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Postpartum Depression in the News Media

Lauren Michelle McDonald

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UNIVERSITY OF NORTHERN COLORADO
Greeley, Colorado
The Graduate School

POSTPARTUM DEPRESSION
IN THE NEWS MEDIA

A Thesis Submitted in Partial Fulfillment
Of the Requirements for the Degree of
Master of Arts

Lauren Michelle McDonald

Humanities and Social Sciences
Sociology

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This Thesis by: Lauren Michelle McDonald

Entitled: *Postpartum Depression in the News Media*

has been approved as meeting the requirement for the Degree of Master of Arts in the College of Humanities and Social Sciences in the Department of Sociology, Program: Thesis

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ABSTRACT

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The current study analyzed the relationship between gender constructs and the construction of illness in the news media. Drawing on Entman's (1993) framing analysis, the present study assessed if postpartum depression was constructed in the news media differently for men and women. Using LexisNexis, 153 news media articles were collected from major United States news sources between 1994-2016 using keywords such as, postpartum depression and paternal depression. The content analysis indicated that the definition of postpartum depression, the cause of the illness, the moral evaluations and the prescribed treatments were related to gender constructs. Overall, these findings enhance our understanding of frames in the news media. Frames subject the individuals being discussed in the news media to standards grounded in their social identities. The present study measures the disparity in the language used for an illness experienced by both men and women. Moreover, this research highlights the importance of including an intersectional approach in framing research.

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CHAPTER I

INTRODUCTION

The term postpartum depression encompasses a spectrum of mood disorders that are prompted by childbirth, varying in levels of severity (Thurgood et al. 2009). For the purpose of this research, postpartum depression was broken down into three points on the spectrum, baby blues, postpartum depression, and postpartum psychosis. “Baby blues” is the most common and least severe mood disorder that affects between 50-80% of new mothers and the symptoms last for approximately two weeks. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V7 2009) defines symptoms of this disorder as frequent crying, insomnia, sadness, irritability and anxiety (Thurgood et al. 2009). Postpartum depression affects 10-15% of new mothers. Symptoms for postpartum depression include, lack of sleep and energy, anxiety, excessive worrying, and panic attacks (Thurgood et al. 2009). In contrast, postpartum psychosis is the least common and most serious form of postpartum depression, occurring in only 1/1000 births in America. According to the DSM, postpartum psychosis consists of symptoms including loss of touch of reality, delusions, auditory and visual hallucinations, inability to eat or sleep, and more (Thurgood et al. 2009).

Given the severity of the effects of postpartum psychosis, cases involving this illness have gained a great deal of attention in the media, despite being less common than

baby blues or most forms of postpartum depression. This depiction in the media has laid the foundation for how people conceptualize postpartum depression disorders altogether (Regus 2007). Postpartum psychosis news stories gain the most attention because sensational and uncommon articles appeal to more readers (Lupton 1994). This portrayal results in postpartum depression being associated with rare and extreme cases, such as cases of mothers harming themselves or their children. The skewed representation of postpartum depression can be detrimental because the ways in which we discuss public issues is central to the development of shared cultural meanings regarding gendered illness (Lupton 1994).

Associating postpartum depression with severe and rare cases attaches stigma to the illness creating barriers for mothers to seek help (Dennis and Chung-Lee 2006). Although numerous studies have addressed the legitimacy and symptoms associated with postpartum depression, there is a lack of public awareness on this illness (Alexander and McMullen 2014). The skewed portrayal of postpartum depression focuses only on severe cases which results in mothers being exposed to myths whereby they may be unable to recognize their own symptoms as postpartum depression, leaving them undiagnosed or untreated (Dennis and Chung-Lee 2006). When mothers do relate their symptoms to extreme cases, they are reluctant to seek help for fear of being labeled as a bad mother or that their kids will be taken away from them (Regus 2007). This stigma attached to postpartum depression derives from cultural expectations of mothers and the increased medicalization of motherhood.

The process of medicalization frames women's natural or common struggles such as postpartum depression, menopause, PMS, and childbirth as abnormal or unhealthy

(Regus 2007). The term medicalization emerged in social scientific literature around the 1970s critiquing the medical communities for labeling everyday experiences as medical problems (Conrad 1992). Medicalization then, participates in

Defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it. This is a sociocultural process that may or may not involve the medical profession, lead to medical social control or medical treatment, or be the result of intentional expansion by the medical profession (Conrad 1992: 211)

This quote exemplifies that as medical professionals dominate the discourse regarding this medicalized issue, the frameworks utilized in the news media will heavily rely on medical language, definitions, causes and treatments. Medical professionals (Hartley and Tiefer 2003) label women’s issues as in need of medical treatment for their own professional and financial profit. Discussing postpartum depression as a medical issue in the news media can alter the ways in which the public understands and discusses this social problem. Rather than framing postpartum depression as common and normal, it is perceived as a stigmatized sickness that is curable solely by medical procedures (Regus 2007).

The medicalization of women’s common issues is also often framed, by the medical community, as dangerous and uses fear to encourage women to seek medical help as a means of social control. In the case of postpartum depression, Regus (2007) revealed that the “medical profession uses fear to gain women’s compliance with the obstetrics” and that “fear--of harm to child, to the mother, to the family—is used to gain acceptance of PPD as a medical issue” (p. 3). When the medical community frames common illnesses as abnormal and dangerous, the public will in turn interpret those experiences as dangerous. Conducting a content analysis of news media articles showed

the interplay between how the medical community and the audience discuss and frame postpartum depression.

The combination of the medicalization of motherhood in the news media and the association of postpartum depression with severe cases in the news media creates a stigma in our culture about this illness. Women, overall, face unique struggles concerning postpartum depression because our culture expects that women will not face struggles when they have children (Rizzo et al. 2013). Motherhood itself is associated with idealized perceptions of perfect parenting. This cultural ideology of perfect motherhood leaves women feeling a discrepancy between the idealized expectation of motherhood and their actual lived experience (Choi et al. 2005). The lack of alternative narratives in our culture regarding the difficulties and struggles of adapting to new motherhood result in women feeling like failures (Choi et al. 2005). Women report feeling overwhelmed with the childcare, domestic tasks and caring for others (Choi et al. 2005). It is imperative to recognize that women do not always willingly attempt to adhere to the expectations of motherhood but rather the cultural ideologies of perfect motherhood have the power to change how women practice mothering (Henderson et al. 2016). “We should no longer be asking why women subscribe to intensive mothering ideologies or perfectionistic parenting practices, but instead we should identify the power of this ideology and how it affects all women” (Henderson et al. 2016). This research highlights that the public discourse regarding mother’s experiences influence women’s perceptions of themselves regardless of if they are practicing perfectionistic parenting. The notion that all women are affected by public discourse regarding how they should perform motherhood will in

turn affect how women will react to reports of deviant mothering such as, having postpartum depression.

Moreover, there is a cultural stigma attached to postpartum depression that derives from the cultural ideology that women are naturally talented mothers and that mothers are expected to put their children first and at center of their lives. (Rizzo et al. 2013). Motherhood is accompanied with a variety of unique pressures and expectations that often make mothers feel guilty and shameful for being unable to reach the unrealistic societal expectations (Liss, et al. 2013; Sutherland 2010). Not only are the pressures of motherhood difficult in general but are enhanced among women who are struggling to adjust to motherhood. The addition of a postpartum disorder to the regular pressures of motherhood creates further stigma around the illness. It is imperative then, to observe the ways in which American society discusses postpartum depression in the public domain.

The stigma attached to postpartum depression is associated with mothers because for years, postpartum depression was perceived as an illness solely for women as they alone endure childbirth. However, recent studies have revealed that fathers can also suffer from depression after having a child (Paulson et al. 2006). Research published in *The Journal of the American Medical Association (JAMA)* found that 10% of fathers experience paternal and postpartum depression symptoms especially within the 3- to 6-month period following the baby's birth (Paulson and Bazemore 2010). Given the commonality of this illness, numerous studies (Matthey et al. 2003; Areias et al. 1996; Teixeira et al. 2009) have been conducted to conceptualize how to compare the experience of postpartum or paternal depression in men and women and how recognition of these illnesses needs to be popularized. The research predominately compares the

depression rates between men and women. Other research has addressed the parental dynamics between men and women that have postpartum depression in the news media (Alexander and McMullen 2014). For example, Alexander and McMullen (2014) discovered that discourses regarding women facing postpartum depression are often individualized such that women's illnesses are framed as personal problems that need to be dealt with privately. This research is useful in assessing the potential differences between how the news media frame postpartum depression for men and women. Postpartum depression serves as a significant sample to assist in conceptualizing whether an illness that is experienced predominately by women is constructed through language in the news media on a hierarchy.

Although fathers feel similar pressures to mothers in regard to parental expectations, there is a sociohistorical framework in our culture that still constructs women as the main caretakers. The construct that identifies women as the main caretakers and as natural parents is a social construct that was established in the Industrialization era (Lupton and Barclay 1997). In the pre-industrial era men were perceived to be the natural caretakers for the child, "fathers were believed to be superior to mothers in providing such guidance because of their greater reason and their ability to control their emotions" (Lupton and Barclay 1997:37). Lupton and Barclay (1997) explain how the gendered expectations of parents are socially constructed and men were constructed as the dominant childcare taker. Of course, this narrative changed in the 1800s when men worked outside of the home for long hours throughout the day. This shift in roles began to define women as the natural parent and fathers became described as the elusive figure in the family (Lupton and Barclay 1997). This research on

fatherhood explains that the dominant ideology that mothers are nature caregivers was crafted from a western society's socio-historical context. The ways in which we define and construct roles guide the public discourse regarding issues. As womanhood has been associated with motherhood, deviation in this ideology such as developing postpartum depression will be discussed and contented in the public arena. Furthermore, it is crucial to study if postpartum depression, an illness that contradicts the dominant ideology of perfect motherhood, is constructed differently for men having postpartum depression.

