



A discourse analysis of the construction of men with post-natal depression in UK newspapers

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ABSTRACT

The current study investigated the construction of men suffering with post natal depression in the media through the method of discourse analysis. A sample of 30 UK newspaper articles were obtained using a Lexis Nexis media database search. This sample was then analysed using discourse analysis in order to understand how the themes in the language and discursive devices were used to construct men with post natal depression, and what the use of these aimed to achieve. Findings established that men were constructed as suffering with post natal depression as a result of exogenous rather than hormonal factors. Blaming the development of the disorder in men as a result of the occurrence of it in their female partner's was a further key finding. Further findings demonstrated although men's PND was acknowledged they were constructed as having less entitlement to suffer with the disorder than women. Therefore the theoretical implications of the current findings are important as the findings have highlighted how increased awareness and acknowledgement of PND in men is required in order for new fathers to gain effective treatment and support.

Key Words	Post Natal Depression	Men	Media	Constructionism	Discourse Analysis
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Introduction

The current study focuses on the way in which males experiences of post natal depression are constructed in the media. The method of discourse analysis of a sample of newspaper articles was used to interpret how the choice of language and discursive devices used in the media portray men with post natal depression in different ways. For example the use of discourse analysis can establish whether men are constructed in ways that are consistent with gender stereotypes of mental illness which may normally prevent men from gaining a diagnosis of PND or whether it is constructed as a viable illness for men.

Post Natal Depression

The current definition of post natal depression (PND) within the DSM-IV does not acknowledge PND as a separate mood disorder to clinical depression. Instead it is defined as occurring comorbidly with major or bipolar depression but as a result of a post natal onset specifier (DSM-IV reference code 296.2). This is defined as a major depressive episode within 4 weeks of childbirth which can result in symptoms of extreme anxiety, panic attacks, spontaneous crying, disinterest in their baby and insomnia (DSM-IV American Psychiatric Association 2001: 422). However as a result of this diagnostic criteria it suggests PND can only develop as a direct result of childbirth therefore excluding the diagnosis of all fathers, and women whose PND may develop outside the 4 week time frame outlined for diagnosis.

Despite this limited definition of PND there has been a recent recognition of post natal depression in men (Ramchandi 2005, 2008) causing a development in research within this area. Prior to this development, the methodology used in the screening for PND has been designed specifically to examine the mental well being of new mothers, for example the Edinburgh Post Natal Depression Scale (1987), therefore completely ignoring the post natal experiences and well being of new fathers . The present study aims to investigate the media's role in understanding how the construction of men may perpetuate the lack of recognition for the occurrence of PND in men. The basis for this is a result of previous studies finding gender differences in the construction of mental health conditions within the media; for example Yardley (1997: 188-191). This study established that women were more likely to be constructed through a discourse of madness, whereas male experience of mental illness was constructed through a criminal discourse which positioned the aetiology of their disorder as the result of external factors.

However despite research showing that there is a prevalence of PND in men (e.g. Paulson, Dauber and Leiferman 2006, Veskrna 2010) there has been no research into how the media may also perpetuate possibly inaccurate gender stereotypes of PND. This is important to investigate as there are still questions over the reliability of gender differences in mental health statistics (Pennebaker 1982: 6-7). Therefore this gap in the literature will be taken to examine differences in the language used to achieve differences in construction between men and women in newspapers. The importance of filling this gap is great, for example the implication of constructing men

in a way that does not acknowledge they can suffer with PND may affect their self esteem, social and medical support and may also have a detrimental impact on their relationships.

Firstly to ensure a valid basis for the argument that men's PND has been wrongly ignored, it must be established that a prevalence of PND in men does occur. This argument was supported by findings from Paulson et al. (2006) who found a 10% prevalence rate of PND in men compared to 14% of women; suggesting there is a valid basis for diagnosis in men as the same scale was administered for both men and women.

Further research investigating the aetiology of PND in men originates from Veskrna (2010). This research suggested despite men's hormonal changes not mirroring those of new mothers, the subjection to the same social and physical factors such as sleep deprivation and adjusting to the responsibility of parenthood can cause PND to develop. Veskrna (2010) also suggests other risk factors in new fathers can be a lack of social support, financial strain and isolation from their partners. Therefore providing evidence that non biological factors can also cause PND, suggesting the aetiology may not just be hormonal. This research also highlighted the issue of men feeling they have to conform to masculine norms, which effects the way they present their symptoms and how the illness impacts on their own feelings of masculinity. A self report measure showed that men suffering with PND felt that their previous denial of depression strengthened their masculinity and that their sex prevented their expression of sadness (Veskrna 2010). Therefore although this research shows there may be differences in expression of symptoms, it demonstrates there is no reason why men cannot and do not suffer from PND. This suggests there must be further underlying reasons behind why men and women sufferers are constructed differently in the media, for example potential power relations or general ignorance that men can also suffer from PND.

Discourse Analysis

A discourse analysis of UK newspaper articles will be used to understand how discourses drawn upon in the media may perpetuate the construction of the unacceptability of men's post natal depression and how this differs to the way women with post natal depression are portrayed within the media. This data set will be used, as the role of newspapers in relation to mental illness have been previously threatened by accusations that this form of media play a key role in the creation and perpetuation of the stigma associated with mental illness (Anderson, 2008).

The approach of discourse analysis has been taken as previous research using this method has demonstrated how depression has been constructed differently in the media between genders. For example Gattuso et al. (2005) highlighted that the media may portray gender differences about mental health in a way that conforms to gender stereotyping and that may also be interpreted as being patriarchal and oppressive to women.

Discourses of madness have also been shown to have gender biases within them. Via discourse analysis Yardley (1997: 188-191) established how women were constructed through a psychiatric discourse that associated them with neurotic traits, e.g. mania and hysteria. The association with these traits resulted in them being more likely to be diagnosed with anxiety disorders such as depression which positions the aetiology of the disorder as endogenous (Yardley 1997 188-191). In contrast men were constructed through a criminal discourse which constructs the aetiology of their psychopathology as exogenous and the result of outside factors such as work stress.

Ussher (1997: 38-39) argues that these gendered discourses are a reflection of the patriarchal medical institution which is controlled and dominated by men, however in the case of PND this argument can be reversed. Instead it can be argued that by positioning women in this way there is also an isolation of men who are suffering with PND and other mental health conditions which are not typically constructed through discourses of male gender identity. Therefore this may potentially isolate many men from gaining support or recognition for a disorder that has shown to be equally as viable in men (Paulson et al. 2006, Veskrna 2010).

The theory men are constructed in a way that isolates them from mental health provisions was supported by findings from Seymour-Smith, Wetherell and Phoenix (2002). This research found that men who strayed away from stereotypical gender constructions through their mental health problems were constructed and acknowledged as deviant or abnormal. Furthermore the healthcare professionals treating them also suffered from ideological dilemmas surrounding whether to conform to the norm of maintaining their hegemonic masculine identity, or compromising this and negotiating adequate care provision. This is a key finding in light of the present study as it highlights the importance of how gender stereotypes can prevent effective treatment provision for male patients, both in terms of the patient acknowledging their symptoms, and health care professionals being willing to compromise their patients gender identity in order to treat them effectively. Equivocally it can be argued that compromising a males masculine identity may further contribute to their mental distress, therefore providing further evidence for the need of increased societal awareness and acceptance of mental health conditions in men.

The role of the media

The media also has a vital role in developing and reinforcing peoples understanding of gender sex roles (Hargreaves and Colley 1986: 114-116). It has been suggested that power in modern societies has evolved to have a more discursive nature that is achieved by obtaining collective consent within the population (Khosravinik 2009). Khosravinik (2009) argues that the media is an outlet for creating “knowings” and beliefs (which may not be true) in society by reaching a collective audience. Van Dijk (1991: 75-76) explains the role of the mass media as “having exclusive control over the symbolic resources needed to manufacture popular consent”. This is important in terms of the current study as if the mass media audience has only had access to information suggesting that women's hormones are the only cause of PND, inevitably any other causes which may also implicate men will be ignored and deconstructed. From a feminist perspective this would suggest that this reflects the pathologisation

of women's experience of child birth (Ussher 1997: 39). Also by ignoring the relationship between men's reproductive function and their mental health within the media, Ussher (1997:40) suggests that by not acknowledging men's mental health issues the media is perpetuating the patriarchal nature of society by portraying women as weak.

A further theory providing an explanation for how the media may be responsible for perpetuating gender stereotypes of mental illness is the documentary method of interpretation (Garfinkel 1967: 77-78). This theory suggests that when reading and understanding discourse it is interpreted from the basis of previous knowledge, ideas, expectancies and experiences. Therefore if the media has previously constructed PND in a way isolating men and only effecting women, this will impact on the way people come to view and understand future discourses about PND. This occurs as when people are reading about the same topic they draw upon the same understanding and therefore perpetuate and reconfirm their prior beliefs. In addition this can become a circular process where stereotypical beliefs which may be inaccurate are reinforced and redistributed by the media. Therefore this theory provides a possible explanation for the positioning of women in society to be more likely to suffer with mental health problems related to reproduction, whereas men's reproductive function in relation to their mental health is ignored in society.

