

VOLUME ONE: RESEARCH COMPONENT

**WOMEN'S EXPERIENCES OF DEPRESSION, AND THEIR EXPERIENCES OF
RELATIONSHIPS DURING RECOVERY**

by

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Thesis Overview

This thesis consists of two volumes submitted towards the Doctorate in Clinical Psychology.

Volume I comprises three research chapters. The first presents a metasynthesis conducted on fifteen research studies of women's experiences of depression. Eight themes were identified which, with an underlying concept, 'The Conflicted Self', reflect the complexity of depression for women. The second chapter is an empirical research project in which five women were interviewed, and created maps, about their experiences of their relationships during recovery from depression. Analysis identified that the women were integrated within relationships which could both negatively impact upon them and their recovery, as well as support them with their depression and recovery. The third chapter is a public dissemination document which provides an accessible overview of the review and empirical components.

Volume II comprises five clinical practice reports. The first presents the case of James¹, a 26 year-old man experiencing a number of difficulties related to underlying low self-esteem, formulated from two psychological models. The second presents an audit of the care provided by a mental health service to service users with psychosis. The third presents a single-case experimental design of Jasminder, a 10 year-old non-verbal girl with Autism Spectrum Disorder displaying self-injurious behaviour. The fourth presents a case study of Emily, a 16 year-old girl experiencing anxiety, low mood, self-harm, and obsessive compulsive disorder. The fifth presents an abstract

¹ All names have been changed to maintain confidentiality.

of an oral presentation about a case study of Jane, a 28 year-old woman experiencing difficulties related to underlying emotional instability.

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CHAPTER I

LITERATURE REVIEW

**THE CONFLICTED SELF: A METASYNTHESIS OF WHAT THE QUALITATIVE
RESEARCH TELLS US ABOUT WOMEN'S EXPERIENCES OF DEPRESSION**

Abstract

Objectives

This metasynthesis explores the qualitative research on the experience of depression for women. It aimed to synthesise the findings from this research, producing an interpretation of the experience of depression for women.

Method

A systematic literature search of three databases using a combination of search terms and restrictions was conducted to identify qualitative research studies that had explored the experience of depression for women. This identified 15 papers upon which a metasynthesis was conducted; this took the form of reciprocal translations of studies into one another.

Findings

Eight themes were identified which were felt to best reflect the women's experiences of depression: '*A Physical and Psychological Encounter*'; '*The Depressed Self is Negative, Self-critical and Vulnerable*'; '*Control: Feeling Out of Control and a Lack of Control*'; '*The Pressure to Meet Expectations*'; '*Revealing Versus Concealing the Depressed Self*'; '*Building an Understanding and Realising what Depression Means*'; '*Pushing Through and Self-sacrifice*'; '*Feeling Left Out of the World but Wanting to Connect*'. A central concept identified within each theme related to the presence of some form of conflict for the women, in relation to their experience of depression.

Conclusion

The term '*The Conflicted Self*' reflects the complexity of depression for women. It is a challenging experience which can have a strong impact upon a woman. It can be related to a number of particular experiences and expectations. It is also an experience during which women develop knowledge of themselves and depression. Women may benefit from being supported with the conflicts they can experience.

Introduction

Depression

Depression is a common mental health difficulty and has been identified as a leading cause of burden in the Global Burden of Disease studies (Ferrari et al., 2013). Whilst prevalence rates vary, a systematic review (Waraich, Goldner, Somers, & Hsu, 2004) established best estimates for a one year prevalence rate, and a lifetime prevalence rate (of Major Depressive Disorder, MDD) as 4.1 and 6.1 per 100 persons respectively.

From a biomedical perspective the symptoms of depression are well established, including changes in mood, cognition, perception, somatic state, and relationships. Depression can thus have a big impact upon the person, including their social and occupational functioning, physical health and mortality (NICE, 2010), as well as for those around them and society as a whole. It is therefore not surprising that a large body of evidence exists around depression, including that which has looked at rates of diagnosis (e.g. Kessler et al., 2003), risk factors (e.g. Radloff, 1985), and the effectiveness of different treatments (e.g. Scott & Freeman, 1992). Whilst this biomedical perspective of depression brings a focus to understanding it as an illness, more psychological perspectives focus on understanding how a range of factors (including biological, psychological and social factors) contribute to a person's experiences of depression. It is the experience of depression which forms the basis for this review.

Depression in Women

In a review by the World Health Organisation (WHO, 2000), major depression was highlighted as a mental health difficulty which most graphically illustrates the importance of gender differences in mental health. It is widely recognised that women are more often diagnosed with depression than men. For example, figures from Waraich et al., (2004) identified that one year prevalence rates (for MDD) were consistently between 1.5 and 2.5 times higher for women than for men. Research has attempted to identify potential reasons for this difference, which has pointed to various biological, psychological, and behavioural differences between women and men (Lafrance & Stoppard, 2006).

In relation to biological factors, explanations have focused on hormonal process, including menstruation, pregnancy and menopause (Bebbington, 1996, as cited in Lafrance & Stoppard, 2006). In his review, Bebbington (1996) suggested that whilst biological factors are involved in the emergence of depression, they do not appear to be responsible for the gender difference. Other explanations have emphasised the differences in how men and women respond to stress (Lafrance & Stoppard, 2006). Feminist perspectives on depression have sought to explain women's depression in the context of the various social and economic contexts in which they are more likely to live. Various factors are thought to place both limitations upon the women and what opportunities they have in life, as well as additional demands and expectations which they attempt to meet within their lives. For example, traditionally the woman has been a homemaker and a childcarer; these can limit the opportunity for experiences such as being in paid employment. Piccinelli and Wilkinson (2000) suggest that such women may have to rely for identity and self-

esteem on the role of the housewife, which they suggest contains many frustrating elements and can be devalued by society. Traditional gender roles may thus contribute to an increased likelihood of experiencing depression. Jack (1987) outlined a theory, 'Silencing the Self', to explain women's increased likelihood of depression. Jack (1987) suggests that, for women, depression often develops in the context of close relationships. She suggests that through the development of women's subordination to men over the centuries, women have developed a set of relational schemas in which they engage in a number of self-sacrificing and self-silencing behaviours to achieve intimacy within their relationships (Jack 2011). These schemas and behaviours however, can negatively affect the women's self-esteem and cause feelings of a 'loss of self' (Jack, 2011), creating a vulnerability to depression. Research (e.g. Jack & Dill, 1992; Thomson, 1995) which has employed the use of the Self Silencing Scale (Jack, 1991), a questionnaire measure of 'silencing the self' based on Jack's (1987) theory, provides evidence which supports the role of self-silencing in women's depression. It is important to recognise however that 'silencing the self' has also been found in men (e.g. Thomson, 1995; Gratch, Bassett & Attra, 1995). Consideration of this finding in relation to Jack's theory has included the idea that female self-silencing seems to be related to culturally sanctioned powerlessness, whilst male self-silencing may reflect the masculinity norm of emotional restraint (Smolak, 2010). Either way theory highlights the importance of considering the construct of gender and relational connection in depression (Jack, 2011). Reference is drawn to Jack's theory in the present review where it can help in thinking about the findings.

Qualitative research in depression has explored a range of areas including the experience of being depressed, coping during this time, and the recovery process.

Some of this research has looked at both genders together, whilst some has focused on just one gender. The qualitative literature on women's depression has been growing over the past two decades and is currently at a sufficient number to warrant synthesis of the findings.

Metasynthesis

Synthesis of research findings is an important way to bring together the results from several research studies to increase the strength and transferability of the findings. Metasynthesis is such an approach which is designed to synthesise qualitative research. Metasynthesis has been defined as "the bringing together and breaking down of findings, examining them, discovering the essential features, and, in some way, combining phenomena into a transformed whole" (Schreiber, Crooks & Stern, 1997, p. 314). To date several metasyntheses have been conducted on qualitative research into depression, which have focussed on specific populations. This has included postnatal depression (e.g. Beck 2002; Mollard, 2014), adolescents (Dunsdon, 2006), older adults (Corcoran et al., 2013), men (Krumm, Checchia, Koesters, Kilian & Becker, 2017) and partners of individuals with a mood disorder (Lewis, 2016). In relation to the female qualitative literature, what seems to be missing is a synthesis of the qualitative literature on women's experience more generally.

Aims of Review

The aim of this review is to explore what the qualitative research tells us about the experience of depression for women. "The goal of metasynthesis is to produce a

new and integrative interpretation of findings that is more substantive than those resulting from individual investigations” (Finfgeld, 2003, p. 894). The goal of this review is therefore to produce an interpretation of the findings from the current body of research which has explored the experience of depression in women.

Method

Type of Review

To meet the aims of the review, a metasynthesis was conducted. Noblit and Hare's (1988) meta-ethnographic approach to synthesising qualitative studies informed the approach taken for this metasynthesis. Their approach takes the form of reciprocal translations of studies into one another and involves seven phases, and is outlined in figure 1 below:

- i) *Getting started*: This phase involves identifying an interest which qualitative research could inform. This is developed by reading interpretative accounts;
- ii) *Deciding what is relevant to the initial interest*: This phase involves identifying and accessing the studies or accounts which are relevant to the area of interest;
- iii) *Reading the studies*: This phase involves reading the studies so that the researcher becomes familiar with them;
- iv) *Determining how the studies are related*: This phase involves determining the relationships between the studies to be synthesised. Noblit and Hare (1988) suggest creating "a list of the key metaphors, phrases, ideas, and/or concepts (and their relations) used in each account and to juxtapose them" (p.28).
- v) *Translating the studies into one another*: This phase involves comparing the metaphors or concepts and their interactions across the studies. Noblit and Hare (1988) highlight that "An adequate translation maintains the central metaphors and/or concepts of each account in their relation to other key metaphors or concepts in that account." (p.28);
- vi) *Synthesising translations*: Noblit and Hare (1988) suggest that "synthesis refers to making a whole into something more than the parts alone imply" (p.28). They identify that as a set, the translations are one level of synthesis; when the translations are numerous they can be compared with one another to determine if there are types of translations that are able to encompass those of other accounts, enabling a second level of synthesis;
- vii) *Expressing the synthesis*: This phase involves expressing the synthesis in an appropriate way to communicate it to its audience.

Figure 1. Seven phases of metasynthesis based on Noblit and Hare (1988)

Phase 1 followed an initial interest in depression. I conducted a number of background searches for qualitative literature on depression, as well as for previous depression metasyntheses, which along with discussion with my research supervisor, refined the initial interest to the experience of depression for women. Phase 2 took the form of a systematic literature search, which along with phases 3-6, is discussed below.

Systematic Literature Search

Once the research question had been identified, a systematic literature search was conducted, which represents phase 2 of Noblit and Hare's (1988) approach.

Search strategy.

A search strategy was developed to identify papers which may be potentially relevant to the research question. The search strategy consisted of a combination of keyword and medical subject headings (MeSH), and restrictions, as outlined in table 1. The decision was made to restrict articles to those published in peer-reviewed journals to facilitate the quality of the data included in the review.

It is recognised that the development of indexing systems on databases for qualitative research designs has been slower than for quantitative research designs; as such qualitative literature can be difficult to search for and identify (Shaw et al., 2004). A combination of qualitative search terms (see search 2 in table 1) based upon terms used in some of the previous depression metasyntheses were used to facilitate the search for qualitative literature. Additionally, due to the focus of this review being on the experience of depression, it was decided to use additional search terms

(see in search item 3 in table 1) to restrict the findings to articles which would likely be about the experience of depression.

Table 1. Database search terms

Search	Search term or restriction
1	Depression/ OR depress*
2	Qualitative research/ OR qualitative OR (theme OR themes) OR (Phenomenology OR phenomenological) OR (“grounded theory”)
3	Experien* OR account* OR descri*
4	[title OR abstract] Women* OR Woman* or Female*
5	1 AND 2 AND 3 AND 4
6	5 restricted to English Language AND Human AND Journal
/ denotes a MeSH search term	
* denotes a truncation	

This search strategy was applied to three databases (Embase, Medline, PsychInfo) individually with the use of the OVID search platform. The results from the three searches were exported to the referencing manager software REFWORKS.

Inclusion/exclusion criteria.

Initially a number of broad inclusion criteria were established to identify articles relevant to the research question, as outlined in figure 2.

- i) The study must be of a qualitative or mixed-methods research design;
- ii) The study must be about the experience of depression;
- iii) Participants in the study must have experienced depression. Studies where all participants have experienced either post-natal depression, bipolar disorder, or depression in relation to a physical health difficulty (e.g. cancer, HIV, diabetes) will be excluded;
- iv) Participants in the study must all be female. Studies with both genders where gender differences are identified in the abstract will be excluded, but identified for consideration in the discussion.
- v) Participants in the study must include women of working age (e.g. studies including all adolescents or all older adults will be excluded)

Figure 2. Broad inclusion criteria

As the screening process began it became apparent that additional specific criteria were needed to determine whether an article should be included in the review, as outlined in figure 3.

- vi) That the studies' aims or findings are about the experience of depression, with at least one theme in the findings reflecting this;
- vii) The article contains information about the data collection and interpretation;
- viii) If the study is exclusively focused on the experience of recovery from depression, this will be excluded from the review and used within the authors' empirical paper of this thesis;
- ix) Studies where there is a culture-specific focus (those where participants are all from a specific culture and where there is a rationale provided as to why the culture is being studied) will be excluded from the main review. These studies will be used as a 'prism' to briefly explore whether the findings from this review apply to research conducted with women in specific cultures.

Figure 3. Additional inclusion criteria

Studies were excluded if they did not meet the inclusion criteria, or as detailed above.

Systematic screening process.

The systematic screening process is outlined in figure 4.

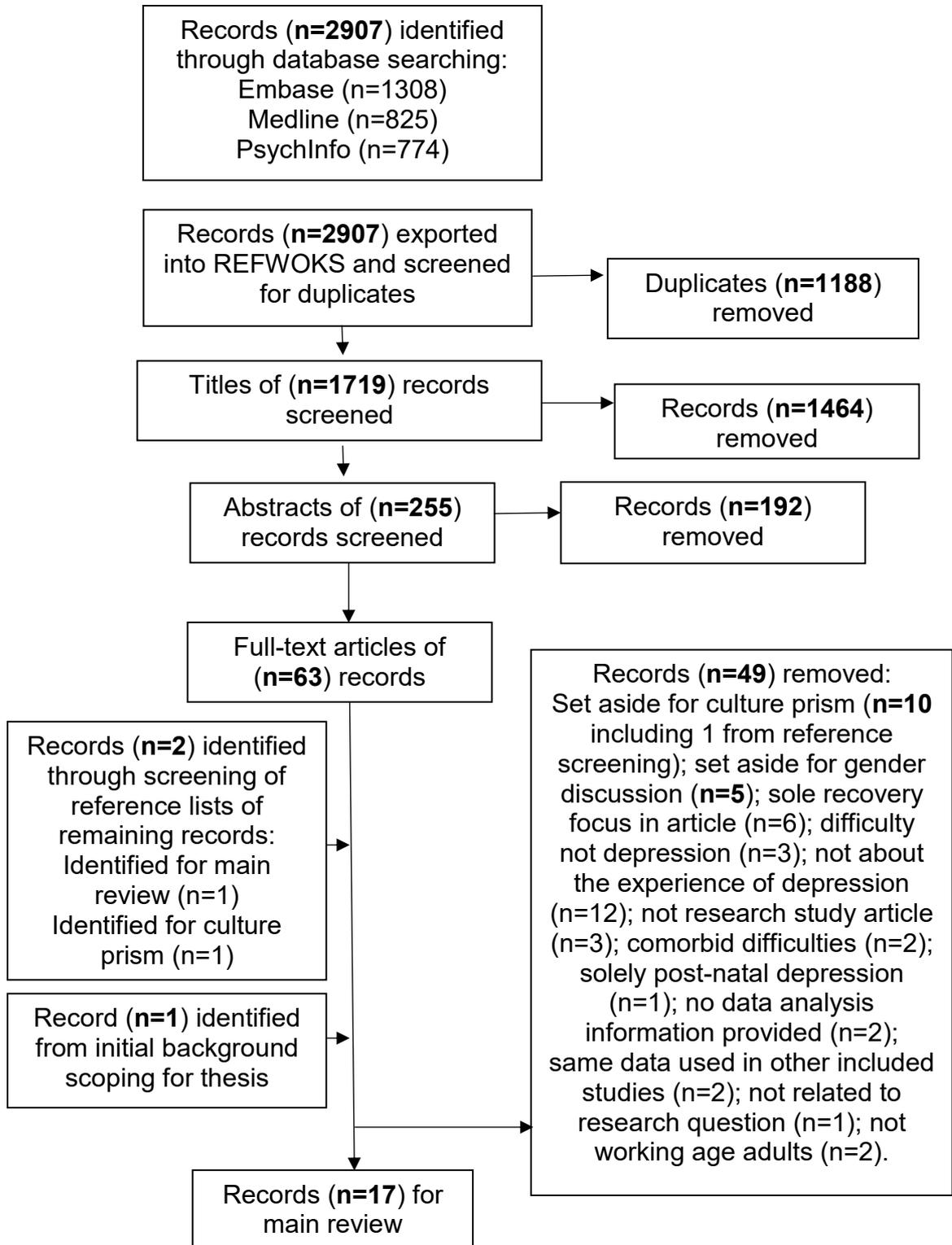


Figure 4. Outline of systematic search for review

As can be seen from figure 4, the screening process identified 10 records to be set aside for the 'culture prism', 5 to be set aside for discussion of gender differences, and 17 for inclusion in the main review. Where there was some uncertainty as to whether a record should be included in the review, I consulted with my research supervisor to arrive at an agreement. The identified records for the main review are listed in table 2, with information about their main characteristics.

Table 2. Details of articles included in review

Author & year of publication¹	Study Title	Aim(s)	Participants	Analysis
1. Barnard (2009)	Lesbians' constructions of depression	<ul style="list-style-type: none"> • Explore lesbian's experiences of depression; • Identify ways that dominant and alternative discourses shaped participants' understandings of depression and sexuality 	<ul style="list-style-type: none"> • n=12 women; • aged 21-66; • recognising a time in their life's when they felt depressed; • lesbian sexual orientation; • America 	Thematic
2. Chernomas (1997)	Experiencing depression: women's perspectives in recovery	<ul style="list-style-type: none"> • Recast depression from the perspective of the client; • Examine women's perceptions of depression and their life experiences within the context of recovery 	<ul style="list-style-type: none"> • n=10 women; • aged 25-52; • primary difficulty of depression; • receiving professional help for depression, and were living at home • ?Canada 	Thematic
3. Fullagar & O'Brien (2012)	Immobility, battles and the journey of feeling alive: Women's metaphors of	<ul style="list-style-type: none"> • Examine how participants invoked particular metaphors to construct meaning about the 	<ul style="list-style-type: none"> • n=80 women; • aged 20-75; • self-identified as recovering or 	Coding framework to identify key metaphors drawn upon

¹ The study numbers used in table 2 are used throughout the review

	self-transformation through depression and recovery	gendered experience of depression and recovery	recovered from depression; <ul style="list-style-type: none"> • a range of depression diagnoses (mild, moderate, major, bipolar, postnatal) and some comorbid mental health difficulties (e.g. anxiety, eating disorders, psychosis); • Australia 	
4. Gammell & Stoppard (1999)	Women's experiences of treatment of depression: Medicalisation or empowerment	<ul style="list-style-type: none"> • To investigate women's experiences in relation to being diagnosed and treated for depression; • Analysed in relation to the themes of 'medicalisation' & 'empowerment' to explore the relevance of these concepts for understanding women's experiences with diagnosis and treatment for depression 	<ul style="list-style-type: none"> • n=9 women, • aged 19-66; • diagnosed with depression; • had received treatment; • Canada 	Thematic analysis guided by topics addressed in interview
5. Hurst (1999)	Legacy of Betrayal: A grounded theory of becoming demoralised from the perspective of women who have been depressed	<ul style="list-style-type: none"> • Explore how women understood how they became depressed; • To develop a theoretical understanding that reflected their views 	<ul style="list-style-type: none"> • n=7 women; • aged: late teens to mid-50's, • had been previously depressed and had not received counselling, • ?Canada 	Grounded theory
6. Jones, Butryn, Furst & Semerjian (2013)	A phenomenological examination of depression in	<ul style="list-style-type: none"> • Explore the experience of depression in collegiate female athletes 	<ul style="list-style-type: none"> • n=10 female collegiate athletes; • aged 18-27; 	Thematic

	female collegiate athletes		<ul style="list-style-type: none"> • self-identified as having experienced depression; • America 	
7. Lafrance & Stoppard (2006)	Constructing a Non-depressed Self: Women's Accounts of Recovery from Depression	<ul style="list-style-type: none"> • To understand how women make sense of their depressive experiences and how they construct their sense of self in relation to these experiences; • To highlight women's agency by exploring how women negotiate hegemonic discourses of femininity in their accounts of recovery from depression 	<ul style="list-style-type: none"> • n=15 women; • aged 22-66; • self-identified with a history of depression and recovery • article is based on a larger study involving 19 women; the 15 selected for this analysis all referenced a narrative of personal transformation in their accounts; • Eastern Canada 	Discourse analysis
8. Maxwell (2005)	Women's and doctor's accounts of their experiences of depression in primary care: the influence of social and moral reasoning on patient's & doctor's decisions	<ul style="list-style-type: none"> • to further understanding of patients' decisions to disclose their emotional problems & to seek help; • to further understanding of patients and doctors' decisions to accept/confer a diagnosis of depression 	<ul style="list-style-type: none"> • n=37 women; • aged 19-72; • half with a previous experience or longer-term history of depression, half with relatively new/likely experiences of depression; • also 20 GP's interviewed separately (data not included in review); • Scotland 	Constant-comparison and grounded theory principles
9. McMullen (1999)	Metaphors in the Talk of "Depressed" Women in Psychotherapy	<ul style="list-style-type: none"> • To study how the deficient self is constructed in the talk of depressed women in psychotherapy 	<ul style="list-style-type: none"> • n=10 women; • aged 28-62; • diagnosis of depression (8 MDD, 1 Cyclothymic, 1 Atypical Bipolar); 	Descriptive/interpretative analysis, most closely located under the rubric of discourse analysis

			<ul style="list-style-type: none"> • participating in a psychotherapy research project; • ?Canada 	
10. Poslusny (2000)	Street Music or the Blues? The lived experience and Social Environment of Depression	<ul style="list-style-type: none"> • Explore the lived experience of clinical depression for women in the content of their social relations and environment 	<ul style="list-style-type: none"> • 12 female dyads; • n=17 had experienced a major depression in the past or were in clinical treatment for; • aged 25-44; • America 	Phenomenological methods from Spiegelberg's synthetic analysis (1971)
11. Rapmund & Moore (2000)	Women's stories of Depression: a Constructivist Approach	<ul style="list-style-type: none"> • To allow depressed women to tell their stories about the role of relationships in their lives 	<ul style="list-style-type: none"> • n=3 women; • aged 29-33; • perceived selves to be suffering from depression, or had suffered from depression in the past; • South Africa 	Hermeneutic thematic analysis
12. Rice, Grealy, Javaid & Serrano (2011)	Understanding the social interaction difficulties of women with unipolar depression	<ul style="list-style-type: none"> • Examine how participants invoked particular metaphors to construct meaning about the gendered experience of depression and recovery 	<ul style="list-style-type: none"> • n=12 women; • aged 27-54; • diagnosis of unipolar depression; currently experiencing a depressive episode; • Scotland 	Thematic
13. Roseth, Binder & Malt (2013)	Engulfed by an alienated and threatening emotional body: the essential meaning structure of depression in women	<ul style="list-style-type: none"> • Investigate the lived experience of women outside the postpartum period; • To present a comprehensive phenomenological understanding of depression in women 	<ul style="list-style-type: none"> • n=3 women; • aged 20-45; • met criteria for MDD; • Norway 	Giorgi's descriptive phenomenological method

14. Scattolon & Stoppard (1999)	Getting on with life: Women's experiences and ways of coping with depression	<ul style="list-style-type: none"> • Explore experiences of depression and ways of coping with these experiences 	<ul style="list-style-type: none"> • n=15 women; • aged 23-60; • identified as depressed or under a great deal of stress, but who had not sought professional help for their distress; • America 	Grounded theory and discourse analysis
15. Schreiber (1996)	(Re)Defining My Self: Women's Process of Recovery from Depression	<ul style="list-style-type: none"> • Examine women's experiences of recovery from depression; • Address the question 'How do women describe the process of recovery from depression?' 	<ul style="list-style-type: none"> • n=21 women; • aged 32-69; • self-identified as having recovered from depression; • Canada & 2 bordering U.S. states 	Grounded theory
16. Schreiber & Hatrick (2002)	Keeping it together: how women use the biomedical explanatory model to manage the stigma of depression	<ul style="list-style-type: none"> • Examine how women experience and manage depression & treatment; • investigate the core components of women's explanatory models of depression (including beliefs about aetiology, onset of symptoms, pathophysiology, course of illness, treatment needs) 	<ul style="list-style-type: none"> • n=43 women; • average age 36 years • treated for depression in the last 5 years; • Canada 	Constant comparison method of grounded theory
17. Vidler (2005)	Women making decisions about self-care and recovering from depression	<ul style="list-style-type: none"> • Explore beliefs regarding what participants identified as contributing to becoming depressed and recovering from depression; • to understand the experience of being depressed 	<ul style="list-style-type: none"> • n=22 women; • aged 22-75; • diagnosis of a major depressive episode; • Australia 	Phenomenological method of Colaizzi (1978)

The majority of the studies were conducted in countries of Western culture, whilst one study (Rapmund & Moore, 2000) was conducted in South Africa. The majority of studies reflected the smaller sample size typically used within qualitative research, however a few studies did have a relatively larger sample size. The total number of participants whose experiential accounts contributed to the sample set of papers was 326. A diagnosis of depression was not always required for participants of the studies¹; several employed criteria whereby the women self-identified as having experienced depression. The age range of participants across the studies was relatively large, with the reported ages ranging from 18 to 75 years. The methods of data analysis used included thematic methods, phenomenological methods, metaphor-based analysis, grounded theory, and discourse analysis². The majority of the researchers were female, with the primary authors from all studies being women.

