt / loss / critical self Fear of becoming like his own father - anger Father ↔ son ↔ son ↔ father</p> <p>Loss of power and control Fragmentation of self <i>'my world was falling apart..I didn't know who I was anymore'</i> Fear / isolation / helplessness</p> <p>Questioning self Critical self Vulnerable / Fearful self Intrapersonal ↔ interpersonal relationships – Anger / frustration</p> <p>Inner turmoil / fragmentation of self Protective versus vulnerable self Self as husband</p>	<p>inside.....uumm.....well, it just got worse.....[pause]....instead of being all like...happy about being a dad.....I just remember feeling more and more frustrated and angry that I didn't feel like .....like I thought I would.....like everyone expected.....[pause]</p> <p>I: so you felt both relieved and frustrated at the same time?</p> <p>X: yeah...that sounds stupid....but yeah....as I said I was pretty screwed up</p> <p>I: so what happened.....how did you cope with those conflicting emotions?</p> <p>X: I kind of shut down, I guess.....as I said...I played football, went to work and just tried to get through it.....but.....I..I couldn't seem to let it go...you know.....that I should have felt so relieved and happy.....but didn't.....it was as if I was .....[pause].....it was as if I had forgotten ■.....that everyone had forgotten ■.....and what did that make me? What kind of dad forgets about their kid?.....[pause]....it was like my world was falling apart and I didn't know who I was anymore.....I just kept thinking.....[pause].....I just kept thinking that.....I.. I was just like my dad.....and that.....that made me sooo angry.....angry with myself and everyone around me.....and that's when it all started to fall apart.....[pause]</p> <p>I: I can see this is difficult for you.....um.....are you ok?</p> <p>X: yeah...thanks....uh.....yeah, I'm good...it's ok</p> <p>I: I'm wondering.....how old was ■ at this point?</p> <p>X: um...I guess he must've been about seven....no... eight months old when I kinda lost it....um....yeah</p> <p>I: you said you lost it....um.....are you ok to talk about what that was like for you?</p> <p>X: yeah, no problem.....that's why I'm here really.....um.....as I said....there was all this stuff kinda just twisting around inside me.....um.....■ was better.....um.....she was seeing someone at ■ every week and her mum had ■, so there was no problem there.....it really helped her....gave her some space and time to think, you know....really work though stuff.....so, yeah...■ was getting better and things between us....well....she was trying but I was in a different place....I mean.....every time I looked at her and ■ I just felt guilty....a complete failure.....I was no use to either of</p>	<p><i>personal relationships – social/cultural expectations</i> Having a healthy child meant his negative affect regarding his experience of self as father could not be legitimised – shame / guilt / failure – fragmentation of self – masculine identity challenged Describes permitted masculine response to negative affect – <i>'I just remember feeling more and more frustrated and angry'</i> – repetition of <i>more</i> highlights escalating nature of this experience Describes activities outside of the home as his respite – <i>'I played football, went to work and just tried to get through it'</i> – highlights avoidance coping response <i>'I should have felt so relieved and happy...'</i> – critical self / guilt / shame / failure - self as father <i>'what did that make me? What kind of dad forgets about their kid?'</i> -negative association with own father – fear of judgement fragmentation of self Hesitation highlights significance of emotional impact – self placed in time – then and now – [pause] – reflective – energy shift - <i>'it was like my world was falling apart and I didn't know who I was anymore'</i> – highlights experience of fragmentation of self – who am I? Loss / isolation / critical self / fear / loss of control / ?guilt and shame Repetition and hesitation highlight experience of negative affect with attribution of meaning – questioning self / critical / fearful self – the negative association of his father identity momentarily blocks the protective self defence mechanism exposing his vulnerable self - Father ↔ son / Man ↔ boy Energy shift - <i>...that made me sooo angry....'</i> – emphasis on <i>soo</i> highlights the emotional response to this attribution of meaning – intra-personal relationships affecting interpersonal relationships - anger accepted male expression of negative affect – masculine identity reaffirmed through familiar coping response – social / cultural influences / personal expectations re: masculine identity – protective self versus vulnerable self - <i>'angry with myself and everyone around me...that's when it all started to fall apart....'</i> – pivotal point – loss of control / helplessness / fear / guilt and shame –internal frustration and self-punishment / judgement expressed via anger – [pause] – reflective – this memory invokes a powerful sense of the past re-experienced in the present – I am aware of his vulnerability <i>'there was all this stuff kinda twisting around inside me'</i> – highlights experience of inner turmoil – fragmentation of self – protective self versus vulnerable self Describes how his wife's psychological and emotional health was improving – positive impact of counselling</p>
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<p>Guilt / failure Self as husband and father Loss of past self Avoidance coping response Masculine identity challenged Deconstruction / Fragmentation of self Loss of reciprocal relationship with wife – rejection / failure / guilt / shame Escalation in experience of stress Social / cultural / environmental expectations Occupational self versus self as husband and father <i>'it was as if I couldn't get away from this sense of failure'</i> Failure / guilt / shame/ loss Intra and inter personal relationships Loss of past self – loss of power and control <i>'it was as if I was trapped...I couldn't breathe'</i></p> <p>Fragmentation of self Loss of past self Self as father Failure / guilt / shame / fear Questioning / critical self Negative relationship with own father Loss of power and control Escalation in experience of stress <i>'I was losing control...everything was spiralling out of control...I felt so helpless and frustrated...really angry with myself for being so pathetic and weak'</i> - Anger / frustration/ helplessness Critical / punishing self Loss of masculine identity Social/cultural expectations – fragmentation of self Loss of past self / masculine identity - <i>'the constant babbling baby talk in the office was driving me insane...I just couldn't cope'</i> Loss of hopes and dreams Negative childhood experiences</p>	<p>them.....so I withdrew.....went to football.....stayed out with the guys longer than I needed to, you know, went for a drink after, instead of going home.....I know it sounds selfish....and I guess it was but I just couldn't face the guilt and sense of failure when I got home..... had started to try and get me more involved with [redacted]...but by then...he'd got so used to her doing everything that as soon as I went near him, he'd just cry and reach out for [redacted].....it was crap.....[pause].....anyway, we kind of bumped along for a while but home was just getting more and more stressful and .....well, I guess that stress stayed with me at work....um....it got harder when one of the girls in the office got pregnant and well.....it was as if I couldn't get away from this sense of failure.....I just couldn't connect with my concept of what a good dad should be and how I felt inside.....um....everything I thought it would be, well....it just wasn't, if you know what I mean.....um....it was as if I was trapped .....I couldn't breathe.....every aspect of my life seemed to remind me of how I was failing.....failing [redacted] in terms of support, you know as her husband.....but the worst thing was my sense of failing [redacted].....and [redacted] I just couldn't reconcile this idea of how I should be feeling, you know.....happy....that we had a healthy little boy, that [redacted] was getting better and that I <i>should</i> have been feeling relieved and getting on with being the dad I dreamt I could be.....that I needed to be not just for [redacted] but for [redacted] too.....it was as if I was failing him as well.....[pause].....I really was becoming like my dad.....[sighs].....and that....that was the thing that frightened me the most....that I'd end up an empty shell of a man....no use to anyone....a complete failure.....[pause].....</p> <p>I: It sounds like you were really struggling....uumm.....the thought of becoming like your dad you said frightened you...um....what..what did that mean for you?</p> <p>X: .....I was losing control.....everything was spiralling out of control and I just felt so helpless and frustrated.....I was really angry with myself for being so pathetic and weak.....[pause].....anyway, this frustration just continued to build up inside me and the constant babbling baby talk in the office was driving me insane.....I just couldn't cope....every time there was any reference to my colleague's pregnancy there would be little comments like....."oh, ask [redacted] he knows all about babies and stuff" or "How are [redacted] and [redacted] you must be so happy".....I know it sounds stupid.....and don't get me wrong....the comments themselves were fine.....it's just what that all represented for me.....you know.....it was as if my failure as a husband and father was being held up in banners all around me...at home and at work.....[sighs].....and I just couldn't cope.....I stopped going to football and found everything such hard work....I was snappy at home with [redacted] and I was struggling to concentrate at</p>	<p>support - Reflects on his wife's attempts to reconnect and his experience of inner turmoil blocking this – <i>'I was in a different place....I just felt guilty...a complete failure....I was no use to either of them'</i> – masculine identity challenged – failure/ loss/ guilt / shame – self as husband and self as father became negative experiences – fragmentation of self Describes avoidance coping response – loss of second son – intrapersonal relationship negatively impacting interpersonal relationships Repetition of <i>more</i> – highlights escalating experience of stress - Personal resources depleted – protective self versus vulnerable self no longer clearly defined boundary between occupational identity and home identity – <i>'it was as if I couldn't get away from this sense of failure'</i> - avoidance coping response no longer effective – fragmentation of self / loss of past self Describes experience of loss of avoidance coping – <i>'it was as if I was trapped...I couldn't breathe'</i> – loss of control / fragmentation of self / isolation / failure / fear / guilt / shame Questioning / critical self <i>'I should have been relieved and getting on with being the dad I dreamt I could be...needed to be...'</i> - emphasis on <i>should</i> – highlights personal responsibility – influence of social/cultural expectations – loss of hopes and dreams – loss of integrated sense of self / masculine identity - [pause] – reflective – energy shift <i>'I really was becoming like my dad..'</i> – highlights negative childhood experiences and influence / impact of negative relationship with father / male role model – [sighs] – reflective / resigned – Recounts his inner fear – loss / failure/guilt/shame – vulnerable self exposed and present - Father↔son / man↔boy Describes experience of loss of control, helplessness, frustration and anger – his experience of escalating frustration / isolation and loss of control – no escape – <i>'the constant babbling baby talk in the office was driving me insane...I just couldn't cope'</i> - unable to employ familiar avoidance coping – trapped / isolated / failure – loss of control Interpersonal relationships increasing experience of negative affect and intrapersonal relationships – loss of masculine identity / failure/guilt and shame – gender power relations / social/cultural expectations / influences Describes experience of significant shift in internal processes and loss of coping mechanisms – withdrawal / loss of energy / inability to cope / negative impact on performance at work – <i>'I seemed to be failing at</i></p>
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<p>Negative relationship with own father          Failure / guilt / shame          Father↔son / man↔boy          Gender power relations          Loss of power and control          Helplessness / frustration / anger          Escalation of experience of stress          Loss of coping ability  <i>'trapped....closing in on me....stuck...I wasn't moving..'</i>          Loss of control / helplessness / isolation          Loss of reciprocal relationship with wife          Loss of past self / masculine identity / role          Fragmentation of self          Inner experience versus external expression - <i>'everything outside of me was as it should be but I wasn't a part of it'</i> - Isolation / helplessness          Intra versus inter personal relationships          Separation / disconnected          Fragmentation of self          Self as husband and father          Protective self versus vulnerable self</p>	<p>work.....uumm.....everything seemed to take so much longer, if you know what I mean.....my work load hadn't changed but I didn't seem able to manage it like I used to.....so that added to my sense of failure.....you know.....I seemed to be failing at everything.....I know this must sound so pathetic.....</p> <p>I: no, not at all.....you were struggling to cope with a very difficult situation.....[pause].....you have talked about the sense of failure and your frustration and anger regarding how you were coping ....uumm.....earlier, you said that you couldn't breathe.....um.....if it's ok would you talk a bit more about that?</p> <p>X: yeah,.....uumm.....that's just it...I felt like everything was closing in on me.....like I was trapped.....it was as if I was stuck in a place where the world was carrying on around me but I wasn't moving with it, if you know what I mean.....even at home..... was getting better each week, you know, back to her old self and was feeding and sleeping well.....um.....everything outside of me was kinda how it should be but .....um.....I just wasn't a part of it.....does that make sense?.....I mean I was going through the motions, you know, going to work, trying to support and .....and really trying to be the good dad but it .....it just wasn't real.....[pause].....disconnected somehow</p> <p>I: mmmm.....I can see how frustrating that must have been for you.....um.....did you talk to anyone during this time.....um.....perhaps a friend or your mum?</p> <p>X: No.....I know I should have.....I was stupid not to but it's not in my nature to talk about that kind of stuff, if you know what I mean.....um....I can remember thinking that each day would be better...that tomorrow I'd be OK...you know....back to my normal self.....just getting on with things.....[sighs].....but it didn't work out like that.....each day.....well....it was as if I was losing a little bit more of me.....um.....I couldn't recognise the man in the mirror anymore.....I seemed to .....[pause].....each day.....I seemed to look more and more like my dad.....[pause].....I mean.....not physically.....um.....how can I explain?.....um.....it was like an emptiness, if you know what I mean.....a dark ....emptiness .....like a black hole...that seemed to be getting bigger.....and I was so scared that I would just disappear into it .....[pause].....um.....yeah.....um.....so, no I..I didn't really talk to anybody.....I couldn't even talk to I mean we'd always been able to talk things through, you know...before.....but I just couldn't.....don't get me wrong...it wasn't because our relationship was bad or anything like that.....I mean I really tried to support me but I kept saying I was ok and reassured her that I</p>	<p><i>everything'</i> - overbearing sense of failure – catastrophic thinking  <i>'I know this must sound so pathetic'</i> – gender power relations – fear of judgement – social/cultural expectations / influences          Fragmentation of self – self placed in time then and now – shame / failure / guilt / loss of masculine identity          Describes feeling trapped / stuck – detached from the world – own world seeming smaller  <i>'trapped....closing in on me.....stuck.....I wasn't moving.....'</i> – highlights sense of suffocation – loss of control / helplessness / isolation  <i>'....even at home.....'</i> – suggests alienation / loss of reciprocity – loss of self – masculine identity – vulnerable self exposed / unprotected  <i>'.....everything outside of me.....'</i> – suggests a sense of separation –was kinda how it should be.....but I wasn't a part of it' – should suggests preconceived beliefs / sense of normality - internal sense of being in the world versus perception of external reality - <i>'....does that make sense?....'</i> – Gender power relations – fear of judgement  <i>....I was going through the motions...trying to support D....and really trying to be the good dad.....'</i> emphasis on really highlights desire – intrapersonal versus interpersonal relationships – social / environmental / cultural influences / expectations – <i>'....it just wasn't real....[pause]....'</i> – just suggests resignation – pause – reflective - <i>'....disconnected somehow'</i> – suggests awareness of internal separation from external environment / relationships – questioning ? trying to make sense of experience – fragmentation of self – questioning self – self placed in time – then and now <i>'...I know I should have...I was stupid not to...'</i> – highlights sense of personal responsibility – judging himself harshly  <i>'...it's not in my nature to talk about that kind of stuff'</i> – suggests core sense of self – masculine identity gender power relations / fear of judgement          Describes waiting / hoping that each new day would bring a release from his experience of being trapped – <i>'...that tomorrow I'd be OK...back to my normal self...'</i> – suggests sense of abnormality / alienation from integrated self and others – inter and intra personal relationships - loss / fragmentation of self          Describes experience of losing his sense of self - <i>...each day.....well....it was as if I was losing a little bit more of me...I couldn't recognise the man in the mirror anymore...'</i> – emphasis on me – suggests loss of core sense of self – fragmentation / loss of protective / integrated self and</p>
