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Abstract

The purpose of this paper is to discuss the development of a theory of maternal postpartum role collapse. The influences of traditional role theory and symbolic interactionism are presented. The development of the maternal postpartum role collapse theory emerged from the study of postpartum depression among African-American women (Amankwaa, 2000). Major components of the theory of postpartum maternal role collapse consist of role stress, role strain, and finally role collapse. A discussion of the extension of role theory to role collapse as it is related to the postpartum mother is offered as an explanation of postpartum depression.

Keywords

Symbolic Interactionism, Postpartum Depression, Maternal Role Collapse, and Grounded Theory Research

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Maternal Postpartum Role Collapse as a Theory of Postpartum Depression

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The purpose of this paper is to discuss the development of a theory of maternal postpartum role collapse. The influences of traditional role theory and symbolic interactionism are presented. The development of the maternal postpartum role collapse theory emerged from the study of postpartum depression among African-American women (Amankwaa, 2000). Major components of the theory of postpartum maternal role collapse consist of role stress, role strain, and finally role collapse. A discussion of the extension of role theory to role collapse as it is related to the postpartum mother is offered as an explanation of postpartum depression. Key Words: Symbolic Interactionism, Postpartum Depression, Maternal Role Collapse, and Grounded Theory Research

Introduction

In the wake of ever increasing demands on women and mothers in the 21st century (Konrad, 2003), clarification of the consequences of role stress and strain become pressing topics for health care reform, research, and theory development. A consequence of role stress and strain might be role collapse. If a linear relationship is clearly defined and successfully supported by nursing research, a renewed emphasis highlighting the importance of interventions for mothers prior to role collapse might be dealt with more appropriately by health policy and with appropriate health care resource allocation. The purpose of this paper is to discuss the development of a theory of maternal postpartum role collapse along with the influences of traditional role theory and symbolic interactionism (SI).

The development of the maternal postpartum role collapse theory emerged from the study of postpartum depression (PPD) among African-American women (AAW) (Amankwaa, 2000). Much has been written about the problems and concerns of new mothers who occupy multiple roles and who subsequently acquire postpartum depression. Concepts such as role stress (Coverman, 1989) and role strain (Goode, 1960) have been discussed and defined yet the relationship of these two concepts to postpartum depression and the consequences of these two conceptual entities has not been defined in the literature to date. The theoretical consequence of PPD as a result of role collapse may be the missing link in the discussion of the maladaptive change that some mothers experience during their transition to motherhood.

As many as 20 mothers in one hundred experience postpartum depression; making it a serious mental health problem for a number of American postpartum and working mothers (Chaudron, Szilagyi, Kitzman, Wadkins, & Conwell, 2004). It is

submitted that with a clear written theoretical position, providing descriptive as well as directive components, professionals will be able to conduct research and write effective program policies which will benefit American women and their families who are faced with this devastating mental health problem.

Original Study: Postpartum Depression and African-American Women

The purpose of the original study was to generate theory about the psychosocial processes used by African-American women in order to adapt to PPD (a detailed look at the themes is presented in Amankwaa, 2003). Twelve African-American women, who had experienced PPD within the last three years, were interviewed for approximately one hour at two intervals. These twelve women represented 25 different instances of PPD.

A grounded theory approach was used to conduct the study primarily because of the paucity of information about postpartum depression among African-American women and because it was difficult to find evidence that postpartum depression existed among these mothers. The in-depth interviews were transcribed by a court reporter. NUD*IST-4 was used in categorizing the data. The constant comparative method was used in analysis of the data. The basic psychosocial process of “Enduring” and six major themes emerged from the data. The first five themes “Stressing Out,” “Feeling Down,” “Losing It,” “Seeking Help,” and “Feeling Better” represented the stages of the process as experienced by the women. The last theme, “Dealing with it,” represented the cultural ways that mothers managed their depression.

The other approach used to guide the research was symbolic interactionism. In an effort to place the phenomenon maternal role collapse into context, theoretical configurations with role theory as its core were reviewed and examined from the theoretical literature. Symbolic interactionism appeared to satisfy the criteria needed to explain as nearly as possible, the dynamics in behavior of women who experience postpartum depression. Additionally, since postpartum depression heretofore had not been investigated from the viewpoint of African-American women in a qualitative research study, symbolic interactionism, was then thought to be an excellent method to explicate the details embedded within the phenomenon of postpartum depression.

The Influence of Symbolic Interactionism

The major concepts in symbolic interactionism include mind, self, and society (Mead, 1934). Concepts associated with the “mind” include gesture, language, symbol, thought, communication, meaning, and reflective intelligence. Language is especially important in communicating shared meaning, especially given the cultural specificity of language (Hutter, 1985). “Self” relates to the “I” and the “Me,” relates to the self in social situations, and the emergent self. Extending the explanation of self, a person interprets the responses of society by “taking the role of the generalized other” (Hutter, 1985). This means that the person interprets their world from the responses of others in society and is able to translate society’s response to their actions. Concepts outlined under “society” by Mead were democracy and universality, community and environment, and religious and economic attitudes.