Theories of mental health based gender inequality in society

Feminist views of how women are positioned in society provide a further explanation for why post natal depression tends to be ignored and not regarded as seriously in men. Ussher (1997: 18-19) suggests the inequalities in mental health diagnosis are the result of women being positioned in greater need of care than men which may explain why it is seen as more acceptable for women to suffer from post natal depression. Ussher (1997:38) suggests that this occurs as a result of a patriarchal health care system that positions women as weak and in need of care in order for male hegemony to be maintained. This theory provides evidence that men may have the same prevalence of mental illness, but sex differences in the reporting and acknowledgement of symptoms cause the over representation of women in mental health statistics. This is then drawn upon within the media which may explain why gender stereotyping continues to be perpetuated, as media consumer stereotypes about gender roles are continually reconfirmed.

Further feminist theorists have postulated explanations why women are over represented in the mental health statistics. For example Burr (2003: 124) provides an explanation for this phenomenon via discourse theory. This theory suggests language and symbolic forms provide the concepts for how we think, therefore language can be responsible for reproducing inequalities as it draws on different implicit representations of the sexes. Burr's (2003: 124) suggestion is that being exposed to discourses which may promote gender stereotypical ideologies can cause the development and reinforcement of the belief in these ideas. Discourse theory is also supported by the Sapir-Whorf hypothesis (1983) which suggests that language can shape thought, and different types of language can result in different views of the world.

This theory provides part of the rationale for using discourse analysis for the current study. By investigating how the language used in the media can effect how people think about and perceive men's post natal depression, there is the potential to understand why there is a current lack of understanding and acceptance for this illness in men.

There are a variety of possible reasons for the occurrence of over representation of women in mental health statistics, especially anxiety disorders such as depression. One of these reasons is the differences in patient decision making to visit the doctor when experiencing depressive symptoms. For example Pennebaker (1982: 7) suggest that women are more attentive to their internal bodily state than men, and therefore are more likely to seek medical attention based on the perception of their symptoms.

In the UK there is a large sub-clinical population who for a variety of reasons do not report their mental health symptoms to their doctor (Pennebaker 1982: 7). This study also found the largest factor being related to help seeking behaviour was being female. Not only were females most likely to go to the doctor with their symptoms, they were also most likely to use any sort of support service such as friends, family, and support groups. Also, when men do actually report depression to their doctor they are more likely to report their symptoms as somatic rather than psychological (Veskrna 2010) which may effect the diagnosis they are given. This may be a result of men perceiving depressive symptoms in a different way, or possibly as a result of perceiving psychological symptoms as challenging to their masculinity.

Research supporting this has found men discussed their experiences of depression in terms of their gender identity (Emslie, Rudge and Ziebland 2006). Using a grounded theory analysis this study established for some men, conforming to hegemonic masculine norms contributed to their suicidal behaviour. In terms of their recovery this involved either reconstructing their identity to be consistent with masculine norms, or constructing an identity rejecting masculine norms. Therefore this may suggest that for some men feeling they must conform to masculine norms may affect their expression of emotion, and as previously demonstrated their likelihood of reporting their psychological symptoms. In addition this highlights the importance of the media's role in reconfirming people's stereotypes of what society expects of men, which may possibly limit men's expression of emotion, and isolate them from potential social support.

Although it could be suggested that there are actual rather than constructed sex differences in stress responses that could result in the development of mental health disorders, research in this area has found evidence to the contrary. For example Belle (1980: 115-116) established that there is no difference in how the sexes respond differently to stress and stressors. Therefore findings from research into gender differences in reporting symptoms of mental illness need to be used to highlight the over representation of females in mental health statistics. This is vital as it would be a potential way of challenging the stereotype that women are more likely to suffer from mental illness including post natal depression. This stereotype and the way women are positioned in society may partly be a result of the inaccurate mental health statistics, which may further prevent men from reporting their symptoms if they feel they will be seen as less masculine. The present study will aim to

investigate further whether the media tends to draw on gendered stereotypes in the construction of mental illness, in order to potentially explain why men may have been previously ignored from the diagnostic criteria for PND, and also why they are less likely to present their PND symptoms.

Discursive Psychology

Theories based on principles of discursive psychology have attempted to explain how discourse can be used to construct mental illness in particular ways. The theory of discursive psychology suggests that talk and text can be studied and understood as accomplishing forms of social action (Edwards and Potter 1992: 153). Discursive psychology is also an anti cognitive approach, suggesting that speech and language are used to achieve social action, and are therefore unrepresentative of peoples underlying cognitions (Edwards and Potter 1992: 153).

Foucault's theories of discourse were pioneering in the development of discursive psychology. Foucault (1972) suggested statements are units of discourse that are used to create a network of rules which establish what is meaningful. Therefore suggesting the giving of meaning to different speech acts and utterances is dependent on the context they emerge from.

Using this theoretical basis Foucault (1972:35) postulated how psychopathology can be constructed through the use of discourse. He proposed that discourses of psychopathology are based on a non objective view of mental health, which results in mental illness being defined through a discourse of madness. This in turn can perpetuate attitudes of stigma held towards the mentally ill. Discrimination towards the mentally ill and the effects of law, religion, medical diagnosis and treatment in society are all factors which have caused a discourse of madness to emerge within the media (Foucault 1972:34). Foucault (1972: 35-36) went on to suggest that discourses of madness generalise phenomena that emerge in different ways between individuals. He argues that this ignores social experience and does not allow concepts to be individualised within madness, therefore generalising the experience of mental illness regardless of the severity or nature of the disorder being described. This generalisation results in even the most specific mental illnesses still being subject to being constructed through a generalised discourse of madness. Furthermore by the media generalising the experience of mental illness in this way it also prevents the encouragement of public understanding of others experience of mental illness. The effect of this may be detrimental as this lack of understanding may contribute to the stigmatic attitudes that some people associate with mental illness.

Foucault (1972: 36) also went on to suggest that knowledge and practice cannot exist independently, highlighting the impact established discourses may have upon clinician biases in diagnosis of potentially mentally ill people. This may occur as a result of societal views impacting upon clinician's judgement. Therefore the principles of Foucaultian theory highlight the importance of establishing what role biased discourses may have upon the portrayal and understanding of mental health within the public eye. This is important as it suggests the media have the power to influence society's views of people with mental health conditions, based on potentially inaccurate and biased information. Overall the principles of Foucault's

theory are critical for the development of the rationale for the present study. This is a result of Foucault's ideas highlighting the issue that generalising mental illness can cause the construction of lasting negative attitudes, and perpetuate stigma towards sufferers of mental illness. The present study will address this issue by investigating whether the media consistently use language and different discursive devices that achieve the social action perpetuating stigma towards the mentally ill, or whether PND is constructed in different ways.

Overall rationale

Overall the theoretical framework for the rationale of this study originates from a combination of social constructionist and discursive psychological approaches that provide the basis for the choice of topic and research method. The nature of investigating differences in the construction of gender informed the theoretical basis for the study. This is a result of principles of discursive psychology focusing upon how knowledge can be constructed between people dependent on the language used (Edwards and Potter 1992:2). This approach to discourse also aims to understand how "truths" are established through language that makes the construction seem viable and factual (Edwards and Potter 1992: 2). The social constructionist principle of social action as the product of social construction is another key theoretical element informing the choice of methodology for this study. This aspect of social constructionist theory suggests that social constructions developed between people can go on to influence the actions conducted by humans. This idea provides a strong theoretical basis for the current study, as it suggests that peoples actions and thoughts can be effected by the use of language in particular social constructions.

Therefore within the present study by investigating gender differences in the construction of PND, this research seeks to understand how this may inform social action, and the implications this may have for the differences in treatment and support for men and women suffering with the disorder. By operating within a discursive psychology framework this study will also enable the analysis of potential differences in power relations that have been constructed within the data set. This may be a possible reflection of the differences of the positioning of men and women within society. In order to acknowledge this the topic of analysis will also be approached partly from a feminist approach, drawing on feminist social constructionist theories developed by Ussher (1997:229). These theories suggest that women's illnesses are consistently constructed as pathological in order to suppress women by positioning them in need of care. The present study will acknowledge this and also investigate how the positioning of men in society may also be reflected within how they are constructed with PND. For example previous research has established men's psychopathology is more likely to be constructed as a result of external factors as opposed to internal factors within women (Yardley 1997: 44). This is a finding that will be further investigated within the present study to establish if it is a replicable effect.