Quality Appraisal

A methodology checklist for qualitative studies recommended by the National Institute of Clinical Excellence (NICE, 2009; figure 5) was used to appraise the quality of the studies.

¹ Many people who experience depression do not receive support from mental health services and as such may not receive a diagnosis. Additionally a diagnosis is not likely to be the primary concern of some qualitative researchers who would prioritise personal and subjective meaning over external and objective ratings surrounding a diagnosis.

² Whilst discourse analysis studies typically tell us about the construction of experience as opposed to the actual experience of it, the studies which included discourse analysis methods were felt to make sufficient reference to the actual experience of depression for their participants to be included in the review.

- Section 1: Theoretical approach
 - 1.1 Is a qualitative approach appropriate?
 - 1.2 Is the study clear in what it seeks to do?
- Section 2: Study design
 - 2.1 How defensible/rigorous is the research design/methodology?
- Section 3: Data collection
 - 3.1 How well was the data collection carried out?
- Section 4: Validity
 - 4.1 Is the role of the researcher clearly described?
 - 4.2 Is the context clearly described?
 - 4.3 Were the methods reliable?
- Section 5: Analysis
 - 5.1 Is the data analysis sufficiently rigorous?
 - 5.2 Are the data 'rich'?
 - 5.3 Is the analysis reliable?
 - 5.4 Are the findings convincing?
 - 5.5 Are the findings relevant to the aims of the study?
 - 5.6 Are the conclusions adequate?
- Section 6: Ethics
 - 6.1 How clear and coherent is the reporting of ethical considerations?

Figure 5. NICE (2009) Methodology Checklist for Qualitative Studies

Each item in the checklist was rated with a tick (✓) if the criterion was met, a cross (×) if it was not met, and a question mark (?) if there was insufficient information to judge this. An overall methodological quality rating was then made dependent upon the number of weaknesses identified (of the criteria not met or not able to be judged): no weaknesses (0); few weaknesses (1-3); some weaknesses (≥4). An overview of the results of this appraisal can be seen in table 3; the more detailed analysis can be found in Appendices 1 and 2.

Table 3. Overview of quality appraisal results for studies

Study	Theoretical approach		Study design	Data collection	Validity			Analysis						Ethics	Overall methodological quality	
	Is a qualitative approach appropriate?	Is the study clear in what it seeks to do?			How defensible/rigorous is the research design/methodology?	How well was the data collection carried out?	Is the role of the researcher clearly described?	Is the context clearly described?	Were the methods reliable?	Is the data analysis sufficiently rigorous?	Are the data 'rich'?	Is the analysis reliable?	Are the findings convincing?			Are the findings relevant to the aims of the study?
Barnard (2009)	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	Few weaknesses - An appropriate qualitative approach and analysis have been employed to increase reliability, as well as validity of data collection although insufficient information is reported to judge the validity of its use.
Chernomas (1997)	✓	✓	?	✓	✓	?	✓	✓	✓	✓	✓	✓	?	✓	Few weaknesses – Generally the study has employed a qualitative approach in a valid and reliable manner, however there is some insufficient reporting of aspects expected to be considered, namely the	

															context of the data collection, and consideration of potential limitations.
Fullagar & O'Brien (2012)	✓	✓	?	✓	✓	✓	?	✓	✓	?	✓	✓	✓	✓	Few weaknesses - Whilst a qualitative approach has been employed in a methodologically robust manner, some key information is not provided in relation to reliability of the data collection and analysis.
Gammell & Stoppard (1999)	✓	✓	?	✓	?	?	?	?	✓	?	✓	✓	?	✓	Some weaknesses – An appropriate qualitative methodology has been used, however there is insufficient information to judge the validity and reliability of its use.
Hurst (1999)	✓	✓	?	✓	✓	?	✓	✓	✓	?	✓	✓	✓	?	Some weaknesses – Generally the study has employed a qualitative approach in a valid and reliable manner, however there is some insufficient reporting of key aspects, including a lack of information on the context of the data collection.
Jones, Butryn, Furst &	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	No weaknesses – From the information reported, the study has employed a qualitative

Semerjian (2013)															approach in a valid and reliable manner.
Lafrance & Stoppard (2006)	✓	✓	?	✓	?	?	✓	✓	✓	?	✓	✓	?	?	Some weaknesses – An appropriate qualitative methodology has been used, however there is insufficient information to judge the validity and reliability of its use.
Maxwell (2005)	✓	✓	?	?	?	?	✓	✓	✓	?	✓	✓	✓	?	Some weaknesses - An appropriate qualitative approach and analysis have been employed to increase reliability, however insufficient information is reported to judge the validity of the data collection, including information on the context of data collection.
McMullen (1999)	✓	✓	?	✓	?	?	?	✓	✓	?	✓	✓	?	?	Some weaknesses – An appropriate qualitative methodology has been used, however there is insufficient information to judge the validity and reliability of its use.
Poslusny (2000)	✓	✓	?	✓	?	?	?	✓	✓	?	✓	✓	?	?	Some weaknesses – An appropriate qualitative methodology has been used, however there is insufficient information to judge the validity and reliability of its use.

Rapmund & Moore (2000)	✓	✓	✓	✓	✓	✓	?	✓	✓	?	✓	✓	✓	?	Few weaknesses - Whilst a qualitative approach has been employed in a methodologically robust manner, some key information is not provided in relation to reliability of the analysis.
Rice, Grealy, Javaid & Serrano (2011)	✓	✓	?	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	Few weaknesses - An appropriate qualitative approach and analysis have been employed to increase reliability, however insufficient information is reported to judge the validity of the data collection, including information on the data collection.
Roseth, Binder & Malt (2013)	✓	✓	✓	?	?	?	?	✓	✓	?	✓	✓	?	✓	Some weaknesses - An appropriate qualitative approach has been employed, with some evidence of reliability, however insufficient information is reported to judge the validity of the data collection, including information on the context of data collection.
Scattolon & Stoppard (1999)	✓	✓	?	✓	✓	✓	?	✓	✓	?	✓	✓	?	✓	Some weaknesses - Whilst a qualitative approach has been employed in a methodologically robust manner, some key information

															is not provided in relation to reliability of the data collection and analysis.
Schreiber (1996)	✓	✓	?	?	?	?	?	✓	✓	?	✓	✓	?	✓	Some weaknesses - An appropriate qualitative methodology has been used, however insufficient information is reported to judge the reliability and validity of its use, including information on data collection including its' context.
Schreiber & Hatrick (2002)	✓	✓	?	✓	?	?	?	✓	✓	?	✓	✓	✓	✓	Some weaknesses - An appropriate qualitative methodology has been used with some evidence of reliability of the data analysis, however there is insufficient information to judge the validity of the data collection.
Vidler (2005)	✓	✓	?	✓	?	?	✓	✓	✓	✓	✓	✓	?	?	Some weaknesses - An appropriate qualitative approach has been employed with some evidence of a reliable analysis, however insufficient information is reported to judge the validity of its use.

Overall, the studies included in the review were appraised to be of relatively good quality. One study (6) was classified as having 'no weaknesses'; five (1-3, 11-12) were classified as having a 'few weaknesses, and eleven (4-5, 7-10, 13-17) were classified as having 'some weaknesses'. Where the majority of weaknesses were identified, this related to insufficient reporting which prevented the author from appraising particular aspects of the studies' quality. Overall, whilst the studies generally provided sufficient information concerning the qualitative approach used, there was insufficient reporting of information concerning the data collection and analysis and thus it could not be judged how reliably these methods were implemented. The validity of the studies was mixed; a small number reported on measures in place which improved their validity, including methods to increase reflexivity of the relationship between the researcher and participants, however the majority did not consistently report on such methods. The quality of the consideration of ethical issues within the studies was also mixed; again this was mainly due to a lack of reporting to judge this criterion.

An external rater quality appraised a sample of the papers. Comparison of the ratings identified some inconsistencies in ratings, which discussion between myself and the rater around the ways they had interpreted the criteria helped to resolve. This identified a few items from the criteria which I subsequently reviewed my ratings for and changed if appropriate. This process highlighted the subjective nature of appraisal tools, particularly for qualitative research.

Data Extraction

In line with Noblit and Hare's (1988) approach, I became familiar with the studies through reading them (phase 3). To extract the data for synthesis, I focused on the findings sections of the articles. A data extraction table was created, in which the main findings (which were typically presented as themes within the articles) were included. The extractions included the articles' theme labels as well as some description of what each theme represented.

Data Analysis and Synthesis

In their approach, Noblit and Hare (1988) argue that a meta-ethnography should be interpretative rather than simply aggregative. Stages 4, 5 and 6 of their approach were applied to the data in an interpretative approach. Firstly, time was spent becoming familiar with the data extraction table; I then noted down concepts for the extracted data (which included the theme titles and data within these) of my initial interpretations of what the data represented. An example of the data extraction table and concepts of my initial interpretations of the data is shown in Appendix 3. A process of reciprocal translation progressed from this, whereby I explored created lists of the identified concepts, grouping similar concepts together. From this, I translated each of the concepts within each grouping into one another, to develop an overarching sense of a theme for each grouping.

This synthesis process resulted in eight themes being identified. To check that these themes were representative of the data, I returned to the original sources of data to search for evidence for each theme; direct data were taken from the original articles

to develop a supporting table of evidence for each theme (Appendix 4 provides an example). These evidence tables were subsequently used as a more detailed source of data to enable the interpretations of each theme to be made, and subsequently expressed in this write-up, as in phase 7 of Noblit and Hare's (1988) approach. Consultation with my research supervisor took place throughout these phases to facilitate the interpretation process and development of themes, as well as to increase the reliability of the findings.

Results

The analysis led to the formation of eight themes which were felt to best reflect the findings from across the review papers. Each of the themes reflects part of the experience of depression for women; each is discussed below along with reference to relevant literature and theoretical ideas. They are presented with a sample of the original participant quotes which reflect each theme. What seemed to be central *within each theme* was the presence of some conflict for the women in relation to the experience of depression; this underpinning conflict is explored in more detail in the discussion.

A Physical and Psychological Encounter

"I don't like how it feels, it's really like being really sick and poisoned throughout your body... Depression for me is a whole body experience, and it feels like the joy is draining from your body." (Barnard, 2009, p. 378)

"You feel like you're just gone. An empty shell, I guess you could call it. There's no head. There's no soul. And it's like that has been taken from you and you're just there." (Chernomas, 1997, p. 396)

"A trap. You're in a trap, and it's just a spiral. The more you try, the more you get stuck in it, and it's just black, the whole cloud thing, you can't shift the cloud. You wake up and it's there. When you go to bed, it's still there." (Fullagar & O'Brien, 2012, p.1066)

"My whole self was taken away from me... I lost my identity. I just felt that I lost everything... I was just dead, I was a whole dead person. My whole, my whole self." (Hurst, 2012, p. 182)

"I was sad all the time. And I don't know; it was just kind of routine. I'd get up and go to school, but I wouldn't really talk much. And when I got home, I'd just listen to sad music." (Jones et al., 2013, "Weariness", para. 1)

Figure 6. Sample of participant quotes to illustrate 'A Physical and Psychological encounter' theme

As illustrated by the above quotations, depression was described through several different manifestations, both physically and psychologically, and thus can be considered a physical and psychological encounter for women.

The physical impact of depression was described in in some studies (2, 4, 6, 13, 15) in relation to some of its widely recognised symptoms, such as fatigue and difficulty concentrating. Perhaps more surprising was that some studies (4, 10, 13) described extreme physical experiences of depression, whereby it could manifest itself in terms of ill health or physical pain. In Roseth et al., (2013) it was suggested that the women's embodied emotions evolved over time and were experienced through their bodies such as with "stomach pain, dizziness, nausea, fatigue... panic attacks and death anxiety" (pp. 164-165). Physical manifestations of depression may thus reflect an outward expression of women's more internal psychological experiences.

The psychological experience of depression came across more strongly and frequently than the physical experience. Part of the psychological experience included negative feelings, some of which are often associated with low mood (e.g. sadness, unhappiness, upset), as well as stronger descriptions including numbness, mental exhaustion, and in - Fullagar & O'Brien (2012) - a theme entitled 'Immobilizing the self' was identified. These descriptions are powerful and highlight the intensity of the feelings that can be experienced during depression. A number of studies (2, 3, 5, 15) referred to aspects of the women which they felt they had lost during depression. The 'loss of self' was identified as a theme in Chernomas (1997) whereby "The essence of each woman was missing... The self had changed, become unknown and lost, in an unwanted and painful way." (p. 396). Whilst this loss is somewhat different to the 'loss of self' in Jack's (1987) theory, it seems that depressed women can experience a loss

of who they really are, whether this be within their relationships, increasing their vulnerability to depression, or whether this is something they experience during depression and as a result of depression.

In some of the studies, metaphors such as 'blackness', 'darkness', and 'hole' were used in describing depression, resembling the idea that depression can be experienced as an entity. Indeed, Chernomas (1997) wrote that "Women moved in and out of talking about depression as part of the self and talking about depression as an 'it', a force that invaded the body and took over" (p. 396). Barnard (2009) identified that for many of their participants, "feeling depressed was a chronic state of being, described as "a worldview"" (p.378); it may be that the psychological experiences of depression create a particular 'way of being' for women.

This physical and psychological encounter is a challenging experience. Several studies referred to the idea that depression could be described as a battle and a challenge, referring to some of the challenges the women faced in managing their daily life, the impact depression had on them, uncertainty around being able to recover, and at working hard in their recovery.

It is clear from this theme that depression is a difficult experience which can manifest itself differently for women, but is one which can be encountered physically and psychologically. The review identified particularly strong descriptions of such encounters, highlighting the power of the experience of depression for women.

The Depressed Self is Negative, Self-critical and Vulnerable

“Feeling hopeless and feeling helpless. I think that way you are really kind of overtaken by it. That’s the way you feel, you know, you feel like nothing is going to help and there’s no point anyway cause it’s hopeless.” (Chernomas, 1997, p. 396)

“I didn’t really feel like I was worth anything anymore. I didn’t feel like my hard work did anything for me.” (Jones et al., 2013, “Self-Doubt”, para. 2)

“I couldn’t make a meal, I couldn’t sweep the floor, I couldn’t do the nappies.” (Rapmund & Moore, 2000, p. 25)

“I kind of feel a lot of that guilty conscious thing is coming back again from the old days... He doesn’t need someone just sitting at home being fed up.” (Roseth et al., 2013, p. 161)

“Seeing how easy it would be to kill themselves was a graphic reminder of how vulnerable and potentially uncontrolled they were.” (Schreiber, 1996, p. 478)

“I’ve always had a lot of friends, and then all of a sudden I didn’t have any and thought ‘Oh my God, I’m crazy – no one likes me!’ I just felt [from them] (her housemates) that I was crazy. I felt I was crazy and a burden.” (Vilder, 2005, pp. 9)

Figure 7. Sample of participant quotes to illustrate 'The depressed self is negative, self-critical and vulnerable' theme

Across the studies, a strong sense of a ‘depressed self’ came through; in its broadest terms this was negative, self-critical and vulnerable.

The ‘depressed self’ involved a range of negative feelings which the women experienced in relation to themselves and others, and about experiencing depression; it included feelings of sadness, shame, guilt, responsibility and powerlessness. For example, Roseth et al., (2013) identified a sensitivity to other’s distress and judgement for the women which was “preceded and accompanied by excessive feelings of responsibility, guilt and shame.” (p. 159).

The ‘depressed self’ was also self-critical; the women’s accounts of their depression often reflected negative and critical thoughts about themselves. This included perceptions such as being a failure, being inadequate, not being good enough, and being unworthy. This self-critical nature of the ‘depressed self’ came up

in the majority of papers (2 - 6, 9 - 11, 13, 16 - 17). Being self-critical was mainly reflected in how the women viewed themselves when depressed, but also in some of the experiences which contributed to a woman becoming depressed, as identified within Hurst's (2012) model where the theme 'Not worthy of love' was identified. Rapmund and Moore (2000), identified "all three participants felt competent in certain contexts of their lives, but their feelings of incompetence in other areas tended to overshadow their feelings of competence." (p.25), highlighting the strength of the self-critical nature of the 'depressed self'.

Another element of the 'depressed self' which came across in some of the studies was a sense of vulnerability which the women felt; this included feelings of hopelessness and powerlessness, being transparent and feeling exposed, and being sensitive. Rice et al., (2011) identified that feeling vulnerable "actively discouraged the women from engaging socially... during an episode of depression, they felt transparent so other people could see how they were feeling inside" (p. 1395). This illustrates how the 'depressed self' can cause a woman to feel vulnerable, which can affect how they live their everyday lives.

It is apparent from this theme that when a woman is depressed, she can experience a negative, self-critical, and vulnerable self. This is a way of being which is particularly difficult for the women to experience, especially when this replaces a different type of self from before she experienced depression.

Control: Feeling out of Control and a Lack of Control

"You feel guilty about them [feelings of powerlessness and depression] because you didn't understand them and you don't know where they came from. Like the doctor explained to me, 'it isn't your fault. You shouldn't feel guilty because you really, absolutely have no control over it. An that's something you have to accept.' And its very hard to accept that I have no control over this." (Chernomas, 1997, p. 396).

"You're going to have to acknowledge that sometimes you know it [depression] is going to invade in your life and you know, and at that time, times like that you have to ride it out you know." (Gammell & Stoppard, 2012, p. 122)

"Like this was a sewer, and this was a manhole... And all this old junk from the sewer...just started coming up." (Hurst, 2012, p. 183)

"What I found I was having was very extreme moods and also excessive. I would get angry about something... something in me just snapped... I couldn't care. I just want to freak... I had got to a point where I was swearing at them...I was just so out of control." (Rapmund & Moore, 2000, p. 24)

"The veil has been pulled back and I feel for the first time I have power and control of my own life. I don't think the depression will come back because I'm in control now, I'm not letting anybody external dictate to me how to think and feel." (Vidler, 2005, p. 298)

Figure 8. Sample of participant quotes to illustrate 'Control: Feeling out of control and a lack of control' theme

Control, specifically feeling out of control or experiencing a lack of control, was a common finding amongst the women's experiences of depression across the studies.

It was clear that the women felt out of control during depression; this included feeling out of control of their mood, as well as with regard to how they could live their life. For example, Fullagar and O'Brien (2012) described how the women experienced feeling out of control as they entered depression; "Some evoked metaphors of descent or loss of control that precipitated their depression, describing falling, going downhill, crashing, or descending into a state of depression" (p.1066). Some of the studies described how women made attempts to try to feel in control, both of, and during, their depression. Sometimes these attempts had a positive impact, however Jones et al.,

(2013) highlighted that if attempts to take control were unsuccessful, they felt “powerless and helpless as a result” (“Out of Control”, para. 5).

It also became evident that the women experienced a real sense of a lack of control in their lives, whether in difficult life circumstances or within negative relationships, which often were contributors to their depression. The experience of having a lack of control can affect one’s current experience as well as one’s perspectives about the future, as evidenced by Hurst (2012) who described that, for the women a “belief that one cannot exert control over one’s life ...is demoralising because one cannot then change negative circumstances.” (p.183). Thus for women who experience a lack of control in their lives during depression, they may be more likely to experience a sense of hopelessness about their future, which may feed into their experience of depression, such as by not attempting to try and change things. This draws some resemblance to the learned helplessness theory of depression (e.g. Seligman, 1975) which is based upon the idea that at the core of depression is the belief in the futility of one’s responding (Miller, Rosellini & Seligman, 1985).

This theme illustrates how, within some women’s lives, there are many experiences over which they seem to have little control and can contribute to their experiences of depression. Additionally as depression takes over, the woman experiences a sense of feeling out of control of herself, whether this be in relation to how her mood may change, or the things she tries to do in her life.

The Pressure to Meet Expectations

"I play the role, this role that I, that I thought was expected of me, that's you know, in order to survive. And depression wasn't one of them, that wasn't the role, that wasn't part of the role, that wasn't part of the role, that's for sure..." (Gammell & Stoppard, 2012, p. 118)

"So it was more for the kids sake as well, I thought, I felt I couldn't be a good mother sort of if you're snapping at them all the time and getting on to them for no apparent reason..." (Maxwell, 2005, p. 66)

"I thought it was something I should have controlled myself." (Maxwell, 2005, p.67)

"It's like there's two different yous...what, what you think people expect to see for ya even though you're, might be dyin' inside, folk are still wantin' to talk to ya still...so the act kicks in." (Rice et al., 2011, p.1393)

"I was quite sure the others didn't think I was doing a good enough job, and that they were talking behind my back." (Roseth et al., 2013, p. 162)

"And I still make their supper, and I would still do their laundry, and I would still do whatever I feel is my duty to do for them." (Scattolon & Stoppard, 1999, p. 210)

Figure 9. Sample of participant quotes to illustrate 'The pressure to meet expectations' theme

Within the majority of studies (1, 3 - 9, 11 - 17), a strong sense of a pressure to meet certain expectations came through. During the women's experiences of depression this included a pressure to be in control of themselves, their lives, how they should be feeling, and expectations around depression and recovery.

What featured most prominently was the pressure to meet certain societal and gendered expectations about the lives of women and the roles they may take within a family and home. For example, the role of a mother, and the pressure to be a 'good' mother, was identified in several studies, and brought with it a need to meet expectations such as looking after others and performing household duties. Lafrance and Stoppard (2006) describe such roles as identities which the women held of themselves, and "were referenced as central contributors to participants' depression"

(p. 315). These roles and identities, along with their associated expectations, draws some resemblance to the self-silencing and self-sacrificing behaviours in Jack's (1987) theory; it may be that such expectations both increase a women's vulnerability to depression as well as maintaining it. Of note, Maxwell (2005) identified "The women's perceptions of their ability to function within their societal roles played a large part in their accounts of help-seeking." (p. 66), suggesting that the pressure to meet these expectations may have a beneficial aspect in encouraging a woman to seek support however. Some studies identified expectations which involved others, both perceived expectations which others may have of them, as well as expectations the women would have about others. These expectations tended to have a negative outlook, such as expecting that others would fail them and expecting that others would view them negatively if they did not act a certain way.

It became clear across many of the studies that the women would work hard to try to meet these expectations. However, many of the women were not able to meet, or did not perceive that they were meeting, them, and could not live up to the stereotypically gendered 'standards' of a wife or mother. The potential impact this could have on the depressed woman was highlighted in Roseth et al., (2013): "They devalued themselves as people (shame) and felt strong feelings of guilt because of their inability to meet the expectations of both themselves and others." (p.161). Fullagar and O'Brien (2012) identified that "Recovery as a battle with depression signified women's agency and resistance against norms that are deeply gendered (for example, caring for others before oneself)" (p.1067), highlighting both the strength of these expectations as well as the potential impact that changing ones' responses to them can have on recovery.

This theme illustrates the presence of particular expectations which may affect a woman which would often have an underlying cultural/societal and gendered nature to them, and draws some reference to the ideas in Jack's (1987) theory. These expectations are powerful and could make the women's lives difficult, especially when they were experiencing depression and tried to live up to them; the experience of not doing so could contribute to their experience of depression, and depression could also affect their ability to meet them.

Revealing Versus Concealing the Depressed Self

"I have lots of friends. I mean lots of people that would be there for me if I asked them. I guess I just probably wouldn't ask." (Chernomas, 1997, p. 398)

"There became two of me. Um, one the competent professional... never missed a day of work. I always went, but unfortunately when I came home at night my husband and children took the brunt of it... So that mask they describe, I was a master at, the, only it was getting more difficult to do." (Gammell & Stoppard, 2012, p. 116)

"I think it's a mixture of if I feel really down and I don't want to put that onto them, you know to be visibly upset in front of people, they might think, "Oh goodness, what do I do with her now?" or, "Oh dear, what have I done?"." (Rice et al., 2011, p. 1393)

"Yeah, I'm putting it on [pretense of enjoyment]. I prefer being able to be myself as opposed to keeping on just to please... I'd prefer going somewhere where I didn't feel like I had to put on this mask. I prefer being by myself as opposed to this person." (Rice et al., 2011, p. 1393)

"I used to mask it really well. I didn't want to admit it. I didn't want to feel. I would always be jovial, joking you know, fun loving and I'd have this façade." (Vidler, 2005, p. 296)

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Figure 10. Sample of participant quotes to illustrate 'Revealing versus concealing the depressed self' theme

In over half of the studies (2 - 4, 11 - 15, 17), there is an idea that the women experienced a conflict over whether to reveal or conceal the depressed self, and this played an important part within their experience of depression.

'Revealing versus concealing' related to whether the women should tell people that they were experiencing depression, whether to share their feelings with others, and whether to let the depressed self be seen. Some of the studies identified particular people and settings in which the women would conceal their depressed self; for some this was around family whereas for others it was at work. When concealing the depressed self, the women were choosing to present themselves in a particular way; the idea of wearing a 'mask' was mentioned in two of the studies (4, 11), a metaphor which strikes a chord with many of the descriptions of revealing versus concealing across the papers. Whilst the experience of depression has already been identified as challenging, the notion that the women could present themselves in a particular way, suggests women can experience some control over the depressed self, albeit this may be a very transitory experience. Schreiber (1996) discussed how the women in her study controlled what they shared with others, and highlighted the difficulty in that whilst this could help maintain the woman's "self-esteem by demonstrating that she still had all of the social graces expected of her, ...the women were all too often left isolated with their feelings" (p. 481).