There are four basic assumptions of symbolic interactionism according to Stryker (1967). These four assumptions include: a person must be studied on his own terms, that the approach to a person's social behavior is through their connections with their society, that the newborn is asocial (the newborn is socialized into a society/community), and that the human is an actor as well as a reactor-that humans select and interpret stimuli (Hutter, 1985, p. 130). Stryker's major concepts of SI were social act, gestures, significant symbols, symbolic environment, categories, self, and role.

There are three basic premises in symbolic interactionism (SI) according to Blumer (1969). The first and most profound premise is that human beings act toward things based on the meaning that the things have for them. This premise is very basic to human existence with many implications. It implies that Blumer did not single out any special group and that difference is expected among groups. The second premise, according to Blumer, is that meaning is derived from the social interaction that one has with one's fellows. The third premise is that meaning is handled in, modified through, and interpreted by the person dealing with the thing that the person encounters. Symbolic interactionism emphasizes that the meaning brought to a situation, and the persons' interpretation of the situation, is "influenced by a person's social interactions with others and the socio-cultural environment in which they exist." (Benoliel, 1996). The "primary unit of analysis is the individual" and the "face-to-face interaction among individuals" are other major emphases of SI (Longmore, 1998).

Included in the symbolic interactionist perspective is the "perception of how we appear to others, our perception of that person's judgment of us, and some self-feelings that arise from these perceptions" (Longmore, 1998). These ideas of perception of self are reflected in Cooley's "looking glass self" (as cited in Longmore, 1998), which suggested that a person's perception of self is "reflected in" others' representation of that individual.

A major position in symbolic interactionism posits that change is the essence of the social and individual condition (Hutter, 1985). Change is seen in everyday social processes and human interaction. Learning, growth, development, role, socialization, and transition are all seen as change processes in symbolic interactionism, and research using this framework addresses change in some fashion. The change process experienced by African-American mothers who have had postpartum depression was the specific focus of this study. Emphasis on the meaning of the situation, PPD in this case, provided a guiding theoretical perspective for the study.

Selected nurse researchers who have based nursing models within the symbolic interactionism framework include Mercer (1981), Riehl-Sisca (as cited in Crawford, Gochnauer, Hofmann, & Miller, 1994), and Rubin (1967). Riehl-Sisca asserts that the nurse must view the social action as the individual sees it. In order to treat and analyze social action, one must observe the process that constructs it. Rubin asserts, in her classic study "Attainment of the Maternal Role," that role theory (a concept within SI) is exemplified by Mead's concept of "taking-in-the-role-of-other" and she described the conflict that mothers may encounter as this transition to motherhood occurs (p. 237). Mercer (1981), similarly, used SI in her theoretical model but narrowed the conceptual framework to one concept, role theory.

Nurse researchers who have used SI as a framework for investigations include Edwards and Saunders (1990), Kearney, Murphy, and Rosenbaum (1994), and Fife

(1994). Kearney et al. used symbolic interactionism along with feminist theory to study crack-cocaine mothers. These investigators suggested that, according to SI:

1. Persons interact on the basis of their individual symbolic understanding and continually adjust their actions in response to changing perceptions of their environment.
2. Social action arises from constant reformulation of self-image and expectation in a given context.
3. Motivations behind behavior cannot be understood from a disengaged vantage point or apart from context (p. 352).

For these reasons, Kearney et al. (1994) explained that their research was directed at examining the shifts and trajectories of the mothers' experience and the mothers' perception of changes in their experience. The researchers suggested that one is able to proceed in identifying connections and therefore, build a grounded theory.

Fife (1994) used a grounded theory approach in examining the meaning of illness. With SI to guide her interview content, Fife outlined how SI assisted her in forming specific questions for the study. The four dimensions of SI used by Fife were the: (a) impact of the illness on the individual's relationship to his/her social world, (b) impact of the illness on self-perception, (c) potential impact of the illness on future plans, and (d) individual's response to the illness (p. 312). In the conclusion, Fife wrote:

Symbolic interactionism links the perception of self, the social context, cognition, and behavior so that the role of meaning in a person's responses to the disruption of life that results from the occurrence of a life threatening illness can be more clearly understood. It provides the framework for understanding the reciprocity between the individuals' internal response to the crisis of a life-threatening disease and the ways in which that response is modified by interaction with the social world. (p. 316)

In a theoretical paper by Edwards and Saunders (1990), symbolic interactionism was postulated to be a framework that would be useful to the study of parents of pre-term infants. These authors suggested that a person's behavior would be best understood when his or her perceptions of the situation were understood. They also suggested that while some aspects of the social self are relatively stable, other aspects are unpredictable and spontaneous, allowing for differences in human behavior. This might be seen in the cultural variations of mothers' responses to postpartum depression. Role enactment, another component of SI, according to Edwards and Saunders, implies that the behavior a person exhibits in a given role depends on how clearly the person perceives what is expected in the role, as well as the costs and benefits of conforming to the role. This method, according to these researchers, could be used to understand how parents define their situation, and provide a framework for the appreciation of behaviors that parent's exhibit during their interactions with their pre-term infants. Likewise, symbolic interactionism could be used in this study to understand how African-American mothers define their situation and possibly explain their actions and reactions to postpartum depression.