The further main theoretical approach informing the theoretical framework for this study is ethnomethodology. This theory is grounded in the idea that the social world is characterised by highly organised stories, versions and representations which are consequential and are there to perform actions (Potter 1986: 65). Potter (1986: 42)

suggests that descriptive activities entailing these stories should become an important area for study; therefore emphasising the importance of representations within the current study. Garfinkel (1967: 76) also emphasises the importance of representation within discourse, suggesting that as well as representing the world, descriptions are involved in the world in a practical way that are embedded within broader sequences of interaction. Therefore overall by drawing on a combination of constructionist and discursive psychology based approaches, it can be suggested the theoretical framework established conclusively informs the use of discourse analysis as the most appropriate method for approaching this topic. This is as a result of the basis of these theories classing discourse and language as the defining element of social constructionism and discursive psychology. Therefore this provides the rationale for the use of discourse analysis to be the most useful method in analysing gender differences within social constructions of PND, as it will enable the understanding of what the differences in gender representations are trying to achieve and the wider implications on social action that this may have.

Overall the rationale for the topic choice for the present study is based on the gap in the literature surrounding the lack of evidence into the gendered construction of PND in the media. By filling this gap the present study will be able to establish whether previous findings into gendered discourses in the media are replicable in relation to mental health disorders. Filling this gap in the present study is especially important due to PND being a disorder traditionally only associated with women, therefore emphasising the importance of establishing whether findings are established to be consistent with normal gender stereotyping surrounding mental illness. However due to recent findings highlighting the occurrence of PND in men (e.g. Veskrna 2010) the current study will also be able to investigate whether men have now become constructed in a way that makes their suffering seem viable, or whether they are still constructed as having a lack of category entitlement to suffer from PND.

Method

Methodology

Discourse analysis (DA) was the method of choice due to the social constructionist nature of the study. The use of this method stems from the theory of discursive psychology which is rooted in the idea that talk and text can be studied and understood as accomplishing forms of social action (Edwards and Potter 1992: 2-3). Therefore discursive psychology rejects cognitive theories of language which would suggest that text and language are illustrative of individual's cognitive representations of the world, resulting in the focus of DA instead being upon the understanding of what the use of language and discursive is trying to achieve (Edwards and Potter 1992: 2-3).

Discourse analysis can be defined as more of a broad theoretical perspective towards psychology rather than a specific methodology, this is due to there being no set procedure or rules for researchers to follow during analysis (Billig 1997: 54). It is a method based on a constructionist framework, therefore taking an epistemological position, focusing on meanings gained from experience to explain how phenomena can be constructed. Discursive psychology theorists define discourse as the central organising principal of construction; rejecting cognitive explanations of social

interaction and ideas of cognition, instead focusing on how mentalist motions are constructed and used in interaction (Gill 1993: 2). Therefore researchers using discourse analysis reject the hypothetico deductive model as by not using a specific hypothesis as a starting point, natural forms of social interaction can be analysed (Richardson 1996: 135). Discourse can be effected dependent on the views of the listeners, or readers etc, therefore discourse analysis is advantageous when examining social constructions as it allows for the role of context in explaining potential ambiguities when interpreting data.

Discourse analysis analyses text in terms of the speaker having a “stake” and analysing how they use language to promote this (Coolican 2007: 230). Researchers using this method analyse scripts in terms of what the speaker or writer is doing with their language; and how they can construct particular phenomena based the language used, rather than simply what they are saying.

As Billig (1997:54) suggested, discourse analysis is a broad theoretical perspective and within this there have been attempts to develop more specific approaches; for example conversation analysis, Foucauldian DA and critical discourse analysis. The approach of Critical discourse analysis was the approach deemed most suitable for the current study, focusing especially on Faircloughs (1993) approach to conducting critical discourse analysis. This is a result of his theory of critical discourse analysis focusing upon the use of language in social processes and the relationship between language and other elements of social processes (Fairclough 1993: 50). Fairclough defines critical discourse analysis (CDA) as “deliberately probing the (often opaque) relationships of causality and determination between (a) discursive practices, events, texts, and (b) wider social and cultural structures, relations and processes” (Fairclough 1995:7).

Therefore this approach was considered the most appropriate for the current study to establish whether there were any gender differences in the construction of PND sufferers within the text sample, which CDA would interpret as potentially reflecting and inferring wider societal gender inequalities and stereotypes. Another important area of critical discourse analysis is its commitment to implicate social change as a result of the findings established (Fairclough 1993: 98). In this study potential for social change is an important factor as if the analysis highlights there may be inaccurate biases being portrayed and perpetuated through newspaper articles, highlighting this inequality may be a way of encouraging more support for men with PND.

Data

The materials for the discourse analysis were obtained by using a Lexis Nexis data base search which is a data base and global research unit which holds over 20,000 global news sources. A database search was conducted using the terms “men” and “post natal depression”. The main search criteria was that there was 3 or more mentions of each of the terms within the articles, the other aspect of the criteria was that any articles found had to be obtained from British newspapers.

The search obtained 30 articles from a range of British news papers from the years of 1994-2010 all of which were analysed as part of the data sample.

Procedure

Although there are no set rules to follow when conducting discourse analysis, several discursive models and approaches have been developed that provide a more specific theoretical basis for the conducting of analyses. For example the discursive action model proposed by Edwards and Potter (1992:11) outlines some fundamental aspects for analysis; a focus on action rather than cognition, acknowledgement of fact construction, stake and interest and the construction of accountability. However although this approach is effective in understanding discursive action, the approach of critical discourse analysis was decided on for the current analysis as its focus is upon establishing potential power inequalities which may effect social action. This was considered important as based on the literature review of the construction of men's and women's mental health highlighted inequalities that may be reflective of the suppression of women in society (Yardley 1997: 8-9). As with all forms of discourse analysis the first step for the researcher is to familiarise themselves with the data that they will be interpreting. This can be achieved by reading and re-reading the data throughout the duration of the analysis. Fairclough (1995: 11) argues for the importance of familiarity with the text as closeness with the data is required in order to uncover any potential concealed mechanisms of domination. By establishing familiarity with the data, apparent themes and discursive strategies from each newspaper article began to emerge from the text and were recorded. A coding system was also implemented within the analysis, as once consistent discursive strategies began to emerge from the text shortened letter codes were used to highlight every instance of the use of that discursive device. For example for every occurrence where men were being subject positioned in a particular way, SP would be marked next to that line/s in the transcript. By using this coding system it made it simpler to identify which themes and devices were being used more consistently across the data set. Therefore helping to establish more common themes as interpretative repertoires by establishing which patterns of language were continually drawn upon to construct PND in a specific way. After the list of themes and discursive devices was developed the next stage of the analysis was then to establish what the use of the theme or device was trying to achieve by constructing in that way and how this could relate to wider societal factors such as power related. Although this research was conducted using a CDA framework it is important that reflexivity was acknowledged throughout the analytic process, which ensured other potential interpretations were always considered. Therefore meaning it was not always assumed the constructions being made were reflective of any underlying power relations. After establishing the range of interpretative repertoires sub themes were developed within these in order to make the interpretation of each aspect of the repertoire more specific. For example within the interpretative repertoire of "Neglect contributing to the development of men's PND" the sub themes of "Lack of attention" and "Lack of sex" were established. Despite these sub themes fitting within the overall interpretative repertoire of neglect, differing repertoires were found to be more specific to each sub theme, hence the development of them to enable a more specific analysis.

Reflexivity

By adopting the method of discourse analysis the researcher's ideology is apparent at every level of analysis (Yates, Taylor and Wetherell 2009: 1-5); from the choice of topic, how they extract meaning from the data to which parts of the analysis are deemed most significant. Reflexivity within research can be defined as the recognition of the researchers own views and beliefs and how their understanding of how this could impact upon their own analysis (Furhman and Oehler 1986).

The original focus of this study was just on depression and as my initial research into the area progressed I chose to focus specifically on the constructions of post natal depression. However in terms of reflexivity it is important to recognise how my experience and subjectivity drew me to investigate this area in the first place and how this could affect my analysis. I recognise that my own experience and understanding of depression in myself and father impacted upon my choice of research topic. This life experience has encouraged me to try and understand why there are differing gendered attitudes towards people suffering with depression and how the media may have a role in perpetuating gender stereotypes. However although I may have been subjective in my choice of topic, by expanding my idea further into one which I do not have personal involvement with (post natal depression) it reduces the risk of interpreting the data in a way that was consistent with my ideology that men and women may be treated differently when suffering with depression. However despite this change in change in topic I understand that potential differences in treatment of men and women with depression may also be applied to the treatment of people with PND and therefore this is something I needed to acknowledge when conducting my analysis. I will achieve this by ensuring I try to look for a range of different themes and discursive strategies, not just those which are consistent with what I believe will be found within the data whilst still remaining deductive in my analysis. This is a key process within critical discourse analysis as although there may potentially be multiple interpretations of text, the interactions within text enable these interpretations to be narrowed down and a conclusion of the meaning of different utterances can be made, regardless of the position of the researcher (Flowerdew 1999).

Although the recognition of potential bias is important in all areas of research, within discourse analysis the reflexivity of the researcher is recognised as forming part of the findings from the analysis. Due to the nature of discourse analysis extracting meaning from text, this method requires a large degree of inference from the researcher therefore making it unrealistic to remain objective (Madill et al. 2000). This is due to the involvement required with the data preventing a positivist approach from being viable in conducting research that is so focused on meanings. This may warrant criticism from psychologists operating within a positivist frame work. However it can be argued by qualitative research not aiming to conduct their research in the same way, evaluations of reliability and objectivity should not be applied in in the same way as in quantitative research (Madill et al. 2000). Therefore in terms of the current study every effort will be made to be open to all possible interpretations of the data, and also to be aware of my ideology that inspired me to conduct this research to ensure it does not to bias me towards only interpreting the data in one way.