Utilizing framing theory, this research conducted a content analysis of 153 U.S. newspaper articles that address postpartum depression. These articles were published in major news sources across the United States between 1994-2016. The study used the concepts of framing to assess how the news media introduce social problems through defining the problems, making moral evaluations, proposing remedies, explaining the causes, and to assess if the framing strategies vary for men and women. The significance of looking for variations in language for illnesses experienced by men and women will help further the literature regarding news media framing and the development of shared cultural meanings regarding gendered illness.

CHAPTER II

REVIEW OF THE LITERATURE

THEORETICAL FRAMEWORK

News media serve an active role in the construction of discourse surrounding public issues and events within society (Reese et al. 2001). News media outlets shape our perceptions of stories and events through the process of framing—a technique that uses language as symbolic codes to emit a particular portrayal of an event (Goffman 1986). When news media writers employ framing mechanisms, they may guide, unconsciously or intentionally, the audience to perceive events through a desired lens (Entman 1993). Conceptualizing how the news media guide public discourse regarding social issues was utilized within this research to assess the differences in language used to evaluate and define illnesses for men and women.

Goffman (1986) explains that events are constructed through two types of primary frameworks, natural framing and social framing. Primary frameworks are “schemata of interpretation” (21) or a perspective that is given to individuals. Natural frameworks provide a background of events for the audience that resulted from natural causes. Natural frameworks do not involve any human agents in the events because the determinates of the events taken place are purely natural or physical. For example, natural disasters generally are not caused by any person, the cause of the events are

perceived to be purely physical and natural. The news media reports are then not skewed or intended to present a biased perspective of the events.

In contrast, social framing is a mechanism utilized by the news media to provide a background of events while discussing the people involved. The news media subject the individuals being discussed in the news to judgements or expectations, setting the foundation for how the audience should interpret the subject's behavior. The expectations of individuals are aligned within the culture and year in which they take place. For example, as research on postpartum depression has evolved and began including men, news media articles started addressing and understanding their illness more. News media, however, are a collection of both news articles and audience's responses to the news, such as, letters to the editor and advice columns. The merging of both publishers and public in the news media provide an understanding of how our society constructs social issues. These events are perceived to not be caused by natural or purely physical determinants but instead involve people, in which the cause of the events is discussed in the public arena. Goffman (1986) also illustrates that social frameworks possess what he calls, a live agency. A live agency suggests that the news media staff are human which means they can be coaxed and biased when presenting their desired perspective on this issue to the audience. For the purpose of this study, social frameworks were the focus as I examined the gendered discourse surrounding an illness. This study assessed how the discussions regarding the determinants of illnesses for men and women vary due to the harsh pressures associated with motherhood. This study focused on the discourse constructed through the audience and the news media articles and how they evaluate the people involved.

Goffman's (1986) work on social frameworks are directly related to postpartum depression portrayal in the news media. Goffman articulated that social frameworks are lenses in which we perceive and interpret social issues and events that involve people. Goffman illustrates that because social frameworks involve people, the discourse regarding the events can be manipulated and coaxed, intentionally or unintentionally, to emit a biased perspective regarding an event. The people in the events are subject to blame because the events are not seen as natural; the subject's actions are discussed and evaluated in the public arena. For example, Lupton (1994) illustrates in her coverage of AIDS, that the news media determine which articles are newsworthy and desirable to their readers and, implicitly, which are not. This discrimination creates a space for society to judge and discuss these public issues in a very particular way (Lupton 1994; Pan and Kosicki 1993). The framework will subject people in the events to societal standards which gives the news media the power to normalize or demonize people in the news media events (Lupton 1994). The writers of news media are what Goffman (1986) described as live agents. He explains the makers of the news operate on "guided doings" because they have the capacity to present news media from a biased perspective.

Goffman explains:

Such an agency is anything but implacable; it can be coaxed, flattered, affronted, and threatened. What it does can be described as "guided doings." These doings subject the doer to "standards," to social appraisal of his action based on its honesty, efficiency, economy, safety, elegance, tactfulness, good taste, and so forth (22).

The discourse can be created through active agents in the news media and through society's response to these reports, such as, writing letters to an editor, that collaboratively construct the lens in which these events are perceived (Goffman 1986).

Understanding the construction of news media frames is crucial to the justification of this research. The intentional and unintentional guided doings of the news media will be coaxed to show sensational news stories to obtain more readers (Lupton 1994) and to judge women based on our cultural expectations (Goffman 1986) of mothers.

Framing theory has been an important tool used to help scholars conceptualize how strategically articulated arguments affect the ways in which an audience is likely to interpret an issue. For example, Entman (1993) explains that framing concepts can consist of selection and salience. He describes that framing involves news media writers selecting a component of an event to advertise and then making it salient by highlighting a desired presentation of the problem, defining the problem, selecting a cause, moral evaluation, and a proposed treatment (Entman 1993). Entman explains:

To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, casual interpretation, moral evaluation, and/or treatment recommendation for the item described. (52)

Frames identify problems that diverge from cultural expectations and provide a background of the problem. For this research, symptoms and definitions of postpartum depression displayed in news media were assessed to identify any differences in vocabulary used for men and women. Framing also attempts to identify who is potentially at risk in this social issue. For this research, codes were created to identify who and what is at risk when an individual suffers from postpartum depression (the family, the marriage, the children, the individual) in the news media. After identifying the problem, the frames propose causes of the problem and provide moral judgements aligned with cultural expectations. This research highlights any proposed causes for the development of postpartum depression, such as, not enough social support, lack of sleep, not eating

healthy foods, not exercising enough, etc. Moral judgements were analyzed in the articles as well to show that feminine and masculine parental norms were used to define and to interpret this illness. Lastly, the frames suggest remedies including treatments or explanations for the cause of the events (Entman 1993). Codes were also used to assess the different remedies suggested for men and women (exercise more, see therapist, talk with your doctor about medications. etc.) or identify if the news media suggest that postpartum depression will pass and insist that there is no need for treatment.

These concepts are directly applicable to the concept of postpartum depression in the news media. When assessing the differences between men and women's experiences of postpartum depression, it is crucial to examine if news media articles are defining the illness as a personal problem or a public issue that needs to be addressed. How an illness is defined can also impact the legitimacy of the illness determining whether greater steps need to be taken to improve the victim's situation. Moreover, the cause and treatments prescribed are crucial in conceptualizing the differences in gendered expectations. For example, women could potentially be prescribed more nurturing treatments such as social support and more time with the baby and fathers might be persuaded to step back from the pressures of parenthood. Moral evaluations can also potentially be linked to socially expected gender norms, such as women might feel pressured to keep trying to bond with the baby, while fathers might be treated with more sympathy for having to take on more caregiver responsibilities.

Entman (1993) also highlighted that discourse is not constructed through one source but through a collaboration of agents within society. Entman (1993) identified that frames are constructed through the interplay between agents at four different locations

such as, the communicator, the text, the receiver, and the culture. These four locations work to guide discourse regarding social issues within society. Communicators, in this case news media, pass judgments and decide what content is newsworthy which will unconsciously or consciously align with the communicator's belief systems. The text or language utilized possess the capacity to distribute stereotypes, pass judgments and systematically reinforce biased facts. The reviewer or audience is then influenced by the framing perceptions of the communicator. The culture in which in the events take place influence the discourse and perceptions of people within that culture due to the norms and dominant belief systems that exist.

The locations work collaboratively to construct a framework of social issues and events. New media construct a collaborative narrative regarding social issues through publishing responses from the audience as well as their own news stories, which are all influenced by the culture in which they exist. The language and text that is utilized within these articles are powerful framing mechanisms used to construct discourse through highlighting key components of the events, to identify the problem, present causes, convict moral evaluations, and propose treatments or solutions. Entman (1993) outlined that:

Framing in all four locations includes similar functions: selecting and highlighting, and use of the highlighted elements to construct an argument about problems and their causation, evaluation, and/or solution (55).

Entman highlighted that the text being communicated and distributed exerts power.

Framing allows the opportunity to impose moral evaluation and define problems that influence the discourse. Entman's contribution to the literature on framing was used for this study to explain how the four locations of frame construction work together in news

media to define problems, present causes, portray moral evaluations, and to propose treatments to add to the pressures of motherhood.

Language and Health in the Public Domain

Language is the foundation for creating shared cultural meanings of illnesses. As these social issues are discussed in the public domain there is an interplay between the four locations that seek to assess the meaning behind these events through language (Lupton 1994). News media utilize frames that exist within the culture that often reinforce dominant norms shared by the public and the media. Through the reinforcement of dominant norms, language (Hollander and Abelson 2014) is a mechanism to display power and status through speech. The vocabulary selected within these discussions shows the exercise of power and the type of discussion that will take place (Lupton 1994). The media operate within common stocks of words, phrases and pictures that create a foundation on which the public will conceptualize and discuss the public issue (Pan and Kosicki 1993). Language and framing research were vital to this research to capture how news media operate within the public domain using common stocks of vocabulary to create discourse with the public.

Issues of language and framing are specifically relevant to the public issue of health and illness discourse. Medical and health issues are constructed in the news media through language to allow space for individuals to learn about and conceptualize illnesses, the symptoms that individuals will experience, the causes, and the moral judgements of these illnesses (Lupton 1994). Lupton is stressing that illnesses in news media are socially constructed through the interplay between audience and news media discourse. As Lupton (1994) explains, “The process by which biology and culture interact

in the social construction of disease, and the ways in which western culture uses disease to define social boundaries” (p. 5). This quote suggests that health and illness issues that individuals experience are constructed and judged through the public domain. Language and framing mechanisms utilized in the discourse will impact the meaning of the illness itself (Lupton 1994). Moreover,

Illness is not physically experienced, but is spoken: words are used in an attempt to convey the pain and discomfort an ill person feels; words direct the relationship between doctor or nurse and patient; words nominate which kinds of people are considered to be ‘at risk’ of developing an illness and how they should be treated (Lupton 1994:5).