The Influence of Role Theory

Role and role theory compose a large body of knowledge that predict how actors will perform in a given role or under what circumstances certain types of behavior can be expected (Conway, 1978). Roles also describe positions that are held by members in society: i.e., mother, father, and others (Hurley, 1978). The socialization process of each member, toward role attainment, is specified by culture, family values, and norms (Hurley). Information about socially acceptable norms is transmitted through socialization processes such as interaction, observation, communication, and role-playing. For example, within the context of socialization, mothers learn (or come to know through communication) what is expected of them in performing their role and what has been expected of mothers in the past by observing their mothers and other mothers (aunts and grandmothers). According to role theory, socialization occurs within families, peers, and social institutions (Hurley). Thus, mothers socialize their daughters and information is passed from generation to generation.

Proponents of symbolic interactionism further developed middle-range theories from the perspective of role theory. Hutter (1985) suggested that theories of role enactment (Sarbin & Allen, 1964), role strain (Goode, 1960) and role transition theory (Burr, 1972) were three of these middle range theories. The basis of role theory then is the taking on of roles or attitudes of other toward oneself and involves the anticipation of the responses of others based on a shared meaning of and participation in communication processes (Hutter). Difficulties present when, according to Meleis (1975), social definitions and role norms are not widely shared and supported within a given society, then personal and interpersonal role enactment problems are created and the situation may result in tension, misunderstanding, friction, and psychosocial discomfort.

Symbolic Interactionism and Grounded Theory

The decision to combine symbolic interactionism and grounded theory was determined by review of theories and methods most amenable to exploring the phenomenon of the study of postpartum depression among African-American women. Symbolic interactionism brought to the development of the theory—concepts and the explanatory processes of persons who experience role change. Grounded theory brought to the development of the theory—the process by which the theory would be explicated from the participants.

Emergence of the Theory from Research

The creation of a theory from research requires the use of techniques which assist the researcher toward this goal. Grounded theory, a technique that has been used to achieve this goal since the 1960's was chosen as the format for generating theory from the data. Stern (1980) suggested that grounded theory is a particularly useful method when there is little research on a topic or when no theory exists on a topic, and is useful for identifying variables of complex behavioral problems. Therefore, the rationale for selecting grounded theory as the research method for this study was to develop a theory, with its resultant theoretical concepts, that would account for the pattern of behavior

(postpartum depression) observed among African-American women who have had postpartum depression. Grounded theory methodology was used to guide the organization and analysis of data. Certain assumptions are pertinent when using grounded theory. These assumptions guided decisions such as which data to collect, how to collect it, and from whom the data would be collected.

“The goal of grounded theory is to generate a theory that accounts for a pattern of behavior which is relevant and problematic for those involved” (Glaser, 1978, p. 93). The theory occurs around a core variable or basic social process (BSP) which accounts for most of the variation in the pattern of behavior among the participants. The basic social process has durability, stability over time, ease of meaning, fit, workability, and the property of stages (Glaser, 1978).

Grounded theory (GT) is a form of field methodology (Stern, 1980). Field methodology entails gaining entry into the domain of the participants, keeping notes on the details of this interaction, and the researcher acting as participant and observer (Robertson & Boyle, 1984). Glaser and Strauss (1967) proposed the discovery of theory from data and termed this process “grounded theory” (GT). It was suggested that this method could provide relevant prediction, explanation, interpretation, and application of data. Glaser and Strauss (p. 2) suggested that grounded theory is an emergent theory, a method of analysis, and a guide for analysis of data for the researcher. It provides a method of obtaining information from the participants’ point of view. GT, according to Glaser and Strauss, provides a sensitizing framework from which a theory can be derived. The “first step in gaining theoretical sensitivity is to enter the research setting with as few predetermined ideas as possible – especially logically deduced, a priori hypotheses” (Glaser and Strauss, p. 3).

Theoretical beginnings of grounded theory are linked with the School of Nursing at the University of California at San Francisco during the 1960's (Stern, Allen, & Moxley, 1982). Glaser and Strauss, then faculty members, obtained a nursing grant in the area of community health, which proposed the study of dying patients in hospitals. The work resulting from this grant was *Awareness of Dying* (their most popular work) and paved the way for patients and their families to talk about the process of dying. Working through this nursing project, Glaser and Strauss (both social psychologists) discovered the grounded theory method (Stern, Allen, & Moxley).

Nurse researchers have contributed to the body of knowledge and explanation of grounded theory. Jeanne Quint Benoliel, a pioneer nurse researcher in grounded theory, wrote one of the first grounded theory studies in nursing and was mentored by Glaser and Strauss in the 1960's (Benoliel, 1996). Her studies included the social psychological process of living with an uncertain future and the influence of institutionalized practices of information control on women's lives (Benoliel). The goal of grounded theory, according to Benoliel, is “to explain how social circumstances could account for the behaviors and interactions of the people being studied” (Benoliel, 1996, p. 413). Stern, Allen, and Moxley (1982) note that grounded theory was designed to address social psychological problems while employing the constant comparative method of data analysis. Hutchinson (1993) suggested that data collection and analysis are not only simultaneous but also circular – allowing for change in focus as revealed by the data. Accordingly, what was originally planned may change as data reveal information that is more pertinent (Hutchinson).