Whether to reveal or to conceal was a real source of conflict for the women. Some women were concerned about how others may react to them sharing a diagnosis of depression, and some spoke about concerns that others would then "feel responsible to help" (Chernomas, 1997, p. 398). The concept of stigma also played a role, as identified in Rice et al., (2011): "They discussed how this perception of stigma made it more difficult for them to be open with people. They sometimes felt patronized and belittled by people's responses and perceptions of them" (p. 1394). This conflict resembles the idea of external shame, whereby a person fears being seen as having

characteristics that make them unattractive and rejectable, or vulnerable from attacks from others, and can lead to them “wanting to hide, conceal and ‘not be seen’” (Gilbert, 2006, p. 354). Compassion Focussed Therapy (CFT) would attribute such conflict to an evolutionary need to be part of a group and connect with others.

This theme illustrates that when women experience depression there is often a reluctance to reveal the ‘depressed self’. This is often due to concerns about what others may think as well as not wanting to burden them. As a result, women choose to conceal the depressed self at particular times, referencing the idea of a ‘mask’ that one can use to protect the self and others.

Building an Understanding and Realising what Depression Means

“I’ve been depressed a number of times in my life, usually over relationships, the ending of relationships, you know, or problems around relationships. I think probably that relationships are more important to me than other things like my career, so I think that’s why there are more feeling surrounding relationships.” (Barnard, 2009, p. 381)

“I managed to you know solve a lot of things you know like, yeah like, like with myself um and sort of um, I stopped hating my family. You know, that sort of thing because you know, you can sort of put things in perspective and, um from there you can re-evaluate, re-evaluate things.” (Gammell & Stoppard, 2012, p. 117)

“I know that most likely it has something to do with me being someone who was susceptible to depression... it’s obviously you know not just one event. It’s just a build-up of like, you know, and the negative from my parents and all the negative from myself... I think it all has to do with my self-esteem.” (Gammell & Stoppard, 2012, pp. 118)

“Being a women and being abused” (Hurst, 2012, p. 184)

“It’s only in the last two years that I’ve realised what depression means and what it is and that it can be sort of, it’s a chemical thing. Because before that you always think of it as a weakness... your idea of depression is somebody who can’t quite keep it together. But now I know that’s wrong.” (Schreiber & Hatrick, 2002, p. 95)

Figure 11. Sample of participant quotes to illustrate ‘Building an Understanding and Realising what Depression Means’ theme

It was apparent that the women were aware of a number of likely causes for their depression, and that over the course of depression they developed knowledge which led to a personal understanding of their experience. This theme came across particularly strong and formed a large body of the results across the studies.

The women were aware of how they felt when experiencing depression, and reflected upon circumstances and events which contributed to their emotional experience. A common reference made by the women was to the past; it seemed that the women would connect their experience of depression to past events. For example, Barnard (2009) identified factors such as dysfunction in the women's family of origin, and experiences of abandonment and neglect, featured within their narratives as sources for their depression. The women would also make reference to recent and current life events and experiences which had contributed to their experience of depression, including work stress, a lack of financial resources, and relationship difficulties.

The experience of depression was a time during which the women gained much knowledge, both about themselves and depression. Chernomas (1999) highlighted that the process of developing knowledge was not easy but was something which the women sought. The biomedical model featured heavily amongst the women's understanding of depression and Schreiber and Hatrick (2002) found that whilst it brought some advantages such as experiencing "less guilt and shame at not being able to get over their depression...", it also had some disadvantages such as shifting ownership of the problem outside of the women's sphere of influence. Depression was also a time where the women's knowledge around the potential role of psychosocial factors on their experience of depression developed. Developing knowledge and

understanding is an important finding; something which was also found in a study (Lewis, 1995) of both men and women, in which a search for meaning and the development of explanatory frameworks during depression was identified.

Within this theme it is clear that women have an understanding that their experience of depression may have been contributed to by particular experiences in their lives. It also illustrates that over the course of their depression, the women's knowledge into their experience of depression develops.

Pushing Through and Self-Sacrifice

"I had promised my three-year-old a trip to the toy store when she awoke from her afternoon nap. I did make myself get washed and dressed to go. I felt somewhat better." (Chernomas, 1997, p. 397)

"I had lunch with Amanda. We discussed work. I spent two hours at the library this evening. Making the decision about both of these outings was an effort and required that I push myself. A good decision, a good day." (Chernomas, 1997, p. 397)

"I still have to limit myself um and that's the hardest thing I do find is trying to limit. And, you know, take time for [Jane], take that bubble bath." (Gammell & Stoppard, 2012, p. 123)

"Swimming was such a big part of me; I couldn't just let it go... I did not want to lose what I already had. Because it was such a big part of my life, I didn't want to lose all of it." (Jones et al., 2013, "Nowhere to Go", para. 5)

"And then I have to make everyone happy the whole time, so there's not much energy left to look after myself." (Roseth et al., 2013, p. 163)

"I guess I just went on. There was no feeling better, there was no feeling worse. I mean I had no choice, I had to go on for the other ones." (Scattolon & Stoppard, 1999, p. 210)

Figure 12. Sample of participant quotes to illustrate 'Pushing through and self-sacrifice' theme

Across the studies a sense of the women trying to push through the difficulties they experienced in relation to depression, and engaging in self-sacrifice behaviours, came across.

'Pushing through' included experiences such as ignoring emotions and pushing on so as not to acknowledge the depression, as well as pushing through difficulties to live up to certain roles they held. The essence of 'pushing through' was that the women would be pushing themselves for the sake of themselves. Chernomas (1997) identified how "Many women acted upon their belief that if they 'pushed' the self they would begin to feel better" (p. 397). The experience of depression was particularly difficult for the women, but it seems that succumbing to depression would be just as hard. Jones et al., (2013) illustrates this struggle in relation to the women not giving up on certain commitments they had in their life (in this case sport): "despite struggling with depression and other significant issues that were affecting their enjoyment of sport, participants described feeling as though they could not give up on their commitment to sport" ("Nowhere to Go", para. 4).

Also related to the idea of pushing through was the experience of self-sacrifice, whereby the women would put others before themselves. For example, McMullen (2000) discussed a participant who "saw herself as doing for others and having herself placed on the periphery" (p.105). Self-sacrifice often revolved around the women's home life and the roles they played; they could also give beyond their resources. Vidler (2005) noticed that in participants who were no longer depressed, most had created more of a balance between focusing on their own and other's needs, highlighting the potential impact that reducing self-sacrificing behaviours can have on a woman's recovery from depression. Vidler (2005) identified some of these women "believed that 'sacrificing the self' was the way many women were socialised to be" (p. 298), highlighting the link to the societal and gendered expectations the women felt a pressure to meet.

This reflects that whilst depression was a difficult and challenging experience for the women, they would push through to continue with their everyday lives. It also illustrates that they would also go to extremes and would put the needs of others before their own, demonstrating many self-sacrificing behaviours, as suggested in Jack's (1987) theory. The impact of these experiences could contribute to their experience of depression.

Feeling Left Out of the World But Wanting to Connect

"It was a very important thing that I be able to pick up that phone and phone two or three girls that really knew me, that got to know me and care for me..." (Chernomas, 1997, p. 398)

"That's depression, that's what my opinion is depression. You have nobody to talk to, you feel left out... left out of the world, you know? Because to me, locked up in that room, depression is, when I was locked up in that room and nobody to talk to." (Hurst, 2012, p. 186)

"I don't even think I ever knew it would be so hard to be away from my friends and family... But I couldn't. I had nobody. It was a really isolating feeling." (Jones et al., 2013, p. 8)

"I actually want roots. I don't feel this place is home anymore. It's the weirdest feeling... I don't feel like I belong here." (Rapmund & Moore, 2000, p. 25)

"There was no real connection... You feel like you're talking and you're doing everything you should be doing, but you're not really there... It's like you're removed from yourself so you're doing all this stuff and going through the motions, but you weren't really connecting with other people." (Rice et al., 2011, p. 1395)

"I know I'm depressed when I don't want no one around me. I mean I could be sitting there and smiling and still know that I'm depressed because I don't want them [children] around me." (Scattolon & Stoppard, 1999, p. 208)

Figure 13. Sample of participant quotes illustrating 'Feeling left out of the world but wanting to connect' theme

The review identified that the women felt left out of the world during depression in terms of isolation and dissonance. However, there was often a desire to connect with others and to belong.

Isolation and social withdrawal are commonly experienced during depression. This review indicates that, for some, this may be a way of coping or protecting oneself during depression. For example, for some of the women in Rice et al., (2011) isolation meant they avoided interactions in which they feared becoming emotionally overwhelmed. Isolation could also contribute to the women having become depressed; for example Hurst (2012) suggested that “being isolated without supportive relationships” (p.186) could contribute to demoralisation. In a recent integrative review (Cruwys, Haslam, Dingle, Haslam & Jetten, 2014), research is outlined which illustrates how compromised social connectedness can precipitate, characterise, and maintain, depression (Cruwys et al., 2014), supporting the idea that isolation has several roles in depression.

The term ‘dissonance’ was labelled in some of the papers and came across in the women’s experiences of depression in several studies (1, 4 - 5, 10 - 12,-14, 16). The women felt disconnected and detached from the world, both in terms of experiences/circumstances which separated them from others, and in terms of feeling different. Dissonance could contribute to, and be experienced during, depression. Poslunsky (2000) described how “Living with depression was likened to having to listen to music that made you feel uncomfortable or that you didn’t understand... The general essence of clinical depression was dissonance, dissonance that literally was painful” (p. 296). Dissonance also reflects the idea that when experiencing depression, the women became aware that they felt different to others and often viewed themselves as being ‘abnormal’ or deviating from the ‘norm’.

Despite the experiences of dissonance and isolation, there was evidence that the women did want to connect with others and be accepted; it may be through these

experiences the women can begin to challenge the negative and self-critical nature of the 'depressed self'. Barnard (2000) identified that participants coped with depression by "connecting to trained professionals for treatments, and by connecting to peers and to deeper aspects of themselves" (p. 381), which helped the women through difficult times, provided emotional support, and guided change. Rapmund and Moore (2000) however identified that not all connections with others were beneficial to the women, particularly when these people were not supportive.

Within this theme it is clear that women can experience depression as a particularly isolating experience in which they can feel dissonant from others and the world. Although the women felt this way there were also desires to connect with others and be accepted.

Discussion

The themes identified in this review illustrate the complexity of the experience of depression for women. It is a challenging experience which can have a strong impact on a woman, both physically and psychologically. It is one which is related to a number of particular experiences and expectations, as well as being an experience during which women develop knowledge about themselves and their depression.

The Conflicted Self

What became apparent during the review was a real sense of the conflict women can experience during depression. Conflict could be experienced through several ways, including the challenging nature of one's encounter with depression, what being depressed meant to the women, and whether or not to let the depressed self be seen. Additionally, conflict can be experienced when depression affects the ability to live up to expectations, as well as between the experience of isolation whilst desiring connections with others. Conflict was also identified within the subsequent impact depression may have upon the women. For example, the negative and self-critical nature of the depressed self may reinforce the psychological experience of depression; concealing the depressed self may maintain the stigma surrounding depression; and isolating oneself may worsen one's experience of depression. Additionally some of the studies which explored recovery from depression (e.g. Lafrance & Stoppard, 2006; Fullagar & O'Brien, 2012) identified that women need to take time for themselves and reduce demands placed upon them; however as living up to expectations and caring for others have been identified to feature heavily within

the women's lives, it is likely that conflict will occur if women do attempt to make such changes.

Perceptual Control Theory (PCT; Powers, 1973), a self-regulatory framework for understanding human behaviour, can provide some insight into the role of conflict within the experience of depression for women. PCT suggests that a number of control systems exist within a person which serve to maintain one's internal standards or goals (reference values). If a discrepancy between ones' reference values and the environment is detected, it is thought that the person will engage in a behaviour to maintain a specific perception of the environment (Mansell, 2005). PCT proposes that unresolved conflict between goals will lead to psychological distress (Mansell, 2005). So for example, a woman may have the goal of being a 'good mother', which may come with internal reference values such as spending time with her children. At another level, the woman may have a goal of being a 'good provider', which may come with other values, such as maintaining a steady income, and providing a safe and comfortable home. If this woman is taken away from one goal in the service of another, such as by spending less time with her children due to work commitments, she may experience conflict. To resolve conflict she may engage in a behaviour such as reducing her working hours. However, doing so may impact on her work, taking her away from her goal of being a 'good provider'. The woman's two goals can be said to be in conflict with one another and, as the woman fluctuates between attempting to meet them, both goals are interrupted (Mansell, 2005). Psychological distress is likely to arise as a result; it may be that some of the difficulties women experience during depression are a result of such conflicts between their goals. The social and political context of such goals is obviously significant.

CFT has already been linked to the specific conflict of whether to reveal or conceal the depressed self in relation to the evolutionary need to be part of a group to survive. This more recent theoretical model can also provide insight on the way in which conflicts may maintain depression. CFT proposes that humans have developed a number of different functional emotional systems throughout evolution: to respond to threats (threat-protection system), to seek out resources (drive system), and for states of safeness/contentment (contentment system) (Gilbert, 2014). These systems can become unbalanced, and it is likely that the experience of conflict can contribute to this by activating a person's threat-protection system. This can lead to the person doing something about the threat to protect themselves (Gilbert, 2009), which in relation to this review this may include behaviours such as a woman isolating herself, concealing her depression, and working harder at trying to meet certain expectations of herself. Additionally, the shame and self-criticism women may experience during depression can make it harder for them to access their contentment system (Gilbert, 2009). As such the women may be unable to effectively regulate their emotional systems, which maintains their distress and responses experienced in relation to such conflicts, and the experience of depression.

Gender

Whilst this review has only focussed on women, it provides insight into the potential role of gender in depression. Of particular note is the pressure women feel from cultural and societal expectations to live up to, and meet, certain roles and responsibilities, which draws resemblance to Jack's (1987) theory. It is interesting to note the resemblance to some of the qualitative research with men (e.g. Heifner, 1997;

Chuick et al., 2009; Rochlen et al., 2010) in which the male identity (e.g. being strong, successful and in control) has been identified as an important feature within men's experience of depression. As with women, this identity, the accompanying expectations and behaviours, and the experience of conflict when these identities are undermined by depression, can contribute to their experience of depression. In the recent metasynthesis on men's views of depression (Krumm et al., 2017) there was a focus on masculinity constructions which indicated that traditional masculinity values could serve as barriers, but also facilitators, to adaptive coping strategies in depressed men. It thus seems that depression is an experience in which gender roles, whether male or female, have an influential role. The experiences of depression are not binary gendered but appear more related to the underlying constructs of identity and role. It seems that the way in which people construct their identities (whether these be related to a specific gender or not) plays a large part in determining factors such as what is important to a person and how they attempt to live their life. This is something which this review has indicated can contribute to the experience of depression both positively and negatively.

Findings from some of the papers (Clarke & van Ameron, 2008; Danielson, Bengs, Lehti, Hammarstrom & Johansson, 2009; Danielsson & Johansson, 2005; Lovasz & Clarke, 2007) set aside for consideration of gender, indicated a key difference in the way in which men and women view and understand depression. Men tended to understand their depression more in terms of a biomedical understanding, and one which can result from and be exacerbated by external circumstances, whereas women tended to understand their depression more in relation to interpersonal relationships and internal factors. Whilst this review identified that

women may experience both types of understanding during depression, it may be that there is a natural tendency towards the more interpersonal and internal understanding for women, which is likely to influence the way in which they respond to depression.

Comparison to other metasyntheses

Whilst this review aimed to explore the experience of depression in women, it can be helpful to compare the results to the metasyntheses which focused on depression within specific populations of postnatal depression (Beck, 2002; Mollard, 2014), adolescents (Dunsdon, 2006), older adults (Corcoran et al., 2013), and men (Krumm et al., 2017). The combination of both physical and psychological manifestations of depression reflects a similar pattern of findings from Corcoran et al., (2013) and Dunsdon (2006); it thus seems on a wider level that the experience of depression is one which goes deeper than the current diagnostic criteria resemble. Additional similarities related to indications of participants being aware of a number of potential causes for their depression, experiencing isolation and loneliness both when feeling depressed but also as a way of responding to depression, as well as evidence that people feel vulnerable and powerless during depression. Expectations about oneself were identified as playing an important role in depression in both the postnatal depression metasyntheses (expectations about motherhood) and in the metasynthesis with men (expectations related to traditional masculine ideals).

Culture prism

As previously outlined, 10 papers identified within the original literature search were set aside to form a culture 'prism', through which the results of the main review could be compared to. A brief analysis of the results from the papers was conducted; a broad table of the results can be seen in Appendix 5, with a more detailed example in Appendices 6 and 7.

This preliminary analysis suggests that many of the experiences of depression identified within this review are also present in the experiences of women of non-Western cultures. However there are differences in how these experiences present themselves as well as additional experiences which may be culture-specific. The theme, 'Feeling left out of the world but wanting to connect' was identified most commonly; women in specific cultures also experience feelings of isolation and dissonance in relation to depression, as well as a need for connections. Also commonly identified were the themes 'Revealing versus concealing the depressed self' and 'Building an Understanding and Realising what Depression Means' . It was noted that the themes reflecting what depression felt like for the women did not come across as strongly as they did within the original review. Whilst this may be a by-product of the focus of some of the research (a number focused on coping mechanisms), this may reflect some cultural difference in how depression is perceived or spoken about. Indeed Burr and Chapman (2004) draw reference to the view that some South Asian women may tend to somatise feelings when talking about psychological or emotional distress. A key concept which came up within the culture prism was the relationship which the women had with spiritual beliefs. Whilst this can be considered a form of

making connections, the use of prayer and a relationship with God formed a strong way of coping with the experience of depression for women from particular cultures.

Critique of review

Metasynthesis relies heavily upon the interpretations of available data as well as the interpretations of the original researchers. Whilst it is important to recognise the subjectivity which may be present within such data and analysis, methods such as triangulation are often used within qualitative research to increase their reliability. Additionally, several consultations of the data analysis and subsequent interpretations took place with my research supervisor during the review process to increase the reliability of the review interpretations and findings. Whilst a systematic approach was used to identify relevant articles for inclusion, it is important to recognise there may be relevant articles which were not identified due to the small scale nature of this review; of note is the exclusion of non-peer reviewed articles.

Whilst there are some limitations to this review, the findings are based upon a number of studies which were appraised to be of an overall good quality. Along with the scope of the review, it is felt that this has enabled relevant findings and conclusions to be drawn, which whilst not representative of every woman with depression, have provided some insight into the experience of depression for women more generally.

Implications

This review has identified several aspects of the experience of depression for women, which it will be important for those working with such women to be aware of.

Crucially it is clear that the experience of depression is much more than its' widely recognised symptoms. It will be important for professionals to be aware of the conflicts that women may go through during this time, and knowledge from PCT may help in understanding the importance of supporting women to resolve such conflicts. Therapeutically women may benefit from CFT techniques, particularly where conflicts seem to be causing the women to experience distress, as well as when the presence of shame or self-criticism is high. Based upon CFT there would need to be a focus on employing compassionate techniques (typically imagery based techniques) which activate the contentment system. Additionally, in line with the idea that the experience of depression may be related to the construct of identity and roles, as well as the strength of the pressure to meet expectations which came up within the women's experiences of depression, values-based work (as is used in Acceptance and Commitment Therapy) may be particularly beneficial. Such work may help a women to identify what will be truly important and meaningful for her to work towards in her life, which may help direct her recovery from depression.

It will also be important for professionals to be aware that whilst women do have an understanding of potential contributors to their depression, they go on to develop further knowledge about the experience of it during the course of the depression and their recovery. Women may benefit by being supported in this process, not only through the provision of information, but through the opportunity to discuss and reflect upon their experiences in a supportive environment. Additionally, professionals may benefit from being aware that women experience conflict over whether to reveal or conceal the depressed self, to help in its identification. A supportive and judgement-free environment may facilitate women to reveal the depressed self; additionally the

use of externalisation methods may facilitate this by helping the women to see that they are not the 'depressed self'

As indicated from the culture prism, future research may wish to more formally explore the potential for cultural differences in the experience of depression for women. It may also be interesting for future research to expand upon some of the individual themes identified and explore them in more detail; of particular note may be the finding about a pressure to meet expectations as this theme came across particularly strong. A study which sets out to explore the expectations surrounding a woman during her experience of depression may result in more detailed information about such expectations; it would also be important to include women who have successfully balanced the pressures from such expectations, which may better inform ways to support them.

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CHAPTER II

EMPIRICAL PAPER

**HOW DO WOMEN EXPERIENCE AND MAKE SENSE OF THEIR
RELATIONSHIPS DURING RECOVERY FROM DEPRESSION?**

Abstract

Introduction

Research indicates that social relationships have the potential to impact upon one's mental wellbeing and recovery. This project set out to explore women's experiences of their relationships during recovery from depression, a time when a woman is likely to be going through a period of change, transformation, and transition.

Method

Five women were interviewed about their experiences of their relationships during recovery from depression; they also created a map of the network of relationships they had around them during this time. Interpretative Phenomenological Analysis (IPA) was used to explore the women's interviews to develop an understanding of how the women interpreted and comprehended these experiences.

Results

The analysis identified four superordinate themes and eight subordinate themes which were felt to reflect the women's experiences of their relationships during recovery from depression. The superordinate themes included: '*The Complex Role of Relationships during Recovery from Depression*', '*Reaching Out / Sharing with Others*', '*The Women's Experiences of Other's Helpful and Unhelpful Behaviours*', and '*Others' Understanding of Depression*'. The maps illustrated the idea that the women were

involved in a number of different relationships during their recovery from depression, some of which could be helpful and some unhelpful.

Discussion

It is important to recognise that women are integrated within their relationships. Relationships could support with the negative impact depression was having on the women, and help move them into and through recovery. Depression however made relationships difficult, and others could do things which could hinder the women's progress and obstruct their recovery.

Introduction

Depression

Depression is a mood disorder which is characterised by episodes of low mood, negative cognition, and sleep and appetite disturbance (Carr & McNutly, 2006). The experience of depression can negatively impact upon a person, including their social and occupational functioning, physical health and mortality (NICE, 2010). NICE (2010) recognise that high prevalence rates of depression, along with its treatment costs, places a large burden on the healthcare system and wider society. A range of biological, psychological and social factors are recognised to impact upon the course of depression and its response to treatment (NICE, 2009). Whilst depression affects a large number of people, it is widely recognised that it is more often diagnosed in women than in men; figures from Waraich et al., (2004) identified one year prevalence rates (for major depressive disorder) were consistently between 1.5 and 2.5 times higher in women than in men.

Depression and recovery in women

The impact of depression, on both the individual, those around them, and wider society, makes the recovery from depression a particularly important experience. Recovery is a concept which has been viewed differently over the years, and a more recent understanding of recovery as a personal and subjective experience has emerged within mental health systems (Slade et al., 2014). A frequently cited definition describes recovery as:

“a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness. Recovery from mental illness involves much more than recovery from the illness itself” (Anthony, 1993, p. 13).

In relation to women, the gender more often diagnosed with depression, there is a large body of qualitative research which has revealed important insights into women’s lived experience of depression and recovery. Whilst the literature review component of this thesis focused on understanding experiences during depression, one’s experiences during recovery are also important to understand. A number of qualitative studies (e.g. Schreiber 1996; Lafrance & Stoppard, 2006; Fullagar & O’Brien 2012; Skarsater et al., 2003) which have explored women’s recovery from depression have identified the concepts of changes, transitions, and transformations, which women go through during this process. This can include internal changes such as in how the women view themselves and their experiences of depression, as well as external changes such as in how the women live their lives. For example in Lafrance & Stoppard (2006) the women “described themselves after recovery as fundamentally different from the person they had been before they became depressed” (p. 314); this included the women letting go of certain former identities (which typified the female gender role model), and beginning to focus on caring for oneself. Schreiber (1996) identified a social psychological model of recovery women go through during recovery from depression, which she termed a process of ‘(Re)Defining My Self’, during which a woman learns that she is a more complex and capable person than she had

imagined. 'Cluing in' forms part of this model, reflecting the process where a woman translates her knowledge and insight gained earlier in recovery into action; it signifies profound internal and external changes for the woman (Schreiber, 1998). This included the women coming to realise that they had been expecting too much from themselves and subsequently taking different actions in their lives, as well as engaging in things in line with their more competent image of themselves (e.g. trying new activities; Schreiber, 1998).

Whilst the process of recovery involves changes for the woman, it is likely that it will also involve changes for those around her. For example in Schreiber (1998) many of the woman began to ask for what they needed in their relationships; for some this involved asking for help around the house, and for others this involved seeking support for who they were as people.

Social support and relationships

Social support has been well studied as a factor which can facilitate both one's physical (e.g. Holt-Lunstad, Smith & Layton, 2010) and mental health (e.g. Nasser, & Overholser, 2005). However qualitative research indicates that the role may be more complex in relation to mental health. For example, Green, Hayes, Dickinson, Whittaker & Gilheany, (2002) identified in a sample of community mental health service users that whilst supportive close relationships could be beneficial, such as by others providing practical support and 'being there', the services users could become overdependent and also felt there was a lack of emotional support and understanding. In exploring recovery from mental illness, Schon, Denhov and Topor (2009) found that

recovery through a social process emerged as the core category of their findings. Social relationships were identified as a decisive factor in recovery; participants formed social relationships and sought out socially rewarding environments as a way of managing and reducing their symptoms.