Deconstructing news media discourse is crucial when conceptualizing the impact that language possesses on developing meaning in the public arena. News media discourse can contain articles in which medical experts reach out and diagnose the problem, causes and identify symptoms to individuals experiencing illness. Conceptualizing how news media frame issues through identifying problems, causes, making moral judgements, and asserting remedies were utilized throughout this study to understand the differences in evaluation for men and women that experience postpartum depression.

Gendered Expectations of Parenthood

This research can be applicable not only to assess how our culture defines and understands postpartum depression but how discussions regarding women’s issues, even if they are the same as men’s, are discussed and defined differently. Women face pressure from cultural expectations of being perfect mothers and from the medicalization of common experiences. The absence of cultural and medical pressures on men and fathers will alter the ways in which this illness is defined and discussed in the public domain. Lupton’s book, *Constructing Fatherhood: Discourses and Experiences*, outlined that the

ideologies and discussion we have in our culture regarding gendered parenting roles largely derived from child development research grounded by psychologists (Lupton and Barclay 1997). Relying on sociobiological frameworks, psychologists started to assert that motherhood was natural and instinctive and the mother's role heavily consisted of protecting and caring for the child (Lupton and Barclay 1997). Lupton highlights that these assumptions and research constructed the cultural ideology that mothers are the most suited person to take care of children, opposed to fathers or other family members. Research in the 1970's shifted to focus on the importance of fatherhood, although notably less research than on motherhood, the studies highlighted the importance that fathers have in the child's development. The biological framework that guided research for decades has influenced the ways in which our culture understands and discusses gendered perceptions of parental roles. Deriving from the ideology that women are naturally talented at childcare will ultimately subject mothers to higher standards of perfection in the public domain when discussing postpartum depression because it is conceptualized as unnatural.

Summary

The news media serve a role in guiding public discourse regarding public issues, which is central to the development of shared cultural understanding of illnesses (Lupton 1994). Moreover, news media have the capacity to determine what is newsworthy and how it will be portrayed to the audience (Goffman 1986). However, newsworthy stories are predominately sensational and uncommon to attract more readers (Lupton 1994). These newsworthy stories use frames that define the problem, the causes, the solutions, and provide moral evaluations of the events (Entman 1993). The language used in these

frames are central to the development of how individuals will learn and conceptualize this illness. When looking at postpartum depression in the news media, the discourse is heavily dominated by severe cases and by the medical community making it difficult for women to seek help. The medical community creates barriers by constructing normal and common experiences of women as abnormal and in need of medical attention (Regus 2007). Although there is literature regarding postpartum depression and how it is experienced by men and women (Matthey et al. 2003) and how the news media construct postpartum depression in women (Regus 2007), this research project integrates framing literature, health and illness literature, and language literature, to conceptualize how the news media define and construct postpartum depression for men and women.

Research Questions

The overarching research agenda for this study was to examine, how the news media frame gendered illness. Therefore, this project investigated the following:

- Q1 How do definitions of postpartum depression, symptoms, moral evaluations, and causes vary for men/fathers and women/mothers?
- Q2 How do the expectations associated with motherhood and the expectations of fatherhood reflect the language used in news media regarding postpartum depression?

The news media articles provide a foundation for conceptualizing how this illness for men and women are defined and discussed in the public domain. Although research (Regus 2007) has examined postpartum depression in the news media, there is still a gap in comparing how this illness is framed for men and women. Women face pressures from cultural expectations of perfect mothers and from the medicalization of common experiences. The absence of cultural and medical pressures in men and fathers will alter the ways in which this illness is defined and discussed in the public domain.

The gap in the literature is possibly due to the fact that postpartum depression was initially perceived to be an illness solely for women because they have to endure childbirth. The emergence of recent studies (Paulson et al. 2006) has highlighted that both parents feel these common symptoms. This research further unpacked how cultural and medical gendered expectations influences how illnesses are defined and framed.

CHAPTER III

METHODOLOGY

DATA COLLECTION PROCEDURES

For this research, a content analysis of 153 news media articles was collected to assess how illnesses are framed differently for men and women. News media articles from the United States were coded to determine the differences in proposed causes, treatments, moral evaluations, and solutions for men and women (see Appendix A for the full codebook). Articles were collected through the academic library program, LexisNexis. This program can be accessed through the University of Northern Colorado page that allows students to collect articles based on key words within the United States. Key words, Postpartum depression, PPD, postnatal depression, Baby blues, postnatal psychosis, puerperal psychosis, Maternal depression, Prenatal depression, Depression and pregnancy, Depressed fathers, paternal depression, paternal postpartum depression, depressed dads, depressed dads, men postpartum depression, paternal postnatal depression, were used to collect the data. The articles were selected from newspaper distributors from 1994-2016 to complete a rounded analysis of how postpartum depression as a social problem is constructed in the news media. The news media articles were selected from major news sources only, the current study looks at articles that derived from, New York Times, Daily News (NY), Washington Post, LA Times, Atlanta Journal-Constitution, Star Tribune, USA Today, Seattle Times, SF Chronicle, Bismark Tribune, and The Denver Post. All the sources are listed in Appendix B.

The articles were then compiled onto a qualitative data analysis program, NVivo11, a program designed to code and organize large quantities of content to easily identify themes. All articles were uploaded into NVivo11 and were coded for symptoms, causes, proposed solutions (such as, policy change, medicalization, or legal punishment) and moral evaluations. A total of 153 articles from 1994-2016 in United States discussed postpartum depression, each of these articles were coded for analysis. The articles were then broken down into articles discussing men/ fathers with postpartum depression and women/mothers with postpartum depression. There were 28 articles that discussed men experiencing postpartum depression and 131 articles discussing women experiencing postpartum depression. Some articles within the sample discussed both men and women experiencing postpartum depression, so even though there were a total of 153 articles, there were 28 articles that discussed men and 131 discussing women. After they were broken down into two categories, queries were utilized to compare the language used to assert causes, define problems, present moral evaluations, and solutions for men and women. No IRB was needed for this research because the articles are publicly available data. An IRB proposal was submitted but it was withdrawn because this research doesn't involve any human participants.

Coding

To ensure that this research had established qualitative validity, a codebook was created to establish a universal definition of the codes being utilized, shown in Appendix A. The first round of coding involved simple background data regarding the articles found, such as, the year they were published, the type of article (advice column piece, letter to editor, feature, editorial, etc.), the tone of the article (indicating whether they

presented PPD as controversial, matter of fact, or if they simply mentioned it in passing), what prompted the articles (tragedy, previous article, TV, etc.) and lastly, the topic of the article (health, new scientific data, policy change, TV star, etc.).

The second round of coding followed the guidelines of Entman's framing theory (1993). Based on Entman's framing theory, this project assessed how news media define the illness and the symptoms involved, the causes of the illness, the moral evaluations, and the proposed solutions and experts. To breakdown how news media defined PPD, the symptoms of postpartum depression provided for men and women were coded to highlight how well the articles legitimized the illness. For example, the codebook included the code, define: assume no problem, which captures when an article described an instance when a postpartum depression victim's support system stated that they assumed the mother or father wouldn't have any trouble adapting to parenthood. This code was valuable in conceptualizing if mothers are still presumed to be natural caretakers, where the fathers are not expected to easily adapt to this role. The third definition code is, define: early symptoms, this code is designed to capture any instance in which the victim's support group states that they saw the victim struggling but didn't seek outside help. This is important code due to the fact that the victim's support groups might rely on gendered expectations that might assume that mothers will naturally adjust after some time. And the masculine gender role might prohibit men from wanting to seek help. Lastly, we have define: notlegit, which refers to any instances where victims reported being unaware of PPD and felt isolation.

Proposed causes for the illness were coded as well. Emerged themes of causes in the news media articles included biological causes, social, the medical professional's

fault, the victim's fault (not eating right, not enough exercise, etc.), the pressures of motherhood are difficult, the victims fault for not seeking help and the victim had trouble seeking help (and why).

When a news media article referenced an individual on their perception of postpartum depression they were coded as an expert to examine which individuals had the most credibility within these articles and which treatments were given as options. Experts could include medical professionals, therapists, mothers, friends, spouses or other. Solutions included, need medical treatment, old wives' tales (eating the placenta), spiritual recourse, whether they were advised to just keep going, if they were offered temporary solutions (eating better, pills, therapy sessions), more support systems, if they proposed society's perceptions of PPD should change, and finally if the victim believed the best solution was to handle the situation privately.

Finally, the news media propose potential outcomes affiliated with developing postpartum depression. Due to the fact that news media is a compilation of public and publishers, the outcomes of postpartum depression can be constructed through a plethora of sources that will collaboratively construct the public discourse regarding postpartum depression. Mothers and fathers describing their personal experience, medical experts, friends and family of people experiencing postpartum depression, all contribute to the shared understanding of what the outcomes are for this illness. Guilt and Shame outcomes were coded to capture if the articles stated that postpartum depression leads to feelings of guilt and shame as a parent. Moral evaluations were also coded to showcase any discourse that associated postpartum depression with deviant parenthood and conveyed that PPD goes against mother's natural talents of being a perfect mother.

Threats were included as well to conceptualize who the articles describe as being at the most risk of PPD. Threats include, children, self, society, fetus, or significant other.

Data Analysis Procedures

This research assessed how postpartum depression is framed for men and women within the news media. All 153 US articles were coded using the codebook outlined in Appendix A. The codes are broken down into four central categories, defining the illness and the symptoms involved, the causes of the illness, the moral evaluations, and the proposed solutions/treatment and experts. Using these framing themes, the results were divided into two categories that involved mothers or fathers. Then queries were conducted to test if there is a difference in the discourse regarding postpartum depression in men and women. Regus (2007) suggests in her analysis of news media medicalization of postpartum depression in news media: “The importance that language plays in social life is the basis of the qualitative analysis, and the articles serve as narratives from which one can understand how the medical profession frames the issue of PPD” (7). Regus is suggesting the importance of language analysis in the crux of how our society conceptualizes gendered illnesses.