Description of Grounded Theory Processes

Grounded theory methodology includes several processes (Glaser & Strauss, 1967; Hutchinson, 1993; Stern, 1980; Strauss & Corbin, 1990). These processes include primary and secondary literature review, data collection, and use of the constant comparative method to analyze the data, saturation, and theory production. Primary and secondary literature reviews were completed at different points in the process. The primary literature review was completed at the start of the project to find gaps in the literature and sensitizing concepts (Hutchinson, 1993, p. 195). The secondary literature review was completed after the theory was constructed. The purpose of the final review was to “support, illuminate, and extend the proposed theory” (Hutchinson, 1993, p. 195). Data collection strategies included interviewing the participants one-on-one. Interviewing participants is one of the most useful ways of data collection in grounded theory (Maykut & Morehouse, 1994). The constant comparative method was used to analyze the data (Glaser & Strauss, 1967). In the constant comparative method, coding was the first step in analysis of data from interviews, and continued until all interviews were coded and major themes emerged from the data.

While the researcher applied the constant comparative method, memos, diagrams, and journals were also written (Strauss & Corbin, 1990). Memoing, diagramming, and journaling serve as written markers of understanding for the researcher and a record of the development of ideas, issues, changes, and meaning during the project. They are written procedures that are kept as documentation of transitions, growth, and development in the project. These procedures, along with the interview transcripts, form what is termed the audit trail. The audit trail is the path the researcher takes as the project proceeds (Lincoln & Guba, 1985). It provided verification and reproducibility of the processes undertaken in the project.

Examples of memos include:

6/24—She had PPD with all of her pregnancies and I knew that I would have to interview her again. 4/9—After reading the scripts and re-evaluating – maybe it could be that the women had difficulty adjusting to the changes of motherhood. The BSP would then be adjusting.

Saturation and theory production are also important processes in grounded theory. Saturation was the process signaling that enough data has been collected. Theory production was the final process of grounded theory. In this process, concepts were connected together in order to describe, explain, or predict the experiences of the participants in the study.

Discovery (finding the most salient social problem of the sample) and emergent fit (extending a BSP found elsewhere) are the two basic models of finding the basic social process (Glaser, 1978). There are two types of BSP's: These are basic social psychological process (BSPP) and basic social structural process (BSSP). BSPP refers to basic social psychological processes such as becoming and personalizing (Glaser, 1978).

The process of “Enduring” was supported by data from the mothers in the study and seemed to be the most relevant social psychological problem that the participants encountered. One mother reported, “For me, I had a lot to endure and I did it alone, I

didn't have any help. I didn't have any idea what to do next." For these mothers, to endure meant, to hold up under pain and fatigue (Newfeldt & Guralnik, 1991). It also meant to stand, to undergo distress, and to survive the distress. Endurance described the ability of the participants to make it through a hard time, a time of distress, and a time of mental pain.

When enduring is defined as a process of overcoming a struggle, then it accounts for the problem that mothers had during their transition to motherhood. Arrival of the BSP came about by "looking for the main theme" within the data during the process of analyzing the data. Early thoughts and decisions about the BSP were written into theoretical memos. Once the sub-themes were identified, the sub-themes were merged to form the themes and the themes were then merged while at the same time the BSP was being considered. The BSP was modified and refined by integrating the themes into one of several BSP's until the final BSP was selected. The theoretical code that seemed to fit the data obtained from the participants in this study was staging (Glaser, 1978). The final themes for the study, "Stressing Out", "Feeling Down", "Losing It", "Seeking Help", "Feeling Better", and "Dealing with it", appeared to follow a pattern of "something happening over time – staging" (Glaser, 1978). Sandelowski (1998) made a similar suggestion – that topics related to pregnancy and the postpartum have inherent processes related to time and staging.

In grounded theory research, the process used to produce a story from the participants that is consistent from their viewpoint is trustworthiness. Understanding the meaning of depression may provide some insight into the processes that led to the mothers collapse during the postpartum period. Understanding their stories was accomplished by using methods which are commonly used to establish consistency, credibility, and reliability within qualitative data—trustworthiness.

Trustworthiness

In qualitative research, the researcher must meet trustworthiness criteria, which provides evidence of rigor in data collection and analysis of the data as compared with reliability and validity in quantitative research. The four processes used in this study to establish trustworthiness were credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility is defined as the "extent to which the data and interpretations of the study are grounded in events rather than the inquirer's personal constructions" (p. 324) and parallels internal validity (Lincoln & Guba, 1985). Credibility activities included communicating with a peer debriefer, providing participant member checks, and triangulation. The peer debriefer, a person who was not connected to the researcher's academic program was an African-American mother. Her responsibilities were to read the transcripts as they were received, meet with the researcher, and give the researcher feedback about the transcripts and the progression of the interviews. The researcher carried out member checks by returning the transcripts to the participants and asking them to verify that the transcripts were faithful to what the participant reported to the researcher in the interview. The researcher's committee chair also reviewed and commented on the transcripts and the themes that were developed from the transcripts. Another method of ensuring credibility was to complete a second interview (Lincoln & Guba, 1985) with each participant on two separate occasions. This

process of completing two interviews is known as triangulation of data sources (Lincoln & Guba, 1985).

