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Developmental Transition of Motherhood: Treating Postpartum Depression Using a Feminist Approach

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During the developmental lifeline for women, some individuals are affected by postpartum depression. This article describes the treatment of a Latina woman experiencing postpartum depression. The authors illustrate the feminist approach using counseling interventions that incorporate the client's developmental level, cultural background, and gender. They discuss supporting research for this approach and provide its implications and recommendations.

Childbirth is an important developmental transition for individuals and their families. During this developmental transition, many changes occur, including establishing parental roles, attaching to the infant, and managing the changing relationships with extended family and friends. For some, this process can be complicated when the mother experiences postpartum depression and subsequent struggles with her adjustment to motherhood.

The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association [APA], 2000, p. 422) defined *postpartum depression* (PPD) as a major depressive, manic, or mixed episode with an onset within 4 weeks after childbirth. PPD is characterized by depressed mood, loss of interest or pleasure in activities, and a constellation of several other symptoms including sleep and appetite disturbances, difficulties concentrating, and feelings of worthlessness. These symptoms have been found to be associated with significant impairment in the mother's social and vocational functioning and with impediments in the newborn's social, emotional, and intellectual development (Goodman & Gotlib, 1999). Meta-analyses revealed an average prevalence rate for PPD of 13% (O'Hara & Swain, 1996). More recently, rates for PPD have been estimated to range from 1 in 500 to 1 in 1,000 births

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(APA, 2000). Risk factors for PPD include a past history of depression, marital dissatisfaction, low social support, ongoing social stress, and low socioeconomic status (O'Hara, 1999). Belle and Doucet (2003) indicated that women from immigrant and racial minority groups may be at higher risk for depressive symptomatology as a direct consequence of their marginalized status. Given that many of these risk factors are psychosocial in nature, the contextual and culturally sensitive approach of feminist counseling is a logical treatment of choice for PPD (Amankwaa, 2003).

FEMINIST APPROACH TO COUNSELING

Feminist counseling was developed as a response to women's dissatisfaction with traditional mental health services. Feminist counselors who are knowledgeable about problems women may typically experience have asserted that the female experience is central to the successful treatment of sexual abuse victims as well as individuals with eating disorders and with PPD (Enns, 1997). Feminist counseling highly values the individual experience of clients. This approach takes into account the client's individual circumstances and then helps her to understand herself within the context of the larger society. Feminist counseling respects the worldview of women, who may have a greater tendency than men to perceive society in relational terms (Mattis, 2002). This is further supported by Gilligan (1993), founder of *difference feminism*, who asserted that women tend to focus more on caring for others and on relationships than they do on individual achievement and accomplishments. Finally, the feminist approach acknowledges and honors the self-evident fact that most problems brought to counseling are strongly influenced by societal and cultural expectations (Enns, 1997).

It is also historically noteworthy that traditional counseling practice was influenced by feminist theory, which encouraged an egalitarian relationship between client and counselor and focused on empowering the client. Client empowerment is a central feature of a feminist counseling approach. Empowerment is enacted by the counselor's "giving away" of power when it is appropriate by elucidating specific techniques the client can use to take charge of her condition. Thus, the client is provided with the means to become the expert regarding her needs and goals (Hill & Ballou, 1998). As previously indicated, the concepts of feminist counseling were strongly supported by the work of Gilligan (1993), who examined how women's development differs from men's development. She found that women tend to value relationship and integrate this orientation into their decision-making process. Understanding this developmental context is crucial for counselors working with women. Goals of feminist counseling integrate and extend these ideas from Gilligan by striving for equality in relationships, balance in gender roles, empowerment, self-nurturance, and an acknowledgment of cultural differences (Enns, 1997).

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FEMINIST COUNSELING AND PPD

Although very few outcome studies exist on the subject, feminist counseling has been found to be successful in treating women with depression (Gibson, 2000). It is especially well suited for women of color who are experiencing PPD because it is uniquely situated to address the difficulties women may encounter in negotiating gender role expectations surrounding pregnancy and motherhood in collective cultures (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). More to the point, working with partners and families from a feminist perspective creates space for examining how agreements are made in relationships (Rampage, 1995). This can be of crucial importance when working with a couple adjusting to their respective roles as parents and re-negotiating their roles as partners.

Additionally, Highet and Drummond's (2004) research both supported and advocated for the application of psychological treatment of PPD as opposed to using a strictly medical approach. Moreover, it is important to offer women viable alternatives to medication for PPD because some women understandably prefer not to take antidepressant medication while breast-feeding. Thus, a very strong case can be made in favor of a feminist approach for the treatment for PPD. Subsequently, research on the efficacy of feminist counseling for PPD is recommended. Through the case presentation in this article, we seek to inform and encourage more research in this important area.