Research Site

Conducting a content analysis of news media discourse was an ideal site for observing the differences in language regarding illnesses for men and women. News media provide a unique landscape to observe social frameworks, in which individuals can interact and respond to news media publications, allowing for a complete understanding of how society interprets these social problems. The advantage of utilizing a qualitative content analysis approach is the ability to analyze publicly available data to conceptualize

what the news media highlighted as important (Creswell 2014). This research also possesses validity and reliability to add research to the current body of literature. Qualitative validity (Creswell 2014) is the process of ensuring accuracy of findings through strategic producers. By using 153 articles in the US for analysis, dating from 1994-2016, the themes have a higher chance of reaching a point of saturation. The use of different newspaper outlets also ensures triangulation for the justification of the themes. This study also established qualitative validity by creating a secure and universal definition of the codes being utilized to prevent miscommunication over the definition of terms.

Researcher Stance

This study was inspired by my graduate school advisor, Dr. Harmony Newman. My first year as a graduate student I was awarded a Graduate Research Assistant position which allowed me the opportunity to work alongside Dr. Newman on her research project, *Cross-Cultural Differences in the Construction of Postpartum Depression* (2017). As I was coding for her research, we quickly noticed a difference in language used for describing postpartum depression with men and women. Dr. Newman suggested that we work on this study together to extend her research. All research methodological producers and topic ideas were based on her previous work. She has an exceptional background in gender studies and has influenced this entire research design. The codes that were used in this study were also build collaboratively based on literature she had collected for the previous project. She also has provided useful literature to further my knowledge on the subject and to ensure accuracy and relevance.

CHAPTER IV

ANALYSIS

FINDINGS

As predicted, the news media articles utilized gendered expectations of parenthood to guide the discourse surrounding the definitions, causes, moral evaluations, and proposed treatments regarding postpartum depression. This research clearly identifies that our culture struggles to disassociate gender roles and gendered expectations of parenthood with constructs of illness. The gendered discourse guided the ways in which the public understood and interpreted this illness, resulting in differences in the definitions of the illness, the causes of developing the illness, the moral evaluations, and the proposed treatments. This section breaks down the contrast between articles discussing men and women in regard to postpartum depression.

First, it is important to address the disparity between the number of articles discussing men and women concerning postpartum depression in news media articles. Using Lexis Nexus, 153 articles discussed postpartum depression in men and women. A total of 28 articles discussed men with postpartum depression and 131 articles discussed women experiencing postpartum depression. Some articles discussed both men and women resulting in an overlap of articles. Overall, the lack of coverage on postpartum depression in the news media in the United States aligns with previous literature that indicates that there is a lack of knowledge and normality with this illness. Moreover, the disparity between the number of men and women articles also indicates that there is even

less public awareness of postpartum/paternal depression in men. Not only were the number of articles different for men and women but the language used to define the problem, causes, moral evaluations and treatments were noticeably different.

Definitions of Paternal/Postpartum Depression in Men

Entman (1993) stated that news media articles communicate a definition of an event or issue being discussed. For this research, symptoms and definitions of postpartum depression displayed in news media were assessed to identify any differences in vocabulary used for men and women.

Review of the articles confirmed that discourse regarding ‘what is postpartum depression’ were defined differently for men and women. Male postpartum depression was defined as a routine life-changing transition in their lives as they are adapting to new parenthood. The articles insisted that men need to be taught paternal behaviors and might experience difficulty adjusting to the high demands of parenthood. Postpartum depression or paternal depression is constructed as a temporary adjustment period that begs sympathy and requires space and time for the men to adjust to parenthood. The symptoms included feelings of being overwhelming and having to cope with taking on extra tasks around the house. For example, a *New York Times* article in 2009 showcased this:

He had spent the nine months of pregnancy in a state of excitement about being a father without really registering what a life-transforming event it was going to be. Unlike women, men are not generally brought up to express their emotions or ask for help. This can be especially problematic for new fathers, since the prospect of parenthood carries all kinds of insecurities: What kind of father will I be? Can I support my family? Is this the end of my freedom?

This article conveyed that postpartum depression for men is a life-transforming event that is constructed as a normal adjustment. Although parenthood is a life altering experience,

the language and vocabulary that we use to discuss these issues can exert power. Women experiencing postpartum depression were not discussed with the same sympathetic and understanding language.

Definitions of Paternal/Postpartum Depression in Women

Mothers experiencing postpartum depression were discussed in the public domain differently in comparison to the articles on paternal depression. Due to the cultural ideology and the early psychological research that focused on the importance of mothers being the main caretakers, mothers face unique pressures and high expectations to be the perfect mother (Lupton and Barclay 1997). The early psychological research created a construct that women are naturally talented mothers, which is still a dominant cultural ideology today. Postpartum depression then is constructed as unnatural and abnormal, creating further barriers for mothers striving to seek help.

The news media articles continually relied on gendered expectations of parental roles when defining postpartum depression in the public domain. Due to the increased medicalization of postpartum depression, women had more rigid and defined symptoms and definitions for this illness. Throughout the articles, even though postpartum depression is a term used to encompass a spectrum of mood disorders the symptoms for this illness were constructed on a dichotomy. When defining the symptoms accompanied with postpartum depression, the articles would separate the symptoms into two groups, baby blues symptoms, which include, tiredness, irritability, sadness, crying and postpartum psychosis symptoms, such as, suicidal thoughts, hallucinations (Thurgood et al. 2009). For example, in a *New York Times* article in 1997 stated:

If new mothers begin feeling a decrease in energy, feel helpless and hopeless and aren't eating and sleeping, they should get help,' she said. 'If they get too far out of touch with reality, they could hurt themselves or their babies.

This quote showcases that the articles continually place benign symptoms with severe and rare cases. The association of mild postpartum depression symptoms with an extreme and rare level of postpartum depression creates a skewed portrayal of the spectrum of this illness. Overall, male postpartum depression is constructed as a reaction to the high pressures of new parenthood, whereas, postpartum depression associated with women is constructed as an extreme and rare illness.

*Causes of Paternal/Postpartum
Depression in Men Articles*

Defining the cause of an illness allows the news media space to identify who is perceived to be at risk (the family, the victim, the child, etc.) and to subject the individual being discussed to standards giving the news media the power to alienate the individual or to explain this illness as a social and common issue. There was an apparent difference in the language used to construct this illness for men and for women. Narratives describing male postpartum depression were constructed as a normal and common experience and this illness is simply a product of any other major life change. For example, in 2008 *USA Today* exemplified this:

Anybody who's had a baby knows it can be intensely stressful and intensely pleasurable at the same time,' Paulson says. 'The man may feel increased financial demands, fatigue from a loss of sleep, a change in his relationship with the woman -- any of these could contribute to depression.

The quote identifies that parenting is a complicated and stressful transition for men because they need to balance work life, increased financial strains and must maintain their marriage. It is important to recognize that having a child is a life-altering experience

that requires time to adjust to new parenthood. The purpose of this research is to examine how the frames that exist within the news media focus on gender when discussing postpartum depression resulting in a disparity in the constructs for the illness. Postpartum depression, when it involved men, focused on how they are struggling to balance their careers and how they experience pressure to keep their entire house intact. This quote from *USA Today* in 2010, exemplifies this sympathetic tone:

By maintaining a little emotional distance—or at least a broader perspective—Andrew says fathers can help keep a household running. While moms focus on essentials such as breastfeeding, dads can keep the rest of the household from falling apart by doing housework, driving older kids to school or making sure that bills get paid.

This excerpt from a news media article highlights how men feel pressure to keep the household from falling apart by picking up roles that our culture constructs as maternal roles. Numerous articles, such as this example, construct the cause of postpartum depression in men as having to balance work and traditionally maternal house roles. Not only is this construction of postpartum depression in men reinforcing the ideology that men don't traditionally participate in these household roles regardless of if they have children, it is also consistently referring back to their career lives which wasn't constructed as a concern when describing women with postpartum depression. This quote from an article in 2009 by *New York Times* stated:

At first, my patient insisted that everything was just fine. He and his wife had been trying to conceive for more than a year. He was ecstatic at the prospect of fatherhood, and he did not acknowledge feeling depressed or suicidal. Suspicious of his rosy appraisal, I pushed a little. It turned out that he had just taken a new high-pressure job in finance six months before the birth of his son. Though he was reluctant to admit it, he clearly had more than a little concern about his family's financial future. And he was anxious about his marriage and his new life. "We go out a lot with friends to dinner and theater," he said wistfully, as I recall. "Now I guess that's all going to end." He had spent the nine months of pregnancy in a

state of excitement about being a father without really registering what a life-transforming event it was going to be.

This quote suggests that the adjustment to parenthood is difficult and the pressure of parenting feels like it's only their responsibility. It is crucial to highlight that even though men and women both experience this legitimate illness, the language used within these narratives lay the foundation for how these illnesses are learned and discussed in the public domain. The language in the news media has the power to construct a hierarchy and if both men and women experience this illness, they need to be described similarly to promote more equality. If men's postpartum depression is constructed as a normal and common experience that is caused by extreme pressures and women's experiences are constructed as abnormal and in need of medical attention that produces inequality.

Masculinity is suppressed. Masculinity suppression was identified as another cause for men developing postpartum depression. Masculinity refers to the social construction of cultural expectations of manhood that influence men's behaviors, social roles and relationships (Kimmel and Bridges 2011). Health and masculinity research highlights that perceptions of masculinity can lead men to participate in risk taking behaviors (Courtenay 2000). However, the association with taking on more household roles or childcare roles is constructed in the news media as an unnatural suppression of their masculinity. For instance, in 2010, *USA Today* adhered to this ideology:

When Armin Brott of Oakland became a father, he stopped running yellow lights. Other dads 'will lose weight or stop smoking,' he says. 'They'll stop bungee jumping' –all because they want to stick around to see their children grow up and maybe set a good example along the way.

This quote suggests that men develop postpartum depression because the news media are constructing parenthood as unnatural for fathers. Taking on maternal roles is constructed

as counter hegemonic for fathers therefore resulting in depression. This construction of fatherhood as learned behavior but motherhood as natural constructs a hierarchy and sets mothers up for failure.