Triangulation of data is crucially important in naturalistic studies. As the study unfolds and particular pieces of information come to light, steps should be taken to validate each against at least one other source (for example, a second interview) and/or a second method (for example, an observation in addition to an interview). No single item of information (unless coming from an elite and unimpeachable source) should ever be given serious consideration unless it can be triangulated. (p. 283)

Transferability is defined as the process of providing enough data so that external judgments may be made about the data (Lincoln & Guba, 1985). For the purposes of this study, transferability was done by thick description of the women's responses as suggested by Lincoln and Guba (1985), which means that the researcher presented data that represented the context and concepts of the topic under investigation. Specifically, the purpose of supplying a thick description, according to Lincoln and Guba (1985), is to provide extensive description "to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (p. 316). Lincoln and Guba (1985) suggested that it is the researchers' task to provide the (minimum elements needed) database that will make judgments possible from the data.

Dependability is defined as the technique undertaken by the researcher to establish stability in the study and is comparable to reliability (Lincoln & Guba, 1989). The audit trail is a common means of providing dependability in a study (Lincoln & Guba, 1985). Audit trail refers to the plan provided by the researcher that is traceable by others such as the peer debriefer and the researcher's advisor. For the purposes of this study, the audit trail consisted of the computer journal, theoretical memos, as well as methodological memos. The journal contained most day-to-day activities of the researcher, a personal log of events, notes on enlightenment, and methodological changes. Another method of ensuring dependability according to Lincoln and Guba (1985, p. 318) is to "audit the product". This was accomplished by asking the peer reviewer, who had read all of the transcripts and reviewed them with the researcher, to read the final manuscript for "acceptability" (Lincoln & Guba, 1985, p. 318). Documentation of this audit included a "Statement of Attestation" by the peer reviewer, in this case a letter, acknowledging the reading and agreement of the final product of the researcher. Confirmability is defined as the technique that the researcher enlists to provide objectivity within the study (Lincoln and Guba, 1985). This was achieved also by audit trail. It provided verification and reproducibility of the processes undertaken in the study as well as the production of the major components of the theory of postpartum maternal role collapse.

Major Components of the Theory of Postpartum Maternal Role Collapse

Major components of the theory of postpartum maternal role collapse consist of role stress, role strain, and finally role collapse (see figure 1). Each of these components is discussed beginning with role stress.

Role Stress

Role stress was defined as the worry and concern of mothers as they experienced life situations during the postpartum period. This step is seen as the antecedent problem to role strain. Hardy and Hardy (1988) suggest that role stress is a social structural condition where role obligations are unclear, hard for the mother to meet, irritating, difficult, and conflicting. They suggest that role stress is also seen as a resource deficit or system deficit. A resource deficit, it seems, might be interpreted as a mother's physical, emotional, or social insufficiency. Role resources might be seen as educational level, experience in the role (confidence in the role), and skill in the role. Other role resources might be health, financial, and support. Role overload, role ambiguity, role conflict, and role incongruity are encompassed in this step.

But I could be up all hours of the night. I mean, I would go for days without sleeping, three, four days without sleeping. And of course, that would stress me. I had no patience with the baby whatsoever.

Role Strain

Role strain is defined as the emotional reaction to the stressful postpartum experience. According to Hardy and Hardy (1988), it is the subjective experience of distress after a postpartum mother has been exposed to role stress. One might notice signs in the mother of withdrawing and decreased productivity.

So she noticed that I just wasn't seeming myself; and I couldn't concentrate; I couldn't think straight; I just – I was just tired, just wanted to lay down; and just didn't want to be around anybody, not even children at that time...I don't remember exactly when it started, but I just know that I felt tired and just drained and didn't want to go anywhere, do anything. It was just like my body just wasn't right.