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<p>Loss of past self</p> <p>Protective self versus vulnerable self</p> <p>Self as husband and father versus vulnerable self</p> <p>Avoidance coping response</p> <p>Fragmentation of self</p> <p>Negative childhood scripts – gender power relations</p> <p>Loss of reciprocal relationship with wife</p> <p>Loss of communication / intimacy</p> <p>Avoidance of negative affect</p> <p>Questioning self</p> <p><i>that's what I couldn't talk about to anyone cos I didn't know the answers myself'</i></p> <p>Protective self versus vulnerable self</p> <p>Avoidance coping response</p> <p>Self as husband and father versus vulnerable self</p> <p>Isolation / frustration / anger</p> <p>Critical / punishing self</p> <p>Failure / guilt / shame</p> <p>Social / cultural influences</p> <p>Gender group / masculine identity</p> <p>Escalating experience of stress</p> <p>Loss of coping ability</p> <p><i>'...work was becoming more stressful as I was becoming less able to cope...'</i></p> <p>Self placed in time</p> <p>Social / cultural expectations / influences</p> <p>Interpersonal relationships experienced as negative</p> <p>Loss of control</p> <p>Crisis point <i>'...it just all came to a head. - '...I just wanted to smash my desk up and tell everyone to F off....there was this kinda rising sense of panic...like I was losing control...'</i></p>	<p>was just tired and that work was stressful.....I didn't want her to have to worry about me.....she'd had so much to deal with since J was born that I just couldn't .....it wouldn't have been fair on her, especially when she was getting better herself.....no.....I really thought that I just needed to man-up....you know pull myself together .....hmm.....so yeah</p> <p>I: um....you say that your relationship with ■ was better but that you couldn't talk to her.....um.....when you say you couldn't talk to her was that generally or more specific than that?</p> <p>X: well....we talked but it was only about ordinary stuff ....you know....how her day had been and if ■ was ok...um.....what to eat or watch on TV....you know...ordinary stuff.....but we never got beyond that....well, no.... that's not exactly true....■ could talk to me about her feelings and what she'd discussed with her counsellor.....and I could listen to that....uumm.....it was when she'd ask me what I was thinking or how I was feeling that I found hard.....that's what I couldn't talk to anyone about cos I didn't know the answers myself.....I'd just say I was fine and that she didn't need to worry about me.....then I'd change the subject back to ■ or make us drink.....so we talked but kinda didn't at the same time if you know what I mean.....uumm.....none of our friends knew there was anything wrong.....I mean we were ok.....um.....it was just me.....I wasn't right and the frustration at knowing that just made me more angry</p> <p>I: so what happened to that anger?.....you said earlier that you “lost it”.....could you tell me a bit more about that?</p> <p>X: yeah, sorry I know you asked me that before and I got a bit sidetracked.....um....yeah, well as I said before...um...work was becoming more stressful as I was becoming less able to cope.....um.....and well, it just all came to a head.....um.....it was the end of November and everything was about Christmas.....you know what it's like.....it's all focused on families and children and everyone in the office was talking gifts and preparations and then a colleague said something about it being ■ first Christmas.....and well.....I can't remember exactly what she said.....anyway.....that's when I lost it.....[pause].....um.....all I can remember is the feeling inside.....uumm.....I just knew I had to get out of there before I did something I'd regret.....I just wanted to smash my desk up and tell everyone to F off and leave me alone.....fortunately I managed to control it but there was this...um...kinda....rising sense of panic inside me.....um.....like I was losing control.....it was as if a switch had just flicked on and I had to get out of there.....um.....I can't remember my exact words after that.....um.....all I know</p>	<p>masculine identity</p> <p>[pause] – hesitation reflects impact of inner turmoil invoked by memory – protective self versus vulnerable self – ‘each day I seemed to look more and more like my dad’ – repetition of more reflects gradual escalation in experience of fragmentation / loss of self – negative masculine identity associated with his father – ‘it was like an emptiness....a dark...emptiness....like a black hole that seemed to be getting bigger ...I was so scared that I would just disappear into it’ – repetition of emptiness highlights this experience of loss – fear / loss of self and loss of control / isolation – describes his experience of isolation and loss of reciprocal relationship with his wife while expressing a protective defence – I kept saying I was ok and reassured her that I was just tired and that work was stressful...I didn't want her to have to worry about me...she'd had so much to deal with since J was born that I just couldn't ...it wouldn't have been fair on her..I just needed to man-up....pull myself together.’ - fear of judgement / protective self versus vulnerable self - masculine identity and over-developed sense of responsibility social/cultural influences/ perceived expectations</p> <p>Describes change in communication with his wife and his avoidance behaviours – protective self versus vulnerable self – masculine identity – social / cultural expectations / influences – power and control – fear of judgement / loss of control</p> <p><i>....it was just me.....I wasn't right and the frustration at knowing that just made me more angry’ – frustration at sense of loss / anger - expressed as legitimate emotive response – masculine identity / isolation / inner turmoil – protective self versus vulnerable – social / cultural influences / expectations Describes experience of escalating stress levels and loss of coping ability – ‘...work was becoming more stressful as I was becoming less able to cope...’ – suggests an understanding / awareness of stress / coping relationship – reflective self – self placed in time - past experience interpreted through present self reflection – post-counselling self versus pre-counselling experience of self and memory – ?protective self allowing exposure of vulnerable self ‘...it just all came to a head...’ – suggests crisis point</i></p> <p>Describes social / environmental and cultural influences – setting the scene - ?careful to ensure I understand the full picture – gender power relations - ?legitimacy – paradoxical nature of external versus internal - Interpersonal versus intra personal relationships – occupational self / self as father / masculine self - protective self versus vulnerable self Describes specific experience of crisis point within the context of work environment and overwhelming sense of frustration</p>
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<p>Frustration / anger                  Intra versus inter personal relationships                  Loss of coping ability                  Fragmentation of self                  Protective self versus vulnerable self                  Gender power relations                  Fear of judgement / guilt / shame</p> <p>Self placed in time                  Guilt / shame</p> <p>Self as husband / protective self                  Masculine identity                  Gender power relations                  man ↔ boy                  Crisis point                  Reflective self                  Self placed in time</p> <p>Gender power relations                  Masculine identity                  Protective self / self as husband                  Avoidance of negative affect                  Social / cultural expectations                  '...man-up...be a good husband'</p>	<p>is that I just walked out the office ..... [sighs] .....hmmm.....[pause]                  I didn't know what I was doing at that point I just remember the power of that feeling of anger and knowing that I had to get out before I did something I'd regret..... so I walked from the centre up to the downs, that helped me to calm down, I found a bench and just sat there.....I was trying to work out what had just happened...I thought I was going mad. Anyway, as I sat there I was so aware of this emptiness.....this black hole inside of me that just wasn't getting any better.....I just couldn't make sense of it and as I sat there I broke down.....[shakes head].....I cried.....[pause]                  .....uumm.....yeah.....[sighs].....I never want to experience anything like that again.....[pause].....you're only the second person I've told that to.....I haven't even told ■ that much.....I mean she knows about the work thing and that I realised I needed help at that point but she doesn't know all the details.....I guess I still needed to protect her from all that, if you know what I mean.....I still needed to hold on to that bit of me, you know.....to kind of not get completely swallowed up in that black hole.....yeah, that was really important for me to still be able to reassure her.....so yeah that was the turning point for me.....I guess I kinda needed that...uh.....crisis point, if you know what I mean.....um.....I'd just been existing up 'til then and it was just getting harder each day.....sitting on that bench and crying.....I dunno.....it was a really odd experience.....uumm.....anyway, once I'd calmed down I phoned my manager.....she was brilliant.....I'm so lucky that I had her as my boss otherwise I may well have been out of a job.....she told me to take the rest of the day to think about what had happened and that she'd see me in her office at 10am the next day.....so yeah.....um.....it was already half way through the afternoon so I phoned ■ and told her I wasn't feeling too well and that I'd be home early.....so, yeah.....[pause]</p> <p>I: That was such a difficult experience for you.....um.....you said that you told ■ you were unwell at that point....um....but you also said ■ knows about what happened at work but not the details....um..I was wondering would you tell me a bit more about why you didn't tell ■ at the time?</p> <p>X: yeah, um,,,,I know this will probably sound stupid but I ....um....I think I was still trying to work things out for myself at that point and...well...you know, I needed to protect her from that, if you know what I mean.....she'd gone through enough and, as I said, I kinda needed to know I could still be strong for her at that point, you know ....man-up...um...be a good husband.....does that make sense?</p>	<p>and anger                  Protective self versus vulnerable self / power and control / gender power relations – '...I just wanted to smash my desk up and tell everyone to F off.....there was this kinda rising sense of panic.....like I was losing control...' – <i>kinda softens / protects</i> – self placed in time / then and now - internal experience versus external expression – control vs loss of control – protective self versus vulnerable self – sense of intensity of this recollection – [sighs]...hmmm...[pause] – suggests ?shame – reflective self – fear of judgement – gender power relations – perceived social / environmental and cultural expectations – then and now Repetition of description emphasises impact / significance of this experience – avoidance behaviour – protective vs vulnerable self '...I broke down....[shakes head]....I cried...[pause]' – non-verbal communication suggests shame and highlights significance / impact – social / environmental and cultural expectations / influences – gender power relations – masculine identity – man ↔ boy '...I never want to experience anything like that again...[pause]...you're only the second person I've told that to....I haven't even told D that much' – Gender power relations – ?power and control within interview relationship - protective self versus vulnerable self - 'I guess I still needed to protect her' – protective self - masculine self / self as husband and father - vs vulnerable self – 'I still needed to hang on to that bit of me, you know...to not get completely swallowed up in the black hole' – highlights internal struggle – power and control – masculine identity – ?searching for core / integrated sense of self versus fragmented experience of self - Describes 'crisis point' as a positive / necessary experience to break the spiralling sense of despair and enable help-seeking behaviour – 'sitting on that bench and crying...I dunno...it was a really odd experience' – suggests alienation / distancing / protecting through reflection self placed in time then and now Uumm...anyway – energy shift – almost dismissive – power and control – masculine identity – protective self versus vulnerable self</p> <p>'I know this will probably sound stupid...' - fear of judgement – protective self '...I think I was still trying to work things out for myself at that point...' – highlights cognitive processing – reflective – questioning self / self placed in time – now and then'...I needed to protect her from that....she'd gone through enough...' – protective self / masculine identity – gender power relations and social / cultural influences - ?concepts re: strength and weakness – gender role responsibilities - ? core scripts</p>
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<p>Questioning self Self placed in time Present self making sense of past experiences of self Reflective self <i>'... holding on to my sense of ....being a good husband....helped me to hold-on to a sense of being a good dad...'</i> Masculine identity Self as husband and father Success versus failure</p> <p>Protective self versus vulnerable self Reconstruction of self / masculine identity Searching for past self <i>'that I'd get back to the man I was before'</i> Hope / power and control</p> <p>Occupational self legitimises help seeking behaviour</p> <p>Gender group identity Social / cultural expectations Self placed in time Reflective self</p> <p>Help seeking behaviour and language <i>'exhausted and stressed out...'</i> Masculinity Social /cultural influences Questioning self Reluctance to accept medication and diagnosis</p> <p>Depression = failure weak Fear of becoming like his dad Negative relationship with father Masculine identity Father ⇄son / Man ⇄boy Failure / shame Social / cultural expectations</p>	<p>I: yes, it seems that being able to protect [redacted] from your own emotional turmoil enabled you to ...um...you said...hang-on to a part of yourself...um....could you say a bit more about that?</p> <p>X: yeah, um.....<b>how can I explain this?.....um.....yeah, by holding on to my sense of ...um....being a good husband...um....helped me to also hold-on to a sense of being a good dad, if you know what mean....um.....it helped me to feel like I still had some control and that I hadn't become completely lost.....like my dad. I guess.....does that make sense?</b></p> <p>I: yes,....um.....it seems like you were really struggling to survive....and um...to hold on to those parts of your identity as a good husband and father....um.....what did that mean for you?</p> <p>X: <b>It meant that I wasn't completely lost.....that there was still hope that things would get better.....um....that I'd get back to the man I was before, if you know what I mean</b></p> <p>I: mmm.....so, this crisis point became a turning point for you.....um.....did you seek help then?</p> <p>X: um, yeah, well, what happened is that <b>I met with my manager and it was actually she who suggested I saw my GP, so that I could get some time off work and maybe access some counselling.....which I did</b></p> <p>I: What was that like for you? To have your manager suggest you needed to see your GP and access counselling?</p> <p>X: <b>Well, she's a woman so I guess it didn't really seem strange that she'd suggest that...I mean that's what happened for [redacted], so .....I dunno, it's hard to explain.....I think I just felt so relieved that I wasn't on a disciplinary that I didn't really think about it that much.....uumm.....when I phoned my GP for an appointment, I didn't say anything about needing counselling.....and when I saw the Doc, I just said that I was really exhausted and stressed-out so, I was really surprised when he said I had depression.....I didn't expect that....the Doc....um....gave me a prescription for some anti-depressants.....uumm.....I really wasn't sure about that.....hmm</b></p> <p>I: so what did that diagnosis mean for you?</p> <p>X: ....uumh....at <b>first I didn't want to believe him....um.....you see my dad suffers</b></p>	<p>from personal history – ?men protect women <i>'...does that make sense?'</i> and <i>'How can I explain this?'</i> – suggests more rhetorical questioning – questioning self – self placed in time – present self trying to make sense of past self experiences</p> <p><i>'... holding on to my sense of ....being a good husband....helped me to hold-on to a sense of being a good dad...'</i> – Repetition of hold-on suggests process of reconstruction – rebuilding fragmented self – self as husband and father become positive gender roles – reaffirming masculine identity - <i>'...it helped me to feel like I still had some control'</i> – power and control – gender power relations – protective self vs vulnerable self – <i>'...that I hadn't become completely lost...like my dad'</i>- negative father relationship - concealed fear of father identity affecting core beliefs about himself and his masculine identity – father ⇄son - +ve father and husband identity become foundation for reconstruction of integrated self – +ve attribution meaning – hope / power and control / masculine identity Describes process of help-seeking behaviour Occupational self – performance affected – legitimises help-seeking behaviour - <i>Unsurprised by manager's recommendation to seek counselling - 'Well, she's a woman so I guess it didn't really seem strange...'</i> - Social / cultural expectations / perceptions of gendered help-seeking behaviour - <i>'I dunno it's hard to explain'</i> – suggests questioning / uncertainty – self placed in time – present self ?re-evaluating past experience <i>'when I phoned my GP....I didn't say anything about needing counselling.....'</i> –?suggests shame – masculine identity / protective self - <i>'exhausted and stressed out...'</i> – highlights perceived acceptable language in-terms of social / cultural / expectations of gendered help-seeking behaviour – Masculine identity / protective self Describes being <i>surprised</i> - unexpected diagnosis and prescription for anti-depressants – <i>'I wasn't sure about that....hmm'</i> – highlights uncertainty regarding his experience and the GP's diagnosis – non-verbal communication suggests this uncertainty is still present – questioning self – masculine identity / protective self – social / environmental and cultural expectations / influences – ?didn't question authority of GP <i>Me emphasis highlights personal nature of meaning – failure...weak</i> – s suggest preconceived notions of acceptable male characteristics – masculine identity – success and strength – concealed fear of becoming like his dad – protective self vs vulnerable self – questioning self – masculine self - Father⇄son – influence of -ve relationship with father - +ve communication from GP – GP normalises experience – social</p>