Biological arguments were also displayed in the news media to construct fatherhood as unnatural and a threat to their masculinity. Courtenay (2000) illustrates that femininity is often constructed as being associated with weaker biology and weaker bodies,

In exhibiting or enacting hegemonic ideals with health behaviours, men reinforce strongly held cultural beliefs that men are more powerful and less vulnerable than women; that men's bodies are structurally more efficient than and superior to women's bodies; that asking for help and caring for one's health are feminine; and that the most powerful men among men are those for whom health and safety are irrelevant (1389).

The following quote adheres to the biological argument that the suppression of their masculinity threatens their health, making them more vulnerable to depression. For example, in 2009, *The New York Times* stated:

There is also some evidence that testosterone levels tend to drop in men during their partner's pregnancy, perhaps to make expectant fathers less aggressive and more likely to bond with their newborns. Given the association between depression and low testosterone in middle-aged men, it is possible that this might also put some men at risk of postpartum depression.

The quote relies on biological arguments to suggest that as men participate in caretaking their bodies become weaker and more vulnerable to depression. It suggests that men can only become depressed when they have been emasculated, holding the ideology that men do not get depressed. When the news media articles did discuss the struggle of men having to take on more childcare roles, the articles continually reference that they also have to balance their work lives. Whereas, mothers were constructed as abnormal for not quickly and easily adapting to motherhood and rarely mentioned them having to juggle

work as well. The articles also portrayed postpartum depression as being attached to women's biology, which constructed women's bodies as weaker and more prone to depression.

*Causes of Paternal/Postpartum
Depression in Women Articles*

Due to the dominant ideology that women are the only group that experience this illness and the higher volume of articles, the news media offer a greater quantity of causes regarding this illness for women. Six main causes for women developing postpartum depression were portrayed in the news media. The causes include, biological circumstances, medical failures, pressures of motherhood, not enough social support from friends and family, our society and institutions don't provide enough avenues to provide support for this illness, or barriers for seeking help. The following chart exemplifies the different proposed causes that were displayed in the articles and the percentage of articles that referenced the cause.

Table 4.1. Proposed Causes for Women with Postpartum Depression

Proposed Causes	Percentage of Articles
Biological	40
Individual Failure (not enough support, not exercising enough, not eating right)	23
Medical Failure	19
Women Experienced Trouble Seeking Help	17
Motherhood is Demanding	15

Table 4.1 showcases that the articles rarely stated that the demands of motherhood were women's main source of depression. The articles relied heavily on medical professionals to guide the discourse in the news media regarding women facing postpartum depression.

Biological. Biological circumstances were proposed to be the cause of developing postpartum depression in 40% of the news media articles. An example of this was shown in a *Washington Post* article in 2000:

The causes of postpartum depression are not known, but several theories seek to explain why it occurs. One involves hormones. After birth, corticotrophin-releasing hormone (CRH) levels in the woman drop, in some cases approaching the level seen in people with clinical signs of depression. The supposition is that while most women regain an adequate level of CRH soon after giving birth, those who develop postpartum depression do not. Another theory is that stress in early life can prime people for later depression by altering nerve circuits that control emotion. In other words, your brain can be scarred, and the process of childbirth can overload those circuits, resulting in an outbreak of depression. A third medical explanation emerged last year, when a Harvard University/National Institutes of Health study found a strong correlation between depression and levels of docosahexaenoic acid (DHA), a nutrient found abundantly in dark-fleshed fish such as tuna and salmon. According to this study, the lower the DHA, which is linked to eye and brain development, the more likelihood for depression. During the third trimester of pregnancy, the placenta depletes the mother's stores of DHA and passes them on to the fetus. What's more, breast-feeding significantly lowers the mother's DHA levels. "The baby is literally zapping the mother's supply," says Mary Van Elswyk, director of scientific affairs at OmegaTech Inc., a Colorado biotech company developing technologies to enrich foods with DHA.

This detailed description of postpartum depression from a purely biological standpoint showcases how 40% of the articles describe the cause of postpartum depression. First, it is important to unpack the difference in language used to describe the cause of postpartum depression in women and men. For men, the biological arguments suggested that men experience a drop in testosterone during their partner's pregnancy to make them better caretakers. The discourse surrounding men's postpartum depression constructs men

experience as temporary and an adjustment to the struggles of new parenthood. The medicalization of women's postpartum depression was constructed as long lasting and less reassuring. Stating, "Another theory is that stress in early life can prime people for later depression by altering nerve circuits that control emotion. In other words, your brain can be scarred, and the process of childbirth can overload the circuits, resulting in an outbreak of depression" is not reassuring that the development of postpartum depression is a common struggle among new mothers. For men, a temporary decrease in testosterone levels normalizes the adaptation to parenthood. Whereas, for women, brain scarring due to past depression symptoms constructed postpartum depression to be much more than the adjustment to new parenthood, it is defect of the body. The large percentage of biological articles point to a broader issue about the increased medicalization of women's health issues (Regus 2007). The prevalence of the medical profession explaining women's common and normal issues as in need of medical treatment frame the ways in which the public understands this illness. The focus on medical treatment as a primary recourse can be destructive in creating different and new avenues for women that are seeking help and information regarding this illness.

Individual failure. Individual failures were the proposed cause of postpartum depression in 23% of the news media articles. Rather than suggesting that postpartum depression is a widespread issue in need of larger institutional changes such as, increased screenings, the articles continually suggested that the cause of postpartum depression was due to individual behaviors. For example, in 2000 the *Washington Post* published an article discussing a women's experience with medical professionals:

What I found most appalling yet hardly surprising was the attitude of obstetricians and even mental health professionals toward women's reports of postpartum

depression. Putting on lipstick, shopping at an overpriced department store and having more sex with your spouse represent demeaning, mindless solutions to such a powerful, real experience. In fact, such dismissive "advice" reveals an even more troubling assumption: that women are simple, unintelligent creatures whose complex, life-changing situations can be remedied with consumerism and sex.

This letter to the editor constructs a disheartening narrative of how women experiencing postpartum depression will be perceived if they seek help. The lack of legitimizing discourse will create barriers for women seeking help by suggesting that postpartum depression is caused by individual level issues. This article offers temporary and sexist solutions to a larger issue. This perception can undermine the seriousness and normality of this illness. Another example from *The New York Times* in 2005 stated:

On Monday, one of the generic shock jocks on NJ 101.5 radio, Craig Carton, chose as his target women who suffer from postpartum depression -- women like Mr. Codey's wife, Mary Jo. Mr. Carton said the acting governor should support a measure to legalize marijuana for medical use -- Mr. Codey does not -- so that women "can have a joint and relax instead of putting their babies in a microwave." It was a sophomoric reference to Mrs. Codey's admission that she was so ill from depression she considered harming her infants. Mr. Carton asserted that mothers "who claim they suffer from this postpartum depression . . . they must be crazy in the first place." No, he isn't a doctor.

This quote is in response to a controversial comment that was said on a radio show. The individual suggested that women experiencing this illness are crazy and women need to simply get over the illness. This language is damaging because the ways in which we discuss illnesses in the news media lay the foundation for how the public will understand and learn about this illness (Lupton 1994).

Medical failure. Medical failure were the suggested cause of postpartum depression in 19% of news media articles. The articles continually suggested that the lack of awareness and action done by the medical field to combat this social issue cause

postpartum depression to be such a widespread concern. For example, a *Washington Post* article from 2000 stated:

Cox, who has studied postpartum depression for about 30 years, believes American doctors ought to be taking the issue more seriously. "If you have 5,000 deliveries in a given hospital, you have to ask yourself: 'What about the 500 women who are depressed?' " he says. "Where are the psychiatrists, the follow-up phone calls once [the women] are sent home?"

This quote suggests that there is a lack of knowledge and proactive assistance provided to women, which reinforces postpartum depression as a personal problem. Another article from the *Washington Post* in 2002 showcases that the cause of developing postpartum depression is due to the institutional and systemic barriers in place:

Despite these treatment options, the biggest question troubling Michael O'Hara, professor of psychology at the University of Iowa and an eminent PPD expert, remains: Once you've identified affected women, what do you do with them? "In the U.S., we don't have a universal system of somebody being responsible" to attend to a woman after childbirth, he says. But "once you start identifying people, you have a responsibility to start providing services for them. I don't believe those services are really in place." And even if they were, O'Hara says, "there are all sorts of barriers to getting treatment," he says, from insurance issues to clinicians' inexperience in connecting patients with the appropriate specialists. Fewer than 50 percent of all depressed individuals actually get treatment, says O'Hara. Women on the lower rungs of the socioeconomic ladder may be most at risk and least likely to have easy access to the kind of care that could help them, he says.

This excerpt highlights that many women have prolonged postpartum depression symptoms because there are a variety of barriers they face if they want to get help. The quote highlights the lack of assistance given to women experiencing postpartum depression because our culture and institutions fail to construct postpartum depression as a social problem.

Motherhood is demanding. A mere 15% of news media articles suggested that the development of postpartum depression is associated with the pressures and demands

of new motherhood. Both parents go through a life-changing experience that disrupts their lives. However, the women news media articles didn't frame parenting stress as a key indicator for the development of postpartum depression. The articles that stressed that motherhood was hard typically derived from women speaking on their experiences with postpartum depression. Such as, this article from *The New York Times* in 2006,

I wish I had that instant love you hear about," says Kelly, pale and exhausted from caring for 8-week-old triplets. "Everybody else is so smitten with them. I'm like, 'You want to take them home?' I don't want to feed them. I don't want to hold them." Melissa understands. She's constantly angry and anxious, and sleep seems a distant memory. "I call my girlfriend" -- who also has a newborn -- "and say, 'Didn't you like your life better before?' And she says, 'Oh my god, I'm so glad you said that.'" This is not what anyone imagined new motherhood would be like. Fear, numbness, despair -- it all seems wrong, downright ungrateful. Aren't you supposed to be blissful, glowing at your perfect Gerber baby?