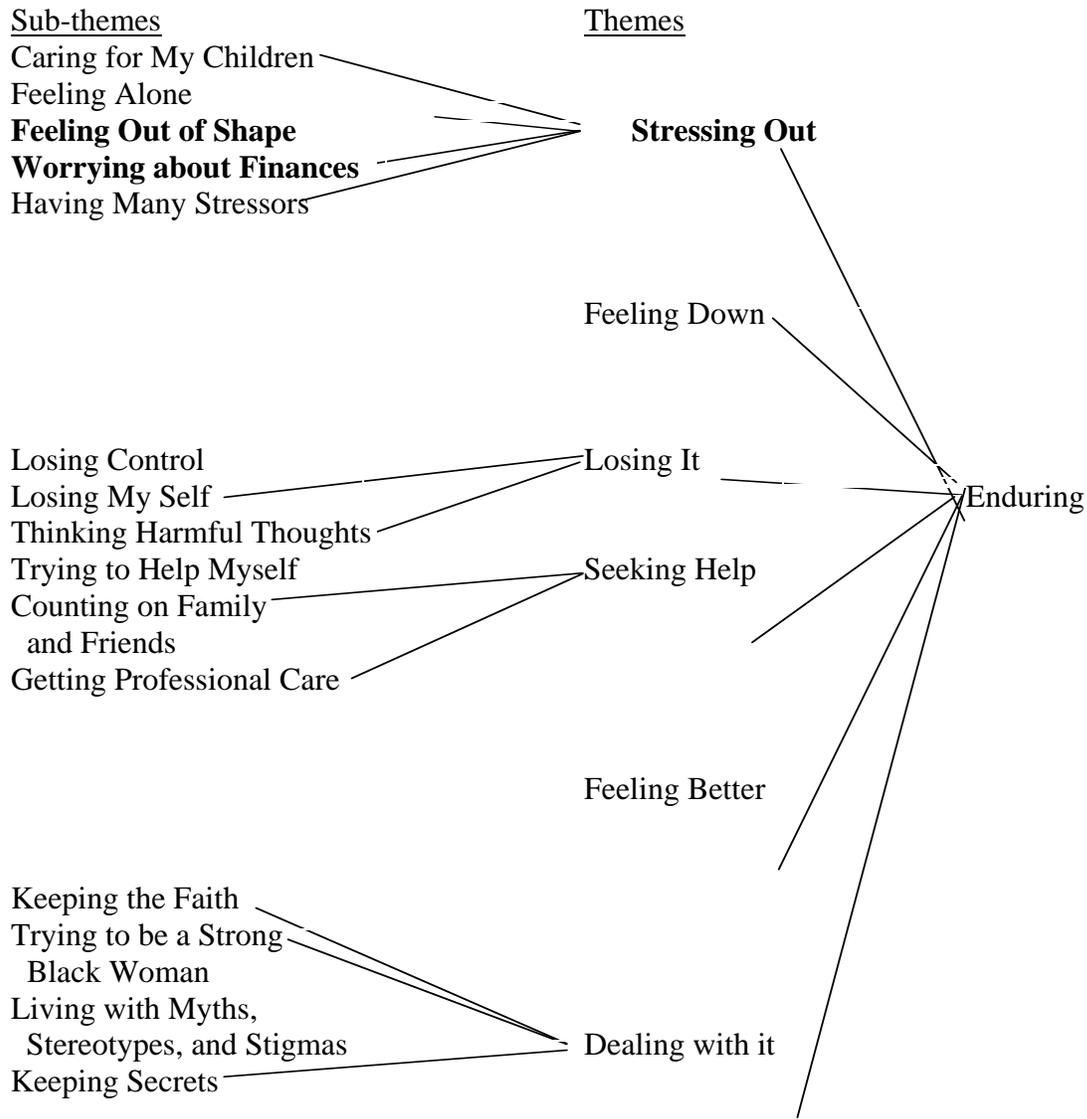
Role Collapse

Role collapse is defined as a maladaptation to postpartum role stress. It is the outcome of a linear relationship between adverse situations producing stress and strain during the transition to motherhood. It is characterized by depression. Role collapse is a consequence or outcome of maternal role stress. While many have written about stress during the transition to motherhood, none have labeled the total overwhelming position of mothers overload as role collapse. One mother wrote

So finally, I broke, and I would sob. And I said, Lord, Lord, Jesus, Jesus, what is it, what is it, why is this happening to me. I can't believe that you let me have these three girls, and I am not going to be able to take care of them. Is it something that I have done? I put it on the altar, just please help me. I can't, I can't. You know. And I felt that I would die, not by

my own hand, but I understood that I could not live like that, not eating, not sleeping.

Figure 1. Themes, sub-themes, and BSP for postpartum depression among African-American women.



A Theory of Maternal Postpartum Role Collapse in Context

Role theory, an extension of symbolic interactionism, was used to situate the theoretical concepts found in this study. Role theory represents a large body of literature and a collection of concepts that predict one's performance in a given role along with the circumstances that predict behaviors that can be expected of the role (Hardy & Hardy, 1988). Role theory has early theoretical connections to Mead's (1934) seminal writings discussed in *Man, Self, and Society*. Two important processes learned in socialization,

according to Mead were role taking and imaginative rehearsal (Hardy & Hardy). These concepts were more clearly developed by Park and Burgess (1921) who discussed the “notion of roles and that persons are connected to society by structural positions and the self-functions within the confines of these roles” (Hardy & Hardy, p. 179). Later, Burr (1972) and Turner (1962) discussed role transitions and role-taking as processes relevant to role theory, respectively.

The six themes that emerged from the data fit together into a theory, which described African-American women’s endurance of PPD and the losses these mothers experienced along the way. In the stage of “Stressing Out”, mothers reported at least three different types of stressors: physical, psychological, and external. These stressors might be conceptualized as role stress according to proponents of role theory. Role stress is defined as social structural condition in which the mothers’ role responsibilities are vague, irritating, difficult, conflicting, or impossible to meet (Hardy & Hardy, 1988). Types of role stress, according to these authors, include role conflict, role overload, role ambiguity, and role incongruity. Role conflict is the position the mothers find themselves in when role expectations are incompatible with their ability. This can be seen in the fact that during a time of physical recovery, mothers were expected to fulfill many roles including mothering their newborn. Role incongruity, as reported by the mothers, may be defined as instances where mothers’ value of themselves during the role transition is incompatible with their expectations of being a mother. Role overload, as reported by many of the mothers, meant that too much was expected of the mothers in an eight hour day. Based on these data, types of role stress most reported included role overload and role conflict although the participants also reported instances of role ambiguity and role incongruity. Role conflict and role strain, according to Mercer (1995), are expected outcomes of multiple role identities for mothers.