Results

Overview

Overall the current analysis consistently identified differences in the construction of PND between new fathers and mothers. These differences were identified through the consistent use of differing interpretative repertoires when constructing the experiences of new fathers and mothers with post natal depression. These differing gendered discourses resulted in the construction of masculinity and femininity in relation to post natal depression as binary and separate. Men were constructed and generalised to fit into subject positions that constructed them as not being able to cope with and discuss negative emotions, and positioned as having a lack of social support. A further key discursive strategy identified was the consistent use of fact construction of men's experiences of PND that worked to establish men's PND as viable. This was achieved through the vivid description of symptoms and corroboration with experts in the field, constructing the social action of making it difficult to dispute the factuality and viability of men's experiences of PND. An interpretative repertoire of the neglect of men was also identified within the analysis which aided the construction of the aetiology of the disorder as being a result of a lack of attention from their partner. By constructing a lack of attention as a contributing factor to the aetiology of PND in men, it also creates the social action of blaming their partners for the development of the disorder. This finding was interesting as it can be interpreted as positioning men as the weaker sex, as it constructs them as needy and requiring attention in a child like fashion. This is contradictory to other themes identified in the analysis which found women to be constructed as being weaker and more susceptible to mental illness.

A lack of category entitlement for men's experience of PND was a further key finding that was identified, whereas in comparison women were constructed as having more category entitlement to suffer with PND. These findings will now be discussed in detail in terms of the social action trying to be achieved through the use of the interpretative repertoires and discursive strategies identified.

Subject positions of men

- **Positioning of men as less able to cope with, and isolated from discussing their negative emotions**

A consistent finding across the data was that men were constructed as being less able to deal with emotional issues in comparison to women. One way in which this was achieved was by positioning men in a way suggesting that they are socially isolated from discussing their emotions; this is illustrated in the extracts below.

Extract 1: The Sunday Review 20/3/1994: 27-31

“A man may find his emotions being stirred up quite out of his control, he may suddenly feel intensely jealous or displaced. He may feel rejected and lonely. He may feel he has lost his wife's love. None of these are excuses for violent, destructive or hurtful behaviour, but they are nevertheless real reactions that no one can accurately predict. The pressure on men to share the experience of childbirth and the tasks of child-rearing can also lead to difficulties that may not have been sufficiently addressed.”

Extract one demonstrates how men's experience of emotion following the birth of their child have been generalised to construct the assumption that all new fathers have difficulty in discussing their emotional issues.

Extract 2: The Independent 1/2/1995 :10-13

“Getting help to men isn't easy. They're bad at talking about their feelings. It's so unusual for a man to say, Yes I'm miserable. They can also be bad at accepting advice. Even if men do want to share their feelings, there appears to be no adequate support network for them. "It's so retrograde," Dr Ballard says. "In all other areas of medicine, especially psychiatry, we talk about the family as a whole unit, yet fathers are offered no counselling. Health visitors are only interested in them if they're worried the baby's been battered.”

Extract 2 provides further evidence for the subject positioning of men in this way and also portrays men as unwilling to accept help or advice, making them seem to be constructed as stubborn and too proud to accept help for their problems. This finding is consistent with results from Seymour-Smith et al. (2002) who established through discourse analysis that men being bad about discussing their emotions was a taken for granted and accepted fact within society. As demonstrated within the above extracts the construction of this common truth may be a reflection of men's attempt to maintain a masculine identity which they may feel could be compromised by accepting help, or discussing their emotional issues.

By subject positioning men in this way there is a failure to acknowledge that other men may in fact be extremely comfortable showing and discussing their emotional issues. The lack of acknowledgement of different men's experiences of PND also acts to deconstruct these as non-factual by generalising males way of dealing with emotion into this one subject position, making any other accounts seem deviant from the norm. This may be in order to further construct the ideology that men struggle to deal with and discuss emotions in order to establish it as a common truth. Further analysis showed that the male stereotype may be continually constructed due to men feeling that they need to conform to this stereotype in order to maintain a positive masculine identity. For example;

Extract 3: This is Hampshire 23/8/2003: 41-51

"As a bloke, you feel there is some pressure on you to be brave and cope, and not have any feelings-but you do Adom sees the whole topic as a taboo subject because big boys don't cry and they often find it difficult to ask for help."I think that seeing the birth - and watching your wife in so much pain - can affect the man and may lead to depression."I have five children and the eldest from a previous marriage is now 28. When they were born I was fine, so when the depression hit me with the birth of my youngest son, I was amazed," he said. As his wife fell into a dark world of despair, Adom felt his emotions mirror hers. Together, they became more and more depressed - until his wife had to receive medical treatment."The worst part was there was nobody there to help me. The focus was on my wife and I was expected to cope," he said."

Extract 3 demonstrates how some men constructed themselves in a way that suggests men feel they have to conform to the pressure of hegemonic masculinity, which requires them to be able to cope with emotional issues without the help of others.

This aspect of the analysis supported findings from Emslie, Rudge and Ziebland 2006 who found that men discussed their recovery from depression in relation to either rejecting or conforming to masculine hegemonic stereotypes. In addition these quotes show how men have been constructed in a way that suggests they have to conform to societal pressures of masculine stereotyping. The action being performed in these quotes can be interpreted to suggest they are trying to construct themselves in a way that positions themselves away from the masculine stereotype of not being able to show their emotions. Positioning themselves away from men conforming to this stereotype may be an attempt to construct their PND as seem more viable. It may also be an attempt to try and prevent other people judging them for not conforming to the "normal" masculine stereotype by highlighting how society suggests they should behave. Further analysis supporting the findings of Emslie et al. (2006) in terms of men discussing depression in terms of conforming to stereotypes of masculinity, showed some men conformed to this by not acknowledging the symptoms they were experiencing were a result of PND. For example;

Extract 4: The Independent 1/2/1995 25

"Like Nigel, he is anxious not to describe himself as depressed . He does, however, admit to feeling angry and miserable before and after his 21- month-old son, Jonathan's, birth. Although he could confide in his wife, Jane, he still felt excluded. "After Jonathan was born all the enquiries went to her. The assumption was that I never got up in the middle of the night to change the nappies or help with the feed." Richard was in fact completely involved in every detail of his son's childcare. But as the months went by, he found the dual role of provider and supportive parent increasingly difficult to maintain. "I became irritable. When I got home to my family I wasn't being as caring and kind as I wanted to be." Now the situation has been resolved and Richard looks after Jonathan while Jane teaches full-time."

In this case by constructing themselves in this way they are trying to maintain the masculine view and portrayal of themselves. This could be an effort to reassure themselves of their masculinity or to try and prevent others from associating them with a traditionally feminine condition that may challenge their sense of masculine identity. These extracts demonstrate the discursive strategy of stake inoculation, which Potter (1996:125) suggests is a strategy people used to prevent their accounts from being challenged. Therefore in this case by these men downplaying their symptoms they are trying to prevent anyone from associating their symptoms with PND.

- **Positioning of men as having a lack of social support**

Men were also continually positioned as having a lack of social support network in terms of help, advice and support after the birth of a new baby. This was found to be one key way the media accounted for the aetiology of PND in men.

Extract 5: This is Hampshire 23/8/2003: 66-67

“In more serious cases, he also believes men will commit suicide. A lot of men feel isolated with their feelings. They can’t talk about what is happening in their homes and how they feel about it. Workmates just wouldn’t understand and eventually they decide to take their own lives, he said”.

For example extract 5 shows how lack of social support was constructed as a contributing factor in explaining the development and maintenance of PND. This was achieved by positioning men in a way that generalised the experience of all new fathers in the same way. By generalising the construction of new fathers experiences, and not acknowledging that a lot of men may have sufficient social support networks it constructs a common truth that assumes all new fathers have a lack of a social support network which portrays it as factual towards the readers, making it more likely to be accepted as common truth.

Extract 6: The Independent 1/2/1995 12-14

“Even if men do want to share their feelings there appears to be no adequate support network for them."It's so retrograde," Dr Ballard says. "In all other areas of medicine, especially psychiatry, we talk about the family as a whole unit, yet fathers are offered no counselling.

Health visitors are only interested in them if they're worried the baby's been battered."

Extract 6 demonstrates how this construction was achieved consistently through the use of language assuming that all, or the majority of men experience a lack of social support which works to deconstruct other versions of mens experiences. This may also work to construct a degree of empathy and understanding of why men may develop PND, therefore working to construct the disorder as viable in men.

Extract 7: The Sunday Herald 3/2/2002: 23-25

“Many of these men found their lives so incredibly difficult- they had nobody to talk to and many reached a point where they felt like leaving their relationship. Many men do actually leave their relationship because they get so little information about what's happening from the health professionals and their female partner, who, if very depressed is unable to relate to them as before. They were going to work, coming home and looking after the baby, doing the washing and the housework, and many were reaching their limits. There is some literature that indicates that men may get depressed as well.”