When women spoke about their experiences in the news media, they addressed that adjusting to parenthood itself is a key reason for developing postpartum depression. A *Washington Post* article in 2000, also showcased a mom describing her experience with postpartum depression and the struggle of adjusting to new parenthood:

Can a nursing mom have a glass of wine now and then? Total silence, as if I had just asked them to help me score some crack. One woman chirped up, "There are lots of nonalcoholic wines." What if I want to go to movie with my husband, I pleaded? What if I need to go the grocery store or the doctor alone? Finally, I nearly shouted, "I feel like I'm in prison!" Total silence. One woman with a toddler on each breast said, "I can't remember the last time I watched a movie with my husband--not even on TV." Heads nodded. Appreciative murmurs. Another said, "I don't even see my husband--it's just me and the kids until bedtime." She smiled. I bolted out of my seat and never looked back. "It's a conspiracy," I later told my husband. Not long after that, I stopped using my seat belt in the car. It seemed so humorous, this preoccupation with fighting fate. A freak accident would be a blessing, a stroke of luck.

The article shows the importance of women speaking on women's issues. These quotes articulate that the adjustment of motherhood is a difficult transition and that mothers are in need of more normality to this illness, more resources available, they want to be heard

and they want to feel like their views are legitimate. The lack of women speaking on postpartum depression is detrimental to the ways in which the public learns and understands about this illness.

Women experienced trouble seeking help. The stigma attached to postpartum depression makes it difficult for women to seek help regarding this illness. The association of severe cases with common and normal women's issues can result in a skewed perception of the illness as a whole. In 2001, a tragedy regarding a mother that had drowned her five children resulted in a spike of articles regarding postpartum depression. Many experts and women expressed that this depiction can result in barriers for women to seek help. For example, the *Atlanta Journal-Constitution* in 2001, stated:

Awareness of the problem of postpartum depression is relatively low, Stowe said. Women feel ashamed to describe it, relatives assume the depression will fade and physicians who see new mothers and children have only recently begun to be trained in treatment of the disorder. "My greatest fear," said Stowe, who sees seven to nine new cases every week from metro Atlanta, "is that this case will frighten women away from saying they are not feeling well."

This quote suggests that the portrayal of postpartum depression with severe and rare cases will create barriers for women that want to seek help.

Another example from the *Washington Post* in 2001, stated:

Despite its prevalence, many women suffer postpartum depression in silence, doctors say, preferring to endure the mood swings and anxiety -- even the worry of hurting their own children -- in private rather than face the stigma of a mental disorder and the fear of being labeled an inadequate mother. "This is major depression," affecting one in 10 new mothers, said Ralph Wittenberg, clinical professor of psychiatry at George Washington University. If not properly treated, the effect can be devastating not only to the woman but also to her family, he said.

The quote conveys the stigma attached to postpartum depression creating barriers for women to seek help. These causes showcase how the news media construct postpartum depression for women. The language used in news media to construct illnesses lays the

foundation for how people understand and interpret this illness.

The news media propose a variety of causes for postpartum depression for men and women. It is important to recognize that the news media articles did not always have a clear cause for postpartum depression. The news media recognize this as a multifaceted illness and postpartum depression is still being researched. The purpose of this research, however, is not to summarize the definitions, causes, and treatments associated with an illness but rather to explain how gender impacts how an illness is constructed, evaluated and discussed in the public arena. The disparities in the constructs of postpartum depression for men and women tell a broader story that the way we perceive postpartum depression is grounded in the way we perceive men and women. Understanding the social construction of an illness revealed that our society struggles to dissociate this illness with gender roles and parental roles. The difference in language used to describe an illness for men and women will in turn convey how the public should understand this illness. Developing postpartum depression for men was primarily conveyed as the result of adapting to new parenthood. The news media outlined new parenthood as a life-changing event that can include increased stress, more responsibilities, loss of sleep and financial strain. It is perceived to be a normal transition into parenthood. The news media articles that focused on women primarily focused on individual level behaviors as the source of postpartum depression which has led to a lack of awareness and initiatives in place to help women.

Moral Evaluation for Men in the News Media

The news media articles continually reinforced gendered norms that suggest women/mothers typically are involved with childcare responsibilities and housework

while men work outside the home. The articles stressed that for men, as they become fathers, they should begin to help around the house. This perpetuates the gendered stereotype that men do not traditionally help with the household chores. The articles suggested that as these men become fathers they must gradually learn how to do these chores. This article, from *USA Today* in 2010, further exemplifies that fatherhood is constructed as something that has to be learned, “As if practice makes perfect, Brizendine says, ‘the more a man holds and cares for his child, the more connections his brain makes for paternal behavior.’” This quote articulates that parental behavior is something that has to be learned and takes practice. It is important to stress that fathers that face postpartum depression related to new fatherhood is legitimate. However, when compared to how the language in the news media construct this illness for women, women are perceived to be failures and abnormal. For example, the *New York Times* posted this quote in 2014 that highlights that fathers should begin to help around the house for their own benefit:

Men might also want to lend a hand around the house, for their daughter’s sake. According to research at the University of British Columbia in Canada, fathers who do housework boost their daughters’ career ambitions, presumably because seeing Dad do laundry helps wash away gender stereotypes. Girls who grow up in the presence of warm, supportive fathers tend to begin puberty later and are less inclined to engage in high-risk sexual behavior than daughters of absentee dads.

This quote is being used to persuade dads to assist around the house for their benefit, rather than constructing childcare, as they do for women, as an obligation or a natural expectation.

Moral Evaluation for Women in the News Media

Essentialism. The news media articles consistently relied on cultural ideologies about perfect motherhood. The articles indicated that the development of postpartum

depression is contradictory to mother's natural response to parenthood. This portrayal of postpartum depression in women in reference to the gendered expectation of naturally talented mothers further creates a stigma around this illness. This quote from *The Washington Post* in 2002, highlights that postpartum depression is counter to the natural talents of mothers, "Parnham told the panel that Yates suffered "from the cruelest, most severe of mental illnesses. It takes the very nature and essence of motherhood -- to nurture and protect -- and changes the reality." The quote suggests that the development of postpartum depression and struggling with the adjustments of new motherhood is abnormal. When the articles discussed men facing postpartum depression, parenthood was constructed as something that has to be learned, whereas, women were perceived to be naturally talented at parenthood. Moreover, when an article discussed that parenthood is difficult for women it is perceived as un-motherly, which associates motherhood to quality childcare. Similarly, another article from *The Washington Post* from 2000 explains that postpartum depression is unnatural for women.

Postnatal depression is counter-culture," explains John Cox, a professor at Keele University in Staffordshire, England, who developed the world's most widely used screening scale for identifying the illness. "It occurs at a time when we expect joy and cheer.

This article highlights that mothers should expect joy and cheer when women become mothers and the development of postpartum depression is counter culture. The language that is used in this quote constructs this common illness as not normal laying the foundation for how our culture understands and interprets this illness. The inability to construct this illness as normal will lead to this social issue to be constructed as an individual problem.

Severe cases. News media articles often publish sensational and uncommon articles in an attempt to appeal to more readers (Lupton 1994). The news media articles continually constructed postpartum depression and deviant mothers with severe and rare forms of postpartum depression. This skewed portrayal of postpartum depression with severe and rare cases, such as women harming themselves or their children can be detrimental to the ways in which the public understands this illness. For example, in 2001 *The Atlanta Journal-Constitution* posted:

Postpartum depression: This condition is marked by anxiety, loss of interest in pleasurable activities, difficulty concentrating and making decisions, fatigue, changes in appetite or sleep, recurrent thoughts of death or suicide, feelings of worthlessness or guilt (especially failure at motherhood) and excessive anxiety over the baby's health. Symptoms of postpartum depression begin within six weeks of childbirth and last six months to a year.

This quote partners severe symptoms and mild symptoms to construct postpartum depression as a whole. Similarly, an article from *The Washington Post* in 2001 stated:

The instinct to protect our offspring is hard-wired into our makeup," said Diana Dell, a Duke University psychiatrist who specializes in postpartum depression and psychosis. "So to my way of thinking, if a woman reaches a place where she harms her child postpartum, she is by definition psychotic.

Again, this news media quote is highlighting that mothers that are struggling to adapt to parenthood are associated with psychosis and they are in danger of harming their child.

There needs to be a clear distinction in the public domain that postpartum depression is a spectrum of mood disorders, otherwise women often won't relate the extreme symptoms with their own experience. This portrayal is also focused heavily on the individual as the problem, rather than constructing postpartum depression as a social issue.

*Proposed Treatments for Men
in the News Media*

The medicalization of motherhood is particularly problematic because it constructs normal or common women's issues as abnormal and uncommon struggles that are in need of medical attention. When analyzing the proposed treatments for men experiencing postpartum depression, there was a lack of specific medical proposed treatments. In the few articles that did propose a treatment, it was not constructed as personal problem but rather, a societal issue by suggesting solutions such as, increasing screenings for men and to raise awareness to doctors. For example, in 2010 *Washington Post* stated that, "Doctors need to do a better job of reaching out to both parents, Paulson says. Depression in one spouse should be seen as a red flag, alerting doctors that the other parent is at high risk." This article is emphasizing that postpartum depression in men is a social or public issue that needs to be addressed. Whereas, the women articles focused on individualized cases that were associated with rare and extreme cases that constructs postpartum depression in women as an abnormal and unnatural occurrence.

Another finding was that the majority of the men articles did not propose a treatment. This is due primarily to the fact that postpartum depression in men is not medicalized. The articles are constructing this illness as common and parenthood is accompanied with struggles that take time to adjust to. This allows the discourse regarding men with postpartum depression to be normalized and understood more clearly in the news media.

*Proposed Treatments for Women
in the News Media*

Three proposed treatments emerged from the U.S. news media articles for women, including, medical treatment/counseling, more policy changes should be implemented (longer maternity leave, more screenings, normalizing how it is displayed in the news media, and finally the articles proposed individual based treatments (getting more sleep, ignore the symptoms and just keep going, exercising, eating right, talking with friends and family more often). The chart below shows the percentage of articles that suggested these treatments.