In relation to depression a number of aspects of social support and relationships have begun to be explored. Skarsater, Dencker, Haggstrom & Fridlund, (2003), explored how women cope with major depression in daily life, which included how others can support them to stay well. Potential behaviours, such as family and friends supporting a woman within the home until she is able to manage, were identified. Peden (1993) identified that involvement with people who were positive influences on the women as important within their recovery. In a prospective study, Skarsater, Languis, Agren, Haagstrom & Dencker (2005) found evidence to indicate that it is the quality rather than the quantity, of relationships which are particularly important in recovery from depression. And in a recent review Gariepy, Honkaniemi & Quesnel-Vallee, (2016) found that emotional support came out as a highly consistent protective factor against depression in adults than did instrumental support.

Whilst we know that the role of social relationships on one's mental wellbeing and recovery can be complex, there may be additional complexities in relation to depression in women, which seem to have been underexplored by research. Firstly the withdrawal from social environments and reduction of social contact are often experienced during depression; as such, relationships may have additional value whilst also being potentially difficult for the person to engage in. Secondly, research indicates that recovery from depression is a time when a woman is likely to be going through a

period of change and transition; this can involve changes that will impact on others as well as changes within her relationships with others.

Aims of the project

Social relationships have the potential to impact upon one's mental wellbeing and recovery. Thus if we can increase our understanding about the relationships surrounding a woman during her recovery from depression, we may be able to increase knowledge of what makes for a successful recovery process. NICE guidelines recommend families or carers of people with depression are provided with information about how they can support the person (NICE, 2009).

Whilst the project is exploratory in nature, the primary objective will be to develop an insight into women's experiences of the relationships around them during recovery from depression, and an understanding of what these relationships mean to them and their recovery. The secondary objective will be to understand the more beneficial aspects of these relationships, to develop initial ideas around the practicalities of how others may beneficially support women during the recovery process.

Method

Interpretative Phenomenological Analysis (IPA)

IPA is a qualitative research approach which focuses on how people make sense of major life experiences (Smith, Flowers & Larkin, 2009). IPA has been heavily informed by the areas of phenomenology (the study of experience), hermeneutics (the theory of interpretation) and idiography (which is concerned with the particular) (Smith, Flowers & Larkin, 2009). IPA provides a detailed examination of human lived experience in an attempt to understand how people interpret and comprehend these experiences; a double hermeneutic is employed whereby the researcher is attempting to make sense of a participant's experiences by interpreting the participant's account of those experiences (Smith, Flowers & Larkin, 2009). In relation to the particular, there is a commitment both in terms of detail, as well as in understanding how particular experiential phenomena have been understood from the perspective of particular people, in a particular context (Smith, Flowers & Larkin, 2009). IPA is thus an approach which was felt suitable for the aims of this project whereby it would enable a detailed exploration of the experiences of relationships which women may have during their recovery from depression, and in particular how they comprehend and make sense of such experiences.

Design

The project employed a qualitative research design with an IPA approach. Due to IPA's commitment to the particular, a purposive sampling method was employed to

identify a sample of women who would be able to offer detailed insight into the particular experience of relationships during recovery from depression.

Ethical approval for the project was granted from the University of Birmingham's Ethics Committee (Appendix 8). Several ethical issues were considered and measures were put in place in relation to these. This included issues around informed consent, confidentiality and anonymity, ensuring participants were well enough to participate, and that participation did not cause distress.

Participant Recruitment

To help identify a homogenous group of participants a number of inclusion and exclusion criteria were identified. These are outlined in table 4, along with information about their rationale and how they were established.

Table 4. Inclusion criteria, rationale and clarification information

Inclusion criteria	Rationale and information about clarification
Be female	The aim of this study is to explore the experiences of women only. This also helps to increase the homogeneity of the sample.
Have experienced depression within the past 5 years	A formal diagnosis of depression was not required as it was felt that this would exclude several eligible women who may not have sought professional support. The criteria for a depressive episode defined by the ICD-10 Classification for Mental and Behavioural Disorders Diagnostic Criteria for Research (WHO, 1993) were used in discussion with the women during the screening meeting to ensure the depression was experienced at a clinical level (question 3 in Appendix 9). A time-span of 5 years was chosen to facilitate the women's recall of the experiences they went through

	during this time. The women were asked to confirm this in the screening interview.
Depression was the primary difficulty at the time	It is recognised that there is often comorbidity of mental health difficulties. Women would not be excluded if they had comorbid difficulties, however as the focus of the study was on depression it was required that the women felt that this be the main difficulty they experienced at the time. This was explored in discussion with the women during the screening meeting. As recruitment began it became apparent that this was not always clear cut for each woman and so it was decided to include women with comorbid difficulties that were also on axis-1, such as anxiety, upon the agreement that both the woman and the researcher may reflect on certain topics of conversation in the interviews if it was felt that what they were discussing may have been more related to the comorbid difficulty than the depression.
Consider themselves to have either recovered from depression, or still be in the process of recovery from depression but feel they have made sufficient progress to be able to reflect upon what has facilitated this	As the focus of the study was to explore the experiences during recovery, participants will need to have experienced this. It is recognised that recovery can be an ongoing process and that there are different meanings; as such it was required that the women feel they have experienced the process of recovery sufficiently to be able to reflect upon it; this was facilitated by the items in question 5 in the screening interview (Appendix 9).
Aged between 25-55	To facilitate the homogeneity of the sample for the IPA analysis, an age range of 25-55 years was chosen to represent women at a stage in life when they may be likely to have relatively stable/formed relationships around them at the time.
Be well enough in current mental state to reflect upon potentially difficult/upsetting memories and experiences	This was included to ensure that the interviews could be carried out safely in relation to the mental wellbeing of the women. This was discussed with the women during the screening meeting and on the day of the interviews. Additionally the Patient Health Questionnaire 9 (PHQ-9; Kroenke, Spitzer & Williams, 2001), a 9-item screening tool for depression, was used; the women's scores were required to fall within the 'none-minimal', or 'mild', depression severity levels.

Speak fluent English	Due to the interview nature of the project and its small scale, it was not possible to fund the use of interpreters and transcribers for non-English speaking participants.
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Participants were recruited from various regional centres of a mental health charity in England, and included both service users and members of staff. A named contact at each centre informed potential participants about the project and provided them with an information sheet (Appendices 10 and 11); interested participants were asked to express their interest via the named contact, or by contacting me directly. A screening interview (Appendix 9) was conducted with interested participants to ensure they could make an informed decision about participation, as well to establish whether they met the inclusion criteria. If the women met inclusion criteria, they were given a week to reflect on the information before they were contacted to arrange the interview if they agreed to participate. A consent form was completed at the interview (Appendix 12).

Sample

Five women participated in the project. The women's ages ranged from 25 to 56 (mean = 45.4) at the time of the interview. Some of the women had been formally diagnosed with depression; all had sought professional support, whether via their GP, specialist mental health services, or some form of therapy/counselling. All of the women's PHQ-9 scores fell within the 'minimal' or 'mild' depression severity categories. The women completed the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007), a measure of mental wellbeing, on the day of the interview. Their scores ranged from 50 to 57 out of 70 (a higher score indicates a higher level of mental

wellbeing), with their mean (54.4) being higher than the population norm (52.2) for women in the 2012 Health Survey for England (Taggart, Steward-Brown & Parkinson, 2015). Some of the women felt they had fully recovered from depression and some felt they were still in the process of recovery; all had noticed improvements in their mood and the main symptoms of depression they experienced, as well as in their wellbeing and functioning. Three of the women experienced comorbid mental health difficulties alongside the depression; one woman experienced trichotillomania and anxiety, one experienced panic attacks, and another experienced anxiety and panic attacks (the woman felt these may have impacted upon her depression and so this was reflected upon together where relevant during the interview). Table 5 provides a description of the women's basic demographic information and experiences of depression and recovery.

Table 5.. Information about research participants

Pseudonym	Demographics and information about the women's depression and recovery
Jane	Jane was white woman who was in her early-40's. She had experienced depression throughout most of her life; she described how it began as a seasonal mood disorder, which gradually started increasing in duration over time. Jane attributed her depression to a number of factors including family relationships and bereavements, an abusive relationship and the breakdown of her marriage, as well as situational contributors. Jane described herself as being in the process of recovery which she described as a long, slow, gradual improvement where she had noticed improvements in the symptoms experienced as well as feeling as though she was a living person again. Jane lives with her children, who she described as being particularly important in her life.

Jenny	Jenny was a white woman who was in her mid-50's ¹ . She experienced her first episode of depression later in life. Jenny spoke about a significant loss she experienced whereby her only child was taken into care. Jenny had received input from mental health services during her depression, which included experiences of being sectioned and being an inpatient, although Jenny disagreed with some of the views of the mental health professionals and did not feel that she needed to be in hospital at the time. Jenny described her recovery as a gradual process where she had noticed improvements in some of the symptoms she was experiencing and in her outlook on her future and in feeling well. Jenny now lives alone but described being in close contact with friends and family.
Karen	Karen was white woman who was in her mid-50's. She had experienced a number of episodes of depression throughout her life following the birth of her youngest child. Karen attributed her experiences of depression to a number of factors including work stress and her personality of doing for others whereby doing too much could wear her down. Karen described herself as being recovered and spoke about a number of improvements in the symptoms of depression she had been experiencing as well as how she was feeling and her functioning. Karen lived with her husband and described very close relationships with her adult children and wider family, as well as particular work colleagues.
Lisa	Lisa was a white woman who was in her mid-20's. She had experienced a number of episodes of depression. Lisa attributed her experiences of depression to a number of factors including bereavements and anniversaries of these, and the ending of a long-term relationship she had been in. Lisa described herself as being in the process of recovery, describing it as an ongoing process which had involved her experiencing periods of wellness and feeling happier and more content with herself and her life, as well as becoming more aware of her depression and what could help. Lisa lived with her parents at the time of the interview but had lived with her ex-partner during some of her experiences of depression; she described close relationships with particular friends and work colleagues.
Susan	Susan was a white woman who was in her early-50's. She had experienced a number of episodes of depression throughout her life. Susan attributed her experiences of depression to a process of an internal escalation including negative thoughts, difficult feelings and social withdrawal. Susan had received support from community

¹ Jenny was within the age range for inclusion when she first expressed interest in the project

	mental health services at particular times during her depression. Susan described herself as nearly recovered, identifying a number of improvements in the symptoms she experienced, her functioning and in how she felt about herself. Susan lives with her child, her mum and mum's partner; Susan also has a partner whom she spoke about in relation to her depression and recovery.
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Data Collection

Data were collected through the use of a semi-structured interview with each participant. Each interview included the creation of a relationship network map. The interviews took place within one of the charities' regional centres or at the university I was affiliated with; only the participant and myself were present during the interviews. The interviews followed a semi-structured format and covered both the women's experiences of depression and their recovery from it, as well as the relationships they had during these and how they might have facilitated and/or hindered their recovery; further details can be found in Appendix 13. When beginning to think about their relationships during their recovery, participants were asked to draw a visual representation of the network of these relationships. Participants were instructed that they could draw this in any form they wanted (e.g. diagram, pictures); pens and paper were provided for them to do so. These maps were then referred to during the remaining part of the interview. The interviews were audio recorded for later transcription. The interviews varied in length from 74 to 172 minutes (median = 92 minutes).

Data Analysis

The interviews were transcribed verbatim with names and places changed to maintain confidentiality. The women were given the opportunity to review their transcripts for accuracy and clarification or removal of parts. Each transcript was taken through the process of IPA using the steps listed in figure 14.

- viii) *Reading and re-reading*: this step involved reading the transcripts to become familiar with the data; initial observations which struck me about the data were also noted on the transcript;
- ix) *Initial noting*: this step explored the semantic content and language use throughout the transcript. Exploratory notes of the data were created by adding the following types of comments to the right-hand side of the transcripts (see Appendix 14 for an example):
 - a. *Descriptive comments* - focused on describing the content of what the participant was talking about at a particular point of time during the interview by identifying the key objects, events and experiences they refer to;
 - b. *Linguistic comments* – focused on the language use of the participant and included consideration of factors such as pauses, laughter, repetition and metaphor use;
 - c. *Conceptual comments* – focused on engaging at a more interpretative level with the data to identify initial thoughts around the meaning of key events and processes for the participant;
- x) *Developing emergent themes*: this step involved reviewing the exploratory notes/comments to identify themes which were emerging from the data; notes were added to the left-hand side of the transcripts, describing what was important from the exploratory notes grouped together for chunks of text;
- xi) *Searching for connections across emergent themes*: this step involved looking for connections across the emergent themes to identify super-ordinate themes. Lists of the themes were used to assist this process whereby similar themes were first clustered together to form a superordinate theme, and then separated into smaller clusters to form subordinate themes underneath which the original emergent theme titles sat.

Figure 14. Steps used to carry out IPA on the data (based upon steps described in Smith et al., 2009)

After each transcript had been analysed, I created a case summary for each participant, which included a list of their individual superordinate and subordinate themes, followed by a short prose of text with my reflections. I then used paper cuttings of the individual subordinate themes and underlying emerging theme titles for each participant and spent time arranging them into various groupings to identify recurring themes from across the participants. These were then sorted into superordinate and subordinate for the larger body of data. I created a document for each of these subordinate themes which included the participants' subordinate themes and emerging themes which contributed to them. Time was then spent exploring these with the original data (interview transcripts) to identify the main topics/concepts within each subordinate theme to facilitate the writeup (see Appendix 15 for an example).

The relationship maps were also analysed both individually and together. The questions listed in figure 15 were considered for each individual map, and the answers were then collected together to identify commonalities across them (see Appendix 15) for an example).

- i) How many people are included in the map?
- ii) What types of relationship and roles has the participant included (e.g. family, friends, professionals; emotional/practical support)?
- iii) Is there an implied structure to the map and how can it be characterised (e.g. geographical location, importance to recovery, contact frequency?)
- iv) Has the participant included themselves in the map? How have they represented themselves? Have they connected themselves to any of the others?
- v) How are the other people represented? Can there be any implied meaning taken from their representation?
- vi) Is the quality of the relationships depicted on the maps? How?
- vii) What is the overall tone of the map (e.g. positive, negative, supportive)?
- viii) How has the participant chosen to create their map? (e.g. pictorial, linear, shapes)
- ix) Are there any other observations?

Figure 15. Questions used for analysis of Relationship Maps (based on analysis used in Evers, 2015)

Validity, Triangulation and Reflexivity

Whilst IPA is interpretative in nature, it is important to ensure that the interpretations of the data are both plausible and credible; as such a number of measures were in place throughout the project. Consultation took place with my research supervisor at several phases throughout the project to ensure my process of coding and analysis, and development of recurrent themes, produced a fair interpretation of the data, as well as discussing the maps together. Participants were also invited to provide feedback on an initial summary of the findings as to whether they felt they resonated with their experiences.

The double hermeneutic within IPA means that it is important for the researcher to engage in a process of reflexivity. Whilst a researcher in this role I have been

training as a clinical psychologist alongside. I have a strong passion for mental health; depression particularly interests me and is something which I believe I am still continuing to develop my knowledge and understanding of. I am aware of some similarities (e.g. being a woman and the role of being a daughter) and differences (e.g. being younger than the majority of participants and not having experienced parenthood) I have to many of the women in the project. Whilst these may have impacted upon my relationship with them and subsequent interpretations of their data, I have tried to remain as neutral as possible throughout the project. For example I noted that I felt able to identify with some of the life experiences and relationships, which one of the participants whom I was closer to in age to, discussed. Whilst this identification may have helped my understanding of such experiences, it was also important that I stuck closely to her descriptions when interpreting them, so as not to add bias from my own experiences. I kept some reflective notes following the interviews and during the transcription phase, as well as after the coding for each transcript and during the analysis; these were taken into consideration with the interpretations made of the data.

Results

During the interviews a number of topics and important experiences were discussed by the women. When beginning to analyse the data, several clusters of experiences were identified which broadly sat in the categories of ‘depression’, ‘recovery’ and ‘relationships’. In line with the aims of this project, the analysis focuses on the ‘relationships’ category. Information from the other two categories was used to help understand and make sense of the information in the ‘relationships’ category.

This analysis identified four superordinate themes and eight subordinate themes which were felt to reflect the women’s experiences of their relationships during depression. The structure of the themes is outlined in table 6 below.

Table 6. Structure of themes

Superordinate themes	Subordinate themes
1. The complex role of relationships during recovery from depression	1.1 Depression makes relationships difficult
	1.2 The importance and benefits of being there for others and engaging in relationships
2. Reaching out/ sharing with others	2.1 The difficulty of reaching out/ sharing but importance of doing so
	2.2 The importance of other’s responses when you do reach out/ share
3. The women’s experiences of others’ helpful and unhelpful behaviours	3.1 Helpful behaviours could make the women feel loved, cared for, thought about, and supported
	3.2 Unhelpful behaviours where the women felt misunderstood and mistreated
4. Others’ understanding of depression	4.1 A lack of understanding
	4.2 The importance of understanding

Each of these themes are described in detail below. Whilst some participant quotes are used to illustrate these themes, additional quotes can be found in Appendix 17.

1. The Complex Role of Relationships During Recovery from Depression

This superordinate theme reflects the complexity of the women's relationships during their experiences of depression. Relationships were difficult during depression, however they were important to the women and could be beneficial to their recovery.

1.1 Depression makes relationships difficult.

It was clear from the women's experiences of depression and their relationships that depression and its' symptoms could make relationships hard. For example, negative cognitions could cause the women to worry what others might be thinking about them, and social withdrawal could cause the women to retreat from relationships. In reflecting on how depression impacted upon her relationships Lisa explained:

“ Maybe always having like a bit of a negative spin, on it, um or assuming the worst in people... to send that text sometimes was a massive deal, or I'd ponder over sending it. Um so I think, sometimes it was the energy, you know having the energy or the motivation to do it or to go out or to make plans, um, and other times it was more about, I spose not wanting to be a burden, worrying what people might think, about me” (Lisa)

It is likely that such impact may prevent the women from engaging in, and accessing, relationships, which may increase feelings of isolation and self-critical thoughts.

Some of the women also discussed difficulties associated with some of the mood changes they could experience, which affected their relationships with the people they lived with. Depression could negatively impact upon others, for example Jenny spoke about the strain her mum experienced in caring for her, and some of the women were

concerned about the potential impact of their depression on their children (through both what they may have witnessed and through genetics). It is likely that such potential impact could contribute to the women's depression, such as through feelings of guilt.

Relationships could also be affected by the women's ability to be there for others, which the symptoms of depression could make particularly difficult. For example Jane spoke about finding it hard to continue to visit two family members when she was particularly low. Depression could also affect the ability of the women to perform certain roles and identities they had in their lives. For the women who were mothers this included their ability to be there for their children. For example, Susan explained that her mum had helped to care for her son: *"at one time, because I could hardly do- I'd get his clothes out, stuff like that, but um, I couldn't really do too much, and, um, I would find it difficult to, um, be with him"*. She went on to describe feelings of guilt around this, which highlights the internal difficulty women could also experience in not being able to be there for others. Such feelings may feed back into their depression, along with factors such as a loss of role and reduced feelings of worth.

1.2 The importance and benefits of being there for others and engaging in relationships.

A strong sense of being able to engage in relationships and to be there for others came through in the women's experiences, and seemed an important part of their recovery. There were several examples of the women doing things for others and putting others first, which they valued being able to do; they also wanted to be able to reciprocate relationships and help others. It seemed that doing for others was part of

the women's identity and thus was something which was important for them to uphold even during depression; it may be that they were trying to retain a sense of who they are when not depressed. The women who were mothers discussed the importance of being there for their children, as illustrated by Jane:

“Even when I've been at my lowest, I've- I always tried to put on as much kind of- into them as- for them as possible, um you know I've always been kind of busy, taking them around to you know different groups and things as our, kind of, financial circumstances would allow... I've just kind of wanted them to live a full as life as possible really, you know have opportunities that I didn't, so that yeah, they could perhaps be more rounded human beings” (Jane)

Although being there for others was important to the women, they were aware that this could be a strain and could contribute to their depression. For example in discussing her relationships and depression, Karen reflected *“I think a lot of it as well, was, was looking after everybody else, doing everything for everyone else, and then worrying about friends, and it just, it becomes too much”*. Karen, along with some of the other women, learnt to reduce this tendency during their depression and recovery, although she did recognise that feelings of guilt can make this difficult. By reducing this tendency the women are still able to retain a part of the identity of caring for and providing for others, but at a healthier level for their own wellbeing.

By engaging in and maintaining relationships, and being there for others, the women were however doing things which would help them fight against the symptoms of depression. Having others to go and meet, or to do things with, for example, caused the women to go against a tendency to stay inside and isolate oneself, as illustrated by Jenny:

“So I used to sort of drag myself out of bed say in the evening, and I’d go round his place and we’d have a bit of a chat and watch television, so it was sort of good because I probably thought if I don’t go out round there I’m probably not going to be sort of, um I’m going to be in bed all day, and um, so that probably did me good”
(Jenny)

Being able to do things for others helped the women feel good about themselves. The women found being in relationships with friends was particularly valuable to them. Jane explained how being a friend helped her see that whilst she didn’t value herself, she was still a person of value, illustrating how relationships with others can act as evidence against some of the women’s negative cognitions about themselves.

2. Reaching Out/ Sharing with Others

This superordinate theme reflects the nature around disclosing to others during depression. It was important that the women had someone whom they could turn to for support; this was not easy however and the response of others was important.

2.1 The difficulty of reaching out / sharing, but the importance of having someone to do so with.

Some of the women spoke about the difficulty in reaching out and sharing with others. Others spoke directly about a felt need to hide their depression from others, which could involve isolating themselves to do so. The women discussed several reasons, including it being a norm not to share feelings, stigma around depression, and feeling that they may burden others. The idea of ‘hiding’ brings a sense of shame

to depression, something which may actually be maintained by doing so. Some of the women were selective in who they shared with, for example Karen spoke about not sharing with friends who had their own difficulties, explaining she felt *“too guilty to say anything to them because I’ve thought...how can you say ‘oh god I feel so depressed’ when they’ve had really bad news”*.

Whilst the women would hide their depression, it was important that there was someone to whom they could turn to for support. For some women this came in the form of knowing that there was someone they could talk to, such as a friend or family member. For Susan this came in the form of having regular appointments with someone external to her family when *“there was nobody I could sort of say how I was feeling to... without feeling quite bad about what I was saying, or...they’d had difficulty understanding, so...I could just think I could go and talk to the hypnotherapist”*. Depression presented itself as a difficult experience which the women could not go through alone; having someone there may have helped the women feel more able to cope. Reaching out and sharing with others was something which the women learnt to do more of during their depression and recovery.

Reaching out to others was understood to be helpful in several ways. This included helping the women to make sense of their feelings, getting advice on managing difficult situations, offloading, and having their feelings and coping validated. These experiences helped the women feel better in the moment and helped them gain insight which could move them forwards in their recovery. For example, Karen identified that talking about her feelings had been an important part of her recovery; the quote below illustrates how offloading to her daughter helped her gain perspective on a situation, whilst also getting out stress:

“it could have been something like I’d had a hard day at work. Just to be able to offload and to have a moan, I think that’s, that’s a big thing as well, just being able to moan to somebody, and it won’t go any further, and then you think, oh you know what am I complaining about [laughter], because you’ve had that, you’ve had that moan, got it all off your chest and think, oh ok, that feels good now” (Karen)

2.2 The importance of other’s responses when you do reach out / share.

The way in which others responded to the women when they did reach out or share their depression was particularly important. The women described a number of negative responses where people had done or said things which they had found unhelpful. This included comments which were felt to be invalidating (e.g. *“oh yeah well we all get that”*), and the person subsequently distancing themselves from the woman. Positive responses where people had been supportive and shown understanding were discussed favourably by the women.

The women discussed various ways in which the responses of others could affect them. For example in relation to a negative response from a friend, Lisa spoke about feeling let down and subsequently being more on guard in sharing with others. Conversely, Susan described the impact of a more positive response when she shared something about mental health on social media:

“It was just the response from- from quite a lot of people about, um, uh what they thought of me and...it was quite tearful in a way, and I thought ‘oh, I didn’t know people thought that or-‘ yeah so and it’s made me a little bit more open with them in a away, because I think ‘well they’re really nice people and-‘ yeah, yeah. It- it’s

helped my, my confidence I think and just being able to be me, without any hidden parts as such” (Susan).

The response of others were important not only in the moment, but also for the women’s recovery moving forwards. Negative experiences could worsen the way the women felt and prevent them from seeking support, hindering their recovery. Whilst positive responses could increase the strength of the support networks around a woman during her recovery, make her feel more accepted, and able to be open.

Within the women’s experiences, a number of characteristics came across which reflected an environment that helped the women reach out and share. This included factors such as the person being non-judgemental, validating, accepting, actively listening, giving their full attention, and having shared experiences. These characteristics are likely to help the women feel less shameful about their depression, whilst also helping them to feel that others do want to listen and support them, a belief which depression may make particularly difficult.

3. The Women’s Experiences of Other’s Helpful and Unhelpful Behaviours

This superordinate theme reflects the idea that the women experienced particular behaviours from others within their relationships which could impact upon how they felt, and could affect their depression and recovery.