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<p>Authority and gender of GP – normalises / legitimises diagnosis          Negative association of diagnosis          Language – stressed / exhausted          Intra versus interpersonal relationships - Gender roles / power relations - Social / cultural / environmental influences  <i>'I hadn't had all that physical stuff .....so I felt like a bit of fraud'</i>          Self as husband and father          Protective / masculine self versus vulnerable self - Success versus failure - <i>'it was my job to support her and be a good dad not fall apart like a pathetic, weak twat'</i>          Critical / punishing self          Group gender identity  <i>'... you know what it's like....I mean when it comes to babies then we men have to take a side seat, if you know what I mean...'</i>          Social / cultural expectations          Fear of judgement / shame          Masculine identity          Protective self versus vulnerable self – questioning self          Physical health legitimises mental health - Authority of Biomedical model - Social / cultural influences          Gender power relations          Childhood scripts / critical self  <i>'I just needed to man-up...get some rest and pull myself together'</i>          Protective self versus vulnerable self          Negative association between diagnosis / masculine identity / relationship with father  <i>'the diagnosis was pretty hard to hear...especially as I know my dad suffers with it...I did feel angry..angry and scared..that was my worst nightmare to think I was becoming like him'</i>          Fear of becoming like his dad – anger / guilt / shame</p>	<p>from depression, so for <i>me</i> depression meant failure....um....weak....um....the doc was really good .....he said it was perfectly normal for me to feel stressed, that a new baby always brings added pressure....um....and that it was important to recognise when that was becoming too much to cope with....um....initially, everything the Doc was saying kinda added to my sense of failure.....um....yeah, for sure, it's normal to feel stressed out and exhausted but I hadn't had all the physical stuff that went with that like ■ did, so I felt like a bit of a fraud, if you know what I mean....um.....it was my job to support her and be a good dad not fall apart like a pathetic, weak twat....sorry....</p> <p>I: It's not a problem.....I'm getting a sense of the strength of feeling that was around for you then....um.....I know you've mentioned your experience of frustration and anger and that seems present here....um.....it seems that there's something about being a man....and receiving a diagnosis for depression at this particular point in your life that affected how you experienced it.....you mentioned feeling a like a fraud because it was your job to be supportive to ■ and not fall apart.....could you say a bit more about that?</p> <p>X: Well, you know what it's like....I mean when it comes to babies then we men have to take a side seat, if you know what I mean,....um....don't get me wrong....it's right that women get all the support they need...I mean it's their bodies that go through all that physical stuff.....I sure as hell wouldn't want to experience that....no....but.....there is a real emphasis on being the supportive husband and multi-tasking dad, if you know what I mean....but that's OK.....I mean....yeah, I just needed to man up....um.... get some time off work to rest and pull myself together.....so, yeah....um....the diagnosis was pretty hard to hear.....especially as I know my dad suffers with it.....so yeah....um.....I did feel angry ....um.....angry and scared.....you know.....that was my worst nightmare to think I was becoming like him</p> <p>I: So is that what the diagnosis meant for you.....that you were becoming like your dad?</p> <p>X: yeah, a pathetic, weak .....well, you know</p> <p>I: Twat</p> <p>X: [laughs]...yeah</p> <p>I: you said you weren't sure about the medication.....tell me more about that</p>	<p>/ cultural and environmental influences / expectations – authority and gender of GP legitimises diagnosis and prescribed medication – he doesn't openly question the diagnosis – conflict between inter and intra personal relationships – questioning self / shame / guilt / masculine identity / fear / power and control  <i>'it's normal to feel stressed out and exhausted'</i> – repetition of language highlights acceptable expression of negative affect – masculine identity / protective self vs vulnerable self – differentiates between his own and his wife's postnatal experience – <i>'I hadn't had all that physical stuff .....so I felt like a bit of fraud'</i> – a bit – softens impact of memory – protective self vs vulnerable self – authority of biomedical model – social / cultural / environmental influences - physical experience legitimises Psychological / emotional responses – Gender power relations - <i>'it was my job to support her and be a good dad not fall apart like a pathetic, weak twat...'</i> – highlights social / cultural expectations re: postnatal gender role / rights – language highlights power of negative affect in response to meaning - Anger / frustration / guilt and shame – masculine identity challenged – fragmentation of self and concealed fear - ?talking to a female researcher intensified recollection / experience of negative affect – present self re-experiencing negative affect attributed through memory of past self experience - ?would a male researcher invoked a different present experience? - <i>'... you know what it's like....I mean when it comes to babies then we men have to take a side seat, if you know what I mean...'</i> – suggests expectation of shared understanding – social / cultural expectations - gender group identification – protective self vs vulnerable self – ? I represent my gender group as he identifies himself with his – fear of judgement – helplessness – gender power relations - Authority of female physical experience keen to present a respectful understanding of this inherent authority – social / cultural expectations – gender power relations within the interview relationship – fear of judgement / shame  <i>'but.....there is a real emphasis on being the supportive husband and multi-tasking dad, if you know what I mean.....'</i> – this sentence is sandwiched between an emphasis on his expression of understanding / respect for the physical experience of women and his understanding of his gender role expectations and his masculine sense of self - <i>but</i> – suggests a small questioning voice highlighting his experience of gender role expectations – there is something disempowering here - ?what is he <i>not</i> saying? – sense of frustration / ?anger – his father identity was only acknowledged as important in terms of his support for mother and infant – social / cultural expectations - Diagnosis was difficult for him to accept because of the association with his own father – attribution of meaning in response to the diagnostic label of depression brought self criticism / fear / shame / anger - Describes role of medication – <i>'that kinda made it real'</i> – kinda – softens / protective self – emphasis on <i>real</i> – highlights perceived authority of biomedical model – social / cultural / environmental expectations – unwell ⇒ GP ⇒ diagnosis ⇒ treatment - reductionist approach to understanding experience – <i>'I couldn't</i></p>
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<p>Authority of biomedical model <i>'the meds...that kinda made real..that I couldn't fix this myself...that I was mentally ill'</i></p> <p>Social / cultural / environmental influences</p> <p>Loss of power and control</p> <p>Loss of past self <i>'...that didn't connect with me'</i></p> <p>Masculine identity</p> <p>Fragmentation of self</p> <p>Questioning / critical self <i>it wasn't something that I ever thought would happen to me'</i></p> <p>Guilt / shame / loss of past self</p> <p>Reflective self / self placed in time</p> <p>Reconstructive process <i>'looking back and remembering how I felt..I'm more able to accept that I did need help and that it was OK...now'</i></p> <p>Reflective self</p> <p>Self placed in time then and now</p> <p>Authority of GP's communication</p> <p>Diagnosis legitimised as Grief</p> <p>Social / environmental / cultural influences</p> <p>Gender power relations</p> <p>Protective self versus vulnerable self</p> <p>Self as husband</p> <p>Masculine identity</p> <p>Self placed in time</p> <p>Questioning / critical self</p>  <p>Authority of GP</p> <p>Normalisation / legitimacy of diagnosis</p> <p>Social / cultural influences</p> <p>Reconstructive process <i>'understanding depression in terms of grief...meant I'd get better...back to my old self'</i></p> <p>Protective self versus vulnerable self</p>	<p><b>X:</b> yeah, ...um....well, the meds, that kinda made it <i>real</i>, if you know what I mean....um....that I couldn't fix this myself....that I was mentally ill.....uumm.....that didn't connect with <i>me</i>, if you know what I mean....um....it wasn't something I ever thought would happen to <i>me</i>.....um....I know this sounds pretty stupid really....um....cos looking back and remembering how I felt....well....I'm much more able to accept that I did need help and that it was OK....<i>now</i>....um....that it didn't mean I was weak and it certainly didn't mean that I was becoming like my dad....but it wasn't the meds that helped me with that stuff...it was the counselling</p> <p><b>I:</b> Did you not take the medication?</p> <p><b>X:</b> Oh, sorry...yeah...I did...I mean, the meds certainly helped to get me back on an even keel, if you know what I mean....but it was the counselling that has helped me to make sense of it all...um....and to really work through all that stuff about my dad....um....but it was the GP that first helped me to see the diagnosis differently....you see he went on to ask how I was coping with the loss of A....uumm.....[sighs].....he said that depression was a normal part of grief.....it's funny.....I accepted that for [redacted] but it hadn't registered with me that I needed to work through that too.....you know.....I just hadn't really dealt with losing [redacted].....[pause].....um....so he prescribed the anti-depressant but also suggested counselling and referred me to the counselling service....um...he signed me off work for a month....so having that break really helped to take the pressure off.....so, yeah, that was when I got help</p> <p><b>I:</b> I noticed you said that it was your GP who helped you to see the diagnosis differently....um....that he associated your experience of depression with grief....in what way did that affect your experience of being diagnosed with depression?</p> <p><b>X:</b> well, I guess it.....it kinda made it OK, if you know what I mean....um....I dunno....it's hard to explain....um.....I think for <i>me</i> it meant that I wasn't like my dad...um....that it was perfectly normal to cry and get stressed out and not really want to ....uh.....kinda....carry-on with life, when you are grieving, if you know what I mean....um....not in the suicidal sense...um....it's like I said before...um....I was kinda going through the motions but didn't really feel part of the world around me....like I was trapped in a bubble looking out on the rest of the world .....[pause].....uumm.....so understanding depression in terms of grief...really, kinda made sense to me.....it meant that I'd get better....um....back to my old self, if you know what I mean</p> <p><b>I:</b> so, being diagnosed with depression in terms of your grief was acceptable, for</p>	<p><i>fix this myself...that I was mentally ill.....that didn't connect with me'</i> – emphasis on <i>me</i> highlights experience of alienation – <i>'it wasn't something that I ever thought would happen to me'</i> – questioning self – fragmentation of self - <i>'I know this sounds pretty stupid..'</i> – suggests embarrassment / ?shame – gender power relations – environmental influences / expectations <i>'...looking back and remembering how I felt..'</i> – self placed in time -<i>'I'm much more able to accept that I did need help and that it was OK...now'</i> – emphasis on <i>now</i> suggests this acceptance came later - attribution of meaning changed over time – <i>'it didn't mean that I was weak and it certainly didn't mean that I was becoming like my dad'</i> – protective self acknowledging vulnerable self – reflective self - <i>'it wasn't the meds that helped me with that stuff..it was the counselling'</i> - Attributes revised understanding and acceptance to counselling - <i>'sorry...yeah...I did...I mean, the meds certainly helped....but it was the counselling that has helped me to make sense of it all...'</i> - ?environmental influences and researcher's professional status – expectations around role - being a good participant - fear of judgement – gender power relations - GP placed diagnosis within frame of reference of grief – legitimises experience – social / cultural expectations – bereavement legitimises grief ergo depression – authority of health professional - <i>'it's funny..'</i> – suggests a reflective questioning – self placed in time present self considering actions and reactions of past self - <i>'I accepted that for D...'</i> - highlights focus on wife's needs over his own – avoidance coping response / protective / masculine self – gender power relations and social / cultural expectations – <i>'...but it hadn't registered with me that I needed to work through that too.....I just hadn't really dealt with losing A...'</i> – [pause] – highlights reflective self – sense of past loss in present moment – self placed in time – present self ?questioning past experience of self – critical self <i>'it kinda made it ok...'</i> – highlights perceived authority of GP – something about being given permission to not cope / be depressed</p> <p><i>Me</i> – emphasis highlights personal identification and meaning – something about unique ownership of experience – highlighting for me that this is his story – contextual nature of personal meaning making – ?protects against judgement – gender power relations and social / cultural expectations – describes debilitating experience of depression, his sense of separation from the world around him and how diagnosis understood within grieving frame of reference normalised - ergo legitimised - this experience – his understanding of the grieving process meant that he would <i>'get better...back to my old self'</i> – therefore he was not becoming like his dad – this re-evaluation of his</p>