In summary, the feminist approach to counseling for PPD would provide clients with the insight, knowledge, and skills necessary to manage many societal pressures and the expectations related to traditional gender roles that may contribute to their distress (Enns, 1993). By extension, this approach encourages postpartum women to free themselves from the traditional expectations of motherhood that overload women with the responsibilities of child and home care while also maintaining a respect for cultural values. The feminist model of counseling asserts that empowering clients to negotiate power imbalances in their relationships leads to increased self-concept and a decrease in their symptoms. Finally, feminist counseling is well suited to working with postpartum women from culturally diverse backgrounds because it takes into account the contextual forces of socioeconomic status, race, and age in addition to gender (Amankwaa, 2003; Beck, 2002; Logsdon & Usui, 2001).

Developing social support and connections for multiethnic women is crucial when treating them for PPD (Surkan, Peterson, Hughes, & Gottlieb, 2006). Vera and Conner's (2007) research, for example, supported using a feminist approach with Latina women because this approach adopts a systemic and relational focus, it considers the larger context of women's lives, and emphasizes connecting women with community resources. In this article, we describe how a feminist approach could be applied with a Latina woman experiencing PPD.

CASE STUDY

Background and Presenting Problems

This case study focuses on a composite client referred to as Christina. The case is based on a combination of the authors' experiences in providing services to women who have PPD. The purpose of this case illustration is to demonstrate how feminist counseling can be applied to treat PPD. Background information on this client is provided first and then followed by a detailed description of the course of treatment.

Christina, a 25-year-old Latina woman, worked as a receptionist at a factory. She was also taking a night course in accounting at a local community college. Her parents had immigrated to her current rural, midwestern community when she was 3 years old. She met her husband Michael, a 27-year-old Caucasian, in high school and dated him for several years before marrying him. Michael currently works on the assembly line at the factory where Christina was employed. Prior to entering counseling, she had been married for 2 years and had given birth to her first child, a son, 3 months before.

Christina was only able to take 2 weeks of paid maternity leave after the birth of her son. She stayed home an additional 2 weeks without pay and subsequently returned to work so that she would be able to pay the bills. Because both of her parents were still working full time, Christina put her son Alex into day care during the day while she worked.

Presenting Complaints

Christina was referred for counseling by a nurse at the local maternal health care center where she was receiving health care for herself and her son. During her son's 3-month check-up, Christina became very tearful when asked by the nurse about her mood. Christina was having trouble getting to work in the mornings and was often calling in sick. She reported difficulty concentrating at work, significant conflict with her husband, and guilt about having Alex in day care. She said she was feeling tired, depressed, and irritable. She added that her husband was not "stepping up to the plate" as he had agreed to do prior to the baby's birth. She was no longer interested in work or visiting with friends and family. She had also lost all interest in sexual intimacy with Michael. She reported feeling "overwhelmed" by work, keeping the house clean, and taking care of Alex. She reported that Michael seemed frustrated by her depressed mood and had begun to withdraw from her and the baby.

Course of Treatment and Assessment of Progress

Treatment for Christina included education about the feminist approach to counseling; discussion and assessment of her PPD; understanding of the impact of her values and culture; and completion of a developmental lifeline, a genogram, and a social and gender role analysis. Congruent with the feminist

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approach, counseling sessions focused on improving Christina's general well-being and concluded when she completed her goals of counseling.

During Christina's initial phone conversation with the counselor, she expressed doubt as to whether counseling could help with issues that she believed were situational in nature. She expressed little optimism about the potential for change to occur quickly in her relationships. The counselor shared her approach to counseling with Christina, indicating that she worked from a model that valued feminist ideals such as working collaboratively and equitably with clients to ensure that their needs are met and that unique life circumstances are valued. The counselor also explained that she would like to see Christina for an initial intake, at which time she would ascertain a more extensive psychosocial history for Christina to determine what types of treatment might be most beneficial for her. Consistent with some practices of feminist counseling, the counselor offered sessions at a reduced rate until the client had the opportunity to consent fully to the way treatment would precede. Such consent could only occur after the counselor completed a full assessment picture, and she and Christina decided on future goals.

After the initial assessment, Christina identified goals to reduce her feelings of depression, to gain insight into her feelings, and to feel more comfortable and less overwhelmed in her multiple roles (i.e., mother, wife, professional). The counselor explained to Christina in further detail the use of a feminist approach in counseling and how this might be very helpful to Christina in accomplishing her goals. Feminist counseling was described as a collaborative process in which Christina's unique life experience would be valued and appreciated. The counselor explained how her personal values might influence her therapeutic approach. She carefully checked with Christina to make sure she understood how they would approach treatment. Christina admitted that she felt hesitant when the counselor mentioned using a feminist approach but started to feel more comfortable as the counselor explained her approach and the rationale for using it. Throughout the counseling sessions, the counselor continued to provide encouragement and to engage in an open dialogue with Christina about the therapeutic process. Christina and the counselor established an excellent rapport, which helped Christina to feel comfortable in being herself in counseling without being judged.