3.1 Helpful behaviours could make the women feel loved, cared for, thought about, and supported.

The women experienced a number of behaviours from others which helped them to feel loved, cared for, and thought about. This included behaviours such as noticing the depression and helping them get professional support, taking the time to ask how they were, and giving gestures. Some of the women identified that these behaviours helped them to see that others did love and care for them. This could act as evidence against some of the negative cognitions the women could experience about themselves, as illustrated by Karen:

“Well it did make me think, you know maybe, uh he does love me, because ...before I had gone to the doctor I was thinking nobody loved me, not even my husband or kids... and I mean just putting his arm around me and giving me a cuddle, that you know did help. And, and he brought me a bunch of flowers [laughter] which he doesn't, so that was a big thing” (Karen)

The women valued others thinking about them and caring for them; something which may be particularly important when the women could experience self-critical thoughts, isolation and a lack of self-worth. These relationships could also occur outside of the home. For example Lisa spoke positively about her manager who played a role in noticing the depression and helping her get support; Susan spoke about feeling cared for in her interactions with her GP.

The women also described several instances where the behaviours of others had helped them feel supported, practically and psychologically. Others supported the women practically such as with tasks around the house, making decisions, childcare,

and attending activities. Some women spoke about this support helping them with the things that depression made difficult; others spoke about it giving them time to do things that could help with their recovery. For example Susan recognised the support her mum gave with Susan's son meant that she was able to attend activities as she began to get better. There was some complexity around this support however as Susan did explain that whilst it was needed, it "*was difficult because maybe if she hadn't then I might have been able to do more things*", linking back to the importance to the women that they are able to do things for others. Some of the women also spoke about support of a more psychological nature, where others did things to help them with acceptance, realisation and in making changes. This included behaviours such as noticing the depression and helping them realise that they were struggling and may benefit from professional support, as well as for one woman supporting her to realise that she needed to take time to care for herself. This support could help to reduce some of the women's internal expectations for themselves which may have been contributing to their depression.

3.2 Unhelpful behaviours where the women felt misunderstood and mistreated.

A few of the women had experienced unhelpful behaviours from others which they attributed to having been misunderstood. Susan explained how her mum would say unhelpful things to her due to her argumentative nature during depression which would "*make it all a lot worse*", illustrating how these behaviours could feed back into her depression. Susan and Jenny described behaviours of others which whilst they were probably done to try and help, they felt actually worsened things for them. For

example Jenny described being sectioned when she did not feel she needed to be, which negatively impacted upon her situation and future.

Some of the women described experiences where they had felt mistreated by others where they had done things which they should not have done. Some of these behaviours occurred in romantic relationships the women had been in, where their partners had, in essence been controlling and negative towards them. Such behaviours are likely to negatively impact upon the women's self-esteem and confidence, which could contribute to, and maintain, their depression. Others occurred within professional relationships, such as when Jenny described a professional not carrying out an assessment of her as it should have been, and explained: *"another case where I think that, you know they haven't sort of acted in the- and you know they have tremendous implication"*, which she felt obstructed her recovery. There was some variability in how the women interpreted these behaviours, with some perhaps milder descriptions of feeling that these people had acted in unhealthy and unhelpful ways, to perhaps stronger descriptions of mistreatment, with one woman referring to professionals as *"sadistic"* and having *"abused their power"*.

4. Other's Understanding of Depression

This superordinate theme reflects the idea that depression could be hard to fully understand, however the women found it important that others did understand. This theme was evident within many of the previous themes.

4.1 A lack of understanding.

The women often spoke of a lack of understanding around depression in both themselves and others; it seemed that depression was hard for both the women and others to understand. Jane commented how there is a lack of understanding of mental health more generally within society; others had experiences with their family members and friends where they felt they did not understand depression and its' impact upon them, as well as how they might be feeling. Depression was something which both the women and others could develop knowledge about during the course of depression and recovery however. For example, Lisa described how her mum "*is more aware*" of her depression and what helps to keep her well: "*if I didn't feel like going for a run, or to netball or whatever, she might you know encourage me to do that, because she knows that's important*". Karen illustrates the difficulty others may have in understanding depression as it was through her own experience that she felt her understanding of mental health difficulties increased:

"And its, I don't know, it's just made me more understanding with people who are suffering. You know I thought I was understanding before, but knowing what they go through, you, you can, understand a little bit better, and give them better advice"
(Karen)

It may be that people can only fully understand depression when they have had a first-hand experience of it. Whilst the symptoms of depression may be widely recognised within society, it seems that the actual experience of what depression feels like is not.

4.2 The importance of understanding.

It became clear from the interviews that others' understanding of depression and how they were feeling was particularly important to the women. The women spoke positively about relationships where they felt that others had understood them and their depression, which they appreciated and valued. Susan's partner increased his understanding of depression whilst they were together; the quote below illustrates the importance of this to Susan:

"I think it was what I'd always wanted him to, to try and read up maybe and see where I'm coming from, because it's quite difficult, especially when you're in it, to explain how you feel...I used to find sort of things and say maybe read this... so I thought...at last, he's taking an interest in it and not...just sort of, carrying on with his life ... it wouldn't have worked otherwise because that's always going to be part of my life..." (Susan)

The understanding that others had could affect the way that they were with the women. The women spoke about a number of negative experiences which they attributed to a lack of understanding. For example in discussing the things which Susan's mum would pressure her to do when she didn't feel ready, Susan explained *"I think she was so worried about me getting well, or not getting too ill... I think it was just worry and not really quite sure, um, how to handle it"*. The women also spoke about a number of positive experiences related to others having a good understanding of their depression, including being more supportive and not pressuring them to join in with things when they did not want to. For example Karen described that once her GP had confirmed that she was experiencing depression, this explanation for her behaviour helped her husband to become more understanding about what would help

within their relationship. It thus seems that having an understanding about depression can help others to know how best they can be towards, and support, the women in their relationships with them.

Such understanding should include developing an awareness of the lived experience of depression for the woman by trying to consider, and learn about, the potential impact that depression may have upon her. This includes an understanding of how depression may affect a woman internally such as in how she may be thinking and feeling, as well as externally such as with the things she does and does not do. It will be important to recognise that the woman is not to blame for her experience of depression and its impact; she herself may find her experiences difficult to understand and may need help to try and make sense of them.

Relationship Maps

The women's relationship maps are explored below¹; there are many similarities and important differences between the maps which the questions used for the analysis explored.

Number and type of relationships.

The maps indicate that the women had a number of different relationships around them during their recovery; this included positive/helpful and negative/unhelpful relationships. The women included a mixture of different types of relationships, which

¹ Where maps are included, the names displayed are pseudonyms the participants used when creating their relationship maps. Where real names were used these have been blocked out, along with additional identifiable information.

typically included family, romantic partners, friends, work colleagues, professionals, and services. Lisa's map (figure 16) below clearly illustrates the positive/negative distinction with the use of a key, and as the different relationship types with the use of clusterings:

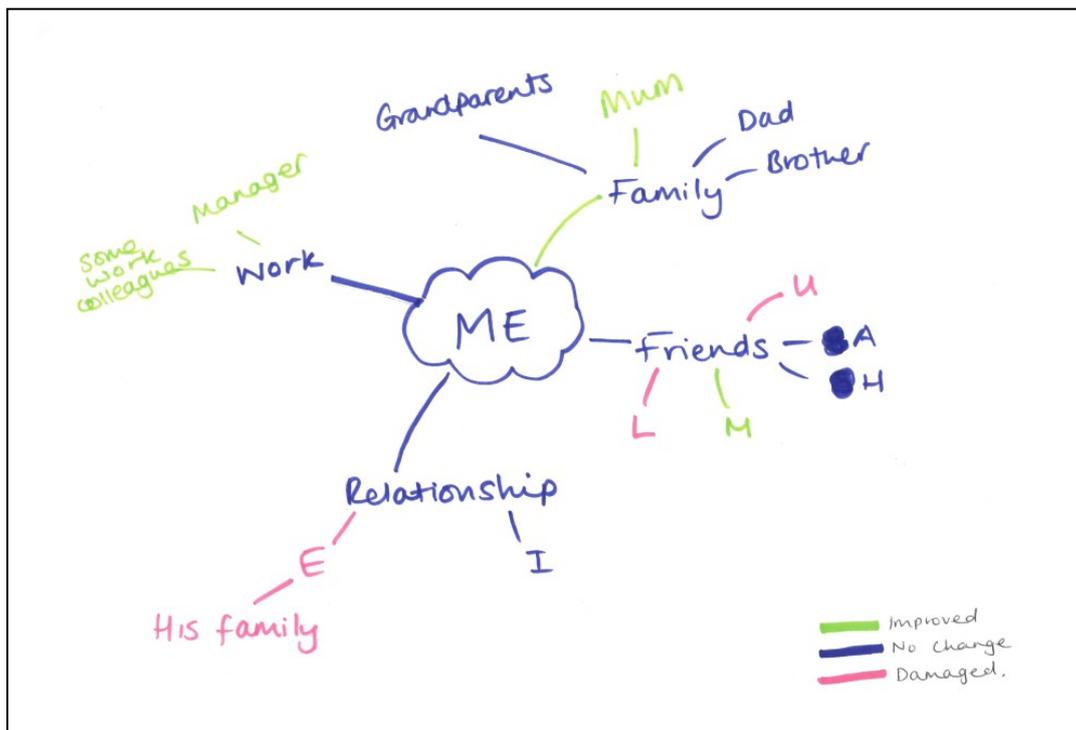


Figure 16. Lisa's relationship map

Jane also included God on her map, Karen included a person she had supported in her work, and Jenny included a group entitled 'people with mental illness'. It is clear from the inclusion of the various types of relationships that both social and familial relationships can impact on one's recovery, as well as external relationships such as those with professionals, services, and the people who attended these. Jane also included people who had been in her life before her recovery. Her explanation of how

these people had been important in her life and her depression, both positively and negatively, highlights the important role relationships can play in ones' experience of depression, as well as their recovery.

Structure/format of the maps.

Each woman placed herself in the centre of her map with various others positioned around her; this is clearly illustrated in Susan's map (figure 17) below:



Figure 17. Susan's relationship map

Most women also connected themselves to the people in their map. Whilst this may be a product of the women having taken a spider-diagram approach, it highlights the

idea that women can be surrounded by many people in their life who can impact upon their recovery. Jane used the idea of a sun for her map, placing herself in the centre with others connected to her by rays; this image is particularly positive and draws some resemblance to her description of feeling like “a living person again” as she recovered. Karen used stick figures to represent herself and others in her map; this seems to bring a focus to the individual people she included, as can be seen below (figure 18):

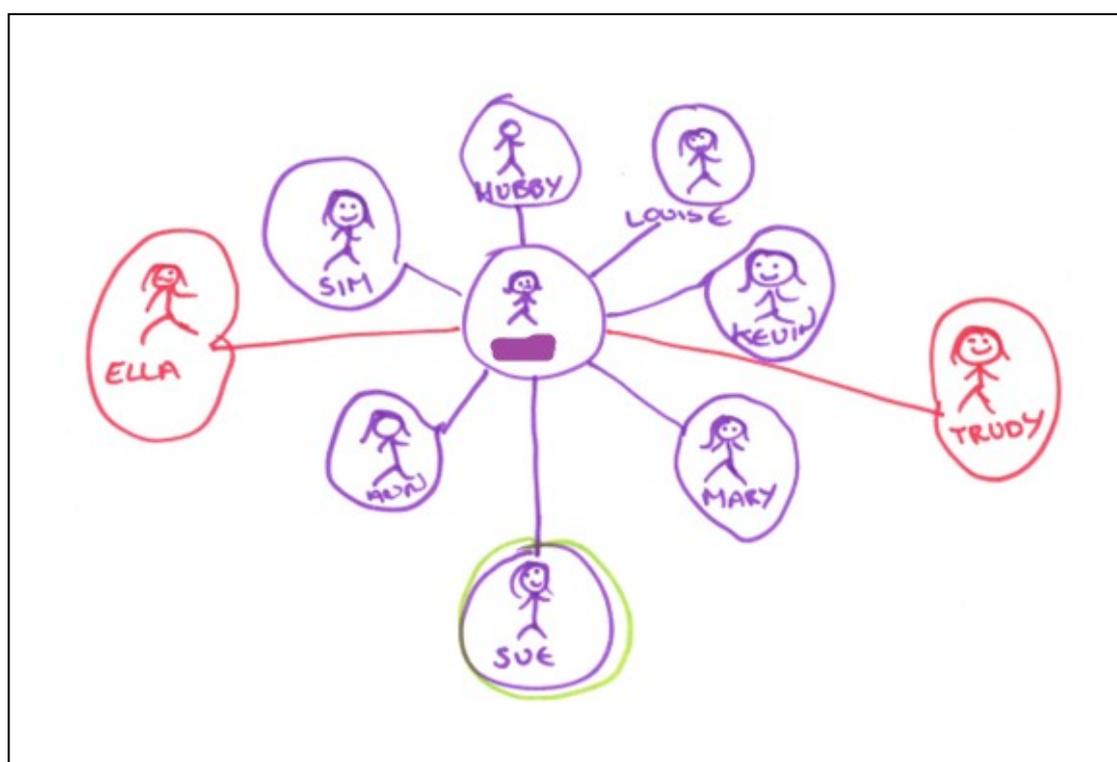


Figure 18. Karen's relationship map

Representation of the relationships.

Most of the women used colour to represent something about the relationships. Some used colour to represent whether the relationship was positive or negative to their recovery; for example Jenny explained red represented unhelpful relationships in her map below (figure 19):

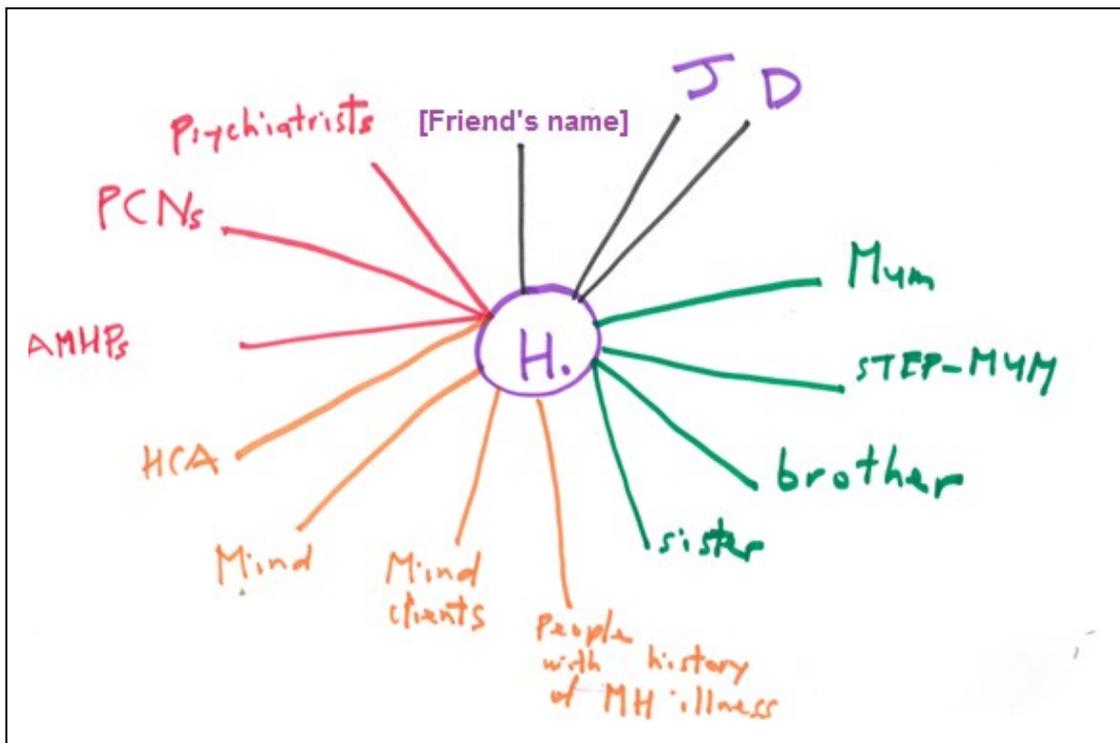


Figure 19. Jenny's relationship map

Karen used colour to indicate relationships which she felt unable to turn to for support as the people had their own difficulties at the time. It is also felt that most women have indicated in some way particular relationships within their maps which have played an important role in their recovery. This can be clearly seen in Karen's map with the use of a double-circle around the service user who noticed her depression, and Jane's addition of the words 'Joy' and 'Proud' around her children, as can be seen in her map (figure 20) below:

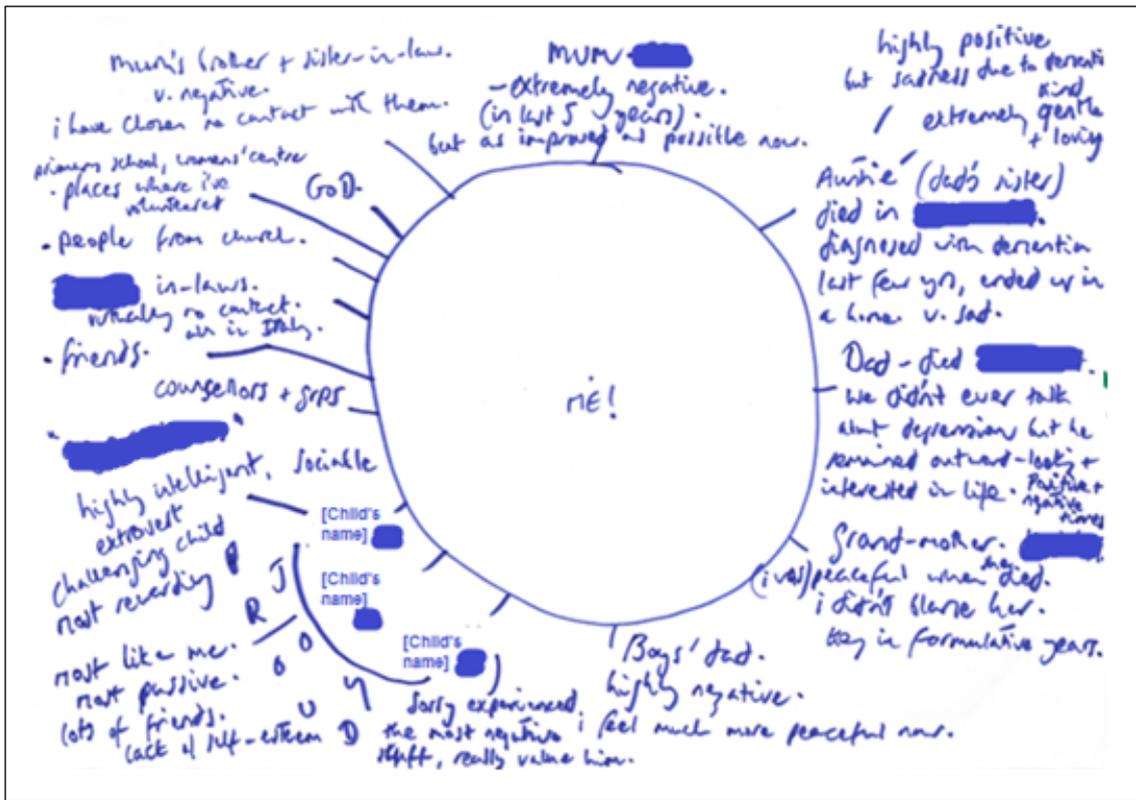


Figure 20. Jane's relationship map

Discussion

Depression was described by the women as an experience which is particularly difficult to go through. Recovery did not seem to be described as a separate experience. Recovery was described as gradual and included the women noticing a number of improvements in themselves, and could be contributed to by a number of different factors. Whilst there were some similarities in the women's descriptions of recovery, each of their experiences were also contextually and personally unique, linking back the more recent understandings of recovery as being a particularly subjective experience (Slade et al., 2014). Recovery came across as an individual experience in the sense that it was something which required the women to engage themselves in things which could be beneficial, both externally such as with activities and various forms of support, as well as internally such as by reflecting upon their depression and developing knowledge about its' contributors and what could help. Relationships however, came into this engagement and appeared to play a vital role in the women's recoveries.

The relationship maps clearly illustrate that as people, the women lived in a social world. Even during the experience of depression, which could make the women feel isolated, they were involved with a number of different relationships. Relationships could not only support with the negative impact depression was having on the women (both internally with how they were feeling, and externally with the impact on their lives), but could also help to move the women into recovery and facilitate their progress through this (alternatively relationships could hinder the women's progress and obstruct their recovery).

What becomes clear when considering the maps and themes together is the importance of recognising that the women were integrated within their relationships. Whilst the women were able to draw upon various people for support during their depression and recovery, the very nature of relationships means that they were connected to another person in some way. This integrated nature of relationships makes their role within depression and recovery a complex one. However it seemed a central aspect of the women's recovery that they saw themselves as integrated within such relationships, and were able to contribute to them at a maintainable level.

The Role of Social Support and Connectedness

Cohen and Wills (1985) proposed two models to explain the positive association between social support and wellbeing. The 'main-effects' model suggests that large social networks provide a person with regular positive experiences and a set of stable, socially rewarded roles in their community, which could contribute to their wellbeing through positive affect, a sense of predictability and stability, and a recognition of self-worth (Cohen & Wills, 1985). The 'stress-buffer' model suggests that support may protect a person from potentially adverse effects of stressful events; both through one's initial appraisal of a stressful event and/or their later response to the event (Cohen & Wills, 1985).

The models are not mutually exclusive (Kawachi & Berkman, 2001); indeed there is indication that both processes were active within the women's experiences. For example the benefits of engaging in relationships, and importance of being there for others, could be said to positively impact upon the women's mental wellbeing and

depression through a main-effect mechanism. Whereas the benefits of feeling supported and receiving support from others, may operate through a stress-buffering mechanism, whereby the women feel more able to cope with some of the things that depression can make hard. The stress-buffering mechanism may be particularly important when considering the potential structural disadvantage that women may have experienced within their lives, such as conditions of economic, political, and social disadvantage which have been linked to depression (Astbury, 2010).

In exploring the role of social connectedness in depression, Cruwys, Haslam, Dingle, Haslam & Jetten, (2014) highlight the importance of social identification. Using the Social Identity Approach (based on Social Identity Theory, Tajfel & Turner, 1979, and Self-Categorization Theory, Turner, Hogg, Oakes, Reicher & Wetherell, 1987; Turner, Oakes, Haslam & McGarthy, 1994) they suggest that “social identities provide meaning to life, encourage the provision and receipt of social support, facilitate social influence, and engender a sense of belongingness” (Cruwys et al., 2014, p. 227), each of which helps protect against depression. As such it may be that through their relationships with others, women develop particular social identities (e.g. being a mum, a daughter, a friend). These identities seemed to involve the idea of being there for others which could provide them with a sense of meaning and belongingness, which were important to uphold, or regain, during their recovery.

Insight from Theoretical Understandings of Depression

The behavioural model of depression is based upon the idea that people experience a reduction in positive reinforcement from their environment during

depression, along with an increase in avoidance behaviours (Lewinsohn, 1974, as cited in Weinstock, Munroe & Miller, 2011). Some of the symptoms the women experienced during depression (e.g. lack of energy, negative cognitions) are likely to mean that they receive less positive reinforcement from things such as their relationships. Behavioural Activation is a therapeutic approach used to treat depression which “emphasises structured attempts at engendering increases in overt behaviours that are likely to bring the patient into contact with reinforcing environmental contingencies and produce corresponding improvements in thoughts, mood, and overall quality of life” (Hopko, Lejuez, Ruggiero & Eifert, 2003, p. 700). By maintaining relationships and doing things with others, the women were ‘activating’ themselves to push through the short-term discomfort they could experience, to reach the end goal of engaging in relationships and activities. By doing so the women could experience feelings such as enjoyment and a sense of achievement, which could act as positive reinforcers helping to improve their depression and recovery, linking back to the benefits of engaging in relationships identified in theme 1.2.

Beck’s (1976) cognitive model of depression suggests that people experience a number of negative cognitions in relation to themselves, others, and the future. Indeed the women spoke about a number of negative cognitions they had experienced about themselves and what others may think of them. Cognitive Behavioural Therapy (CBT) employs a number of strategies to help a person to challenge their negative thoughts and cognitions, part of which can include uncovering dis-confirmatory evidence which the person may not initially be aware of (Fennel, 1989). As such it seems that the positive behaviours of others where they showed love, care and support (theme 3.1), could provide evidence for the women to help challenge some of their

negative cognitions, whereas some of the unhelpful behaviours where others mistreated and showed that they had misunderstood the women (theme 3.2), could be interpreted as evidence which supported their negative cognitions, maintaining their depression.

Critique

There are several limitations to this project which need to be taken into consideration. Firstly it is important to highlight that the interpretative nature of IPA means that the findings are based very much upon my interpretations and reflections of the experiences which the women chose to share during the interviews. Whilst a number of measures have been discussed which were put in place to increase the reliability of my interpretations, it is important to recognise that whilst acting as a researcher in this role, I do bring my own experiences, assumptions and knowledge as a person, which may have led me to pick up on certain experiences and to make certain interpretations, whilst not picking up on, and making, others. In order to counter this the women were sent a summary of the findings for feedback. One woman provided detailed feedback which was particularly positive and indicated that she felt all of the findings resonated with her experiences; an additional participant provided a comment that she agreed with the findings.

Another potential limitation to consider is the sample size used in the study. Five participants may be considered a small number for research, however as IPA is focused on gaining a detailed account of individual experience, the focus when conducting an IPA study is on the quality of the information collected as opposed to

the quantity. An interview approach to data collection, as was used in this study, allows for such quality information to be collected; it is felt that the women's interviews were particularly rich and detailed. Additionally the use of the relationship maps provide an additional source of data which increases the quality of the data collected.

It is important to recognise that the comorbid difficulties which some of the women experienced during their depression and recovery may have contributed to their experiences of their relationships during this time. Whilst the women were asked to try to focus on the impact of the depression, it is likely that comorbid difficulties such as anxiety may have contributed to their experiences.