The accumulation and mismanagement of role stress stretched the resiliency of the mothers and led to the mothers “Feeling Down.” During the stage of “Feeling Down”, mothers reported their feelings about being over-stretched and over-burdened. This may be conceptualized as role strain. “Role strain is described as an emotional reaction to role stress that may be experienced as feelings of frustration, anxiety, irritability, or distress” (Hardy & Hardy, 1988). Role strain is the subjective description of mothers’ distress during this time. “Role strain is directly related to role stress” (Hardy & Hardy, p. 190). Researchers have found that role strain is related to withdrawal, reduced involvement, and dissatisfaction in role responsibilities (Hardy & Hardy, 1988). Rather than expose their vulnerability to others, AAW began to withdraw from their family and friends, kept secrets about their feelings, prayed harder, and covered up the discomfort.

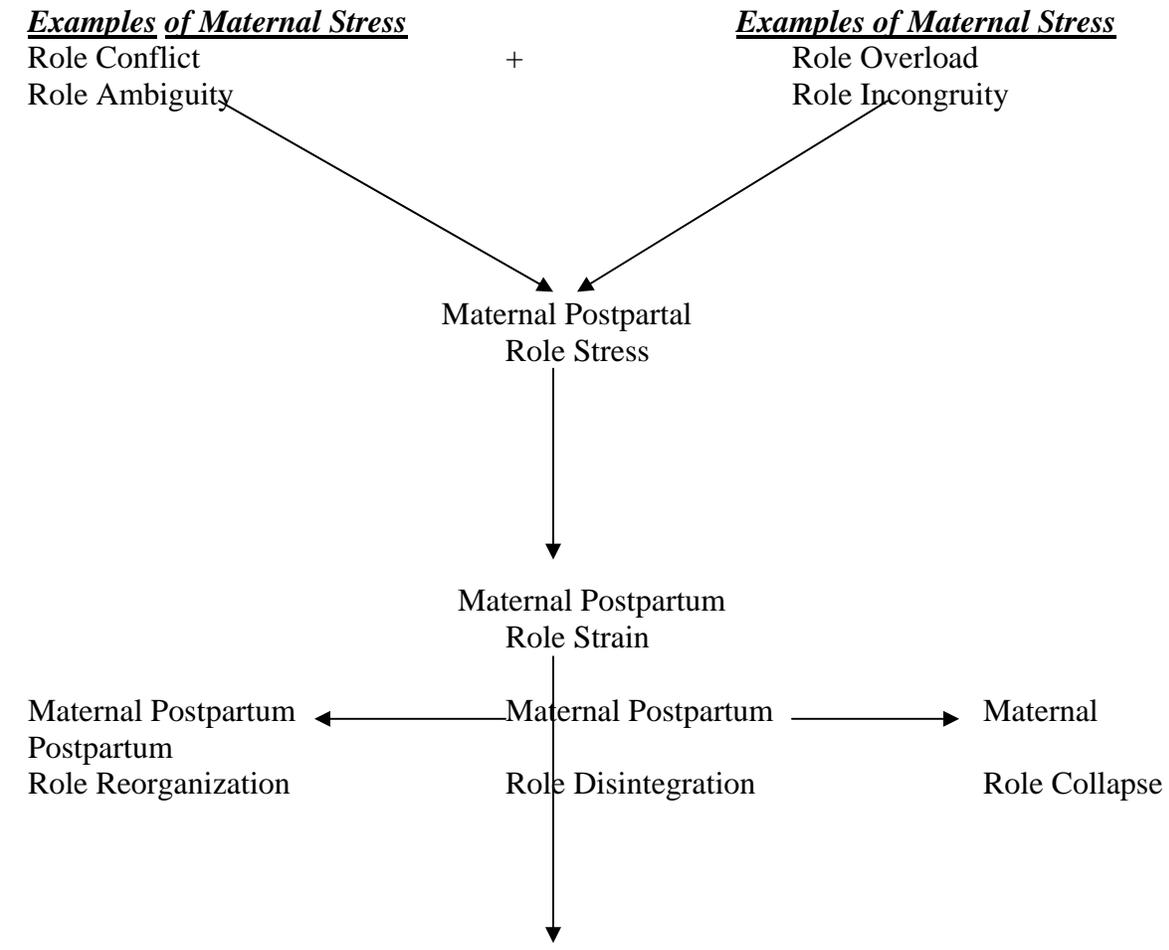
For most of the participants, the situation worsened and the mothers’ ego integrity completely collapsed sending most of the participants into a stage of “Losing It” – nervous breakdown (mental decompensation). This process might be conceptualized as role collapse. Collapse means to fall to pieces when supports fail, to breakdown suddenly, to break down in health and physical strength, and to fall because of exhaustion (Newfeldt & Guralnik, 1991). Mothers reported lack of support or support systems that failed them. They reported not being able to care for their newborns, their families, or themselves because of the fatigue or exhaustion. Not being able to perform prescribed roles and the inability to function on a daily basis might be described as a breakdown in role function. For African-American mothers, having a “nervous breakdown” is

symbolic of depression and has been used interchangeably among AAW to mean depression (hooks, 1993).