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<p>Masculine identity Reflective self Self placed in time – then and now Masculine identity Reflective / Critical self Self as husband and father Language versus meaning <i>it's tough and stressful and exhausting but depression is more something that affects women</i> Group gender identity Social / cultural expectations / influences Success versus failure Weak versus strong Gender power relations Authority of biomedical model <i>...postnatal depression...[women] have all that hormonal stuff to deal with that men don't have..'</i> Authority of feminine bias Group gender identity Social / cultural expectations <i>'understanding [depression] in terms of grief...well, that made sense...it meant I could get better'</i> Power and control Masculine identity Self placed in time – then and now Reflective self Questioning self Group gender identity Authority of biomedical model Female centric bias re: access to support <i>'...it would be helpful for men to get more support... there isn't much understanding in-terms of...men needing support during that time</i> Social / cultural expectations / influences Gender power relations <i>'it's difficult to explain without seeming selfish'</i></p> <p>Reflective self</p>	<p>you, it meant you would get better and not become like your dad.....[pause].....</p> <p><b>X:</b> yeah, that was really important for me...um...I think it would've been a lot harder to accept.....the...um...the depression....if he had not made that connection .....um.....basically for all the reasons I said before....um...<b>cos I would've really struggled to accept that I had depression otherwise...um....cos I didn't have any other reason, apart from the normal stresses that any man faces on becoming a dad....if you know what I mean.....yeah, it's tough and stressful and exhausting but depression is more something that affects women....you know...uh...postnatal depression 'cos they have all that hormonal stuff to deal with that men don't have.....so, for me to have depression cos I was stressed out after birth well that wouldn't make sense at all...so, yeah, understanding it terms of .....um.....unresolved grief....well that made sense.....I kinda felt relieved as well, cos, like I said, it meant I could get better.....that I could do something about it .....you know, take the anti-depressants and work things through with the counselling.....so, yeah that really helped</b></p> <p><b>I:</b> uh..you seem to make a differentiation between depression and postnatal depression...um...do you think it is possible for men to experience depression as a result of the additional pressures of having a baby?</p> <p><b>X:</b> Well...<b>now...I'd say yes...um....cos I've read the info you sent out...which was interesting....but certainly when I was struggling it never occurred to me that I may be depressed....uumm.....[sighs].... it still seems a bit odd to me...um...to say that men get postnatal depression...cos they don't have the physical stuff and our role really should be to support our wives...um.... but I guess it would be helpful for men to get more support..um....cos we do have all the stress of a new baby, plus having to keep the finances going and care for our wives...um.....and there isn't much understanding in-terms of ...um....men needing support during that time, if you know what I mean...um....it's difficult to explain without seeming selfish ...um....I think what I'm trying to say is that while becoming a parent is stressful...um...men still have a lot of other stuff to deal with and that isn't really recognised...um....there does seem to be a kinda...expectation to..um...cope I guess.....</b></p> <p><b>I:</b> So, the counselling and medication helped...um....I was wondering...what does it mean for you now, as you look back and think about those experiences?</p> <p><b>X:</b> ...um.....yeah, <b>well they say hindsight is a wonderful thing and for me my whole understanding of what happened has changed over time....um....yeah, it was really hard at the time and I never want to experience anything like that</b></p>	<p>experience of depression brought hope – protective self supporting / accepting vulnerable self – fragmented self being reconstructed within new meaning frame of reference <b>Accepting diagnosis of depression in relation to grief</b> – new contextual frame of reference changed attribution of meaning re: experience of psychological and emotional distress – social / cultural / environmental influences – something about social comparison – other men experience the same stress and exhaustion during transition to fatherhood but not all men become depressed – weak versus strong / success versus failure - ?core scripts re: masculinity and coping – “man-up” <b>Differentiation between depression and postnatal depression – emphasis on postnatal suggests understanding of this term as uniquely female centric</b> - something about gender difference re: association of physical experience of transition to parenthood – dominance / authority of biomedical model - social / cultural influences / expectations - <b>Acceptance of unresolved grief as explanatory framework for understanding his personal experience of depression Unresolved suggests this experience is fixable – 'it meant I could get better..' – social / cultural expectations re: experience of grief – depression as part of grieving process – impermanence '...I could do something about it.....take anti-depressants and work things through with the counselling...'</b></p> <p>Self placed in time – reflective self – present and past <b>Differentiation between gendered experiences of depression and transition to parenthood – postnatal emphasis suggests notions of separateness of experience as female centric – social / cultural expectations / authority of biomedical model – highlights current gender bias of diagnostic criteria and diagnostic process re: experience of depression especially during postnatal period - '...it would be helpful for men to get more support... there isn't much understanding in-terms of ...um....men needing support during that time..'- highlights gender bias re: perceived access to support during postnatal period – dominance of biomedical model and social/cultural expectations – '...it's difficult to explain without seeming selfish' – suggests that men seeking support during the postnatal period would be perceived as egotistical - highlights social / cultural expectations regarding gender roles during postnatal period – female centric gender bias – women receive support and men provide support <b>Emphasis on expectation – suggests helplessness – power and control – gender power relations within context of sociocultural influences '...my whole understanding of what</b></b></p>
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<p>Self placed in / across time Reconstructive process Protective self versus vulnerable self</p> <p>Intra and interpersonal relationships Self as son Reflective self Relationship with father Shift in meaning making Father ↔ son ↔ son ↔ father Masculine identity</p> <p>Reflective self / self as son Complex extended family relationships Power and control Gender power relations Protective self versus vulnerable self Intra and inter personal relationships Spiritual / religious beliefs Cultural expectations Gender power relations Anger / loss Protective self versus vulnerable self Reflective self</p> <p>Questioning / reflective self Complex extended family relationships Power and control Self placed in time Guilt / shame Protective self versus vulnerable self Self as husband and father Mother ↔ son</p>	<p>again....um.....having experienced that really dark, kinda black hole...um....I would definitely make sure I got help before it ever got that bad.....hopefully I'll not need to but, as I said the .....um.... the counselling, along with the anti-depressants, really helped me. I think one of the main things the counselling did was to help me to understand my dad better and....um.....communicate with him in a more positive way, if you know what I mean....um.....he's still got his own demons to deal with and is pretty much the same as he's always been but .....[pause].....[sighs].....I dunno if you remember but I mentioned that ■ had a hereditary condition?</p> <p>I: yes, you said he had hydrocephalus and a problem with his heart</p> <p>X: yeah, well what I didn't know was that mum lost a child before I was born....and.... mum thinks that's part of why they broke-up cos dad never talked about it....not to anyone....and she couldn't even mention my little sister.....it was a girl....um.....anyway I knew dad wouldn't talk to me about anything like that so I asked my nan about it...she said it was just something that happened and that when it happened again with his second marriage....well that was when he really started to drink.....but nan being nan kinda dismissed it and said it was all part of God's great plan and I shouldn't worry myself over things that didn't concern me.....I was quite angry with her when she said that but I also understood that she was just trying to protect me and it was probably the only way she could cope with it herself.....so we didn't fall-out about it or anything</p> <p>I: When did your mum tell you about your sister?</p> <p>X: .....umm...that wasn't until later....um.....the whole genetic heart problem....um.....it's funny but ■ and I never asked any of our family about this heart problem and whether there was any family history of it.....um.....we were just struggling to get through each day back then.....um.....mum told me when she came for ■ first birthday.....not actually on his birthday....um....but during that visit, if you know what I mean....yeah,....um.....she thought she was protecting me by not saying anything before.....especially as ■ and I were expecting ■ so soon after we lost ■.....umm.....[pause].....yeah, that's when she told me.....yeah.....anyway it's all good now....■ doing really well.....■ working and .....yeah, life's pretty good</p> <p>I: It seems that you now have a very different understanding of your experiences during those first twelve months after ■ was born...um...and that the help you received from both your GP and counselling was a positive experience for you</p>	<p><i>happened has changed over time...'</i> – reflective self – self placed in time '<i>I never want to experience anything like that again....um.....having experienced that really dark, kinda black hole...um....I would definitely make sure I got help before it ever got that bad...'</i> - Highlights change in help-seeking behaviour - reflective self - reconstruction / reintegration of self – shift in attribution of meaning – masculine identity '<i>...one of the main things the counselling did was to help me to understand my dad better and....um.....communicate with him in a more positive way...'</i> - intra and inter personal relationships shifted across time Personal history – reflects on own father's experience of loss</p> <p>Extended family relationships – power and control – gender power relations Protective self versus vulnerable self – intra and inter personal relationships</p> <p>spiritual / religious beliefs and cultural influences <i>quite angry – softens / protects from power of negative affect</i> – gender power relations – intra and inter personal relationships</p> <p>Reflective self</p> <p>Family history of '<i>genetic heart problem</i>' – dismissed by family Power and control – shame and guilt - loss '<i>..it's funny....'</i> – questioning / reflective self</p>
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<p>Reflective self                  GP's positive communication                  Authority of biomedical model                  Counselling as a positive / acceptable help-seeking behaviour re: grief                  Social / cultural expectations / influences                  Reconstructive shift in intra personal relationship                  Masculine identity reaffirmed                  Negative affect acceptable within context of grief</p> <p>Gender power relations                  Masculine identity                  Protective self versus vulnerable self                  Group gender identity                  Environmental influences                  Questioning / critical self                  Gender power relations                  Fear of judgement                  Social / cultural / environmental influences                  Protective self versus vulnerable self</p>	<p><b>X:</b> yeah...yeah it was</p> <p><b>I:</b> um...earlier you said that you were not surprised by your manager's suggestion that you seek help via your GP and counselling....um.....I believe you said that was partly because she was a woman.....um.....your GP was male...is that right?</p> <p><b>X:</b> yeah, he's been my GP for years</p> <p><b>I:</b> I know you've talked about your experience of receiving the diagnosis for depression and your reluctance to take medication....um....I was wondering how did you experience his suggestion for counselling?</p> <p><b>X:</b> well that was OK, cos he'd explained about depression being a part of grief....so yeah...counselling helps people get through that...um...it certainly helped me</p> <p><b>I:</b> OK...so you could accept help through counselling for depression as part of the grieving process...um.....I was wondering...uh...did you see a man or a woman counsellor?</p> <p><b>X:</b> oh...a woman.....they're mostly women aren't they?.....I dunno if I'd have wanted to see a man, if you know what I mean....um....my Doc's OK...cos that's a different thing....um....but to sit and talk through all that .....uh..crap....with a bloke...no...I don't think that would've worked for me....um....don't get me wrong I'm sure there are some brilliant male counsellors out there but for me it was easier to talk to a woman.....like with this.....I think I'd have...um.....maybe not been so .....uh....detailed with stuff if you were a man, if you know what I mean....um.....I'm not used to communicating with men like that....um....not feelings and shit like that....no....probably better that it was a woman I saw...yeah.....does that make sense?.....or am I just being sexist?.....you never know these days....[laughs]</p> <p><b>I:</b> not sexist...you're just being honest about your own needs....um...it's important that we are matched with the right help otherwise it won't work so well.....so yeah everything you've said makes sense.....thank you</p> <p><b>X:</b> no problem</p> <p><b>I:</b> um...we've come to the end of our interview do you have any questions?</p> <p><b>X:</b> no...I don't think so...um....I hope it helps</p>	<p>Positive communication from GP provided new contextual frame of reference for diagnosis of depression – social / cultural expectations / influences - grief accepted as an experience that would benefit from counselling support - Reflective self / positive experience of help-seeking behaviour – ?shift in intra personal relationships – masculine identity and help-seeking behaviour re-evaluated for psychological / emotional distress within context of grief</p> <p>Gender power relations – masculine identity – protective self versus vulnerable self - man↔boy↔boy↔man                  Personal history / intra and interpersonal relations – masculinity and gender role identification                  Social / cultural expectations / influences – gender role / masculine identity – intra and inter personal relations within context of interview relationship                  '...does that make me sense?.....or am I just being sexist?.....you never know these days...'- questioning self – critical self –gender power relations – fear of judgement – social / cultural / environmental influences - [laughs] –protective self versus vulnerable self</p>
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<p>Protective self versus vulnerable self Group gender identification Self as father and husband Occupational self</p> <p>Gender power relations Fear of judgement <i>'don't get me wrong..I appreciate how hard it is for women'</i> Social / cultural / environmental influences Protective self versus vulnerable self Group gender identification Social / cultural influences Isolation / helplessness / loss of power and control <i>'you can't really say anything...not when your wife's just given birth..'</i> Fear of judgement Gender bias re: access to support</p> <p>Crisis point as positive <i>'I don't think I'd have got help if I hadn't kinda lost it'</i> Self as husband and father Protective self versus vulnerable self Occupational / masculine self <i>'I had to do something about it otherwise; I could've lost my job..'</i> Legitimacy of help-seeking Reflective self Social / cultural / environmental expectations / Influences External demands versus internal need Gender power relations Intra versus interpersonal relationships</p>	<p>I: oh, definitely....I really appreciate you sharing your story with me especially as it holds such a deep sense of loss.....thank you</p> <p>X: yeah...it's actually been good....I must admit I almost pulled out but I talked to [redacted] and she thought that it would be good....not just for me but that perhaps this research will help to raise awareness that dads need support too....cos though having a baby is hard work...um....life does carry-on if you know what I mean....um....us dads have to get back out there and deal with all the usual pressures of life but with the added stress and tiredness that a new baby brings.....don't get me wrong I appreciate how hard it is for women but I think there is a definite lack of understanding that men may be experiencing problems at the same time if you know what I mean.....life doesn't stop when you have a baby.....uh.....yeah....does that make sense?</p> <p>I: absolutely...it seems that there is an imbalance regarding care and support for parents.....um....and you make a really important point that men may be experiencing difficulties that are not necessarily directly related to the birth of their child</p> <p>X: Exactly....but you can't really say anything.....not when your wife's just given birth.....cos it's like everything has to focus on supporting her so that she can cope with all the demands of being a mum.....don't get me wrong....I understand that....I think most men understand that...um....but it is tough trying to be all things to all people...um....I don't think I'd have got help if I hadn't kind of lost it...um.....cos then...well...I had to do something about it otherwise I could've lost my job....and....well, God knows that would have happened then.....[pause]....yeah, I was lucky I had such an understanding manager.....and knowing my male colleagues....I'm really lucky I didn't have any of them as my direct line manager cos there's no way I'd have got away with walking out the office like I did ....not without some sort of disciplinary thing.....so yeah...I was lucky.</p> <p>I: Thank you .....you've been so open with me today.....I really appreciate it.....um....so that's the end of the interview...um....any questions</p> <p>X: no....thanks...and good luck with your research....I hope it all goes well for you</p> <p>I: Thank you</p>	<p><i>'...though having a baby is hard work...um....life does carry-on....us dads have to get back out there and deal with all the usual pressures of life but with the added stress and tiredness that a new baby brings...'</i> – Protective self versus vulnerable self – group gender identification <i>'...don't get e wrong...'</i> – gender power relations within interview relationship – fear of judgement – social / cultural / environmental influences <i>'...I appreciate how hard it is for women...'</i> – protective self versus vulnerable self – gender power relations – group gender identification – fear of judgement – social / cultural influences <i>'...there is a definite lack of understanding that men may be experiencing problems at the same time .....life doesn't stop when you have a baby...'</i> – protective self versus vulnerable self – group gender identification – social / cultural influences - isolation <i>'...does that make sense?'</i> – questioning self –fear of judgement – gender power relations <i>'...you can't really say anything...'</i> –use of third person protects / distances – loss of control – disempowerment – helplessness – isolation <i>'...don't get me wrong..'</i> – fear of judgement – gender power relations within interview relationship – cultural / social / environmental influences <i>'...I don't think I'd have got help if I hadn't kind of lost it...um.....cos then...well...I had to do something about it otherwise I could've lost my job...'</i> – highlights crisis point as positive / necessary - ? something about legitimacy of help-seeking – Psychological / emotional distress impacting work performance – external demands exceed internal coping mechanism – visiting GP to obtain sick note to support sick leave – social / cultural expectations – authority of biomedical model – health and illness cognitions – masculine ' occupational self versus vulnerable self – gender power relations within occupational context</p>
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## **Transcript Sample**