Implications

This project has identified a number of things which others can do to support a woman with her recovery from depression. Perhaps most important is the need to increase one's understanding about depression and the lived experience for the woman experiencing it, as outlined in Figure 21:

- Research into depression by looking at books, websites or by contacting mental health charities;
- Explore support and information groups in one's local area;
- Explain to the person they want to better understand their experience of depression and what may help - ask if there is a time when they can talk together about it

Figure 21. Suggestions of how others can increase their understanding of depression

Others can also support a woman by helping with some of the things she may find difficult. This may need a more proactive approach from the person offering this support to the woman, as asking for help may be difficult in itself. Figure 22 outlines some examples of such support:

- Noticing the depression and seeking support (e.g. ask how they are feeling; express one's concern; suggest they visit their GP);
- Practical tasks (e.g. tasks around the house; making big decisions; attending an activity);
- Taking time for themselves (e.g. support with childcare or other roles they may have; normalise the need for self-care);
- Maintaining the relationship (e.g. offering to visit or inviting them out, but not pressuring them to do so)

Figure 22. Suggestions of how others can provide support to women with some of the things depression can make difficult

It will also be important that others create a positive environment for the women, which includes showing that they are loved and cared for. Figure 23 outlines some examples of providing such an environment:

- Let them know that they are there for them (e.g. explain that they can always contact them if they want to talk or need support);
- Respond positively when they reach out to them (e.g. listen and give one's full attention; be non-judgemental; try to understand and validate how they may be feeling; follow-up with them at a later date);
- Do things which show that they love, care, and think about them (e.g. asking how they are; providing gestures such as a card or flowers);
- Treat them positively and as they should be treated (e.g. provide positive reinforcement on how they are doing; treat them with respect; don't blame)

Figure 23. Suggestions of how others can create a positive environment when supporting women with their recovery from depression

Whilst these suggestions are aimed at social relationships, there are also some important professional and service implications. Firstly, the importance of the therapeutic relationship should not be underestimated within any interaction with a woman experiencing depression; it may benefit from showing care, understanding, and being held in mind in-between contacts. Secondly, women may benefit from individual therapeutic work which helps them recognise that they are integrated within their relationships, supporting them to see both the potential benefits and drawbacks of this. It will be particularly important to help women to identify ways to be there for others at a healthier level for their wellbeing. There are several therapeutic approaches, including behavioural activation, which incorporate the idea of values into work with clients. It may be that helping women to focus on working towards values such as being there for others at a manageable level could be a way of helping them start their recovery from depression. Thirdly, services and organisations may be able to support in ensuring women do have access to meaningful social relationships. This is something which a review (Mann et al., 2017) has explored in relation to loneliness; whilst the evidence was mixed it indicates there are a number of potential avenues where people can be supported to develop relationships (e.g. supported socialisation; wider community groups), which services/organisations may wish to build upon.

Due to its high incidence rates and well defined symptoms, depression may be thought to be relatively well understood; however the women's experiences indicate this is not the case. Another implication relates to a need to help increase people's understandings about depression. Information about the lived experience of depression seems to be needed; the inclusion of illustrations from personal accounts of people experiencing depression may be particularly valuable to include.

Whilst some important findings have been identified, this is a small-scale study; future research may wish to explore whether the findings are more representative of a larger sample of women recovering from depression, including those from different cultures. Some of the women discussed negative aspects of relationships during their recovery, however the majority of the women in this study seemed to feel well supported and interconnected to those around them during this time; it would be interesting for future research to explore the experiences of women who have felt less well supported and connected to others during their recovery from depression. The finding that depression could also impact on others highlights the nature that relationships involve another person. A recent metasynthesis (Lewis, 2015) found that partners of people with depression experience the challenges of balancing their own, and partners', needs, to maintain stability, and called for future research to explore how they could be supported with this. As this project identified there are many other types of relationships around women during their recovery from depression, future research may wish to explore the experiences of the 'other' in the various types of relationships the women may encounter, and to explore ways in which they too can be supported.

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CHAPTER III

PUBLIC DISSEMINATION DOCUMENT

WOMEN'S EXPERIENCES OF DEPRESSION, AND THEIR EXPERIENCES OF RELATIONSHIPS DURING RECOVERY

This chapter provides an overview of the literature review and empirical research project carried out by Sarah Biddell as part of the Doctorate in Clinical Psychology at the University of Birmingham.

Literature Review: The Conflicted Self: A Meta-synthesis of what the Qualitative Research tells us about Women's Experiences of Depression

Background

Depression is a common mental health difficulty which is recognised to be more often diagnosed in women than it is in men. The symptoms of depression are well established, including changes in mood, cognition, perception, somatic state, and relationships. Depression can thus have a big impact upon a person, including their social and occupational functioning, physical health and mortality (NICE, 2010), as well as for those around them and society as a whole.

Whilst the symptoms of depression are well established, a number of research studies using qualitative approaches have begun to explore what the experience of depression is like for a person. Such research is important to help us better understand the types of experiences and difficulties people may go through when experiencing depression. Over the past two decades, a number of studies which have explored the experience of depression for women have now been conducted. The aim of this review was to bring together (synthesise) the findings from the qualitative research on the experience of depression for women, to help us further understand what this experience is like.

Method

A systematic literature search was conducted which resulted in 15 research papers which had explored the experience of depression being included in the review. Metasynthesis is a method of combining the findings from several qualitative research studies. An approach to metasynthesis outlined by Noblit and Hare (1988) guided the author through a number of phases in which the findings of the studies were translated into each other, a process known as 'reciprocal translation'. By doing this the author developed several interpretations of patterns across the findings from the studies; this led to several 'themes' being identified, which were each felt to reflect particular aspects of the experience of depression for women.

Findings

Eight themes were identified which were felt to best reflect the women's experiences of depression. '*A Physical and Psychological Encounter*' reflected the finding that depression could be experienced both physically (e.g. fatigue, pain, exhaustion) and psychologically (e.g. negative feelings, as a loss of the self). '*The Depressed Self is Negative, Self-Critical and Vulnerable*' reflects the finding that the women experienced negative feelings during depression, were self-critical, and felt particularly vulnerable. '*Control: Feeling out of Control and a Lack of Control*' reflects the finding that women could feel out of control when feeling depressed; they also experienced a lack of control in aspects of their lives which often contributed to their depression. '*The Pressure to Meet Expectations*' reflects the finding that the women's experiences of depression entailed a number of expectations, both from themselves,

others, and society, which they felt they should meet. *'Revealing Versus Concealing the Depressed Self'* reflected the finding that the women often attempted to hide/conceal their emotions from others and themselves, and experienced a conflict around whether to reveal/share them. *'Building an Understanding and Realising what Depression Means'* reflects the finding that the women were aware of a variety of causes and contributors of their depression, and that over the course of depression they developed knowledge which led to a personal understanding of their experience. *'Pushing Through and Self-Sacrifice'* reflects the finding that the women would push through the difficulty of depression to live up to certain roles they held for themselves and to feel better, as well as engaging in a number of self-sacrificing behaviours for the benefit of others. *'Feeling Left Out of the World but Wanting to Connect'* reflects the finding that the women felt left out of the world in terms of isolation and feeling disconnected from the world, however there was a desire to connect with others and to be accepted.

Conclusions

The experience of depression for women is particularly complex. What became apparent during the review was a real sense of conflict which women can experience during depression, which the term 'The Conflicted Self' is used to represent. Conflict could be experienced through several ways, such as depression making it hard for the women to meet certain expectations, and the women struggling over whether to reveal or conceal their depression. It will be particularly important for others to increase their knowledge around the complexity of depression for women, and to try and support them through the many conflicts they can experience during this time.

Empirical Paper: How do Women Experience and Make Sense of their Relationships during Recovery from Depression?

Background

It is well recognised that social support can facilitate both one's physical and mental health. Research however indicates this relationship may be particularly complex in relation to mental health; for example Green, Hayes, Dickinson, Whittaker & Gilheany, (2002) identified that whilst practical support from others could be beneficial to a person with mental health difficulties, they could become overdependent on others.

Qualitative research (e.g. Schreiber, 1996; Lafrance & Stoppard, 2006) into recovery from depression for women has identified concepts of changes, transitions, and transformations, which women go through. This can involve changes that will impact on others as well as changes within the women's relationships. This may add additional complexities to the role of social support during recovery from depression for women. This project therefore set out to explore women's experiences of their relationships during recovery from depression, and to develop an understanding of how they may have impacted upon their recovery.

Method

Five women were interviewed about their experiences of depression, recovery, and their relationships during this time. The women also created a map of the relationships which they had around them during their recovery.

A qualitative research method, Interpretative Phenomenological Analysis (IPA) was used to analyse the interviews with the women. IPA provides a detailed examination of human lived experience in an attempt to understand how people interpret and comprehend these experiences (Smith, Flowers & Larkin, 2009). The women's interviews were transcribed. Each transcription was taken through the process of IPA using a number of steps described in Smith et al., (2009). The findings from the transcripts were then explored together to identify a number of superordinate (main) themes, and subordinate (sub-) themes. The women's relationship maps were analysed using a set of questions which explored the number and type of relationships included, the structure and format of the maps, and their representation of relationships.

Findings

Four superordinate and eight subordinate themes were identified of the women's experiences of their relationships during recovery from depression.

'The Complex Role of Relationships during Recovery from Depression' reflects the complexity of the women's relationships during their experiences of depression. It includes the subordinate themes *'Depression makes relationships difficult'* and *'The importance and benefits of being there for others and engaging in relationships'*.

'Reaching Out / Sharing with Others' reflects the nature around disclosing to others during depression. It includes the subordinate themes *'The difficulty of reaching out/ sharing, but the importance of having someone to do so with'* and *'The importance of other's responses when you do reach out/ share'*.

'The Women's Experiences of Other's Helpful and Unhelpful Behaviours' reflects the finding that the women experienced particular behaviours from others within their relationships which could impact upon their recovery and depression. It included the subordinate themes *'Helpful behaviours could make the women feel loved, cared for, thought about, and supported'* and *'Unhelpful behaviours where the women felt misunderstood and mistreated'*.

'Other's Understanding of depression' reflects the finding that depression could be hard to understand, however the women found it important that others did. It included the subordinate themes *'A lack of understanding'* and *'The importance of understanding'*.

The women's maps illustrated the idea that they were involved in a number of different types of relationships during their recovery from depression, some of which could be helpful and some unhelpful.

Conclusions

Relationships could support with the negative impact depression was having on the women, and help move them into, and through, recovery. Depression however made relationships difficult, and others could do things which could hinder the women's progress and obstruct their recovery.

It is important to recognise that women are integrated within their relationships; the very nature of relationships means that they were connected to another person in some way. This integrated nature of relationships makes their role within depression and recovery a complex one. However it seemed a central aspect of the women's recovery that they saw themselves as integrated within such relationships and were able to contribute to them at a maintainable level.

Appendix 18 outlines some suggestions for others to support a woman during her recovery from depression. An important implication is the need to increase people's understanding; information about the lived experience of depression, including what the actual symptoms feel like and how it can impact on one's life, may be particularly helpful.

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APPENDICES

APPENDIX ONE: Quality appraisal sections 1-4

Study	Theoretical approach		Study Design	Data collection	Validity		
	<i>Is a qualitative approach appropriate?</i>	<i>Is the study clear in what it seeks to do?</i>	<i>How defensible/rigorous is the research design/methodology?</i>	<i>How well was the data collection carried out?</i>	<i>Is the role of the researcher clearly described?</i>	<i>Is the context clearly described?</i>	<i>Were the methods reliable?</i>
Barnard (2009)	<p>Appropriate</p> <ul style="list-style-type: none"> ✓ The research sets out to investigate personal experiences, which is appropriate for a qualitative approach. 	<p>Clear</p> <ul style="list-style-type: none"> ✓ The study specifies clear aims it planned to achieve (identify themes within their stories about feeling depressed; identify the underpinning social discourses); ✓ Appropriate literature is discussed (depression, sexuality); ✓ Some values underlying the study can be inferred from the background information (e.g. need for qualitative research to gain a deeper understanding of the topic) 	<p>Defensible</p> <ul style="list-style-type: none"> ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ Rationale is given for the use of the qualitative methodology to (“...to gain a deeper and contextualised understanding...”); ✓ An appropriate sampling method (purposive and network) has been used both for the qualitative method and for the population; ✓ Rationale is given for the sampling approach (e.g. “...working with hidden populations”) 	<p>Appropriate</p> <ul style="list-style-type: none"> ✓ The data collection method (interview) is described briefly with reference to the number of interviews conducted for each participant and location, although information is not provided on the duration; ✓ Appropriate detail is provided about the content of the interviews, which would enable appropriate information to be collected; ? Some information is provided on details of data collection (transcription), however no information is reported on data storage 	<p>Not described</p> <ul style="list-style-type: none"> ✗ The role of the researcher is not discussed; ✗ No information is provided about how the research was presented to participants 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ Relevant information is provided about the participants (e.g. age, education); ✓ The geographical location of the research is discussed, and some information is provided about the interviews (“I conducted...in a private place of the participants’ choosing, with only the participant and me present”); ✗ Consideration of context bias is not explicitly considered. 	<p>Reliable</p> <ul style="list-style-type: none"> ? Data were only collected by one method (interview), however some attempts at triangulation were made whereby the researcher “...involved participants in the data analysis (member check) and conferred with...depression researchers (peer debriefing) throughout the study”; ✓ The interview method and questions would investigate the aims of the research
Chernomas (1997)	<p>Appropriate</p> <ul style="list-style-type: none"> ✓ The research sets out to investigate depression from the perspective of the client and to examine women’s perceptions of depression and their life 	<p>Clear</p> <ul style="list-style-type: none"> ✓ The study specifies clear aims it planned to achieve (to view depression from other perspectives by applying feminist thinking); ✓ Appropriate literature is discussed (quantitative studies on 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ Information is discussed which provides a rationale for a qualitative approach (e.g. it is commented how the quantitative studies are limited 	<p>Appropriate</p> <ul style="list-style-type: none"> ✓ Information is provided about the data collection (e.g. semi-structured interviews), although no information on the duration is given; ✓ Appropriate information provided about the interviews 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Some reference to the role of the researcher is considered (“...important to identify the ‘human as instrument’ in qualitative inquiry...”) and it is 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ Relevant information is provided about the participants (e.g. age, social status); ✗ The location context of the interviews is not described; 	<p>Reliable</p> <ul style="list-style-type: none"> ✓ Data were mainly collected interview, however some women also kept a reflective journal; data triangulation was carried out by collecting both written and verbal

	experiences within the context of recovery, which is appropriate for a qualitative approach.	depression, qualitative research on depression including female studies); ✓ Underpinning values are discussed (e.g. feminist thinking, focus on views of clients rather than practitioners)	in revealing what people's lives are like); ✓ Although the reason is not discussed, an appropriate sampling method has been used (purposive) for the qualitative approach ✗ No justification is given for the sampling method	(e.g. "Sample questions included: 'How has depression affected how you see yourself?' and "Describe your best day during the past month'..."") which would enable appropriate data to be collected; ? It is reported that the interviews were transcribed verbatim by a transcriber, however no information is provided about the storage of data	discussed that she "...bracketed' off her several years of experience of working in a health care environment..."; ✗ No information is reported on how the research was explained to participants	✓ There is some evidence of context bias being considered (e.g. the issue of role blurring was discussed and field notes were used to monitor interactions with participants)	information, as well as other methods including sharing findings with healthcare professionals ✓ The interview method and questions would investigate the aims of the research
Fullagar & O'Brien (2012)	Appropriate ✓ The research sets out to investigate the meaning of personal experiences, through the use of metaphors, which is appropriate for a qualitative approach.	Clear ✓ A clear aim is outlined (exploring how women invoked particular metaphors to construct meaning about the gendered experience of depression); ✓ Relevant literature is discussed (e.g. depression and gender, use of metaphors); ✓ Underpinning values are discussed (e.g. feminist perspective, gender inequality)	Not sure ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ Information is discussed which provides a rationale for a qualitative approach using metaphors (e.g. "...a more gender-sensitive understanding..."); ✓ Although the reason is not discussed, an appropriate sampling method has been used (could be inferred as purposive) for the qualitative approach ✗ No justification is given for the sampling method	Appropriate ✓ Information is provided about the data collection (e.g. semi-structured interview), although no information on the duration is given; ✓ Appropriate information provided about the interviews (e.g. "...answered a range or questions about their experiences of moving through depression, including what metaphors...") which would enable appropriate data to be collected; ? It is reported that the interviews were transcribed, however no information is provided about the storage of data	Clear ✓ The role of the researchers is considered ("...reflexively acknowledge our own role as researchers..."), and similarities of one of the researcher's experiences to the participants is highlighted; ✗ Besides the recruitment poster no information is reported on how the research was explained to participants	Clear ✓ Relevant information is provided about the participants (e.g. age, depression history); ✓ Information is provided about who conducted the interviews and some information about the interview locations ("...within the women's homes or preferred locations"); ? Whilst context bias is not directly discussed, information provided suggests this was considered (e.g. awareness of the research relationships)	Not sure ? The qualitative data were only collected by one method (interview), and whilst it is reported that a 'collaborative analysis' was used, no further information is provided on this to comment upon whether triangulation was considered; ✓ The interview methods were used to investigate the women's experience of, and use of metaphors in, depression (aim)
Gammell &	Appropriate	Clear	Not sure	Appropriate	Not described	Not sure	Not sure

<p>Stoppard (1999)</p>	<p>✓ The research sets out to investigate the experience of depression, which is appropriate for a qualitative approach.</p>	<p>✓ The study presents its overarching aim about investigating women's experiences in relation to being diagnosed and treated for depression; ✓ Relevant literature is discussed (e.g. feminism and depression); ✓ Consideration is also given to the interests of the researchers and how this influenced the research</p>	<p>✓ The research design (interview) and thematic analysis is appropriate to the research question of exploring experience; ✓ Rationale is given for the use of a qualitative approach (e.g. to explore aspects of lived experiences); ✓ An appropriate sampling method seems to have been used (could be inferred as purposive) ✗ Whilst the sample size is justified, no theoretical justification is given for the sampling method;</p>	<p>✓ The data collection method is clearly described (details of interview and recording); ✓ Appropriate data was collected (as evidenced by examples of questions used in interviews) relevant to the aims of the study; ? The data collection appeared systematic ("interviews were audiotaped and then transcribed verbatim"), however no information is provided about data storage</p>	<p>? The researchers and their interests are discussed, and details are given about the interviewer; however, the relationship is not considered; ✗ Whilst reference is made to participants being informed that the interviews were for research and not clinical purposes, the paper does not explicitly consider how the research was introduced/discussed with participants</p>	<p>✓ The main characteristics of the participants is clearly described (e.g. aged, dependents, time since diagnosis); ✓ The research setting is also described (e.g. "interviews were conducted at a location chosen by the participant...in their home...where receiving treatment..."); ✗ Whilst the paper openly reports the context, there is no consideration of potential context bias</p>	<p>✗ Data were only collected by one method and there is no discussion of triangulation; ✓ The interviews were used to investigate the women's experiences with depression (aim)</p>
<p>Hurst (1999)</p>	<p>Appropriate ✓ The research sets out to investigate experiences and personal meaning, which is appropriate for a qualitative approach.</p>	<p>Clear ✓ The study clearly outlines it's aims of exploring how women understood how they became depressed; and to develop a theoretical understanding; ✓ Appropriate literature is discussed (e.g. depression and gender differences, social constructionism applied to depression); ✓ Some values underlying the study can be inferred from the background information (e.g. social construction)</p>	<p>Not sure ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ Rationale is given for the use of the qualitative methodology to ("...because it is ideally suited to the exploration of subjective experiences and personal meaning"); ✓ An appropriate sampling method has been chosen (which can be inferred as purposive), ✗ Whilst the sample size is justified, no theoretical justification is given for the sampling method;</p>	<p>Appropriate ✓ The data collection method (interview) is described briefly, with reference to the duration, however no information is provided about the location context; ✓ Some detail is provided about the interview content ("...asked to describe how they understood their depression, general guiding questions were used as required...", which would enable appropriate information to be collected;</p>	<p>Clear ✓ Whilst the relationship between the researcher and participant is not discussed, consideration of the role of the researcher is made, with measures to ensure reflexivity (e.g. use of memoing throughout); ✓ Information is reported on how the research was explained to participants</p>	<p>Not sure ✓ Some relevant information is provided about the participants (e.g. age, education), although brief; ✗ The location context of the interviews is not described; ✗ Consideration of context bias is not explicitly considered</p>	<p>Reliable ✓ Whilst the qualitative data was only collected by one method (interview), triangulation was considered whereby participants were subsequently interviewed on the first draft of the results section and it is reported that "this additional information was incorporated into the analysis"; ✓ The interview method and</p>

				? It is reported that the interviews were tape-recorded and transcribed, although no information is reported on data storage	("...explained that the purpose of the study was to explore how women who have actually experienced what it is like to be depressed understand how it was that they became depressed")		questions would investigate the aims of the research
Jones, Butryn, Furst & Semerjian (2013)	Appropriate ✓ The research sets out to investigate the lived experience of depression, which is appropriate for a qualitative approach.	Clear ✓ The study specifies a clear aim (exploring the lived experience of depression in female collegiate athletes) which is arched in the framework of doing so from an existential phenomenological perspective; ✓ Appropriate literature is discussed (depression; athletics; qualitative research); ✓ Some values underlying the study can be inferred from the background information (e.g. reference to the reasons for studying depression in this population; qualitative research)	Defensible ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ Rationale is given for the use of the qualitative methodology ("...allows for richness of results and a depth of understanding..."); ✓ An appropriate sampling method (which can be inferred as purposive) has been used, ✓ Rationale is provided for the sampling ("purposefully selected due to their experience with a given phenomenon...")	Appropriate ✓ The data collection method (interview) is described, with some reference to location, example of questions, and duration; ✓ The interview focus would enable appropriate information to be collected by use of a standard opening question, and then follow-up questions so that the interview took a circular format with the participant; ? It is reported that the interviews were transcribed, although no information is reported on data storage	Clear ✓ The role of the researcher is considered and methods were used to support this (e.g. the use of a bracketing interview to understand theory pre-conceived notions regarding the topic, and use of a reflexive journal); ? It is reported that the participants were "fully informed about the focus of the study and signed an Informed Consent Form at the time of the interview", although no further information is provided on the specifics of this	Clear ✓ Relevant information is provided about the participants (e.g. age, collegiate sport); ? Some information is provided about the setting of the interview, although this is limited ("Nine interviews were conducted in person, and one was conducted via web-cam using..."); ✓ Some context bias is considered when the use of the interviews is discussed as a potential limitation in that "participants may feel uncomfortable discussing all aspects of their experiences"	Reliable ✓ The qualitative data were only collected by one method (interviews) which is highlighted as a potential limitation, however peer review was used was used illustrating some form of triangulation was implemented; ✓ The interview method and questions would investigate the aims of the research
Lafrance &	Appropriate	Clear	Not sure	Appropriate	Not described	Not sure	Reliable