To further assist in elaborating the contextual aspects of Christina's present concern, the counselor and Christina constructed a developmental lifeline (Seligman, 2004). The counselor believed this exercise would help Christina to gain some insight regarding the developmental transition she was experiencing and to identify strengths she had used during earlier transitions. During this process, Christina identified significant high points, accomplishments, disappointments, and milestones that had occurred thus far throughout her life. Through this process, the counselor and Christina were able to explore her development as a child, adolescent, and young adult. Christina and the counselor discussed

patterns that emerged and strengths and resources Christina had used in the past as she underwent developmental transitions. Christina was able to identify talking with family and friends and journaling in her diary as having helped her during earlier developmental transitions. The counselor and Christina then discussed how she could reincorporate these aspects into her life. One resource that Christina identified as having been available to her during childhood and adolescence was her close connection to her family, and she and her counselor therefore further explored these patterns.

Because one of Christina's goals was to feel less overwhelmed, counseling focused on relationships in Christina's life and how she could build on these relationships to develop a support system. Honoring her value of *familismo* (family), the counselor used a genogram to help Christina explore her connections with her family. The genogram revealed traditional patriarchal roles in her family and demonstrated to her how strongly she identified with the traditional female Latina role. Through examining these relationships, Christina discovered how her generation of women in the family had taken on additional life roles, such as student and professional, in addition to those of wife and mother. The genogram assisted Christina in identifying the context of the stress she was experiencing and facilitated her realization that her feelings were due to the alteration of a significant pattern in her family. Over time, Christina expressed that she felt less pressure to handle the stress of a new baby and marriage in the same way her mother and aunts had. She recognized that her own reactions and symptoms were responses to the additional demands she was experiencing, which were quite different from those her mother and aunts had experienced as stay-at-home mothers.

The genogram and the developmental lifeline also focused on the strengths of relationships that Christina had with women. It highlighted the strong connections she historically had with her two sisters, which in turn facilitated discussions about the need to seek more social support from them. Christina and the counselor used role plays to help her feel more comfortable in asking for what she needed from people she was close to in her family. Through this process, Christina began discussions with her sister, who had experienced some success in navigating her transition into motherhood, and she also realized that her sister, too, had struggled with her role as a mother and wife. Moreover, Christina was able to share her feelings of stress with Michael and ask for his help when she was feeling overwhelmed.

The counselor also helped Christina complete a social and gender role analysis, which revealed that she was having particular difficulty negotiating the traditional gender role expectations in her Latina culture of becoming a mother. Although Christina was committed to obtaining a degree in accounting, she felt guilty pursuing this goal at the expense of spending time caring for Alex. Up to this point in her life, Christina had also enjoyed working. However, after the birth of her son, she began to feel torn between her work and being a full-time

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mother. To be realistic, she also had to consider the financial ramifications of the child care expenses necessary to maintain her employment. This assessment caused her a great deal of stress because it had become a considerable source of conflict in the marital relationship. Through discussion in her counseling sessions, Christina was able to identify which roles were most important to her and how she would prioritize her time and aspirations. The counselor also helped Christina to identify resources in her community that offered financial assistance. While remaining respectful of Christina's cultural heritage and value system, the counselor helped Christina to evaluate and weigh the different value systems present in her life in a way that would help her feel better and less overwhelmed.

During the remaining sessions, Christina and her counselor continued to discuss how Christina was integrating her new understanding of self and social roles into her everyday life. Over time, Christina began to feel better about developmental transition into her role as a mother and a wife. In due course, the depressive symptoms were substantially reduced.

Case Conceptualization

Christina's desire to take care of others and the concomitant pressure she placed on herself to excel in all areas of her life had reportedly contributed to difficulties with mood in the past; however, she had always found ways to manage and cope with these demands. The added pressure of a child to care for and the ensuing impact this was having on her marriage clearly resulted in an escalation of her depressive symptoms. Christina tacitly expected to be able to continue to work full time, attend classes, care for Alex and Michael, and cook and clean as she always had.

Given Christina's presenting issues and their contextual basis, feminist counseling was offered to address her PPD by targeting gender role socialization, self-esteem, and empowerment in her relationships and in her role as a mother. In addition, the counselor was careful to acknowledge the interaction of culture, development, and gender in Christina's life. In sum, rather than being pathologized, Christina's symptoms of depression were seen as normal reactions to the difficult realities of this developmental transition.