**Participant:** Yeah, Yes, it felt tough. I felt stretched, I felt drained, I definitely felt drained a lot of the time like beyond tired, just worn out. But I did, I suppose, I did convince myself that from anything I'd heard from people that had joined relatively recently as well they all said the first six months are just really tough. You've got to get over that six month hump and then it becomes easier because you understand the organisation better. It's very complex the way it's matrixed and once you get your head around that, and the systems and the tools, things become a little bit easier and you can start picking and choosing what you do a little bit more. So I always had in my mind it's going to be a tough six months, just get through it.

But I think by the time that D arrived I probably started questioning whether or not it was as enjoyable as I expected to be and I wanted to be and I needed it to be. I think there were doubts there. I don't think I was falling over, I certainly don't think I was actively thinking about leaving. I was being told I was doing a good job so it just felt tough, it felt like I was really kind of, like towards capacity all of the time.

Then I guess when he arrived I was really, really conscious that I wanted to be a hands-on dad. and I wanted.....I couldn't see myself, and I still can't and I'm not, as somebody who's removed and just lets R do all of that stuff, that's not who I am when I think of myself as a father. I think that was probably an important factor in what happened because I think, in fact I know some of the people around me in the business did this, they would have children but it wouldn't change how they operated at work. They did work, their other halves, their partners, looked after the children and they fitted in what they could around their work. I was never going to do that. I'd waited a long time to have children, for a long time I never thought I would have kids and then obviously we had the whole tension around whether we could or not. I think when he arrived it was just really important to me that I was a good father and that was more important than work if I'm honest.