<p>Stoppard (2006)</p>	<p>✓ The research aims to understand how women make sense of their depressive experiences and how they construct their sense of self in relation to these experiences, which is appropriate for a qualitative approach.</p>	<p>✓ The overarching aim is specified ('to understand how women make sense of...'), as well as an additional aim 'to highlight the women's by exploring how women negotiate hegemonic discourses of femininity in their accounts of recovery from depression'</p> <p>✓ Relevant literature is discussed;</p> <p>✓ Reference to values can be identified (e.g. feminist understandings of depression; social constructionism)</p>	<p>✓ The qualitative design used is appropriate to the research question, allowing for experiences and discourses to be explored;</p> <p>✓ Information is provided about discourse analysis from which a rationale for the approach can be inferred. It is also commented "research focused on the discursive processes through which women described their emergence from being depressed offers potentially fruitful directions for theorizing women's depression"</p> <p>✓ The choice of sample and sampling method is described, which resembles purposive sampling;</p> <p>✗ Whilst the sampling method is appropriate, there is no consideration as to the appropriateness in the paper</p>	<p>✓ The data collection method (semi-structured interview) is clearly described;</p> <p>✓ Detail about interview questions indicates that appropriate data was collected to address the research question (experience of recovery from depression);</p> <p>? It is reported that the interviews were audio-taped transcribed, however no information is provided about the storage of the data however</p>	<p>✗ The relationship between the researcher and participants is not considered;</p> <p>✓ Some information is provided about an advertisement that was placed to recruit participants, and it also reports that the women were 'invited to contact the first author to learn more about the research'</p>	<p>✓ The characteristics of the participants is clearly described (e.g. age, relationship status, education);</p> <p>? Some consideration is given to the research setting ("interviews lasting 2 to 3 hours on average were conducted by the first author"), however no information is provided about their location;</p> <p>✗ There is no reference to potential context bias</p>	<p>✓ Whilst the qualitative data were only collected by one method (interview), it is reported that "attempts were made to address the same issue on more than one occasion in order to provide the opportunity for both consistency and variability to emerge in participants' accounts"; triangulation was used whereby analysis was conducted in consultation with another researcher;</p> <p>✓ The qualitative interview investigates the aim of the research (women's depressive experiences and recovery)</p>
<p>Maxwell (2005)</p>	<p>Appropriate</p> <p>✓ The research sets out to understand patient's decisions to disclose their emotional problems and to seek help, which is appropriate for a</p>	<p>Clear</p> <p>✓ A clear overarching aim and subsequent aims are outlined (in relation to furthering understanding into disclosure of difficulties, and help-seeking);</p>	<p>Not sure</p> <p>✓ The interview design would enable appropriate data to be captured relevant to the aims;</p> <p>? A direct rationale is not given for the use of a qualitative approach, although some consideration of this can be inferred from the paper</p>	<p>Not sure/ inadequately reported</p> <p>✓ Some Information is provided about the data collection (e.g. 2 semi-structured interviews), although no information on the duration and location is given;</p>	<p>Not described</p> <p>✗ The relationship between the researcher and the participants is not discussed;</p> <p>✗ Further that informing that GP's recruited the</p>	<p>Not sure</p> <p>✓ Relevant information is provided about the participants (e.g. age, marital status, employment status);</p> <p>✗ No information is provided about the</p>	<p>Reliable</p> <p>✓ The qualitative data were only collected by one method (interviews), however 2 samples were used (patients and GP's, and data</p>

	qualitative approach.	<ul style="list-style-type: none"> ✓ Relevant literature is discussed (e.g. depression); ✓ Some consideration of underpinning values can be inferred from the background information of the study (e.g. references to patient-centred medicine") 	<p>(e.g. aim to understand patient's decisions; semi-structured interview to ensure coverage of topics and to allow respondents to talk about their experiences...)</p> <ul style="list-style-type: none"> ✓ An appropriate sampling method (could be inferred as purposive with some attempts at subsequent random sampling within this) has been used for the study, ✗ Some justification is given for the sampling (e.g. for selection of long-term experience, and new experience, of depression participants), however no clear rationale is given for the purposive sampling nature; additionally, in relation to sampling size it is reported that "...a pure grounded-theory approach to data collection...was not possible within the time scale and funding of this project." 	<ul style="list-style-type: none"> ? Some information is provided about the interview topics, although this is vague; ? It is reported that the interviews were audio-taped and transcribed, however no information is provided about the storage of data 	<p>participants, it is not reported how the research was explained and presented to the participants.</p>	<p>interviewer and interview settings;</p> <ul style="list-style-type: none"> ✗ Whilst some potential context bias is discussed for the GP sample, this is not discussed for the sample of women experiencing depression 	<p>was collected at 2 time points, indicating some triangulation within the wider study;</p> <ul style="list-style-type: none"> ✓ It is reported that the interviews "ensured coverage of topics, but also to allow for respondents to talk about their experiences and what was important to them at the time..." (aim)
McMullen (1999)	<p>Appropriate</p> <ul style="list-style-type: none"> ✓ The research sets out to explore the how the discourse of the 'deficient self' is constructed in depressed women, which is appropriate for a qualitative approach. 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Whilst relatively open, the study outlines a clear aim for it to address (exploring how the 'deficient self' is constructed) ✓ Relevant literature is discussed (e.g. historical information on description of depression; metaphors & depression) ✓ Some underlying values can be identified, e.g. reference to awareness of effect of 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ The design of reviewing transcribed segments of figurative language from psychotherapy sessions, would enable appropriate data to be captured relevant to the aims of the study ✓ A rationale is given for the approach ("...potentially productive avenue for exploring culturally embedded concepts and practices") ✓ An appropriate sampling method (which can be inferred as purposive and 	<p>Appropriate</p> <ul style="list-style-type: none"> ✓ The data collection methods are clearly described, and reference is given to previous studies for further detail ✓ The appropriate data were collected to address the research question as the instances of language chosen for analysis were those which were used by the women to talk about their 'selves' in 	<p>Not described</p> <ul style="list-style-type: none"> ? The relationship between the researcher and participants is not directly relevant in this study due to the nature of the data, however, the participants were taking part in a larger study on psychotherapy, which may have affected the data, which is not 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ Relevant details about the participants are described (e.g. age, presenting problems, therapy sessions); ✓ Relevant information is provided about the setting (e.g. number of therapy sessions, ethnicity of therapists); 	<p>Not sure</p> <ul style="list-style-type: none"> ✗ Data were only collected by one method and there is no discussion of the use of triangulation ✓ The methods do investigate what they aimed to do the women's constructions of the self during therapy talk

		cultural values/evaluations on perceptions of selves	convenience) for the design is used ✗ No rationale for the sampling is made	relation to their perceived difficulties ? There is a clear description of the data collection, however no information is provided on the storage	considered in this write-up ✗ No information is provided about how the research was explained to participants	✗ The potential for context bias is not considered.	
Poslusny (2000)	Appropriate ✓ The research sets out to investigate the lived experience of depression, which is appropriate for a qualitative approach.	Clear ✓ The study clearly outlines its main aim and a secondary aim of sharing the findings with relevant mental health professionals; ✓ Relevant literature is discussed (e.g. depression, influences); ✓ Consideration of underpinning values is evident (e.g. reference to depression rarely being approached as a community health problem, as well as focus on the values of qualitative research)	Not sure ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ A clear rationale is given for the use of qualitative approach (e.g. reference to focusing on "lived experience") ✓ An appropriate sampling method is described (convenience, which can also be inferred as purposive), which can be considered relevant for the studies aims; ✗ No justification for the sampling method provided	Appropriate ✓ Some Information is provided about the data collection (e.g. interviews and focus; location), although no information on the duration is given; ✓ Some information is provided about the interview topics which would enable appropriate information to be collected; ? It is reported that the interviews were recorded and transcribed, although no information is reported on the data storage	Not described ✗ The relationship between the researcher and the participants is not discussed; ✗ Further than information about a recruitment flyer, it is not reported how the research was explained and to the participants subsequent to this	Not sure ✓ Relevant information is provided about the participants (e.g. age, marital status, depression scores); ? No information is provided about the interviewer, however interview settings are reported ("...took place in the participant's home, at a nearby restaurant, or cafeteria at the participant's work setting"); ✗ Potential context bias is not discussed	Not sure ✗ The qualitative data were only collected by one method (interviews), and consideration of triangulation is not discussed; ✓ The interviews covered the topics relevant to what the study was exploring (mental health; socio-demographic background; close relationships)
Rapmund & Moore (2000)	Appropriate ✓ The research sets out to allow women to tell their stories of depression, and thus will investigate their personal experiences, which is appropriate for a qualitative approach.	Clear ✓ The study sets out a clear aim to "allow depressed women to tell their stories about the role of relationships in their lives" ✓ Appropriate literature (e.g. depression, women's depression) is discussed ✓ Underpinning values are discussed (e.g. exploring the psychological meaning	Defensible ✓ The interview design would enable participants to tell their stories about depression, appropriate to the research aims ✓ Rationale is given for the hermeneutic analysis by outlining its aims (e.g. "...to discover meaning and to achieve understanding..."), as well as information provided about the reason for the study and the information about constructivism;	Appropriate ✓ The data collection methods are clearly described (interviews, number, content, location) ✓ The appropriate data were collected to address the research aim (as evidenced by the topics discussed, and use of open-ended and discovery-oriented questions)	Clear ✓ The role of the researcher is discussed and considered (e.g. "...This research therefore says as much as it does about the research as it does about the participants...self-reflexivity is therefore important...")	Clear ✓ The characteristics of the participants are described (e.g. age, history of depression) ✓ The settings of the interviews is described, and information is provided on the number of interviews conducted;	Not sure ? Data were only collected by one method (interview) and no explicit consideration to the use of triangulation is made, although some potential use can be considered by the researcher with the women "through

		from the women's viewpoints; social constructionism)	<ul style="list-style-type: none"> ✓ The sampling is clearly described (“...was purposive unique-case and convenience selection...”) ✓ Some rationale for participant selection is provided (“...who could provide rich descriptions of the subject under study”) 	? It is reported that the interviews were taped and transcribed, however no information is provided on the storage of the data	✗ It is not reported how the research was presented to the participants	? Whilst not explicitly outlined, some potential context bias is considered within the researcher's acknowledgement of a need for reflexivity; it is also reported that she “seems successful in ‘connecting’ on a personal level with her clients’	conversation, offering her meanings and alternative constructions...we re therefore able to reconstruct or co-create a different reality in language” <ul style="list-style-type: none"> ✓ The interviews were open-ended and discovery-oriented which would enable the participants to tell their stories in line with the aims.
Rice, Grealy, Javaid & Serrano (2011)	Appropriate <ul style="list-style-type: none"> ✓ The research sets out to investigate subjective experiences of the participants, which is appropriate for a qualitative approach. 	Clear <ul style="list-style-type: none"> ✓ A clear aim is outlined (investigating how a depressive episode alters experiences of interacting with people); ✓ Relevant literature is discussed (e.g. depression & social functioning); ✓ Underpinning values (e.g. use of qualitative to explore subjective experiences) can be identified from the write-up. 	Not sure <ul style="list-style-type: none"> ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ A clear rationale is provided for the use of qualitative approach (“...with its central focus on the acknowledgement of the subjective experience of individuals...”); ✓ An appropriate sampling method has been used (could be inferred as purposive); ✗ Whilst the sample size was determined based upon the saturation criteria in grounded theory, and rationale is given for using just women, no specific justification is provided for the use of purposive sampling 	Appropriate <ul style="list-style-type: none"> ✓ Information is provided about the data collection (e.g. development of interview schedule, questions, duration); ✓ The questions listed would enable appropriate data to be collected to the aims; additionally, it is reported that questions were added to subsequent interviews following the introduction of novel topics raised by earlier interviews; ? Details are provided about recording and transcription of the data, however no information is provided about the storage of data 	Not described <ul style="list-style-type: none"> ? The relationship between the researcher and participants has not been directly considered, although the study does report researcher bias as a potential limitation; ? It is reported that the “the primary author...provided information about volunteering to participate to patients...”, however no further information is reported on how the research was explained to participants 	Not sure <ul style="list-style-type: none"> ✓ Relevant information is provided about the participants (e.g. age, marital status, medication usage); ✗ It is reported that one author conducted the interviews, however no additional information is provided about the context of the interviews; ✗ Reference is not made to the potential for any context bias 	Reliable <ul style="list-style-type: none"> ✓ Whilst data were only collected by one method (interview), some triangulation was used whereby another researcher also coded some of the interviews and differences were discussed between the researchers; ✓ The interview methods were used to investigate the experiences of social interactions in women experiencing depression (aim)

<p>Roseth, Binder & Malt (2013)</p>	<p>Appropriate ✓ The research sets out to explore depression by exploring experiences and meanings for participants, which is appropriate for a qualitative approach.</p>	<p>Appropriate ✓ A clear aim is outlined (to present a comprehensive phenomenological understanding of depression in women); ✓ Some relevant literature is discussed (depression & gender); ✓ Some reference to values can be identified within the introduction (e.g. importance of lived experiences)</p>	<p>Defensible ✓ The interview design enabled phenomenological analysis to be applied to the data to identify meanings appropriate to question; ✓ Historical information regarding the approach used presents a rationale for its' use; ✓ Appropriate detail is provided about the sampling method (purposive); ✓ The sampling method is justified (e.g. 'to insure collecting rich data on the phenomenon')</p>	<p>Not sure/Inadequately reported ✓ Some information is about data collection method (e.g. use of interview, duration); ✗ No information is provided about what the interviews covered; ✗ No information is provided on the recording, transcription, or storage of data</p>	<p>Not described ✗ The relationship between the participants and researcher is not considered; ? Paper reports that 'participants received information about the study both verbally and in writing', but does not specify what this was</p>	<p>Not sure ✓ The characteristics of participants are described (e.g. age, diagnosis, relationship status) ? Some context information of the interviews is reported (number, duration), however the location is not discussed ✗ Reference is not made to the potential for any context bias</p>	<p>Not sure ✗ Only one data collection method used and there no explicit consideration of triangulation reported; ✗ Information about the interviews is not provided and thus it cannot be commented upon as to whether they explored what the study aimed to explore.</p>
<p>Scattolon & Stoppard (1999)</p>	<p>Appropriate ✓ The research sets out to investigate women's subjective experiences of depression and ways of coping with these, which is appropriate for a qualitative approach.</p>	<p>Clear ✓ A clear aim is outlined (to explore how women living in rural communities' experience and cope with feelings of distress), along with subsequent aims of using particular analysis types (thematic and discourse); ? Relevant literature is discussed, although this tends to focus more on the qualitative research, than depression per se; ✓ Underpinning values are discussed (e.g. feminist perspective, qualitative research)</p>	<p>Not sure ✓ The interview design would enable appropriate data to be captured relevant to the aims; ✓ Clear rationale is provided for the use of qualitative approach (e.g. "facilitates and examination of experiences as..."), with reference to relevant literature; ✓ An appropriate sampling method has been used (could be inferred as purposive) for the qualitative approach; ✗ Whilst the sample size is justified, no theoretical justification is given for the sampling method;</p>	<p>Appropriate ✓ Detailed information is provided about data collection (e.g. interview schedule, duration, location); ✓ The examples of interview questions (e.g. "...how they labelled their feelings; and what it felt like to be depressed") is relevant to the aims; ? It is reported that the interviews were transcribed, however no information is provided about the storage of data</p>	<p>Clear ✓ The relationship between the researcher and participants is not directly discussed, however reflexivity is considered and was taken onto account at the analysis stage; ✓ Detailed information is provided as to what information was provided to the women about the research (e.g. aim, procedure)</p>	<p>Clear ✓ Relevant information is provided about the participants (e.g. age, marital status, education); ✓ Information is provided about who conducted the interviews and the interview locations ("...in a woman's home...work location...university office"); ✓ Context bias is considered ("...anything that may have affected the research process...perceived comfort level of the women interviewed...") and</p>	<p>Not sure ✗ The qualitative data were only collected by one method (interview), and triangulation is not considered; ✓ The interview methods were used to investigate the women's experiences of distress/depression (aim)</p>

						was incorporated at the analysis stage	
Schreiber (1996)	Appropriate ✓ The research aimed to examine the women's experiences of recovering from depression?', which is appropriate for a qualitative approach.	Clear ✓ It is specified that the study addressed the research question "how do women describe the process of recovery from depression"; ✓ Relevant literature is discussed; ✓ Reference to values can be identified in relation to difficulties in previous research and an aim to better understand recovery (e.g. "the process of recovery from depression merits further investigation, particularly for women because they are at highest risk of suffering depression")	Not sure ✓ The qualitative design (grounded theory) used is appropriate to the research question, allowing for experiences be explored; ✓ Information is provided grounded theory which provides a rationale for its use; "in order to fully examine women's experiences recovering from depression, grounded theory..." ✓ The choice of sample and sampling method is described, which resembles purposive and snowball sampling; ? Whilst purposive and snowball sampling are appropriate, there is no consideration as to the appropriateness in the paper. However it also commented that theoretical sampling was used for which it explains "allowed for full saturation of the categories"	Not sure/Inadequately reported ? The data collection method (semi-structured interview) is mentioned, but was not described in detail (i.e. no information about interview content); ? No information is provided about the interview questions to provide their appropriateness; ? It is reported that the interviews were audio-taped transcribed, however no information is provided about the storage of the data however	Not described ✗ The relationship between the researcher and participants is not considered; ✗ Whilst it is reported that participants were solicited through self-referral and word of mouth, no information is provided on how the research was explained and presented to them	Not sure ✓ Some characteristics of the participants are described (e.g. age, education, employment status); ? Some consideration is given to the research setting ("each lasting about 90 minutes"), however no information is provided about their location; ✗ There is no reference to potential context bias	Not sure ✓ Whilst the qualitative data were only collected by one method (interview), it is reported that "selected participants read drafts of the emerging model and provided their comments"; ✗ Information about the interviews is not provided and thus it cannot be commented upon as to whether they explored what the study aimed to explore.
Schreiber & Hatrick (2002)	Appropriate ✓ The research sets out to investigate experiences and explanatory models of depression, which is appropriate for a qualitative approach.	Clear ✓ The study outlines 2 main aims (explore experiences of depression investigate explanatory models of depression); ? Limited literature is discussed; ✓ Underpinning values are discussed in light of information which has been poorly misunderstood in	Not sure ✓ The interview design would enable appropriate data to be captured relevant to the aims; ? Whilst not explicitly made, there is information provided about the data to be sought, from which it can be inferred that a qualitative approach was chosen to enable this; ✓ An appropriate sampling method has been used (could be inferred as purposive),	Appropriate ✓ Whilst brief, relevant information is provided about the data collection (interviews, 1-2 hrs duration); ✓ An approach was used which would enable data relevant to the aims to be collected ("...open-ended dialogue for the purpose of gathering data...successive	Not described ✗ The relationship between the researcher and participants has not been considered above stating that rapport was established during the interviews; ✓ It is reported that the interview process included	Not sure ✓ Relevant information is provided about the participants (e.g. age, marital status, education); ✗ Information is not reported about the context of the interviews; ✗ Reference is not made to the	Not sure ? Whilst data were only collected by one method (interview), it is reported that a collaborative analysis took place, indicating some use of triangulation although no further information is provided on this;

		relation to women's depression (e.g. mismatch between provider's and women's explanatory models)	✘ Although an appropriate rationale is given as to why the sample size was larger than originally intended, there is no theoretical justification is for the sampling method used	focused data gathering to provide a more complete illumination of the participant's experience"); ? Details are provided about recording and transcription of the data, however no information is provided about the storage of data	"...informing the participant about the nature of the research",	potential for any context bias	✓ The interview methods were used to investigate the women's experiences of depression (aim)
Vidler (2005)	Appropriate ✓ The research sets out to investigate the experiences of depression for women, which is appropriate for a qualitative approach.	Clear ✓ The overarching aim is specified ('to understand the essential experience of depression for the female participants'), as well as more specific aims/values, such as to include 'cultural and contextual issues' ✓ Relevant literature is discussed; ✓ Some reference to values can be identified (e.g. feminism; limitations of previous research)	Not sure ✓ The qualitative phenomenological design used is appropriate to the research question, allowing for the experiences to be explored; ✓ Rationale is given for the use of a qualitative approach ("...to understand the essential experience of depression...") ✓ The choice of sample and sampling method is described, which resembles purposive sampling; ✘ Whilst the sampling method is appropriate, there is no consideration as to the appropriateness in the paper	Appropriate ✓ Data collection methods (including the qualitative interviews, and use of psychometric questionnaires) is clearly described; ✓ Detail about interview questions indicates that appropriate data was collected to address the research question (experience of depression); ? It is reported that the interviews were audio-taped and transcripts are mentioned, however no information is provided about the storage of the data however	Not described ✘ Whilst the researcher reports a history of working from a feminist viewpoint, the relationship between the researcher and participants is not considered; ✘ Whilst it is explained that the participants were selected for the study from a previous study "on the basis of willingness to be interviewed", the paper does not describe how the research was explained and presented to participants	Not sure ✓ The characteristics of the participants is clearly described (e.g. age, relationship status, education, prior history of depression); ✓ Consideration is given to the research setting ("interviewed by myself on one occasion for approximately 2 hours...generally held in the women's home"); ✘ However, there is no reference to potential context bias	Reliable ✓ Whilst the qualitative data were only collected by one method (interview), psychometric measures were used in the study to explore certain aspects depression (e.g. contributory factors); additionally, triangulation was used whereby the women who could be later contacted were given the opportunity to review the researcher's interpretations of their transcriptions; ✓ The qualitative interview investigates the aim of the research

							(experience of depression)
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APPENDIX TWO: Quality Appraisal sections 5-6

Study	Analysis						Ethics
	<i>Is the data analysis sufficiently rigorous?</i>	<i>Are the data 'rich'?</i>	<i>Is the analysis reliable?</i>	<i>Are the findings convincing?</i>	<i>Are the findings relevant to the aims of the study?</i>	<i>Are the conclusions adequate?</i>	<i>How clear and coherent is the reporting of ethical considerations?</i>
Barnard (2009)	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A description of the data analysis is provided, which although brief cites literature which it was based upon; ✓ A systematic approach is described, moving from coding of the data, to identifying categories and domains, which then formed themes; ✓ Detail is given about how the analysis method would lead to the creation of the themes of the data; the findings section contains descriptions and examples of the data within each theme 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some context of the data can be interpreted from the findings (e.g. "the narratives of nine participants identified the source of depression as...") ✓ Detail is provided for each theme, with reference to the data and supporting quotes of data; ✓ Some differences in the data are made (e.g. in the discussion section it is highlighted that some successfully embraced an alternative discourse, whilst others did not, and it is highlighted when the findings relate to certain numbers of participants 	<p>Reliable</p> <ul style="list-style-type: none"> ✓ It is reported that the researcher "...conferred with...depression researchers (peer debriefing) throughout the study"; ✗ However, no reference is given to how any discrepancies were handled if they arose; ✓ It is reported that the research "...involved participants in the data analysis (member check)"; ✓ Reference is given to findings that relate to only one participant and attention is drawn to a finding which was not discussed often enough to be considered a thematic category. 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented in an appropriate order (themes of the experience of depression, followed by dominant discourses); ✓ Extracts from the original data are included; ✓ Some referencing of the data is evident (e.g. to a particular participant or to certain numbers of participants) 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims of the study, reflecting information on the experiences of depression for the women and the underlying discourses shaping these 	<p>Adequate</p> <ul style="list-style-type: none"> ✓ There are clear links between the data, interpretation and conclusions; ✓ The conclusions seem plausible and references to relevant literature is made; ? The limitation of generalisation of the study to other samples is made, however no other limitations are discussed; ✓ Implications of the research are outlined (e.g. understanding gained; awareness of practitioners to inquire sensitively about lesbian's mood). 	<p>Clear</p> <ul style="list-style-type: none"> ? Although specific ethical issues are not discussed, the report demonstrates that confidentiality was respected in the write-up; ✓ Ethical approval is reported.
Chernomas (1997)	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A brief description of the data analysis is provided; ✓ A systematic approach is described, moving from individual participant significant statements to, comparison across 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some context of the data can be interpreted from the findings (e.g. "Women's statements and journal entries reflected this loss..."); ✓ Detail is provided for each theme, with 	<p>Reliable</p> <ul style="list-style-type: none"> ✓ It is reported that "...a convenience sample of participants validated the themes as consistent with their experience in depression" and that "Two faculty members reviewed the data..."; 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented under appropriate theme headings; ✓ Extracts from the original data are included; 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims of the study, reflecting information on the experiences of depression and its recovery for women 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ There are clear links between the data, interpretation and conclusions; ✓ The conclusions seem plausible and some references to 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Various ethical considerations are discussed (e.g. anonymity and confidentiality);

	<p>within and across participants, which were then clustered into categories, forming themes;</p> <p>✓ Detail is given about how the analysis method would lead to the creation of the themes of the data; the findings section contains descriptions and examples of the data within each theme</p>	<p>reference to the data and supporting quotes of data;</p> <p>✓ Whilst direct comparison is not made across the data, it is highlighted when the data applies to certain amounts of participants, and the discussion outlines some differences between the participants who did and did not improve</p>	<p>✓ It is reported that “Both indicated that the themes reflected a completeness in representing the data and were a reasonable abstraction of the data...”;</p> <p>✓ A convenience sample of participants feedback on the findings;</p> <p>? Whilst reference is given to the differences within the themes for participants, discrepant results to the key themes identified are not discussed.</p>	<p>✓ Some referencing of the data is evident (e.g. to a particular participant or to a certain amount of participants)</p>		<p>relevant literature is made;</p> <p>✓ Implications of the research are outlined (e.g. insights for working with women who are depressed);</p> <p>✗ There is no reference to potential limitations encountered</p>	<p>✗ Ethical approval is not reported.</p>
<p>Fullagar & O'Brien (2012)</p>	<p>Rigorous</p> <p>✓ A clear and description of the data analysis is provided;</p> <p>✓ A systematic approach is described, moving from identifying commonalities, to adding contextual and theoretical understandings to inform the meanings of metaphors identified;</p> <p>✓ Qualitative software was used to pilot a coding framework in identifying the metaphors used;</p> <p>✓ Detail is given about how the themes were identified in the analysis, and the subsequent findings and discussion draws reference to the data that informed the themes</p>	<p>Rich</p> <p>✓ Some context of the data can be interpreted from the findings/discussion (e.g. “in this theme we explore the common metaphors that were used by the women to articulate...”;</p> <p>✓ Detail is provided for each theme, with reference to the data and some reference to relevant literature;</p> <p>✓ There is some awareness of the different perspectives in the data (e.g. “many participants...Other women employed a...”)</p>	<p>Not sure/ not reported?</p> <p>✓ It is reported that a ‘collaborative analysis’ took place, indicating that more than one researcher participated in the analysis;</p> <p>✗ No discussion of any potential discrepancies is reported;</p> <p>✗ It is not reported that participants fed back on the data;</p> <p>? Whilst individual differences within the key metaphors identified is discussed, only the key metaphors identified from the sample are discussed; anomalies or discrepant results are not discussed.</p>	<p>Convincing</p> <p>✓ The findings are clearly presented in a logical order (reflecting the transition from depression to recovery);</p> <p>✓ Extracts from the original data are included;</p> <p>✓ The data appears to be appropriately referenced at relevant points, such as to certain numbers of participants</p>	<p>Relevant</p> <p>✓ The findings clearly reflect the metaphors the women used (aims)</p>	<p>Adequate</p> <p>✓ Whilst findings and discussion are interwoven, the data and the interpretations of these appear to be presented appropriately (e.g. explanation of the data before concluding what this suggested);</p> <p>✓ The conclusions seem plausible and have considered some relevant literature although this is somewhat sparse;</p> <p>✓ Implications of the research are outlined (e.g. important knowledge for health care professionals to reflect on the power of language in shaping how women interpret their experiences);</p>	<p>Clear</p> <p>? Reference is given to preserving anonymity in the report; although no ethical issues are not directly discussed</p> <p>✓ Ethical approval is reported.</p>