Role collapse, it appears, is a consequence of role stress and role strain. A theory of role collapse, as experienced by African-American mothers, can be situated squarely in symbolic interactionist theory. As depicted in Figure 2, mothers encountered different types of role stress during a time when they were most vulnerable physically and emotionally. Sustained role strain, it appears, may have lead to role disintegration. This may have lead to role collapse. Mothers who were not able to help themselves and experienced the moderate to severe forms of PPD may be described as experiencing role collapse. Those mothers who were able to help themselves might be described as being able to regroup and reorganize. This process of regrouping without assistance might be termed as role re-organization.

Symbolic interactionism and role theory positioned the findings of the study in the literature. Role stress and role strain are common variables depicting difficulties mothers' experience with their role as mother and often leads to depression (Hardy & Hardy, 1988). It was suggested that postpartum role stress and postpartum role strain might lead to postpartum role collapse. It was also suggested that the temporal label of "postpartum" be given to each of these stages when used as variables for further study so that future emphasis remains on the postpartum mother's experience.

Figure 2. A theory of postpartum role collapse as experienced by African-American mothers who have experienced postpartum depression.



Theory of postpartum role collapse was derived from the mothers' reports of breakdown in their ability to function during the postpartum period. Further development of this theory is needed to understand the social structures (or the lack thereof) which led to role collapse and the ramifications of role collapse on mothers as well as their families.

Conclusion

The theory of maternal role collapse was derived with some challenges. Theory generation required making connections with existing theories and moving the theory to the next logical step in an already existing theoretical formulation. It required thinking through the existing process and asking questions of the data, of the stories, and of the process. Such questions included: "What is this data telling me?", "How does this data fit into any other pattern that already exists?", "Are there other patterns that exist related to this data?", "How do we extend what is known from the current theories?", "What concepts extend the current concepts of role theory?", and "Which theory best fits what is going on in the data?" Specific processes that were used to move this large amount of data from abstract to pattern or theory included review and description of theoretical codes/notes with peer reviewers and faculty, questioning the data for patterns, and developing a framework around the patterns.

Alternately, there were challenges and blocks. Guidance by committee members suggested that real world experiences would assist the researcher to think of the theory as a natural ending to a very difficult problem. After releasing the thought of theory building to routine mundane work, and then going back to it with a fresh eye, the theory finally evolved. Other challenges in the development of this theory included: deciding on a software package that would be most assistive in theoretical creativity, creating documents (diaries/notes) that would be useful at the point of theoretical creativity, and deciphering field notes along with the process of theme development.

Limitations of the theory building process include not being acutely familiar with the particular literature related to maternal stress and strain. Generating theory using symbolic interactionism (SI) was key because it allowed the researcher the latitude of thought needed to create the theory from themes. However, SI's major theoretical propositions were not useful in the actual creation of the theory. It was the heightened awareness of role theory from SI which led to the evaluation of the middle-ranged theory of role with all of its propositions that led to the theory of role collapse. The context of the postpartum mothers' stories lead to the eventual label of postpartum maternal role collapse.

Suggestions for theory builders would be to become keenly aware of the scope of SI, not just through reading the literature, but through association with other more experienced users of SI who are currently using the theory as a framework and direction for research. Limitations of the study also relate to selection of the sample. Participants were difficult to locate and some of the participants entered the study based on self-report of PPD.

If this research were to be conducted again, more emphasis might need to be placed on preparation for theory development such as making sure theoretical notes were categorized as they were created, thinking through the theory work process and planning

at the beginning of the project, and seeking council on theory work development from experts in the field at an earlier stage of theory development/planning.

Findings that were surprising to the researcher from a theoretical stance included income of the participants, social support of the participants, and prevalence of the problem. The literature suggests that low-income African-American women are most at-risk of being compromised by postpartum depression. In this study, the participants were all middle income and had sufficient social support by most standards.

Implications for practice include changing the way health care professionals discuss the topic of depression, the importance of forming trusting relationships with mothers who have postpartum depression, and establishing preventive strategies against postpartum depression. For example, when assessing and communicating with African-American postpartum clients, a nurse or professional might ask, "Have you been feeling sad?" instead of, "Have you been feeling depressed?" because "depressed" may conjure up negative connotations in the mother's mind. Along these same lines, professionals might ask, "Have you felt like you were having a nervous breakdown?" or "Have you felt like you were losing it?" or "Have you thought about baptizing the baby?" as opposed to, "Do you feel depressed today?" A second strategy might include professionals asking African-American postpartum mothers to identify health care providers/nurses whom they trust and feel comfortable to call if they start to feel "sadness" upon returning home, after the birth of their baby. And finally, mothers suggested that informative leaflets/handouts with women of color would assist them in identifying with postpartum depression.

Future direction for research include studies: (a) related to the themes that the participants discussed, such as stressors, seeking help, and losing control, (b) investigating relapse, employment, depression, marital status, and health status on participants' lives in one year, five years and ten years, and (c) focus on coping strategies and experiences of family members of the participants. Research exploring the themes along with instrumentation may also be of use to those who care for African-American women with postpartum depression or who have the potential for postpartum depression.

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