**Interviewer:** So suddenly your focus shifted it seems.

**Participant:** Yes. I tried to balance everything for quite a while. I felt like I was running a two ring circus but I was trying to balance it all I suppose, and I think that's where the frustration came from because it became increasingly apparent I just couldn't. I just remember this feeling of tiredness, I felt tired like I've never felt before in my life. It's hard to describe the difference really. I do

a lot of running and I know what physical tiredness feels like and when I do any academic work I know what mental tiredness feels like, this didn't feel like either of those things. It felt like a real -- It's really hard to put it into words. I mean it was obviously the onset of depression but it felt like just a --you know, I think burnt out is probably the best expression I could put on it really. I just felt absolutely burnt out like I had nothing left to give and it almost didn't matter what I did, I couldn't seem to summon any energy reserves anymore.

That probably came to a head towards the end of 2009 I think, so D was probably three, four months old, something like that, and it felt like it was coming to a head. I really felt like I was starting to struggle. I remember driving into work one day and I'd kinda been through this frustrating period of not being able to influence things at work even though I was having a lot of conversations saying, look, I need to either park some of this stuff or hand some of this stuff off but I can't run with everything that I've got on. Nothing was being done about that and the frustration had turned to anger I think and probably a little bit of resentment...and then....I remember..

I remember at the point where ---- I don't remember the point but I remember the feeling that I'd almost given up. I felt like I was banging my head against a brick wall to try and get the balance right here and nothing was happening. I remember the sense of resignation almost of, oh, my God, this is it then, this is just it and there's nothing that I can do to square this circle.....

**Interviewer:** there seems to be a sense of helplessness here.....

**Participant:** Yes, it was a real feeling of resignation and helplessness. One thing I can distinctly remember is I was on the M4 one morning driving into work as usual, pulled off the M4 onto the slip road to drive up towards Thames Valley Park, and as I pulled onto the slip road I just burst into tears. So I'm driving the car and I'm just sobbing while I'm driving the car.

**Interviewer:** A powerful experience.

**Participant:** It was...I didn't even know why and it was quite alarming not to even have a handle at that point on what was going on. But in hindsight, literally, I was just dreading going into the office, I was emotionally completely spent and it had been going on for

months I think at that point. This would have been towards the end of the year and I was going in knowing that it was more of the same. The thing that became clearer and clearer to me, and the thing that was like the real underlying reason behind what happened, was I just had a real sense that I was failing, failing as a father and I felt incredibly guilty about that. I think for me that was the underlying thing that kinda caused me to end up where I ended up.

I guess through my own therapy I've come to probably understand that a lot of it stems from my relationship with my father, and I think D being born just took me back to my childhood. We've just done the Gestalt weekend here and it's really interesting because it came up again as one of the experiments on the Gestalt weekend. You've probably done it yourself..put the soft toys in the middle of the floor and you pick one. So I picked this monkey up and even now, kind of, how many months or a year or whatever from being diagnosed and getting well again, even now I pick this monkey up and the monkey isn't just me it's also my son and the things are like inextricably linked.

There's something about me as a father needing to protect my son and be there for my son which is undoubtedly to do with me trying to protect and be there for who I was when nobody was. My dad's an alcoholic basically is the back story to all of this, quite aggressive and abusive verbally. There was something about my feeling of failing D that connected really, really strongly with my hurt I suppose from being a child myself. I understand now that's why it was so profound the experience for me, it was kind of rooted in all of that stuff to do with me. I think my inability to influence it and the helplessness that I felt around being able to influence it so I could be there for him fuelled the guilt, and it was a real mix of guilt and sadness and probably shame.

**Interviewer:** You were in a tough place.

**Participant:** All sorts of stuff, yes, which at the time I probably wasn't aware of. I had a real sense that I was letting him down but I didn't realise quite how deep seated it was and where it was coming from perhaps.

**Interviewer:** I think that's often very tough as well in itself the fact that you can't pinpoint something and say I feel this way because of this, this and this. We can get an idea but then the power of that



experience of the emotional, mental and physical exhaustion you spoke of and the connections and the sense of failure, helplessness that you were unable to be all that you wanted to be for your son.

**Participant:** I think it's interesting when you're kind of describing it all there. I just remember the tiredness being such a key factor in all of it because I think what I really struggled with, and what I don't think I would do now having been through that experience, I think I can distinguish between tiredness and actually what was going on. But I think at the time I kept just kinda telling myself you're just really tired, you're just really tired, when you manage to get some sleep, when he's sleeping better, when he hasn't got colic, when he's not whatever the story was. I convinced myself that when I got some sleep I'd feel better and I never did, and that was the thing I guess brought it to a --

There were two things that brought it to a head, it was probably a realisation even when I was getting sleep I didn't feel any better, and then I was walking the dog one day -- Nothing happened, it must have been something I was thinking but I was walking the dog and I literally fell to my knees and started crying my eyes out in the middle of this field. I must have been there for 20 minutes or something and I think I was off work by this point. I just remember going back into the house and saying to R I think there's something wrong, I think I've got to try and do something about this because I'm not sure what's going on but there's something going on that I'm not quite in touch with here.

I think it was after that event that I went to see my GP and he tried to get me on meds which I refused. I had a very strong view about that and I really don't know why but I did. Actually it was back to D, I remember saying I don't want to be on those things not when he's this age.

**Interviewer:** You want to be able to engage with him.

**Participant:** Yes, I want to figure this thing out myself so I never went on meds. I started getting back into running, I was running probably every other day. I started taking copious amounts of Omega 3 6 and I started CBT through the NHS through South Glos IAPT and by a quirk of fate the CBT therapist that I got was still in training. He was doing his diploma at Plymouth and I was probably one of the first clients he was given, and we ended up not doing a lot of CBT. We're still in contact and he laughs

about this now and he's says if he'd got me later on we would have done things very, very differently but we didn't do a lot of CBT.

But he was very, very into Buddhism and we ended up having a lot of conversations about spirituality and Buddhism and I started doing a lot of reading, and some of it was very CBT oriented. I read a lot of Paul Gilbert's stuff around compassion but also started reading more kind of Buddhist literature as well.. and read some Stephen Batchelor as well as some John Kabat Zinn, and I've started practising mindfulness through this period as well. I think that felt like the missing piece of the puzzle, the combination of the running - I'm not going to say about the Omega 3 6 because I don't know but it was in the mix. It probably helped the knee joints for the running if nothing else. But the combination I think of the exercise and the mindfulness and just taking myself out of that environment and kind of reconnecting with who I was that felt like that's what got me well.

So, yeah, I've been well for probably over a year now, probably about a year. I can recognise signs in me of when I need to do something now, that sounds vague, doesn't it? If I haven't had a run for three days I know that I need to go out for a run because of the way that I'm feeling. There is definitely something about me running that helps me stay well. it's funny..I've started reading biographies of people that have suffered. Everyone reads Stephen Fry's biography but I think Alistair Campbell's biography, kind of like.. really resonated with me and I do feel able to, sort of, read the signs in myself now if I'm getting --- It usually starts off as a little bit of underlying snappiness for no apparent reason and I can spot that really early now and kind of... I make a point of going out and running or getting on my bike or something and that always does the trick. I'm also meditating at least every other day which seems to make a big difference as well.

**Interviewer:** So you've become more in tune with your arousal levels, you've become more in tune with your emotional and physical responses when things aren't quite right....

**Participant:** Yes

**Interviewer:** So although you were aware of... when you were going to work when D was first born... you were aware that things weren't right and things were going wrong but you couldn't pinpoint what it

was... What I'm hearing from you now is that you're much more able to pinpoint and see what's not quite right and then respond appropriately to try and redress the balance as it were.

**Participant:** Yes, I think so..I think so.. and it's made me reflect on how I've been earlier in my life and I think there is probably... because of the stuff I've eluded to with my dad there was always a bit of me in this. I suppose I feel like I probably had a susceptibility to end up where I ended up and it felt like almost a perfect storm of stuff that kinda got me to that point. Whereas I think in the past I've probably never been in a situation that was quite as intense on all fronts as that was, and I've always found a way to pick my path through it. I think I'm probably naturally fairly resilient because of various things that happened with him but I think the difference on this occasion was just the combination of everything. It was kind of everywhere I turned there was just too much. Now I think making sure that it can be intense in one area but then I know that I've got to balance it out somewhere else.

## **APPENDIX E**

### Participant Vignettes

#### **In Appreciation**

*I wish to thank Pete, Matt, Rob and Clint (pseudonyms) for their openness and articulate engagement with this research, as they shared their stories. I hope that this study goes some way to highlight the importance of recognising men's needs during the postnatal period, thereby contributing to the literature to encourage further research that celebrates gender difference regarding healthcare needs.*

## **A Reflexive presentation of Participant Vignettes**

### **Pete**

*Pete's experience of depression during the postnatal period resulted in a significant re-evaluation of his Dasien sense of self, to include spiritual development that suggests an existential aspect to this experience. Pete's story incorporates reflections on his experience of self across time, to include his sense of masculine identity, alongside his occupational identity and experience of gendered roles within his family relationships. His relationship with his own father and negative childhood experiences presented a key tenet of his process of making sense of his experiences and the construction and attribution of his meaning within the specific context of the postnatal period.*

*Pete's story reflects his identification with a dominant hegemonic masculinity and his expression of his experience of depression reflected the masculine characteristics of anger, frustration, avoidance coping and the interplay between his masculine identity, sense of autonomy and notions of success and failure. With regard to his experience of depression and the process of help-seeking Pete shared his resistance to diagnosis and treatment, preferring to rely on his sense of autonomy by engaging a pro-active response via physical exercise in the form of running and accepting the GP's recommendation for counselling support, alongside a developing sense of spirituality and engagement with mindfulness meditation.*

*I found it interesting to note that my initial impression of Pete had not invoked a sense of hegemonic masculinity, while his account reflected all the characteristics associated with a traditional masculine norm, his physical appearance in-terms of dress and non-verbal communication presented a more feminine aspect to his presentation of self within the interview environment. My experience of interviewing Pete left me with a sense of a man whose dominant masculine identity had shifted from a traditionally hegemonic experience of being to embody a more metro-sexual presentation, whereby he had left his high-powered career to re-train. This meeting invoked an image of a man reborn whereby his values and beliefs about what it meant to be a successful man had shifted from the focus on a high-powered career and material wealth to appreciate the more traditionally associated feminine values of family relationships.*

### **Matt**

*Matt presented a strong hegemonic masculine presence in both physical presentation and non-verbal communication. My initial experience of him was one of feeling small and fragile, which interested me regarding the dynamics of power within an interview relationship. I was a female researcher exploring a male subjective experience within the context of a feminine centric frame of reference. I recognised these initial reactions,*

*bracketed them and allowed the interview to unfold. It seemed important to allow Matt time to settle into the interview environment, as it became clear at an early stage that he was nervous and unsure of his new role as participant. Matt's story was complex and traumatic, there was a huge sense of loss, frustration, anger, resentment, shame and guilt that gradually gave way to reveal a more reflective sense of being in the world.*

*Matt's expression of his experience of depression presented in the form of working long hours and partaking in risky extra-marital sexual encounters. He attributes the break-up of his first marriage to the strong rejection he experienced from his wife after the birth of their first child and further exacerbated after the traumatic birth of their second child. Matt also experienced a personal trauma in the form of a serious road traffic accident that left him with significant injuries affecting his personal appearance when his second child was just six months old.*