Extract 7 connects the lack of social support for men's PND to relationship breakdown. By connecting these 2 entities it acts as a form of fact construction as the seriousness of the implications men's PND can have is highlighted to emphasise the implications that the disorder can have. The use of fact construction was a consistent and important finding from the current analysis. Fact construction was found to be used consistently in order to strengthen the arguments used the construction of the subject positioning and category entitlement of men.

Category Entitlement

- **Category entitlement of Women's PND**

Potter (1996: 122-123) makes reference to the discursive strategy of category entitlement which the use of became apparent during the current analysis. This strategy suggests that constructions can make certain people knowledgeable or entitled to be associated with a certain group or phenomena. During the current analysis it can be suggested that as a result of the use of fact construction the argument for the viability of men's PND was strengthened. A sense of entitlement for men to be able to suffer with PND was also constructed, that was aiming to achieve an attempt for men's PND to be recognised and equated to that of women. Potter (1996:122-123) suggests that by being a “member” of a specific category it assumes the person is knowledgeable and experienced and has the right to exert their expertise about the particular category. For example in this case women are constructed as having category entitlement about the experiences of PND whereas the descriptions of men in the data are trying to equate men's experiences. This is in order to increase their category entitlement to make the disorder seem equally as viable in men. This phenomenon is demonstrated in the following extract;

Extract 8: Sunday Mirror 26/6/2005: 3-6

“Post-natal depression is a condition triggered by hormonal disturbance after giving birth. It can be so severe it can make mothers literally hate their babies. It can make them turn their backs on them, refuse to touch them and make them feel so useless and desperate they want to die. Are we seriously expected to believe that men, who've never carried a baby or given birth to one, feel like this too?”

This extract demonstrates how men can be excluded from category entitlement to suffer with PND. This is achieved here by isolating men from the feelings and experiences of child birth by highlighting it is women who bear the brunt of the

emotional affect that a new baby can bring, as it is only them who actually has to give birth to the child. The language used in this extract further prevents the inclusion of men from the experiences of PND by suggesting it is caused by hormonal disturbance after giving birth. This prevents the acknowledgement of other aetiological theories for the development of PND which may also account for men's experiences as the role of hormonal disturbance cannot be implicated as a cause of PND in men.

Extract 9: The Mirror 28/8/2003: 25-8

“It's known that up to two thirds of women get 'baby blues' - feeling weepy, flat and unsure of themselves - but this usually passes within a few weeks of the birth. It is thought to be due to levels of the pregnancy hormones progesterone and oestrogen crashing down after the birth. But an estimated 10 to 15 per cent suffer far worse symptoms - sinking into a deep depression with sleepless nights, anxiety, irritability and tiredness. The exact causes aren't known, and no real differences have been found in the hormone changes of women who do and do not get post-natal depression, although some mothers may be more vulnerable. Also particularly traumatic births, or an unexpected Caesarean, have been linked with mental health problem in mothers.”

The category entitlement of women's PND is also demonstrated in the above extract. By implicating the role of hormones specifically related to the experience of pregnancy, it constructs the ideology that it can only be birthing mothers who are entitled to develop PND. This is a result of the construction of its aetiology being directly related to the hormonal disturbance that occur as a result of pregnancy and child birth, phenomena men obviously cannot experience.

As the above extracts demonstrate by isolating other aetiological explanations which may be applicable to men it excludes them from category entitlement for PND, therefore creating a form of social action that prevents men's experiences of PND being equated to those of women.

- **Category entitlement of men's PND**

Factuality is a discursive accomplishment which Potter (1996:102) suggests is achieved through a variety of strategies that builds up descriptions to become accepted fact, and to prevent the speakers or writers stake from being undermined. The use of vivid description and corroboration were consistently identified to be used within the data to strengthen the argument that PND in men is a viable disorder. Based on previous discourse analysis theory and findings (Gee 2011:71) it can be argued that the purpose of the use of fact construction strategies was to construct men's PND as viable and accepted fact in order to establish category entitlement for men to suffer with PND. Category entitlement through fact construction was achieved through the use of vivid description of men's symptoms, which was a consistent finding throughout the data. By describing their symptoms in detail and connecting PND with negative implications (e.g. relationship breakdown) it makes it difficult for the factuality of the accounts to be debated as the severity of their illness has been highlighted.

Extract 10: The Independent 1/2/1995: 7-12

“Nigel hasn't slept properly for days and feels constantly exhausted. Last week he almost burst into tears. This week he's more positive but coping is still difficult and there is no one to confide in. "I've had a little cry now and again but it's more out of anger. You get angry about things. Nigel insists that his grievances don't add up to depression but are just signs of feeling a "bit down". Yet a 1994 survey carried out by Dr Clive Ballard, psychiatrist and lecturer at the Queen Elizabeth Psychiatric Hospital, Birmingham, indicates that he could be suffering from post-natal depression. Through structured questionnaires and interviews, Dr Ballard measured the levels of depression in over 200 parents. Nearly 10 per cent of fathers were diagnosed depressed six weeks after the birth, falling to five per cent six months later. (The figures for new mothers were 27 and 25 per cent during the same periods.)”

Extract 10 provides an example of the use of vivid description of men's symptoms of PND as this account contradicts masculine stereotypy by highlighting that he has shown emotion and experienced aspects of depression which would not be expected if he was trying to maintain a masculine identity. This break away from masculine stereotyping also acts as a form of fact construction as it highlights how serious the condition must be in order for men to stop trying to maintain a masculine identity.

Extract 11: The Independent 20/3/1994: 4-7

“Nick couldn't move - he had severe backache and lay in bed, immobile, for the first three weeks of his son's life. Coincidence? Bad luck? Situations that would have happened anyway? Or are these all examples of a medical condition, related to the arrival of a child? We know that at least 10 per cent of women experience some form of post-natal depression more serious than the baby blues, but what about men? Is it possible that the birth of a child can make them depressed or cause them suddenly to behave in an uncharacteristic way? Dr Simon Lovestone of the Maudsley Institute of Psychiatry believes there is hard evidence to show that a significant number of men experience some degree of depression after the birth of a child”

In extract 11 the connection of Nick's symptoms with the first 3 weeks of his son's life enables the construction of category for entitlement of his PND. This connection constructs the assumption that his PND is a direct result of his son's birth; therefore excluding any other causes for the symptoms described which enables the construction of his experience of PND as factual. Furthermore the detailed explanations of the symptoms outlined in extracts 10 and 11 construct the social action of empathy for male sufferers. This suggests that category entitlement has been achieved if this action can be constructed.

The use of corroboration was a form of fact construction identified to strengthen the category entitlement of men to suffer with PND.

In terms of discourse analysis corroboration is a discursive device used to establish consensus within a description by drawing on accounts from other people in order to support the version of reality being constructed within the text (Potter 1996:159). This device was used continually within the data set as a further method of achieving

fact construction for the viability of men's PND which also works to prevent the undermining of the account constructed. Corroboration was achieved through the use of opinion and evidence from Doctor's and researchers in the field, these were continually used in order to construct an account that is difficult to argue with as incorrect due to the presentation of factual supporting evidence.

Extract 12: The Sunday Herald 3/2/2002: 14

"Jenny Donovan, senior lecturer at Flinders University School of Nursing and Midwifery in Adelaide, Australia is writing her PhD on men's experiences of post-natal depression. Her research suggests that men also suffer from post-natal depression. Her research suggests that men also suffer from post-natal depression. She found that some men struggle to cope or become depressed after a child's birth. Donovan plans to get in touch with the UK Men's Movement and support them in their call for post-natal classes for men. She said: "I also think ante-natal classes could be teaching men a lot more about how to listen to their partner and the changes that occur in both women and men. Home visiting will help to address and understand the changes men go through as well." Many men wanted to find a cause for post-natal depression and then fix it. We know that is not the way to

handle post-natal depression, but men receive little or no help with this."

The use of corroboration is demonstrated in extract 12. The choice of language in this account is used to support the viability of men's PND as the significance of their corroborative opinion is enhanced by constructing them as experts in their field. This is achieved by using terms such as "senior lecturer" and "consultant psychiatrist" which constructs their account as factual by highlighting they have expertise and research experience in this field. Therefore making it difficult for an opposing version of reality to be constructed effectively. Garfinkel's (1967:77-78) theory of the documentary method of interpretation demonstrates the implications of effective fact construction, as it suggests that discourses are interpreted based on prior knowledge and experiences. Therefore if readers perceive discourse about the occurrence of men's PND as factual that is how they will come to perceive future discourses about the topic, suggesting the role of fact construction is vital in establishing belief in accounts constructed in the media.

