
MOTHERING & MENTAL ILLNESS

AN ETHNOGRAPHY OF ATTACHMENT

IN AN INSTITUTIONAL CONTEXT

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For my son
Ari Masciantonio King

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Abstract

This thesis entitled *Mothering and Mental illness: An Ethnography of Attachment in an Institutional Context*, explores mothering in the context of mental illness. It is based on ethnographic fieldwork conducted from November 2008 to October 2009 in *Oliveto* – an Australian, state-run, mother and baby unit that facilitates dual admission and treatment of mothers and babies. Psychiatric diagnosis was the primary criterion for admission; however it was the woman's social role as mother that confirmed her entrance into the psychiatric unit which specifically offered dyadic treatments.

Oliveto was a six bed inpatient facility that admitted a total of 104 mother-baby dyads during the eleven month fieldwork period. Oliveto's psychiatric practice followed a biopsychosocial model of treatment, facilitated by a multidisciplinary team. The team was led by female psychiatrists and supported by psychologists, psychiatric nurses, midwives, occupational therapists and social workers who were predominantly female. As Oliveto was an acute unit, admission periods were relatively short, with an average of three weeks. Therefore the most useful ethnographic data were collected through participant observation and in-depth interviewing with Oliveto's multidisciplinary team, whose daily focus was the observation and treatment of mothers and babies during their period of admission. Such focus on the multidisciplinary team enabled the research to explore taken for granted assumptions embedded in the theoretical underpinnings that guided Oliveto's psychiatric practice. This resulted in a more critical understanding of the interplay of psychiatric and attachment treatments offered in this context, and the consequences of such an approach.

Oliveto's psychiatric practice followed a medical model for treatment of symptoms of mental illness. Facilitated through the Diagnostic and Statistical Manual of Mental Disorders (DSM), women's behaviour was translated, and intrinsically linked, to symptoms of mental illness. Consistent with the medical model approach, symptoms were matched with a checklist of medical criteria to treat with biological interventions. Despite offering a biopsychosocial treatment model, a clear bias towards pharmacological treatments for mental illness was observed. The research also uncovered that psychiatric knowledge was further used to justify hierarchical disciplinary power through observation, surveillance and control.

In Oliveto, psychiatric knowledge intersected with the assumptions put forward by Attachment Theory, and wider cultural understandings of normative mothering, promoting an intense dyadic relationship. Oliveto's application of the theory meant that mothers were considered primarily responsible for the physical, psychological and developmental health of their child because of their biological link. Attachment principles were also used to explain, define, and pathologise the mother-infant relationships and interactions. This was exemplified through Oliveto's use of the psychotherapeutic tool known as the *Circle of Security* (COS) which diagrammatically depicted the main tenets of Attachment Theory. In this institutional context, such a focus on the attachment paradigm was observed to highlight dysfunction in the mother-infant relationship. In addition, underlying beliefs about the transgenerational transmission of pathological attachment templates meant that therapeutic investigations crossed temporal boundaries. This implicitly linked the mothers' early attachment relationships to a potential for risk in her child's future developmental and mental health.

This thesis observes that the biomedical assumptions about mothering in the context of mental illness were considered through the interplay of psychiatric and attachment theories. Within this interplay, tensions and contradictions between biological and behavioural models were observed, and filtered into Oliveto's treatment practices. Despite this, the woman's biology remained central to understandings of mental illness symptoms and the attachment relationship. In such a way, treatment processes in Oliveto reinforced the gendered assumptions inherent in childrearing by positioning biological mothers as both primarily responsible for their child's physical and psychological health, whilst simultaneously viewing mothers as a risk to their child's mental health.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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