Table 4.2. Proposed Treatments for Women with Postpartum Depression

Proposed Treatments	Percentage of Articles
Medical Treatment	70
Counseling	27
Temporary Solution	26
Increased Support is Needed	26

Table 4.2 shows that the medical field is the dominant voice in the news media articles because 70% of articles suggested that medical treatments such as, antidepressants, were the necessary treatment for women that develop postpartum depression. Numerous articles (27%) suggested that therapy or counseling was necessary for women experiencing postpartum depression. That can be restrictive and compel women to believe purchasing medical treatments is their only option.

Medical treatment. The medicalization of women's issues can lead to conveying common and normal experiences as abnormal and severe. This skewed portrayal of

postpartum depression was consistently represented in the news media articles.

Lafrance's review of literature on depression (2007) outlines that discourses about depression in popular media continually reference women to market medical treatment to women. "The gendered messages inherent in their data were discussed as producing and policing women's bodies to enhance their productivity, especially as workers in the 'new economy'" (2). The exposure of women to predominately medical treatments restricts their ability to pursue other avenues of assistance. The ways in which these issues are discussed by the news media will in turn affect how these individuals experiencing these illnesses see themselves. "Therefore, individuals can position themselves within discourse and can also be positioned by discourse" (Lafrance 2007:3). When the public discourse surrounding an illness is displayed as abnormal and in need of medical professionals, individuals will understand their illness through the medical field and be limited to the recourses the medical field provides.

Increased support. Only 26% of the news media articles highlighted that to treat postpartum depression, more policies and screenings need to be initiated to help normalize this illness. An article from the *New York Times* in 2005, highlighted the importance of creating more avenues for women to get help:

Do not waste time! Get help right away. Postpartum depression is extremely treatable, and there are many ways to cope with and get through it. And remember: postpartum depression is beyond your control. Having it does not mean you are not a good mother or that you are crazy. The most important thing is that you don't wait for it to pass.

Although this quote does suggest that women are in need of treatment, it constructs the issue as a normal and a social problem. A different article from the *New York Times* in 2005 suggested that:

In the United States, women are practically on their own after a child is born. I am originally from India, and the problem of postpartum depression is practically nonexistent there because in almost all cases, a woman goes to her parents' house for childbirth and stays with them for two to three months after the baby is born. At her parents' house, the woman feels secure, has no pressure to look continually after the baby, does not have to deal and cope with other household chores, and, most important, knows that the child is well cared for.

Even in the unlikely event of a postpartum depression, the mother can deal with it in a far better way than if she were alone.

Unfortunately, things may be changing in India, too, in middle- and upper-middle-class families. But there is no better place for a woman to be after childbirth than with her parents.

It's good for her, it's good for the baby, and it's good for the family.

This letter to the editor is suggesting that motherhood is difficult and postpartum depression is normal especially when the support that is needed to raise a child is unavailable.

Temporary solution. Twenty-seven percent of the news media articles proposed treatments that constructed postpartum depression as an individual problem that can be dealt with privately. These proposed treatments include, getting more sleep, eating healthy, exercising, going out with friends, etc. Although these solutions appear to give the women experiencing postpartum depression more options, these treatments make the depression appear as the individual's fault for not eating right or exercising enough which suggests recourse that's the individual's responsibility to improve their own situation.

This can also lead to the individuals feeling alone in experiencing this illness and a lack of public awareness.

Moreover, some articles did convey postpartum depression in need of individualized treatment but they simply suggested that the mothers should wait for the sickness to resolve on its own. For example, a mother in the *Washington Post* in 2000 highlighted that her postpartum depression was not taken seriously. The article stated:

I began to cry. All the time. For no apparent reason. I had nightmares where my baby's head had been disengaged, floating in a sunshine-filled room. I began to wish I were someone else--anyone. My car would pause at a red light next to construction workers on the East West Highway and I longed to be one of them, to cash my paycheck, eat with the family, dance a little. I imagined everyone to be participating in a world I no longer occupied.

I decided to see a psychologist. After hearing my symptoms, she recommended that I make friends with other moms in the area. "Shop at Nordstrom," she said. A few months later, nearly crying on the phone with my obstetrician, I said, "I think I'm depressed." She asked why. I mumbled something about not feeling close to my husband, but my inarticulate information was misinterpreted. My relationship woes were just one piece of the lunacy pie. It takes time to describe depression, and unless you are a trained professional, the signals seem indistinct, fuzzy. My doctor suggested that my husband and I make time for more sex.

This article showcases that illnesses need to be normalized and frequently discussed to provide women with more opportunities for treatment.

Another article from the *Washington Post* in 2009, derived from a person reaching out about their friend experiencing postpartum depression:

My best friend recently had a baby. She is having a hard time adjusting and I'm worrying about her. Her husband says she just needs adjustment time, but I really think she is showing signs of postpartum depression. Is there a resource I can look into? And how do I bring up the subject with my friend without alienating her further?

Again, this article suggested that women facing this illness struggle to convince their friends, family and doctors of the legitimacy of postpartum depression.

CHAPTER V

CONCLUSION

DISCUSSION

The current study utilized a content analysis of 153 articles of publicly available news media articles from major news sources in the United States ranging from 1994-2016. The articles were chosen if they discussed men or women that experienced postpartum depression. The purpose of this research was to denote if illnesses are deliberated in the public arena through culturally shared gendered norms. To assess this concept, this research drew on Entman's (1993) theoretical framework that asserted that news media articles provide frames that present a situation by, defining the problem, selecting a cause, moral evaluation, and proposing a treatment. Using news media articles, the definitions, causes, moral evaluations, and proposed treatments for postpartum depression for men and women were compared to assess any differences.

News media outlets construct discourse surrounding public issues through the process of framing (Goffman 1986). Frames use language as symbolic codes to emit a particular portrayal of an event (Goffman 1986). Discourse is created through an interplay between, the communicator, the text, the receiver, and the culture (Entman 1993). In this case, discourse is created through the news media publishers, the language used in the new media, the audience responses to the news, and the culture. This research identified that news media articles utilized gendered expectations of parenthood to guide

the discourse surrounding the definitions, causes, moral evaluations, and proposed treatments regarding postpartum depression. It is important to reiterate that the purpose of this research was not to identify the definitions, causes and treatment accompanied with postpartum depression but rather to demonstrate how gender influences how an illness is framed, evaluated and combatted in the public arena. News media frames rely on socio-history constructs of gender to interpret the illness.

Frames impact the ways the public learn about an illness and how they understand their experience with an illness. “Therefore, individuals can position themselves within discourse and also be positioned by discourse” (LaFrance 2007:3). This research highlighted how the disparity between language used for the same illness can be perceived and interpreted differently.

The findings revealed a disparity between the language used to define the illness, propose causes, moral evaluations, and treatments for men and women which illuminates that the public doesn't constrict men to the same parental standards and doesn't medicalize men's common experiences. Definitions of postpartum depression for men were discussed as a development stemmed from a normal life-changing transition in their lives, insisting that men need time to be taught paternal behaviors. Whereas, women were diagnosed on a dichotomy which ignored the spectrum of levels of severity associated with the illness, the articles also relied heavily on gendered expectations of parental roles. Causes of postpartum depression in men relied on gendered expectations of men in the household, such as, having to cope to with new financial strains and balancing work life. The other cause of postpartum depression in men resulted from a suppression of their masculinity. The articles referenced that men were having to give up risk taking

behaviors which can in turn threatened their health, by lowering their testosterone making them more vulnerable to depression. Causes of postpartum depression for mothers were constructed as biological, due to medical failures, due to the pressures of motherhood, due to a lack of social support from friends and family, due to a lack of avenues for support, or due to barriers prohibiting women from seeking help. The majority of the articles (41%) relied on biological arguments for the development of postpartum depression in women showing the increased medicalization of women's issues. Moral evaluations for men discussed postpartum depression as inevitable when men were faced with taking on more socially constructed maternal roles and discussed that men should be sympathized with while they learn to adapt. Women, however, were held to high standards of perfection and were constructed as deviant mothers with severe and rare cases. Due to the lack of medicalization of men's common and normal issues, men were not prescribed direct treatments. Whereas, women were prescribed treatments ranging from eating better to needing immediate medical attention.

Overall, these findings enhance our understanding of frames in the news media. Frames subject the individuals being discussed to standards grounded in their social identities. The present study utilized gender constructs to showcase the disparity between language for an illness experienced by both men and women. Moreover, this research highlights the importance of including an intersectional approach in framing research.

REFERENCES

- Alexander, Elizabeth M. and Linda McMullen. 2014. "Constructions of Motherhood and Fatherhood in Newspaper Articles on Maternal and Paternal Postpartum Depression." *Gender and Language* 9(2):143–66.
- Areias, M. E., R. Kumar, H. Barros, and E. Figueiredo. 1996. "Correlates of Postnatal Depression in Mothers and Fathers." *The British Journal of Psychiatry: The Journal of Mental Science* 169(1):36–41.
- Choi, P., C. Henshaw, S. Baker, and J. Tree. 2005. "Supermum, Superwife, Supereverything: Performing Femininity in the Transition to Motherhood." *Journal of Reproductive and Infant Psychology* 23(2):167–80.
- Conrad, Peter. 1992. "Medicalization and Social Control." *Annual Review of Sociology* 18(1):209–32.
- Courtenay, Will H. 2000. "Constructions of Masculinity and Their Influence on Men's Well-Being: A Theory of Gender and Health." *Social Science & Medicine* 50(10):1385–1401.
- Creswell, John W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Thousand Oaks: SAGE Publications.
- Dennis, Cindy-Lee and Leinic Chung-Lee. 2006. "Postpartum Depression Help-Seeking Barriers and Maternal Treatment Preferences: A Qualitative Systematic Review." *Birth (Berkeley, Calif.)* 33(4):323–31.
- Entman, Robert M. 1993. "Framing: Toward Clarification of a Fractured Paradigm." *Journal of Communication* 43(4):51–58.
- Goffman, Erving. 1986. *Frame Analysis: An Essay on the Organization of Experience*. Northeastern University Press ed. Boston: Northeastern University Press.
- Hartley, Heather and Leonore Tiefer. 2003. "Taking a Biological Turn: The Push for a 'Female Viagra' and the Medicalization of Women's Sexual Problems." *Women's Studies Quarterly* 31(1/2):42–54.
- Henderson, Angie, Sandra Harmon, and Harmony Newman. 2016. "The Price Mothers Pay, Even When They Are Not Buying It: Mental Health Consequences of Idealized Motherhood." *Sex Roles* 74(11–12):512–26.