*Matt's main concerns revolved around his sense of loss regarding his reciprocal relationship with his first wife, along with a sense of failure and loss of masculine identity. Extended family relationships further undermined his struggle to maintain his sense of autonomy and authority within the home, particularly regarding his mother-in-law.*

*Matt's expression of depression reflects the characteristics traditionally associated with hegemonic masculinity. For example, anger, frustration, risky behaviours and avoidance coping responses. He recounted his resistance to diagnosis and treatment highlighting that he was able to accept the medication in a bid to get better but that he did not experience this intervention as helpful. He respectfully declined psychological therapeutic intervention due to a previous negative experience of a family intervention when he was 12 years old, whereby he experienced having no voice and became the focus of blame within his family for his brother's learning difficulties. This aspect of Matt's story clarified his overt edginess during the initial stages of the interview and I responded throughout the interview process by ensuring that I communicated having heard and understood Matt's story correctly. Matt's masculinity had not shifted but his outlook on life had in-terms of his sense of autonomy, power and control. He reflected on passively accepting the health professional's dismissive attitude to his concerns regarding his wife's physical experience of pain during the birth of his second child. Matt asserted a sense of regret in this context, as he would not remain passively trusting if he found himself in the same situation as the person he is now. Matt presented a sense of self across time and one that held an assured masculine identity but with an enduring sense of loss and regret.*

**Rob**

*This participant presented more of a personal challenge due to associations with my own personal history. It was therefore important for me to be particularly attentive to my reflexive role during this interview. Rob presented as a charming and approachable individual whose masculine presence suggested strong undercurrents of power and control. I noted these as not emanating entirely from Rob but also from a deep-rooted emotional response from my past.*

*Rob often employed laughter as a defence mechanism protecting his vulnerability within the interview environment. His experience of depression during the postnatal period was in reference to his first marriage and while unrecognised after the birth of his first child, his later experience and diagnosis of depression after the birth of his second child, brought a re-evaluation regarding his initial transition to fatherhood, as having also experienced depression then. His cognitive interpretations of causal factors centred on differing intra and inter-personal relationships, highlighting the contextual relationships for each postnatal period. His re-evaluations resulted in his identification of depression regarding the similarities in presentation and expression of behaviours and emotional responses during the postnatal period of both children during his first marriage.*

*Rob's story demonstrated his developing sense of self across time, his experience of negative associations of parenthood and the lack of any positive male role model in his life. His deepest fear presented in the form of his struggle to assimilate his new role as a father with his own experience of loss and rejection as a child. A traumatic and abusive childhood affected his ability to access help, instead relying on old scripts of self-reliance and gendered ideals of hegemonic masculinity. His personal development and need for affirmation at the time of his first child, coupled with his wife's experience of postnatal depression resulted in an avoidance coping response, throwing himself into his studies and seeking release through risky extra-marital relationships.*

*Rob's professional identity and cultural influences of his environment, where he was living and working within a Christian theological training college and attending university, alongside reflections regarding his first wife's personal values and beliefs regarding motherhood, negatively affected their transition to parenthood. Expectations regarding the status, power, spiritual and gender role identity were also factors that contributed to the oppressive sense of failure that ultimately fractured his relationships with his first wife and children. Throughout the interview, I caught glimpses of vulnerability and was aware of the dynamic of gender power relations throughout his life that the male / female dynamic of the interview relationship also reflected. Rob's presence embodied a deep sense of loss, failure, regret, guilt, shame, anger and*

*resentment on many complex levels that interweaved his personal history, particularly as the transition to parenthood during his second marriage had brought a renewed sense of value in his role as a father as he expressed an eagerness to get it right this time.*

### **Clint**

*As a Black British male, Clint's story brought a new perspective and an added dimension to the gender difference within the interview relationship. He presented as a confident man with a strong masculine presence, yet there was a sense of fragility and sadness underlying this initial experience. As Clint's story unfolded, his deep and traumatic loss came to the fore, as he recounted his experience of witnessing the stillbirth of his first son and the impact of this regarding the successful birth of his second son. Clint's hopes and dreams of fatherhood were overshadowed by a complex personal history. This included hereditary health issues, inter-generational influences, traumatic childhood experiences and negative paternal role models.*

*Clint's understanding of depression had strong negative associations with his own father, as his experience of his father's presentation of depression and alcohol dependency meant that Clint associated not coping with mental illness, which he interpreted as weak and incompatible with his understanding of and identification with hegemonic masculinity. In addition to this, Clint's experience of being devalued within his father and husband roles meant that he was unable to be the father he wanted to be. His identification with a dominant hegemonic masculine identity presented stoicism as a positive attribute that had served him well as a survival strategy during his traumatic childhood.*

*Clint responded to his difficulties during the postnatal period by playing football and going for a drink with his mates, as this served to reaffirm his sense of masculinity. The complex sociocultural expectations that he experienced regarding the need to be happy after the successful birth of his second son, brought a deep inner conflict as Clint struggled to assimilate his loss and grief, with sociocultural expectations and his own hopes and dreams. Clint's accumulative experience of stress meant that he interpreted his increasing sense of not coping to mean that he was weak resulting in a deep fear that he was becoming like his own father. Clint's deep sense of loss presented a complex inter-subjective experience of self across time. His resistance to help seeking reflected his belief in stoicism and his understanding of sociocultural expectations regarding his masculine identity and gendered roles within the family unit. Clint was able to accept help when he was no longer able to maintain his performance at work, he was able to accept the label of depression when it was presented by his GP, as a natural response within the context of grief and bereavement.*



## **TABLES**

### **1. Participants' Demographic Information and Interview Duration**

(Table 1 is placed within the main Text – see Page 59)

### **2. Abstraction of Emergent Themes leading to Super-ordinate Themes**

### **3. Master Table of Themes**

### **4. Data Application of ABC Model for CBT**

## **TABLE 2**

Abstraction of Emergent Themes  
Leading to  
Super-ordinate Themes

<b>Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted Self</b>		<b>Fragmentation of Masculine Self</b>		<b>The Disenfranchised Masculine Self</b>	
<p><b>Interpersonal Relationships</b></p> <p>Self as:</p> <ul style="list-style-type: none"> <li>Husband</li> <li>Lover</li> <li>Father</li> <li>Son</li> <li>Son-in-Law</li> <li>Brother</li> <li>Grandson</li> <li>Occupational / Professional</li> <li>Participant</li> </ul>	<p><b>Intrapersonal Relationships</b></p> <ul style="list-style-type: none"> <li>Protective Self</li> <li>Vulnerable Self</li> <li>Questioning Self</li> <li>Critical/Judgemental Self</li> <li>Punishing Self</li> <li>Masculine Self</li> <li><i>man ↔ boy / Father ↔ son</i></li> <li>Self Placed in Time</li> <li>Developmental Self</li> <li>Internal scripts</li> <li>Reflective Self</li> <li>Reparative Self</li> <li>Spiritual Self</li> <li>Internal Conflict</li> <li>Responsibility</li> <li>Guilt / shame</li> <li>Rejection</li> <li>Helplessness</li> <li>Hopelessness</li> <li>Frustration</li> <li>Anger</li> <li>Failure</li> <li>Exhaustion</li> </ul>	<p><b>Loss of past self</b> <i>strong masculine identity</i></p> <ul style="list-style-type: none"> <li>Loss of reciprocal relationship with wife</li> <li>Loss of sexual identity</li> <li>Loss of physical intimacy</li> <li>Loss of power and control</li> <li>Loss of hopes and dreams</li> <li>Disempowered</li> <li>Grief / mourning</li> <li>Resentment</li> <li>Resignation</li> <li>Isolation</li> <li>Separateness</li> <li>Disconnected</li> </ul>	<p><b>Fear of Future Self</b> <i>weak masculine identity</i></p> <ul style="list-style-type: none"> <li>Negative paternal role model</li> <li>Negative childhood experiences</li> <li>Fear of becoming like own father</li> <li>Avoidance coping response –</li> <li>Risky Behaviours (<i>negative</i>)</li> <li>Sport and exercise (<i>positive</i>)</li> </ul>	<p><b>Gender Power Relations</b></p> <ul style="list-style-type: none"> <li>Mothers’ needs greater than fathers’</li> <li>Fear of judgement</li> <li>Mothers receive care and support</li> <li>Fathers provide care support</li> <li>Feminine gender bias:                             <ul style="list-style-type: none"> <li>• Legitimacy of access to support</li> <li>• Legitimacy of negative affect</li> <li>• Diagnostic criteria for depression</li> </ul> </li> <li>Extended family relationships</li> <li>Authority of female physical experience</li> <li>Wife’s expression of PND</li> <li>Reluctance to seek help</li> <li>Resistance to diagnostic label and medication</li> </ul>	<p><b>Social / Cultural / Environmental Influences &amp; Expectations</b></p> <ul style="list-style-type: none"> <li>Gender role identification</li> <li>Interview relationship</li> <li>Financial concerns / responsibility</li> <li>Authority of biomedical model</li> <li>Authority of health professionals’ communication</li> <li>Work demands</li> <li>Crisis impacts occupational / professional self</li> <li>Dominance of physical health over mental health</li> <li>Help seeking legitimised via alternative frame of reference</li> <li>Depression accepted as a normal response to loss</li> <li>Health and illness cognitions</li> </ul>

**Table 2: Abstraction of emergent themes leading to Super-ordinate Themes**

**TABLE 3**

Master Table of Themes

Super-ordinate Theme 1	Sub-ordinate Themes	Participant	Text from Transcribed Data	Page:Line
<b>Fragmentation of Masculine Self</b>	<b>1.1 Loss of Past Self</b>	<b>Pete</b> Transcript A1P	<i>'I had a real fear that I would lose myself, I would lose who I was'</i>  <i>'it felt like I might lose myself and never get back to who I am, that kind of sums it up'</i>	24: 1086-87  25: 1136-37
		<b>Matt</b> Transcript B2M	<i>'my thought that if we..um..rekindled that time of no baby, no baby..um..[...] but intimacy, talk about each other's day, rekindle what was missing, what....what I'd lost'</i>  <i>'it's a powerful thing the sexual side of a relationship....and when that's gone you kind of question yourself... that kind of compounded that...uh...sense of loss...just that sense of being a man'</i>	19: 851-854  25: 1108-12
		<b>Rob</b> Transcript C3R	<i>'the first real relationship I'd ever had with a woman...and now I couldn't even make that work'</i>  <i>'the whole family thing.....I was really struggling to cope with my role.....I felt out of place.....I know that sounds odd....but that was how I felt .....a round plug in a square hole'</i>	13:582-583  12: 537-539
		<b>Clint</b> Transcript D4C	<i>'each day.....well....it was as if I was losing a little bit more of me...um.....I couldn't recognise the man in the mirror anymore'</i>  <i>'that there was still hope that things would get better.....um....that I'd get back to the man I was before'</i>	17: 765-766  19:855-856

Super-ordinate Theme 1	Sub-ordinate Themes	Participant	Text from Transcribed Data	Page:Line
Fragmentation of Masculine Self	1.2 Fear of Future Self	<b>Pete</b> Transcript A1P	<i>'this innate fear that I would make a mess of it and .....damage a child in the way that he [own father] did to me'</i>  <i>'I think the only way that I can feel as if I am living up to my view of what a husband and a father should look like is by ensuring I'm nothing like him [own father]'</i>	18: 780-782  17: 735-737
		<b>Matt</b> Transcript B2M	<i>'I would have given up trying....I kind of did for a few years.....uumm...and I would have probably just become a doormat.'</i>	25:1142-44
		<b>Rob</b> Transcript C3R	<i>'but this whole fatherhood thing...completely alluded me....and I think the thing.....that frightened me the most was the fear that I was actually just like my dad'</i>	12: 553-554
		<b>Clint</b> Transcript D4C	<i>'I just kept thinking that....I.. I was just like my dad....and that..that made me sooo angry.....angry with myself and everyone around me.....and that's when it all started to fall apart'</i>  <i>'I really was becoming like my dad.....[sighs].....and that....that was the thing that frightened me the most.....that I'd end up an empty shell of a man.....no use to anyone....a complete failure'</i>	15: 692-694  16:725-728