Potter (1996:195) suggests 3 part lists are a persuasive rhetorical device which can be used to strengthen an argument. This device was identified in the current analysis as part of the fact construction of the viability of men's PND. The use of 3 part lists were used when describing symptoms, the implications and the reactions men may have to the disorder. The use of this discursive device was used to further achieve category entitlement for men to suffer with PND. For example The Independent used this device consistently to strengthen the fact construction of men's PND in order to construct men as having more viability to develop it.

Extract 13: The Independent 20/3/1994: 35

"A lot of issues can close in on a men when a baby comes, real anxieties about employment, a sense of being burdened, the illusion of being to have it all being shattered."

Extract 14: The Independent 20/3/1994: 42

“Its a tremendous shock. Everything changes. You lose all the things you took for granted.”

Extract 15: The Independent 20/3/1994: 55-56

“None of these are excuses for violent, destructive or hurtful behaviour, but they are nevertheless real reactions that no one can accurately predict.”

Extract 16: The Independent 20/3/1994: 62-63

“They may turn to drink, or violence, or rush off and have an affair.”

Extracts 13-16 are key examples of the use of 3 part lists to achieve category entitlement. This is achieved by highlighting 3 implications of PND in men at a time in order to construct a greater level of impact about the effects PND can have. Overall the use of 3 part lists works to strengthen the argument that PND is a viable disorder in men, this may be in order to achieve the social action of acceptance of male PND in society.

Interpretative Repertoires

- **Interpretative repertoire of connecting the development of men's PND as a result of their partner having the disorder.**

The theoretical framework critical discourse analysis operates on suggests that power relations can be constructed subtly through text and language (Fairclough 1993:2).

Extract 17: The Independent 20/3/1994: 13-14

“Some of the illnesses were prompted by men’s partners being in hospital, and in many cases their health improved as the women’s did. “ The men’s illnesses seemed to be linked to those of the women,” Dr Lovestone says. More interesting still were the results of a questionnaire given to the partners of those women in the control group who had shown no signs of post-natal depression. The men were asked questions relating to their mood changes, such as whether they were feeling unusually miserable, or finding it hard to concentrate, whether they were having difficulties eating and sleeping. Twenty-five per cent of the respondents claimed they were, therefore scoring highly. "We would have expected about 5 per cent to score highly," Dr Lovestone says, "but what we found indicated that among a significant number of men there is a very high rate of distress and probable depression after childbirth.”

Extract 17 demonstrates how an interpretative repertoire of blame is constructed, which is achieved by connecting the development of men’s PND as a result of occurrence of it in their partners. Gee (2011:126) states that by making concepts relevant to each other it manipulates the reader to make a connection between the 2 constructs which is further demonstrated in extract 18.

Extract 18: The Sunday Herald: 3/2/2002: 11-12

“The presence of this illness can cause suicidal tendencies in men as well as women, from the reactive depression that can occur from having a clinically depressed partner. "We have suggested that the Scottish Executive arrange pre-natal and post-natal classes for fathers to alert them to this, and to arrange a clear pathway for them should they think post-natal depression has occurred."

The group suggests the government should make pre-natal and post-natal grants available if both the mother and father attend the classes. Jenny Donovan, senior lecturer at Flinders University School of Nursing and Midwifery in Adelaide, Australia, is writing her PhD on men's experiences of post-natal depression.”

Extract 19: The Independent 1/2/1995: 12-16

“He also found that men were significantly more likely to be depressed if their partners were as well. . The type of symptoms each sex presented were very similar: irritability, withdrawal, insomnia, lack of self-confidence, poor concentration, restlessness and worrying.

Dr Ballard believes post-natal depression isn't an exclusively female condition. "People have latched on to this idea that it's hormonal in women but there is no evidence to support this," he argues. According to Dr Ballard, the mild to moderate depression some women experience after the birth is more likely to be caused by social and economic factors or previous psychological problems. Fathers who suffer from post-natal depression can be more vulnerable than mothers because they are reluctant or unable to admit there is a problem.”

The connection between men and women's PND was achieved by the use of cohesive language devices, for example conjunctions including words such as however, so and well which link preceding meaningfully related sentences together which is demonstrated in extract 18 and 19 through the use of “as well”. It can be interpreted that the connection of the occurrence of PND in men and women has been constructed in this way in order to create the social action of blaming the mother for the development of the man's PND. Furthermore this may reflect the patriarchal nature of society by positioning the woman as at fault.

Extract 20: The Sunday Herald: 3/2/2002: 11-13

“The presence of this illness can cause suicidal tendencies in men as well as women, from the reactive depression that can occur from having a clinically depressed partner. We have suggested that the Scottish Executive arrange pre-natal and post-natal classes for fathers to alert them to this, and to arrange a clear pathway for them should they think post-natal depression has occurred."

Extract 20 demonstrates the construction of blaming the mother as it constructs the causes of men's PND as a direct reaction from it being present in their partner. Overall this interpretative repertoire constructs women as being the root cause of men's PND which achieves the social action of shifting personal responsibility onto women for the development of the disorder in men. Therefore equivocally it removes the personal responsibility of men which also reflects the positioning of women in

society as it constructs them as more susceptible to develop PND first. It also suggests that they are personally at fault for the development of the illness in their male partner's, providing further evidence that women's psychopathology are constructed through a discourse of madness as established by Ussher (1997).

- **Interpretative repertoires of neglect of men contributing to men's PND**

Similarly to the repertoire of language drawn upon in the connection of men and women's PND, the construction of blame was further perpetuated through the continual construction that men become neglected as the result of the arrival of a new baby which is demonstrated in extract 21.

Extract 21: The Mirror 7/5/2009 4-8

"The stress of coping with a new born baby becomes unbearable and the temporary lack of sex can drive them over the edge. After the birth, a mother's diminished interest in sex can act as a trigger to post-natal depression in the father. Now, for the first time in the UK, men will be able to get counselling for post-natal depression on the National Health Service in a pilot scheme being run with mental health charity Mind in Basildon, Essex. A fortnightly discussion group for fathers will open this autumn, along with a telephone helpline manned by volunteers who have already experienced the problems first hand. For many, such a service can't come soon enough. Ricky Goddard, 27, an unemployed chef from Basildon, is one of the volunteers who will help other dads out. He knows from bitter experience how crippling male post-natal depression can be"

Extract 22: Liverpool Daily Echo 3/9/2003: 23-27

"Clare Grimshaw,45,from Bidston, went through depression after the birth of three of her four daughters. But she is not convinced that the depression some men go through is the same post- natal illness that women suffer from. "They definitely feel the knock- on effects of being in a relationship with someone who is suffering from post-natal depression."I think men can suffer from depression after a baby is born because they feel the mum is turning all the attention to the baby but I wouldn't like to say they suffer from post-natal depression because they don't suffer from the hormone imbalances that women do. "

However as well as positioning women in a way that constructs blame for the development of their partners PND, extract 22 shows by continually drawing on language that suggests the neglect of men, this repertoire also achieves a portrayal of men as being needy by constructing them as not functioning as well without their partners attention. This could also be interpreted as constructing men in a way that suggests their behaviour is influenced by their partners actions. This findings is contradictory to other themes identified which found men to be constructed as conforming to male stereotypes, which would normally suggest they are not under the influence of their partners behaviour. In terms of critical discourse analysis it can be suggested that through the subtle blaming of women the social action of increased attention may be trying to be achieved by connecting how the neglect they are experiencing has related to the development of PND.

Extract 23: Liverpool Daily Echo 3/9/2003: 18-22

"In some ways men lose a lot of their wife's attention so that can have something to do with it. From the moment the wife comes home from hospital with the baby, everything in the house changes, nothing is the same. "Any one of us can suffer from depression. It is hard for men to come forward to seek help so rather than being sceptical, we should be offering them our help and support." Amelia Mustapha from the mental health charity Depression Alliance agrees: "We have noticed a marked increase in men calling us to talk about post-natal depression as a personal experience," she says. "When they call us they start off talking about emotions and seeking help anyway. "There are a lot of GPs who are not particularly well educated about post-natal depression among men. Some will just tell them to snap out of it or pull their socks up."

For example extract 23 shows how women can be subtly blamed for the development of their partner's PND as a result of the lack of the attention they are now receiving.

A further construction of men achieved by drawing on this interpretative repertoire of neglect is that the expression of their PND may be a form of attention seeking in order to regain attention from their partner's. Therefore through the construction of blame the factuality of men's accounts of PND may be being indirectly deconstructed and therefore preventing the acceptance of men's PND as viable.

- **Interpretative repertoire of the construction external factors causing mens PND vs internal factors in women's PND**

Writers taking a feminist position such as Ussher (1997: 38-39) suggest that women's problems are commonly constructed through a discourse of madness that conceptualises any mental health issues they may suffer from as pathological and the result of endogenous factors.

Extract 23: The Mirror 28/8/2003: 32-35

"In women, post-natal depression is a separate entity from other types of depression because it involves major hormonal factors and major physical factors. But Amelia Mustapha from the mental health charity Depression Alliance said: "We have noticed a marked increase in men calling us to talk about post-natal depression as a personal experience - up five or six percent in the past year. "When they call us they start off talking about their wife or partner's experiences, but then it comes out that they are the ones that are affected. "Men are not very good at talking about emotions and seeking help anyway. It's particularly hard when there's a new baby and it's supposed to be a happy time. They think it's the mum who's supposed to get all the attention."