- Hollander, Jocelyn and Miriam J. Abelson. 2014. "Language and Talk." Pp. 181-206 in *Handbook of the Social Psychology of Inequality*, edited by Jane D. McLeod, Edward J. Lawler, and Michael Schwalbe. New York: Springer.
- Kimmel, Michael and Tristan Bridges. 2011. "Masculinity." *Oxford Bibliographies Online Datasets*.
- Lafrance, Michelle N. 2007. "A Bitter Pill: A Discursive Analysis of Women's Medicalized Accounts of Depression." *Journal of Health Psychology* 12(1):127-40.
- Liss, Miriam, Holly H. Schiffrin, and Kathryn M. Rizzo. 2013. "Maternal Guilt and Shame: The Role of Self-Discrepancy and Fear of Negative Evaluation." *Journal of Child and Family Studies* 22(8):1112-19.
- Lupton, Deborah. 1994. *Moral Threats and Dangerous Desires: AIDS in the News Media*. London ; Bristol, Pa: Taylor & Francis.
- Lupton, Deborah and Lesley Barclay. 1997. *Constructing Fatherhood: Discourses and Experiences*. London ; Thousand Oaks, Calif: SAGE.
- Matthey, Stephen, Bryanne Barnett, Pauline Howie, and David J. Kavanagh. 2003. "Diagnosing Postpartum Depression in Mothers and Fathers: Whatever Happened to Anxiety?" *Journal of Affective Disorders* 74(2):139-47.
- Newman, Harmony. 2017. "Cross-Cultural Differences in the Construction of Postpartum Depression." Department of Sociology, University of Northern Colorado, CO. Unpublished manuscript.
- Pan, Zhongdang and Gerald Kosicki. 1993. "Framing Analysis: An Approach to News Discourse." *Political Communication* 10(1):55-75.
- Paulson, J. F., S. Dauber, and J. A. Leiferman. 2006. "Individual and Combined Effects of Postpartum Depression in Mothers and Fathers on Parenting Behavior." *PEDIATRICS* 118(2):659-68.
- Paulson, James F. and Sharnail D. Bazemore. 2010. "Prenatal and Postpartum Depression in Fathers and Its Association with Maternal Depression: A Meta-Analysis." *JAMA* 303(19):1961.
- Reese, Stephen, D. Oscar H. Grandy Jr., and August E. Grant .2001. *Framing Public Life: Perspectives on Media and our Understanding of the Social World*. NJ: Lawrence Erlbaum Associates, Inc.
- Regus, Pamela J., 2007. "Postpartum Depression: Standardizing Motherhood?" PhD dissertation, Department of Sociology, Georgia State University, Atlanta.

- Regus, Pam. 2007. "The Emerging Medicalization of Postpartum Depression: Tightening the Boundaries of Motherhood." PhD dissertation, Department of Sociology, Georgia State University, Atlanta.
- Rizzo, Kathryn M., Holly H. Schiffrin, and Miriam Liss. 2013. "Insight into the Parenthood Paradox: Mental Health Outcomes of Intensive Mothering." *Journal of Child and Family Studies* 22(5):614–20.
- Sutherland, Jean-Anne. 2010. "Mothering, Guilt and Shame: Mothering, Guilt and Shame." *Sociology Compass* 4(5):310–21.
- Teixeira, César, Bárbara Figueiredo, Ana Conde, Alexandra Pacheco, and Raquel Costa. 2009. "Anxiety and Depression during Pregnancy in Women and Men." *Journal of Affective Disorders* 119(1–3):142–48.
- Thurgood, Sara, Daniel M. Avery, and Lloyd Williamson. 2009. "Postpartum Depression (PPD)." *American Journal of Clinical Medicine* 6(2):17–22.

APPENDIX A
CODEBOOK

Codebook	Code Description
Attributes	
Year Published	
Type of Article	
	Advice Editorial Feature Letter to the editor News Media
M	Code any articles that discuss men experiencing postpartum depression
W	Code any articles that discuss women experiencing postpartum depression
Prompt	
	Code what prompted the article to be written (new research, a tragedy, etc.)
	P-ACTIV Action by an activist organization (or activist individual)
	P-HUM Human interest (e.g., story about an interesting person, with no obvious reason for timing)
	P-MED Medical organization or institution action (e.g., AMA announces new policy, hospital launches investigation into accident).
	P-REL Religious organization action
	P-GOV (includes legal) Government policy/ action OR legal action
	P-PREV Previous article [includes letters to editor]
	P-READ Reader contact [i.e., someone writing into an advice column]
	P-SCI Scientific paper, conference, etc. [can be medical, natural, or social science]
	P-TV Media/arts event
	P-OTH Other
Symptoms	
	Defines symptoms of postpartum depression
	Define: Symptoms Lists Symptoms
	Define: Assume No Problem When a person indicates that their support system assumed the parent wouldn't have any problems when the baby was born.

Define: Early Symptoms	Reports that other people in the victim's life saw there were early signs of depression but didn't seek outside help.
Define: Notlegit	Victim states that they haven't heard of PPD before, thought they were alone for feeling this way. People, society, spouses told them they were overreacting/they thought they were overreacting.
Define: Gendered Norms	Using gendered norms as justification for not receiving help ("men don't get PPD, men are distant anyway why would they experience it") ("Women are naturals")
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Causes	
Biological	Highlight when the articles states that PPD is cause by biological circumstances.
Fatherhood Hard	The articles state that men are developing PPD because there are too many extra chores, it's hard taking on "maternal roles," too much weigh on their shoulders.
Motherhood Hard	Mother or others explain that the demands of motherhood led to PPD.
Depressed Partner	Men state that they are depressed because the mother is depressed.
Not Enough Support	Not enough social integration, poor support, social interactions.
Individual Failure	individual problems such as not eating right
Medical Failure	When medical staff (counselors, doctors, etc.) heard the victim report symptoms but did not help
Trouble Seeking Help	The victim of PPD had trouble seeking help for the depression (or never sought it)
Trouble Seeking Help: Men (Masculinity)	Counter hegemonic ideologies prohibit men from seeking help.
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Expert	Whose voice is given the most credibility/weight in the article
Medical Professionals	physicians, midwives, researchers talk about PPD
Therapists	Therapist define and medicate PPD

	Mothers Friends Other	Mothers told their perspective on PPD husbands/family/friends decide if the mom needs help
Recourse		Treatment Proposed
	Medical	Article discloses that women need to seek help from doctors, counseling/research articles don't ask mothers what they would like to see change or survivors indicate that women battle depressions should seek out medical professionals because that is the option they were provided.
	Old Wives Tales Keep going	Prescribe eating the placenta. When people don't advise mothers to do things for themselves and suggest that they just keep going.
	Step Back from Parenting	When the pressures of parenting are too demanding people suggest that the parent take a step back from parenting.
	SelfMed	Women state that they don't seek help because they thought they could handle it by themselves (but they do believe they have a problem but want to handle it privately)
	Temporary Solution	If the articles offer solutions that are meant to be temporary (therapy sessions, eating better, pills) Present band-aid solutions, group therapy sessions
	Society Must Change	Present solutions to help relieve stress of the mothers and accept it is a social problem (longer leave, policy changes should be implemented, awareness)
		Article indicates that policy or medical changes enforced/suggested to help women with PPD (at home nurse, longer maternity leave)

		Society should be more sympathetic and lessen the pressures and responsibilities of parenthood
	Support	Mothers must be provided more avenues of support to reduce likelihood of PPD
	Counseling	Individuals are advised to seek therapy for help.
	No Treatment	The men's articles are showing a lack of proposed treatments- I suspect this is because it is not medicalized
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Outcomes	Atlas	The burden of taking on more "maternal roles" cause men to lash out/leave
	Shame	Feel guilty for not feeling enthusiastic about having a new child or guilt for admitting they aren't the perfect mother
	Essentialism	Describes that having PPD goes against (mother's inherent <i>natural talents</i> to being the best parent.) The part in parentheses is the definition of essentialism.
	Fulfilment	Describes that having PPD goes against mother's ideology that children should be seen as a gift and are fulfilling to parents.
	Denial	Women state that they won't seek help because don't want to label themselves/don't believe that their thoughts are legitimate (they believe they have a problem but they don't think it will last) or after taking prescriptions for PPD they stop and believe they are ok or stop because they fear the false dangers of the meds.
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Threats	Children	(which targets of this "social problem" are given the most attention) Talks about how PPD can affect the baby and the importance of the baby's health but not having mothers be the main focus (it will just say depression in mother's affects babies- but doesn't extend on how mothers get depressed and that affects them as people).

Self	The mother and father's emotional and physical health is the risk.
Society	Society is in danger when people develop PPD. Cost due to pregnancy complications because of PPD, cost of medical claims, loss of income and productivity due to PPD.
Significant Other	They discuss how mothers' partners husbands are impacted by the mother's depression.
Severe Risk	Code any article that is talks about PPD through postpartum psychosis. (My thinking here is that most people don't think PPD is common because they only hear about PPD when extreme cases of psychosis are reported.
Masculinity	Development of PPD threatens their masculinity.

APPENDIX B
LIST OF NEWSPAPER DISTRIBUTORS

Newspaper Distributor	Total Number of Articles Used
New York Times	
Daily News (NY)	
Washington Post	
Atlanta Journal-Constitution	
Star Tribune	
USA Today	
Seattle Times	
SF Chronicle	
Bismark Tribune	
The Denver Post	
Total	153