Super-ordinate Theme 2	Sub-ordinate Themes	Participant	Text from Transcribed Data	Page:Line
<p><b>Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted Self</b></p>	<p><b>2.1 Inter-personal Relationships – Self in relation to other</b></p>	<p><b>Pete</b> Transcript A1P</p>	<p><i>'I've worked as Head of HR, kind of Head of HR, HR Director level'</i></p> <p><i>'I wanted to be a hands-on dad. .I couldn't see myself...as somebody who's removed and just lets R do all of that stuff, that's not who I am when I think of myself as a father'</i></p>	<p>1: 13-14</p> <p>7: 298-302</p>
		<p><b>Matt</b> Transcript B2M</p>	<p><i>'I got on really well with my father-in-law, I was never close to my parents'</i></p> <p><i>'the father role...yeah, that was needed and, certainly after my accident...I was at home and so was very much the hands on dad'</i></p>	<p>5: 190</p> <p>24:1069-70</p>
		<p><b>Rob</b> Transcript C3R</p>	<p><i>'people that I looked up to were paying me attention....I was accepted and treated like an equal'</i></p> <p><i>'it was a real head spinning time for me I was so caught up in my own world that M and C were just a burden.....a huge responsibility that I just couldn't handle'</i></p>	<p>8: 359-360</p> <p>9: 386-387</p>
		<p><b>Clint</b> Transcript D4C</p>	<p><i>"if it wasn't for her I wouldn't be here today....I mean I'd probably be doing time somewhere..or worse'</i></p> <p><i>'I mean I've got good mates and one in particular that I can have a bit of moan to but I never really felt like I could talk about it.....um.....everyone was so pleased that D was pregnant again that I kinda didn't want to put that on them'</i></p>	<p>2: 59-60</p> <p>7:285-287</p>

Super-ordinate Theme 2	Sub-ordinate Themes	Participant	Text from Transcribed Data	Page:Line
<p><b>Failure, Guilt, Shame: the Social and Personal Worlds of a Conflicted Self</b></p>	<p><b>2.2 Intra-personal Relationships – Self in relation to Self</b></p>	<p><b>Pete</b> Transcript A1P</p>	<p><i>'I just had a real sense that I was failing, failing as a father and I felt incredibly guilty'</i></p> <p><i>'There's something about me as a father needing to protect my son and be there for my son, which is undoubtedly to do with me trying to protect and be there for who I was when nobody was.'</i></p>	<p>9: 367</p> <p>9: 382-384</p>
		<p><b>Matt</b> Transcript B2M</p>	<p><i>'I just felt small....you know? ...uumm....as a man I guess....uumm....it was that rejection..'</i></p> <p><i>'I just had to pull myself together and do something about it'</i></p>	<p>16: 720</p> <p>18: 821-822</p>
		<p><b>Rob</b> Transcript C3R</p>	<p><i>'I'd grown up with the belief that I wasn't particularly intelligent...[.] I was learning so much, not just academically.....but also in terms of my own personal development.....things were changing quite rapidly'</i></p> <p><i>'I was experiencing a new world through my degree and this also meant I was experiencing a whole new me...so there was a great sense of success and achievement regarding that aspect of my life...yet at the same time....in my husband and father roles, I just felt a complete failure'</i></p>	<p>8: 362-363 / 368-370</p> <p>13: 608-611</p>
		<p><b>Clint</b> Transcript D4C</p>	<p><i>'I just had to man-up and get on with it....um....that's one thing I learnt through growing up....you know....a man just gets on with it....you didn't show your emotions cos that meant you were weak'</i></p> <p><i>'I felt useless....as a man....it sounds a bit pathetic really....but that's how it felt....that I just wasn't good enough....not as a husband nor a father...the only place I still felt like me was at work or football'</i></p>	<p>7: 288-290</p> <p>14: 607-610</p>



Super-ordinate Theme 3	Sub-ordinate Themes	Participant	Text from Transcribed Data	Page:Line
<b>The Disenfranchised Masculine Self</b>	<b>3.1 Gender Power Relations</b>	<b>Pete</b> Transcript A1P	<i>'There was probably a degree of embarrassment there I think. I definitely had a real sense that I was kind of, failing.... I definitely felt like I was letting R down as well, and I was really concerned about kinda how she would relate all of this within the context of her family. Her parents are very traditional. Her dad's an ex-policeman'</i>	15: 684-693
		<b>Matt</b> Transcript B2M	<i>'frustration..helpless....she'd make me so angry but of course I couldn't show that..express that because..I'd be the bad guy...I had to suck it up..she [mother-in-law] was helping and I should be glad of her support'</i>  <i>'I was the man of the house, you know...I should be coping.....that was my job, you know, my ex-wife was the one who'd had all that physical trauma.....and I should've just been able to cope'</i>	21: 952-955  18: 811-813
		<b>Rob</b> Transcript C3R	<i>'I don't think men tend to talk in the same way as women.....not when it comes to babies and stuff.....that was very much the domain of the mothers'</i>  <i>'in some ways I think we'd rather be down the pub or at least waiting outside.....it's a real mix.....you know.....I wanted do all the right things....be there for M and see my baby come into the world.....don't get me wrong, I wouldn't have missed it ...not for anything....but at the same time.....that whole feeling of helplessness'</i>	18: 835-837  8:340-343
		<b>Clint</b> Transcript D4C	<i>'don't get me wrong... you know, at the end of the day....I didn't go through all that physical stuff and didn't have all those hormonal things to deal with.....so....you know.....it was my job to be strong'</i>  <i>'I just felt pretty useless really....you know...as a dad.....and husband.....so I didn't think I had the right to ask for help....not for me.....for D...yeah...but not for me.....I mean....D wasn't doing anything wrong.....she just .....[sighs].....it was like she and J were in this little bubble together and I wasn't allowed in'</i>	14:639-642  13:573-577

Super-ordinate Theme 3	Sub-ordinate Themes	Participant	Text from Transcribed Data	Page:Line
<p style="text-align: center;"><b>The Disenfranchised Masculine Self</b></p>	<p style="text-align: center;"><b>3.2 Sociocultural &amp; Environmental – Expectations &amp; Influences</b></p>	<p style="text-align: center;"><b>Pete</b> Transcript A1P</p>	<p><i>'It was just a real struggle almost immediately to try and balance this new home life and support [my wife] and do my bit with this expectation of what was going on at work I suppose'</i></p> <p><i>'I never wavered in my view on the medication...I was completely adamant that I wasn't going down that route.... there was a greater risk associated with doing it than there was with not I think for me, that's how it felt.'</i></p>	<p>4:167-171</p> <p>25:1097-1107</p>
		<p style="text-align: center;"><b>Matt</b> Transcript B2M</p>	<p><i>'you feel so helpless and you always feel helpless because you...you're relying on these specialists. It's their job, you know, and your wife is in pain.....but what can you do?'</i></p> <p><i>'I was very aware that something's not right. I was also very aware that they're not listening to me....you know....and I....and I'm powerless because in my normal role.... there's not too much I can't control in what I do'</i></p>	<p>7: 281-284</p> <p>10:420-422</p>
		<p style="text-align: center;"><b>Rob</b> Transcript C3R</p>	<p><i>'well the college community with its Christian ethos reinforced those traditional role models'</i></p> <p><i>'that whole certainty of what we thought it was going to be like was simply blown out the water.....and well...we trusted the healthcare system....but they'd got it sooo wrong'</i></p>	<p>18: 837-838</p> <p>8: 329-331</p>
		<p style="text-align: center;"><b>Clint</b> Transcript D4C</p>	<p><i>'there is a real emphasis on being the supportive husband and multi-tasking dad, if you know what I mean.....but that's OK.....I mean....yeah, I just needed to man up'</i></p> <p><i>'I was finding it difficult at work.....everyday someone would ask.."Any news yet?"....it drove me nuts.....I know everyone was just trying to show an interest and be supportive but this expectation of everything being just ...you know....fluffy bunnies and...[sighs]...just the effort to appear happy was exhausting'</i></p>	<p>20:891-893</p> <p>9:379-383</p>

**TABLE 4**

Data Application of ABC Model for CBT

(See Neenan and Dryden, 2000)

Table 4: Data Application of ABC Model for Cognitive Behavioural Therapy

Participants	Activating Event	Beliefs: cognitive appraisal and attribution of meaning		Consequences: Anxiety and Depression	
		Influences	Evaluation	Emotional: Frustration / Anger / Despair	Behavioural: Avoidance Coping Response
<b>Pete</b> Transcript A1P	<b>Life Event</b> Birth of a child	<b><i>My needs are not important</i></b>  <i>'this is the last thing she needs, me having a wobble'</i> (16:717-718)	<b><i>I should be able to cope</i></b>  <i>'I just had a real sense that I was failing, failing as a father'</i> (9:367-368)  <i>'I'm aware of falling short of what I should be'</i> (17:744-745)	<i>'I felt like I was running a two ring circus trying to balance it all that's where the frustration came from because it became increasingly apparent I just couldn't'</i> (7:316-319)  <i>'I was becoming more and more frustrated that I couldn't do more..[.]... The frustration turned into anger and I found myself very, very resentful, I was very angry'</i> (4:175-182)	<i>'it was like a valve when things became too difficult emotionally, I basically turned that off I just shut down a whole load of stuff'</i> (27:1231-1236)
<b>Matt</b> Transcript B2M	Birth of a child	<i>'She went through a difficult time with the birth but you.. um.. feel guilty..uumm you feel very guilty to ask for anything'</i> . (8:331-336)	<i>'I was the man of the house, you know...I should be coping.. that was my job, you know..[.].. I should've just been able to cope'</i> (18: 811-813)	<i>'frustration..helpless....she'd make me so angry but of course I couldn't show that..express that because..I'd be the bad guy'</i> (21: 952-955)	<i>'well...the affairs....as I said....they were a release....um....I just needed to escape all these shitty, crap feelings about how I .....[pause]..... it was just crap'</i> (18: 808-810)

Participants	Activating Event	Beliefs: cognitive appraisal and attribution of meaning		Consequences: Anxiety and Depression	
		Influences	Evaluation	Emotional: Frustration / Anger / Despair	Behavioural: Avoidance Coping Response
<b>Rob</b> Transcript C3R	Birth of a child	<i>'I had to focus on M and reassure her....but I was really feeling quite frightened'</i> (7:307-308)	<i>'I was just failing as a man all over again..... you know, I should be able to cope, pull myself together'</i> (22:1012-1013)	<i>'a whole bunch of feelings.... um ..anger....I know I felt angry at times..... frustrated...I just couldn't fix this...I couldn't make it right .....nothing I did was right and well....M wasn't giving me any kind of indication of what I could do.....so, yeah.... a lot of frustration I guess, helplessness'</i> (18: 815-818)	<i>'I think the feelings that were around for me during that time were so powerful and....well, shitty really, that.....I did my best to avoid them.....as I said I got my head down and worked....had an affair.....and basically tried to ignore the reality of my life'</i> (18: 806- 809)
<b>Clint</b> Transcript D4C	Birth of a child	<i>'I didn't think I had the right to ask for help...not for me.... for D...yeah... but not for me'</i> (13: 574-575)	<i>'I mean, it was my duty to be strong and just get on with it, you know what I mean.....man up'</i> (14:635-636)	<i>'I just felt angry.....that's all I can remember feeling.....um.....frustrated and angry'</i> (6: 248-249)  <i>'I was losing control.....everything was spiralling out of control and I just felt so helpless and frustrated.....I was really angry with myself for being so pathetic and weak'</i> (16: 731-733)	<i>'I felt useless....as a man....[...]....that I just wasn't good enough.....not as a husband nor a father....the only place I still felt like me was at work or football'</i> (14: 607-610)  <i>'so there's no pressure to have to try and explain everything.....or.....kinda justify why you got angry.....it's just part of being a bloke.....uummm.....so yeah.....work and football were my escape from that sense of failure I got at home'</i> (14:620-623)