This is reflected within extract 23 which constructs women's PND as being caused by strictly internal factors which also works to isolate men from a diagnosis of PND.

Men's psychopathology on the other hand has been previously demonstrated to be constructed differently to women's (Yardley 1997:19-20), with the cause of their

mental health issues being constructed as the result of external factors such as work stress.

Extract 24: Liverpool Daily Echo: 3/9/2003: 5-11

"Apparently the weight of extra responsibility, the lack of attention from a partner, extreme lack of sleep and poor sexual relations after birth can all cause post-natal depression in men. Ian, 23, from south Liverpool, is in no doubt that male post natal depression is a valid condition. He says that when his partner gave birth to their son 2 1/2 years ago, it hit him "like a ton of bricks." "Before he was born I was made up and really excited," he says. "Afterwards was when it really hit me. I think it was the sleep deprivation that caused the trouble. "I started feeling tired and depressed and angry. I was snapping at everyone. "My partner suffered from a bit of post-natal depression so she couldn't understand what was up with me.

Lots of dads don't help out that much but I was trying to have a go and I felt like I was awful at it. "Changing nappies and things like that weren't a problem, but during the evening when he was crying and I was tired I felt like throwing him sometimes. I am a factory worker and I was getting up at 5am and working for eight hours and I was shattered."

This is achieved in extract 24 by highlighting the external pressures which can result in men's PND, rather than focusing on the potential that hormonal factors also may have implicated the development of PND. Ussher (1997:54) argues that by constructing women's mental health in this way society is pathologising women's experiences through a discourse of madness. However by constructing men's mental health issues as developing due to external factors it removes the sense of personal responsibility that is constructed to be associated with women's mental health. Ussher (1997) and Burr (1995) argue that pathologising women's experiences but not men's is a reflection of the positioning of women within society and acts as a way of suppressing them. This is achieved by positioning them in need of help from the medical system which they also suggest is patriarchal. Yardley's (1997: 152, 156) findings of differing gendered discourses of mental health were replicated within the current study, with women's PND continually being constructed as endogenous whereas men's PND was constructed as reactive and the product of environmental factors such as financial pressures, work stress and lack of sleep. This was an interpretative repertoire that was consistently identified throughout the analysis which continually used language that constructed men's PND as reactive and women's as the result of hormonal factors.

By constructing the experience of PND in these specific gendered categories it works as a form of fact construction in order to achieve a common truth while at the same time aiming to deconstruct any other potential versions of how PND develops between genders. By undermining any other potential versions of the development of PND the use of this interpretative repertoire ignores that in fact women may develop PND reactively rather than endogenously, and endogenous hormonal factors such as lack of serotonin may be implicated in the development of men's PND. However as there is no mention of these opposing explanations, findings of the present study can be interpreted to provide some supporting evidence for feminist theory about the unfair pathologisation of women's experience as there is no mention of how their PND could also be reactive. Instead by drawing on discourses of madness which

define the illness as internal a sense of personal responsibility for the development of the disorder is constructed.

There are various implications of the way these gendered discourses have been constructed; for example the treatment options advocated for each gender may be consistent with the cause they have been constructed to be associated with. If this is the case it may exclude either gender from having access to treatments which may be more appropriate to the aetiology of their PND and therefore more effective; e.g. women's PND may be treated with drug therapy when the cause may actually be reactive rather than endogenous and a counselling approach may be more beneficial. In addition by constructing men's PND as being external it can be argued that it works to diminish the personal responsibility associated with the development of PND in men. By achieving this it may be working to prevent men's masculine identity being threatened by suggesting that the disorder is a result of factors which are outside of their control. Therefore in terms of women by constructing their PND as internal the opposite effect occurs as instead a sense of responsibility for the development of this disorder is achieved, this further supports Yardley's (1997:156) findings of a discourse of madness within women.

Discussion

Overview of findings

Several key findings were consistently identified in relation to the construction of post-natal depression in men. Men were found to be consistently constructed in a way that subject positioned their experiences of post-natal depression in relation to traditional male gender stereotypes, resulting in their PND being constructed as a form of deviance from the norm. Therefore despite research advances identifying a prevalence of PND (E.g. Veskrna 2010) in men, the current study highlights that these findings have still yet to be accepted and integrated into societal norms. A further important finding was the lack of category entitlement that was constructed for men with PND, therefore reflecting the ideology that this disorder in men is still yet to become accepted by society. Differences in the constructed of the aetiology of men and women's PND was a further key finding providing evidence for the gender differences in the construction of mental illness. Findings highlighted that the causes for women's PND were consistently constructed as having an internal basis, whereas in men the aetiology was constructed as specifically external.

Implications of findings for the entitlement of men to suffer with post-natal depression and challenging gender stereotypes of mental illness

One of the most consistent findings from the analysis was the continual subject positioning of men in a way that constructed their PND in line with traditional gender stereotypes about how males should behave in terms of handling emotional issues. This finding highlights the importance of not relying on mental health statistics to be reliable as the over representation of women may be due to men being less likely to report their symptoms, as demonstrated by Pennebaker (1982: 6-7). It can be argued this is as a result of men conforming to male stereotypes that may make them feel less masculine by acknowledging they are suffering with a mental health condition, therefore preventing them from seeking medical help. This finding has various

implications; including the media's role in the perpetuation of the potentially inaccurate view that women are more likely to suffer from mental health conditions. As Garfinkel's (1967:77-78) theory of documentary interpretation suggests, by findings demonstrating men are constructed as having less category entitlement to suffer with PND, when reading and understanding future discourse about this topic they will draw on this same knowledge basis. Therefore by drawing on this understanding that men have less entitlement to suffer with PND, it may prevent men from seeking help with their symptoms. As findings from Wisconsin et al (1976) demonstrated, being female was the most predisposing factor to report anxiety symptoms to a doctor. Therefore due to the lack of men reporting their symptoms doctors may have less prior knowledge and experience that would inform them to expect PND to be a viable diagnosis for men. This suggests that the amount of men reporting PND may be unrepresentative of the sub clinical population of sufferers who are prevented from reporting their symptoms due to social factors. Findings from Seymour-Smith et al. (2002) support this theory which established males were reluctant to report illnesses which they believed did not conform to masculine expectations, for a fear of being viewed as deviant by society.

By increasing the awareness of anxiety disorders and PND in men in general it will also help to prevent the continuing perpetuation of the ideology that women are more susceptible to suffer with anxiety conditions. However previous research has suggested that the over representation of women in mental health statistics has arisen due to women being more aware of their internal state (Pennebaker 1982: 7-8) and more likely to report their symptoms. Furthermore the ideology that women are weaker in terms of mental illness has also been socially constructed which Burr (2003:96) argues achieves the social action of the continued domination of men and the positioning of women as the weaker sex. However although research suggests women's PND and other anxiety issues are more likely to be identified, it does not necessarily mean their prevalence in men is any different. Instead findings from the current study and previous literature (E.g. Emslie et al. 2006), it can be suggested that societal and personal expectations of men prevent them from seeking help for their PND as they are expected to conform to a masculine identity.

Therefore suggesting the constructions found in the current study which demonstrated women were constructed as more susceptible to suffer with anxiety disorders could be potentially inaccurate, and therefore perpetuating an inaccurate view of women's mental health. This inaccurate view has the implication of preventing the accurate treatment of men suffering with PND and other anxiety disorders, whereas on the other hand it may result in practitioners being more likely to diagnose women. Therefore providing a potential explanation for the over representation of women in the mental health statistics. Furthermore this over representation may also be due to the fact that women have been found to be better in tune with their internal states and therefore may be better at articulating their symptoms in comparison to men (Pennebaker 1982:6-7).

A further key finding was the consistent construction of differences in the construction of the aetiology of men's and women's PND, which has huge implications for the differences in treatment of men and women with this disorder. This findings theoretical basis can be explained in terms of theorists taking a feminist social constructionist approach (e.g. Burr) who would suggest women have been

constructed in this way in order to perpetuate the suppression of women by constructing them through a discourse of madness, that suggests the development of their PND as internal. This works to achieve a sense of personal responsibility for the development of PND by suggesting it is factors within women that cause the development of PND. A discourse of madness is further perpetuated in women through the failure to acknowledge that the development of their PND may be similar to men's. In addition via the construction of men's PND as caused by external factors the opposite effect is achieved, and the personal responsibility of the development of men's PND is removed, therefore positioning women as weaker by constructing them as more susceptible. This finding is a replication of Yardleys (1997:44) findings who established via discourse analysis that women's mental illness was constructed as having an internal basis whereas men's was constructed to have an external basis for causality. For example in the current study it can be argued by contrasting the causality of men and women's PND it was aiming to perpetuate the idea that women are weaker and more susceptible to mental illness than men. This difference in construction may have implications in terms of effecting societal attitudes held towards people with mental health conditions. This is a result of constructing the development of women's PND as internal it may act to perpetuate the view they are more susceptible to developing it.