Because Christina was feeling powerless in most of her interactions at work and with significant others, it was particularly helpful to evaluate the role of power in her life and to help Christina find ways to begin to feel more effective in her varying roles. A careful examination of the power dynamics in the client–counselor relationship was important in this regard. A feminist approach to counseling also helped Christina to become aware of the unrealistic demands she placed on herself in reaction to societal and interpersonal messages she was receiving about what a good mother, good wife, and successful woman was supposed to be. Christina began to talk to her mother and sister about her experiences and found that they had struggled with similar difficulties. This

helped Christina to see herself in a more realistic light and to reconnect to supportive women in her life. Examining her difficulties within a larger context was an empowering process for Christina and helped her to modify unhealthy and unrealistic expectations of herself.

Treatment Implications

This case illustrated the usefulness of the feminist counseling approach when working with women with a diagnosis of PPD. As with the case of Christina, women with PPD frequently experience difficulty navigating this developmental transition and their new multiple roles. The feminist counseling approach was helpful for Christina because it allowed her to examine what she could do individually but also addressed the contextual variables that were contributing to her PPD. Feminist counseling emphasizes empowerment of clients and collaboration with their counselor, which allowed Christina the opportunity to practice assertiveness skills and ask for what she needed during her counseling sessions. She was then encouraged to use those skills with her husband and extended family and to develop and use her support system. Doing so helped to reduce her feelings of depression.

This case also demonstrated how to incorporate the feminist approach into all elements (e.g., assessment, treatment planning, techniques) of the counseling process. The case of Christina will contribute to the growing literature base focused on feminist counseling and will aid clinicians in their use of feminist counseling during clients' developmental transitions.

RECOMMENDATIONS TO CLINICIANS AND STUDENTS

We recommend that clinicians attend to socially and culturally relevant contextual factors in their work with women diagnosed with PPD and expand the use of feminist counseling in both the treatment and the prevention of PPD. Following the contextual framework of feminist ideas encourages counselors to work with their clients on individual, family, and community levels.

First, practitioners working with postpartum women are encouraged to value the unique life experiences and priorities of the client by respecting cultural differences and ideals. For example, Christina's decision to put off her own educational aspirations to focus on her mothering role was largely driven by expectations within her Latina culture. If the counselor had not been respectful of this cultural value and Christina's choice, Christina may ultimately have felt alienated and disempowered.

Counselors may consider reaching out to diverse communities by offering counseling services at cultural centers and facilitating educational programming that addresses risk factors associated with PPD. Cultural and community centers may also be an ideal location for support groups for women. These groups could focus on preventive approaches to issues related to their pregnancy and help

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women to build support for one another while they are pregnant in addition to providing group counseling for women who are currently experiencing PPD. These groups might also facilitate connections between postpartum women with depression and other women in their lives. Realization of their shared experiences can both normalize the experience of postpartum depression and increase social support for these women.

Counselors also need to foster ongoing connections with professionals in the medical community by informing them of the services offered for women who are experiencing problems after giving birth. Supplying pamphlets and materials explaining counseling services offered for this population may increase the likelihood that these women will receive treatment. One might also suggest this type of treatment as an alternative or adjunct to psychotropic medication.

Finally, we recommend further research, both quantitative and qualitative, on the use of feminist counseling. This type of research work could potentially strengthen the validity of the feminist approach and explore new ways to make it more effective. Additional studies might include examining the use of feminist counseling during other developmental transitions such as menopause; comparing the use of feminist counseling with the use of other counseling approaches; and examining the use of the feminist approach in prevention, support, and counseling groups that address postpartum issues.

CONCLUSION

As women's lives become increasingly complex, many are overwhelmed by professional, familial, and societal demands with limited coping resources at their disposal. Immigrant women and women of color with young children represent the poorest and most marginalized populations in the United States (Beeghley, 2007). Although woman are increasingly engaging in professional work, they are often still expected to work a second shift to care for the home and the family. A feminist counseling approach enables the clinician and the client to examine these factors collaboratively and to assess the effect of contextual and oppressive conditions on women's psychological health. Empowering women to weigh the viability of relinquishing societal expectations and the pressure to be "everything to everyone" may help free women from the burden of depression after childbirth.

Feminist counseling is still a rather young approach compared with its traditional counterparts. Since its inception, it has evolved and emerged as a widely practiced counseling approach. Some counselors use a pure feminist approach, while many others integrate feminist principles into their counseling work. Feminist counseling not only will benefit individual clients with PPD but also may help to challenge society's historically traditional beliefs about how women are to cope with normal developmental transitions such as childbirth and motherhood.

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