Practical implications of findings

By establishing men were continually constructed as having a lack of category entitlement to suffer with PND the current study holds key practical implications for the treatment of men with PND in terms of both in clinical settings and within society in general. For example in terms of doctors and clinicians, Garfinkel's documentary theory of interpretation would suggest they may be less likely to diagnose men with PND. This is due to them potentially interpreting men's symptoms as a different illness if their prior knowledge informs them that men have less entitlement to suffer with PND. However due to the recent research developments highlighting there is a prevalence of men with PND, the lack of acknowledgement of the condition in men as demonstrated in the current study is a factor that needs to be addressed. Addressing the lack of acknowledgement of PND in men will aim to encourage men not to feel their masculinity is being threatened by acknowledging their depressive symptoms. This was a further repertoire identified as some men featured in the articles refused to acknowledge that their symptoms equated to PND, or depression of any kind. Therefore replicating findings from Emslie, Rudge and Ziebland (2006) who established men discussed their depression in relation to their masculine identity.

The lack of category entitlement established for male sufferers of PND also has important practical implications for the treatment of men post the birth of their child. For example it may prevent the provision of advice and support from health workers in order to ensure any signs of PND are looked for and acknowledged in fathers as well as mothers. This is a result of the current study demonstrating a lack of category entitlement for men to be able to gain a diagnosis of PND which would then enable them to access to right treatment. This lack of category entitlement would suggest that they would have previously been isolated from gaining support from health visitors and midwives etc. However via the current study establishing a lack of acknowledgement for the disorder in men, it suggests steps need to be taken to

increase awareness and acceptability of the disorder in men. This will encourage men to feel more confident in reporting their symptoms to ensure they receive the correct treatment. The effective treatment of men holds further practical implications as the impact of fathers PND has been demonstrated to have negative effects upon their children's emotional development (Paulson 2006). However this could potentially be prevented if male PND was to become more accepted in society, as more men would be encouraged to report their symptoms.

One of the main areas of implication from this study was how it highlighted the potential inaccuracies of the current diagnostic criteria for PND in the DSM-IV. Previous findings providing evidence for the occurrence of PND in men (e.g. Paulson 2006) also support the theory that the diagnostic criteria for PND may be flawed due to its lack of acknowledgement of the prevalence of the disorder in men. For example the current definition does not acknowledge PND to be a unique disorder, suggesting it only manifests comorbidly with major or bipolar depression and that child birth simply causes the onset of these disorders. This potentially has major implications as sufferers may be given treatment that is targeting the major disorder that their PND is diagnosed to be comorbid with. For example if they were to receive antidepressants this treatment would not be specifically targeting the negative feelings he or she may be experiencing towards their baby. In addition in the current DSM IV definition men are not acknowledged at all, with the only criteria for diagnosis being specifically women who have experienced a major depressive episode within 4 weeks of child birth. Therefore as well as excluding men from help and diagnosis this limited definition also isolates women whose onset of PND may occur after the 4 week period outlined. Furthermore within this definition there is no mention of the aetiology of the disorder that would explain the exclusion of men, for example there is no assumption of a hormonal basis to the disorder giving no reason why men could also suffer from the illness as a result of exogenous or endogenous factors. Therefore although the findings of the current study highlight the differences between the construction of men and women with PND, based on the weight of previous recent evidence showing the prevalence of PND in men it can be suggested that the DSM revisions for the 2013 edition should now acknowledge that the diagnosis is also viable in men as a type of reactive depression. This would have great implications for men suffering with PND as the right for diagnosis will enable them to access the majority of the same resources as women with PND (which are applicable to men). For example help and support from health visitors and access to treatment, which the findings from the present study show that men have previously been denied.

Furthermore the findings from the present study have highlighted the need for the media to acknowledge its role in perpetuating potentially inaccurate stereotypes about mental health conditions. This is an important issue which has begun to be addressed by the mental health organisation MadPride who have called for changes in the portrayal of mental illness in the media. This is due to the findings of a study of people with mental health conditions establishing that what they read or see in the media about their conditions does affect how they perceive themselves and has been shown to effect factors such as self esteem (Link et al. 2001). This is an important finding in light of the present study as it suggests men suffering with PND self esteem may be negatively affected if they see negative portrayals of the disorder in men through the media.

Implications for methodology and limitations of study

Due to the theoretical nature of critical discourse analysis being based in the identification of power relations within discourse (Fairclough 1993:2), it can be argued that the methodology used may have increased the likelihood that the data would be interpreted in a way that would identify unequal power relations between genders. This is a result of critical discourse analysis emphasising the importance of how power relations can be subtly constructed in order to promote social action. However although the theoretical framework applied to this analysis may influence the researcher to interpret the data in a way that actively looked for unequal power relations, this potential bias was acknowledged throughout the analysis. Despite this, the differences in construction were still evident and consistently identified throughout the analysis, suggesting that it was a genuine finding rather than a biased interpretation.

The use of critical discourse analysis provides a criticism for the methodology of this study as it can be argued that once the basic power relations have been established within a study it makes the rest of the findings predictable (Bucholtz 2001). However this criticism can be challenged as although the unequal power relations between men and women were a continual theme throughout the analysis, this was then built upon to establish how the positioning of men and women with PND was achieved. Furthermore by establishing this underlying theme it encouraged an understanding of how this reflected the domination of men in society and how the inconsistent power relations constructed were interlinked with other interpretative repertoires. An example of this that was identified was the interpretative repertoire identified connecting the development of men's PND as a result of their partner having the disorder. This repertoire can be argued to reflect male dominance in society as the language drawn on builds up to construct women as to blame for the onset of their partner's PND, therefore positioning women as being at fault for suffering from PND and suggesting there is negative connotations for suffering with the disorder. Bucholtz's (2001) critique of critical discourse analysis also encompasses the idea that findings of CDA studies simply highlight occurrences which we already know happen in society. However although the findings from the current study may be intuitive (for example the positioning of women as weaker in terms of mental health) the understanding of the different positioning of genders with mental health issues has serious implications for both the treatment and acceptance of PND in both mothers and fathers. Therefore the importance of these implications outweigh the need for a more surprising finding as if the findings are applied on a wider scale they have the potential to have a positive socio-political impact.

Further issues with the design of the study was the small sample of 30 newspaper articles that were used as the findings established would have greater validity and reliability if the analysis was conducted on a larger amount of discourse. However the articles used within the analysis were the only ones available on this topic when the Lexis Nexis data base search was conducted. However the lack of available data provides further evidence for the lack of acknowledgement of PND in men due to the lack of media coverage on this subject. Instead an opposing feminist argument could suggest that recent research findings about the prevalence of the disorder in men may not be reported in the media on purpose as a way of perpetuating the dominance of men by not positioning them as weak.

Suggestions for further research

Key further applications for the current study would be to gain a further more in depth understanding of men's post natal depression, in order to eliminate any bias in the writing style that occurs in news papers which may exaggerate or downplay other elements of people's accounts. Therefore a grounded theory analysis would be the most appropriate methodology to apply as it would enable the development of a theoretical framework for the understanding of how men's PND effects their lives and how they are treated during their experience of it. This would enable findings from the current study to be built on by establishing how other people and doctors react to them and the impact this has upon their masculine gender identity. Furthermore due to the inductive nature of grounded theory analysis it would enable theories to be developed that may provide explanations from a male sufferers point of view of what they feel may of caused their PND and how their gender has affected the way they have been treated. Therefore an interpretative phenomenological analysis would also be a useful further development for research in this area to gain a greater understanding of men's experience of PND from their perspective and the meanings of this. The importance of gaining this understanding is vital if further social action is to be taken to make PND in men more acceptable. This would also prevent women from continually being constructed as more susceptible to anxiety conditions which may have further negative implications for how they are treated in society. Although the use of further qualitative methods may not overcome the issue of lack of objectivity, in this case this is not a major concern as it is important to gain first person knowledge about the experience of PND in order to understand how people react to and treat them.

A quantitative approach could also be applied to this topic area to investigate attitudes towards men towards PND in order from both a male and female perspective. This will establish whether attitudes reflect the gender stereotypes found to be constructed within the present study. If this is the case this would provide further evidence that gender biases in mental health stereotypes need to be challenged to ensure men receive the right treatment and recognition for PND.

Conclusion

Therefore overall it can be concluded a lot more research is required into this fairly new topic area in order to promote future social action, in terms of changes facilitating more treatment, and support for new fathers with PND symptoms. This is required in order to increase awareness to establish men's experience of PND as both viable and acceptable, which is required before more men are prepared to acknowledge and report their symptoms as PND. Although this will be a slow process, the combination of the findings from the present study and research identifying the prevalence of PND in men will hopefully be the first steps in this process of acknowledgement. By highlighting inequalities in the gendered constructions of mental health conditions it recognises that mental health stereotypes taken for granted in society may actually be inaccurate, and recognises the media's role in perpetuating inaccurate stereotypes that may affect the diagnosis and treatment given to both men and women who present with symptoms of PND.

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