						✓ Consideration of potential limitations is made (e.g. ethnicity of sample; where participants were in their recovery).	
Gammell & Stoppard (1999)	<p>Not sure/ not reported</p> <p>? The data analysis method is described; however, this is somewhat vague with no information about whether methods such as coding were used</p> <p>✓ Reference is given to looking for similarities and differences, relevant to the results;</p> <p>? A systematic approach such as coding is not reported, however some systematic analysis is described (e.g. “for each topic area, each women’s accounts were compared within and across the interviews”);</p> <p>? Whilst the overarching themes were pre-determined by the interview topics, it is clear from references to common or less common findings from the data, how the concepts within these were identified.</p>	<p>Rich</p> <p>✓ The context of the data is clearly described in relation to the overarching topic areas which the questions explored; additionally, reference is given to other specific contexts of the data interpretations (e.g. “when describing their experiences...”);</p> <p>✓ Detail is provided in discussing the main findings, with reference to examples from the participants, as well as the use of direct quotations</p> <p>✓ Diversity of perspectives is explored through reference to the number of women specific findings represent, as well as to age differences for example;</p>	<p>Not sure/not reported</p> <p>✗ Whilst there were 2 researchers, there is no reference to whether more than one researcher analysed the data, and thus no reference to the handling of any discrepancies;</p> <p>✓ However, saturation of the themes is reported to have been achieved based upon a grounded theory approach in the sampling number;</p> <p>✗ There is no reference to participants feeding back on their transcripts/data.</p> <p>✓ Some differences within the data were also acknowledged and considered in the write-up.</p>	<p>Convincing</p> <p>✓ The findings are clearly presented based upon the overarching themes aimed to be explored;</p> <p>✓ Extracts from the original data are included;</p> <p>✓ The data are appropriately referenced (e.g. to pseudonyms, to age differences)</p>	<p>Relevant</p> <p>✓ The findings present an account of the lived experiences of women diagnosed with depression, relevant to the aims.</p>	<p>Not sure</p> <p>✓ The authors highlight their interpretations in relation to the women’s accounts; their conclusions are clearly referenced to this sample;</p> <p>✓ The conclusions reflect the main findings and consider alternative explanations and contrasting literature;</p> <p>✓ The implications of the research (e.g. for developing treatment strategies) are discussed;</p> <p>✗ There is no reference to potential limitations encountered.</p>	<p>Clear</p> <p>✓ Various ethical considerations are discussed (e.g. consent, anonymity);</p> <p>✗ There is no reference to ethical approval.</p>
Hurst (1999)	<p>Rigorous</p> <p>✓ A detailed description of the data analysis is provided,</p> <p>✓ The process can be considered systematic</p>	<p>Rich</p> <p>✓ Some context of the data can be interpreted from the findings (e.g. examples of situations participants described</p>	<p>Not sure/not reported?</p> <p>✗ It is not reported that more than one person coded the data, and thus no reference to the</p>	<p>Convincing</p> <p>✓ The findings are clearly presented on the basis of a proposed theoretical</p>	<p>Relevant</p> <p>✓ The findings are relevant to the aims of the study, reflecting information on the</p>	<p>Adequate</p> <p>✓ There are clear links between the data, interpretation and conclusions;</p>	<p>Not sure/ not reported</p> <p>? Consideration of some ethical issues can be inferred from the</p>

	<p>(e.g. contains several steps);</p> <ul style="list-style-type: none"> ✓ Constant comparison was used which involved accounting for both similarities and differences, and negative cases; ✓ Detail is given about how the analysis method would lead to the creation of the themes of the data; the findings section contains descriptions and examples of the data within each theme 	<p>which reflected the themes are given)</p> <ul style="list-style-type: none"> ✓ Detail is provided for each theme, with reference to the data and supporting quotes of data; ✓ Some differences in the data are made (e.g. differences in their experiences and some reference to how this affected their depression) 	<p>handling of any discrepancies;</p> <ul style="list-style-type: none"> ✓ Participants were invited to review their transcripts and were later interviewed about an initial draft of the findings, with additional information being incorporated into the analysis; ✓ It is reported that the approach used "...involves...identifying negative cases, which demand that the researcher account for the determining conditions...". 	<p>framework of depression;</p> <ul style="list-style-type: none"> ✓ Extracts from the original data are included; ✓ Some referencing of the data is evident (e.g. to a particular participant or to certain numbers of participants) 	<p>experience of depression and a theoretical explanation of the development of depression.</p>	<ul style="list-style-type: none"> ✓ The conclusions seem plausible and references to relevant literature is made, as well as comparisons to other theories; the conclusions are not too ambitious in overgeneralisation, with it being highlighted that "The present theory does not account for the experiences of all depressed women...reflects the researcher's understanding of the views of the seven women..."; ? Some implications of the research can be inferred from the discussion (e.g. knowledge about how certain experiences can lead to depression), however this is not explicitly outlined; ✓ In addition to generalisation, reference to the potential limitation of the findings being based on only the women's discourses is highlighted. 	<p>article such as consent to record the interviews; and anonymity of participants in the write-up;</p> <ul style="list-style-type: none"> ✗ Ethical approval is not reported.
<p>Jones, Butryn, Furst & Semerjian (2013)</p>	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A clear and description of the data analysis is provided, ✓ Several stages of the analysis are reported, 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some context of the data can be interpreted from the findings (e.g. reference to particular feelings when participants 	<p>Reliable</p> <ul style="list-style-type: none"> ✓ Peer review is reported whereby another researcher "not involved with the study read and raised questions about the 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented in an appropriate order (one ground 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims of the study, reflecting information on the 	<p>Adequate</p> <ul style="list-style-type: none"> ✓ There are clear links between the data, interpretation and conclusions; 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Reference to relevant ethical issues is discussed (e.g. informed

	<p>indicating a systematic method;</p> <p>✓ Detail is given about how the analysis method would lead to the creation of the themes of the data, and the results section provides detail of the data that each theme encompasses</p>	<p>were describing certain experiences);</p> <p>✓ Detail is provided for each theme, with reference to the data and supporting quotes of data;</p> <p>✓ Whilst direct comparison is not made across the data, it is highlighted when the data applies to certain numbers of participants, and the discussion highlights the varied and personal experiences of depression as well as the similarities reflected by the themes</p>	<p>interview transcripts and analysis”;</p> <p>✗ However no reference is given to how any discrepancies were handled if they arose;</p> <p>✓ Participants were given the opportunity to check for the accuracy of their transcripts;</p> <p>? Whilst reference is given to the differences within the themes for participants, and of their experiences, discrepant results to the key themes identified are not discussed.</p>	<p>category and 4 general categories);</p> <p>✓ Extracts from the original data are included;</p> <p>✓ Some referencing of the data is evident (e.g. to a particular participant or to certain numbers of participants)</p>	<p>female athlete’s experiences of depression.</p>	<p>✓ The conclusions seem plausible and coherent, and are well supported by reference to supportive literature;</p> <p>✓ Implications of the research are outlined (e.g. information for coaches of athletes);</p> <p>✓ Consideration of potential limitations is made (e.g. self-reporting of depression; only 1 data collection method),</p>	<p>consent, anonymity);</p> <p>✓ Ethical approval is reported.</p>
<p>Lafrance & Stoppard (2006)</p>	<p>Rigorous</p> <p>✓ The analysis procedure is clearly outlined;</p> <p>✓ A systematic approach was applied to the analysis (e.g. from reading of transcripts to coding, to identifying patterns);</p> <p>✓ Reference to how the themes/concepts were derived is given (e.g. “in their accounts of previous identities, participants alluded to three overlapping versions of the self...”)</p>	<p>Rich</p> <p>✓ Some reference to the context of the data is made (e.g. “recovery narratives emphasised the importance of...”; “In their accounts of their previous identities...”);</p> <p>✓ Detail is provided for each theme, with reference to the data and detailed quotes;</p> <p>? Whilst diversity does not seem to have been directly considered, the authors indicate which themes apply to which participants in the text..</p>	<p>Not sure/not reported</p> <p>✓ It is reported that “analysis was conducted by the first author in consultation with the second”;</p> <p>✗ No reference is given to discrepancies if they arose;</p> <p>✗ It is not reported that participants feedback on the transcripts/data;</p> <p>✓ It is reported that during the analysis “codes were then analysed for patterns in the text, in the form of both variability and consistency in the content and form of participants’ talk”</p>	<p>Convincing</p> <p>✓ The findings are clearly presented with main and sub-themes;</p> <p>✓ Detail for each theme is provided, along with quotations from the interviews to illustrate;</p> <p>✓ The data appears to be appropriately referenced at relevant points, such as to specific participants (using pseudonyms)</p>	<p>Relevant</p> <p>✓ The findings clearly described themes relating to the women’s experiences of depression and recovery (main aim of the study).</p>	<p>Not sure</p> <p>✓ It is clear from the language use when links are being made between the data, interpretations and conclusions;</p> <p>✓ The conclusions seem plausible and are coherent; reference to relevant literature is given;</p> <p>✓ Implications of the research can be inferred from the discussion;</p> <p>✗ No reference to limitations that may have been encountered is given</p>	<p>Not sure/ not reported</p> <p>✗ No reference to ethical issues is made;</p> <p>✗ No information about ethical approval is provided.</p>
<p>Maxwell (2005)</p>	<p>Rigorous</p> <p>✓ A clear description of the data analysis is provided, using a</p>	<p>Rich</p> <p>✓ Some context of the data can be interpreted from the</p>	<p>Not sure/Not reported</p> <p>✓ It is reported that the analysis was conducted by the author, however this</p>	<p>Convincing</p> <p>✓ The findings are clearly presented in a logical order (e.g.</p>	<p>Relevant</p> <p>✓ The findings are relevant to the aims of the study,</p>	<p>Adequate</p> <p>✓ There are clear links between the data, interpretation and</p>	<p>Not sure/ not reported</p> <p>? No direct reference to</p>

	<p>constant-comparison method based around the principles of grounded theory;</p> <ul style="list-style-type: none"> ✓ A systematic approach is reported (several steps of the analysis are described); ✓ Whilst the overarching themes represented the broad themes the project had set out to address; it is subsequently described how “though the process of questioning these data and comparing them across respondent’s accounts that the analytical value, as described in the conceptual categories, emerged”. 	<p>findings/discussion (e.g. “the women’s accounts described in detail how...”;</p> <ul style="list-style-type: none"> ✓ Detail is provided for each theme, with reference to the data and supporting quotes of data; ✓ Some comparison is made across the data (e.g. highlighting when the data applied to women with new/likely experience of depression as opposed to long-standing depression). 	<p>was “facilitated by discussion of a small sample of transcripts with PhD supervisors”;</p> <ul style="list-style-type: none"> ✗ However no reference is given to how any discrepancies were handled if they arose; ✗ It is not reported that participants fed back on the data ✓ In describing the analysis, consideration is given to how cases which appeared to contradict initial thinking was approached (“...further refinement of these explanations was required to account for these deviant cases”; 	<p>moves from accounts of help-seeking, to accounts of medication use);</p> <ul style="list-style-type: none"> ✓ Extracts from the original data are included; ✓ Some referencing of the data is evident (e.g. to a particular participants or the use of “most of the women”) 	<p>reflecting information on the women’s help seeking for depression (aims).</p>	<p>conclusions (e.g. “hence, the general interpretations of these accounts...”)</p> <ul style="list-style-type: none"> ✓The conclusions seem plausible and coherent, although reference to supportive literature is lacking in the discussion; ✓ Implications of the research are outlined (e.g. dilemmas for women; potential impact on medical care); ✓ Some consideration of potential limitations is made (e.g. selection of women by the recruiting GP’s). 	<p>ethical issues is discussed, although some consideration of this can be inferred from description of factors such as the use of language when discussing ‘depression’;</p> <ul style="list-style-type: none"> ✗ Ethical approval is not reported.
<p>McMullen (1999)</p>	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A detailed description of the data analysis procedure is reported; ✓ The approach can be considered systematic, moving from the data to conceptualisation and de-conceptualisation, and then to re-conceptualisation into meaning and then to consideration of the cultural context of this; ✓ It reported how the themes were derived from the data (“...and then re-contextualised them by attempting these expressions into 	<p>Rich</p> <ul style="list-style-type: none"> ✓ The results section contains much reference to the context of the data by exploring examples of how the themes applied to the women’s language; ✓ Detail is provided for each theme, with a heavy focus on discussions of the themes applied to certain participants and use of the data ✓ The diversity has been considered by outlining different applications of the themes to the women (e.g. “In a variation of this construction...”); Comparisons are made 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ✗ It is not reported that more than one researcher themed and coded the data, and thus no reference to the handling of any discrepancies is made; ✗ It is not reported that participants fed back on the data; ? Whilst reference is given to the differences within the themes for participants, discrepant results to the key themes identified are not discussed. 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented under appropriate theme headings and subheadings; ✓ The findings are coherent and are well supported by extracts of the original data ✓ The data are appropriately referenced (e.g. to certain participants) 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims of the study whereby they explore the women’s constructions of the ‘self’ in relation to their difficulties. 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ The detailed reference to the data of participants within the themes clearly outlines the links between the data and interpretations, upon this clear conclusion are drawn; ✓ The conclusions seem plausible and coherent, and reference is made to supporting literature and societal factors ? Whilst not explicitly made, some implications from the research can be 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ? Ethical issues are not discussed, however anonymity is preserved in the write-up; ✗ Ethical approval is not reported.

	various pools of meaning")	between participant's at times.				interpreted from the findings in relation to the understanding of depression for women, and reference is made to the importance of autonomy; ✗ Potential limitations encountered are not discussed.	
Poslusny (2000)	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A clear and description of the data analysis based upon several phenomenological methods is described; ✓ A systematic approach is reported (e.g. reading transcripts; content analysis; defining definitions; themes); ✓ Detail is given about how the overarching themes reflect the data ("The result was a metaphor and a classification scheme for describing depression"); information is provided in each theme which reflects the supporting data 	<p>Rich</p> <ul style="list-style-type: none"> ? Some context of the data can be interpreted from the findings (e.g. "...characterised the experience of depression", although this is not always directly clear; ✓ Detail is provided for each theme, with reference to the data and supporting quotes of data; ✓ Some comparison is made across the data (e.g. comparing clinically depressed to non-clinically depressed women) 	<p>Not sure/ not reported?</p> <ul style="list-style-type: none"> ✗ No information is reported about the data being analysed by more than one person, and thus no reference to the handling of any discrepancies is made; ✗ It is not reported that participants fed back on the data; ? Whilst individual differences within how the themes apply to participants is discussed, discrepant results to the key themes identified are not discussed. ✓ Specific methods of analysis were applied which improve the reliability (e.g. investigating the general essences by constructing classic and dissimilar cases; suspending belief in existence by using bracketing to support in distinguishing from a priori conceptualisations). 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented with the use of an overarching metaphor; ✓ Extracts from the original data are included; ✓ Some referencing of the data is evident (e.g. to a particular participant or numbers of participants) 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims of the study whereby they outline the women's experiences of depression within their social contexts. 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ There are clear links between the data, interpretation and conclusions'; ✓ The conclusions seem plausible and coherent, and supportive literature is considered; ✓ Some implications of the research are outlined (e.g. need to be able to tell one's story in a safe environment; awareness of relationship between child abuse and depression); ✗ Potential limitations are not considered 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ✗ No direct reference to ethical issues is discussed; ✗ Ethical approval is not reported.

<p>Rapmund & Moore (2000)</p>	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A clear description of the data analysis is provided; ✓ A systematic approach is described, moving from content level analysis to the interpretative level with by eliciting patterns, concepts and then general themes across the participants; ✓ It is clear from the description of the analysis how the themes were derived from the data (e.g. "...this description portrayed the emerging recurring themes that emerged from the stories of all three participants") 	<p>Rich</p> <ul style="list-style-type: none"> ✓ The contexts of the data are described within the findings, with examples of the themes for each participant discussed ✓ Some detail is provided for each theme, which is supported by a detailed exploration of how this applied to each participant ✓ The diversity of the content had been explored by discussing how each theme applied to each participant; some comparisons are made between the participants in relation to the data (e.g. "in contrast to the other participants...") 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ✗ It is not reported that more than one researcher themed and coded the data, and thus no reference to the handling of any discrepancies is made; ? It is not reported that participant's feedback on the data, however it is suggested that during the interviews, the interviewer shared her meanings and alternative constructions with participants; ✓ Individual differences within how the key themes applied to each participant are discussed, and there is evidence of consideration of a discrepancy within a theme (e.g. "...in contrast to other participants'....", indicating that discrepancies were considered. 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly and coherently presented under relevant theme headings ✓ Extracts of the original data are included ✓ The data are appropriately referenced to the participants 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims of the study as they reflect the participant's experiences of relationships within depression. 	<p>Adequate</p> <ul style="list-style-type: none"> ✓ The write-up outlines clear links between the data, interpretations and conclusions; ✓ The conclusions seem plausible and coherent, and reference is made to relevant supporting literature; ✓ In relation to implications of the research, it is reported that "the themes identified in this study may be helpful to those who work with depressed women"; ? Limitations are discussed in relation to the themes being identified as the researcher's observations of the women's stories, however no other potential limitations are discussed. 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ? Whilst ethical issues are not directly discussed, pseudonyms are used in the write-up indicating anonymity; ✗ Ethical approval is not reported.
<p>Rice, Grealy, Javaid & Serrano (2011)</p>	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A clear and description of the data analysis is provided; ✓ The analysis can be considered systematic (5 phases identified); ✓ Detail is given about how the themes were identified (analysis process), and discussion outlines examples of the 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some context of the data is presented (e.g. when talking about how many women spoke about certain topics in the themes); ✓ Detail is provided for each theme, with reference to the data and some reference to relevant literature; 	<p>Reliable</p> <ul style="list-style-type: none"> ✓ A 2nd researcher also coded 4 of the 11 transcripts, which was followed by discussion between the 2 researchers as to their findings; ✓ Some discrepancies were reported in the labelling of subthemes and it is described that "...discussion then followed to resolve this..."; 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented in a logical order, with overarching themes and subthemes; ✓ Extracts from the original data are included; ✓ The data appears to be appropriately referenced at 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings clearly relate to the women's experiences of social interactions and depression (aims). 	<p>Adequate</p> <ul style="list-style-type: none"> ✓ The findings are reported as themes which emerged from the interviews, the interpretations in the discussion are described as possibilities (e.g. "might also arise as from..."; "...might account for..."; 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Reference is given to ethical factors such as consent and it is noted that pseudonyms are used in the article; ✓ Ethical approval is reported.

	themes in what the women discussed	<ul style="list-style-type: none"> ✓ Some diversity within the themes is considered with the use of numbers to outline how many of the sample findings apply to; ? There are no direct comparisons made in the data across the sample, although it is highlighted that the sample is very homogenous (thus clear comparisons may not have arisen) 	<ul style="list-style-type: none"> ✓ Participants were given the opportunity to review their transcripts; they felt they were an “accurate reflection of their experiences and intentions during the interview”; ? Whilst individual differences within how the themes apply to participants is discussed, discrepant results to the key themes identified are not discussed. 	relevant points to specific participants		<ul style="list-style-type: none"> ✓ The conclusions seem plausible and have considered some relevant literature; ✓ Implications of the research are outlined (e.g. need to consider the whole women to effect change in any particular domain); ✓ Consideration of potential limitations is made (e.g. small sample; potential researcher bias). 	
Roseth, Binder & Malt (2013)	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A Clear outline of the analysis procedure is provided, with reference to relevant literature; ✓ A systematic method is described, with the use of four logical steps, whilst it is acknowledged that the process was dynamic and not linear, in identifying the final meaning structure; ✓ It is outlined how the overarching meaning construct was developed and the constituents within this reflect the women’s descriptions of the development of depression. 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Context is considered, (e.g. explanations of what life event participant reported related to a theme) ✓ There is a detailed account of each theme for each participant, enabling insight into experiences; ✓ The diversity of the content is explored by discussing how each theme applied to each participant; some comparison is made between the participants in relation to the data (e.g. “on the other hand, Eve and Josephine seemed...”). 	<p>Not sure/Not reported</p> <ul style="list-style-type: none"> ? Whilst the report uses the term ‘we’, no information is provided about number of researchers coding the data; ✗ No reference to the handling of any discrepancies is made; ✗ It is not reported that participants fed back on transcripts; ? Whilst individual differences within how the themes apply to participants is discussed, discrepant results to the key themes identified are not discussed. 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented (e.g. overarching theme and then subthemes), and are coherent, although some reference is given to the findings in the method section; ✓ Extracts from the original data are included within theme discussions; ✓ The data is appropriately referenced at relevant points to specific participants. 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings are relevant to the aims as they described the experience of depression and becoming depressed. 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ The use of examples for each participant within each theme helps identify the links between the data and interpretations, and the conclusions made; ✓ The conclusions are plausible and coherent in light of the main findings and literature discussed; ✓ Some implications of the research are clear from the discussion (e.g. need to address the feelings of shame and guilt simultaneously; contribution of the study to the field); ✗ Whilst the conclusions are clear that they are what this analysis has shown, 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Whilst brief, consideration is given to confidentiality, consent and ethical approval; ✓ Ethical approval is reported.

						no consideration is given to the limitations of the research	
Scattolon & Stoppard (1999)	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ A clear and description of the data analysis is provided (both thematic and discourse); ✓ A systematic approach to the analysis is described, with the use of several phases; ✓ Detail is given about how the themes were identified in the analysis, and the subsequent findings and discussion draws reference to the data that informed the themes 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some context of the data is presented in the findings (e.g. "described her depressive experiences..."; ✓ Detail is provided for each theme, with reference to the data and detailed quotes; ✓ The findings are clear in reporting about the findings in relation to just specific women or larger numbers in the sample, there is some comparison of perspectives, such as between ways of understanding depression 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ✗ It is not specified whether more than one researcher coded the data, and thus no reference to the handling of any discrepancies is made; ✓ Participants were given the opportunity to feedback on their transcripts, although only 4 took this up; ? Whilst individual differences within how the themes apply to participants, and findings within these applying to smaller numbers of participants is discussed, discrepant results to the key themes identified are not discussed. 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented under main themes and subthemes; ✓ Extracts from the original data are included; ✓ The data appears to be appropriately referenced at relevant points, such as to specific participants (using pseudonyms) 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The themes reflect the women's experiences of depression/ distress (aims). 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ The authors clearly highlight when interpretations are being made from the data, with use of language such as 'seems to', 'which suggests' and 'it could be inferred'; ✓ The conclusions seem plausible and have considered some relevant literature although this is somewhat sparse; ? Whilst the potential for researcher bias is considered in the analysis stage, no other limitations are considered; ? Whilst the knowledge that can be acquired from the findings is discussed, specific implications are not discussed. 	<p>Clear</p> <ul style="list-style-type: none"> ✓ Reference to several ethical issues is made (e.g. confidentiality, a detailed information procedure presented to potential participants about the study); ✗ There is no reference to ethical approval reported.
Schreiber (1996)	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ The analysis procedure is clearly outlined; ✓ A systematic approach was applied to the analysis (e.g. development of emerging hypotheses, comparisons to the data, 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some reference to the context of the data is made (e.g. "women talked about how they..."; "the woman describes herself as...") ✓ Detail is provided for each theme, with reference to the data and detailed quotes; 	<p>Not sure/not reported</p> <ul style="list-style-type: none"> ✗ It is not specified whether more than one researcher coded the data, and thus no reference to the handling of any discrepancies is made; ✗ Participants were able to provide feedback on their transcripts; "selected participants also read 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented within an overarching model and subsequent themes sub-themes; ✓ Detail for each theme is provided, along with quotations from the 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings clearly described themes relating to the women's experiences of depression and recovery (main aim of the study). 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ It is clear from the language use when links are being made between the data, interpretations and conclusions; ✓ The conclusions seem plausible and are coherent; 	<p>Clear</p> <ul style="list-style-type: none"> ✓ It is reported that "all the necessary ethical measures were taken to ensure protection of the human subjects" ✗ No information about ethical

	<p>focussed data collection);</p> <p>? Reference to how the model (Which included the themes) is made, however this seems somewhat vague</p>	<p>? Whilst diversity does not seem to have been directly considered, there is consideration of how the themes applied to the women (e.g. "others spoke of...")</p>	<p>drafts of the emerging model and provided their comments";</p> <p>? Whilst individual differences within how the themes apply to participants is discussed, discrepant results to the key themes identified are not discussed.</p>	<p>interviews to illustrate;</p> <p>✓ The data appears to be appropriately referenced at relevant points, such as to specific participants (using pseudonyms)</p>		<p>reference to relevant literature is given;</p> <p>? Implications of the research can be inferred from the discussion although this is not explicitly clear;</p> <p>? Whilst no direct reference to limitations is made, it is commented when proposing future research that the study is based on women who were more educated than the general public</p>	<p>approval is provided..</p>
<p>Schreiber & Hatrick (2002)</p>	<p>Rigorous</p> <p>✓ A clear description of the data analysis is provided which can be considered reliable (e.g. stages of individual analysis and group collaboration);</p> <p>✓ A systematic approach is reported, moving from open coding, to categories, to global concepts;</p> <p>✓ Reference to how the themes/concepts were derived is given (e.g. "the first category...involved all of the women...explaining their depression as...")</p>	<p>Rich</p> <p>✓ Some reference to the context of the data is made (e.g. "for example a remarkable number of women described their depression as..." when discussing the property of 'adopting language and symbols');</p> <p>✓ Detail is provided for each property, with reference to the data and to relevant literature;</p> <p>✓ Terms are used to outline when the findings apply to the whole sample or smaller numbers, e.g. "all of the women..."; "many women..."; indicating consideration of diversity within the findings, and some comparisons are made.</p>	<p>Not sure/ not reported</p> <p>✓ The analysis was conducted by more than one researcher, and stages were included where they collaboratively examined the data,</p> <p>✗ No reference is given to discrepancies if they arose;</p> <p>✗ It is not reported that participants feedback on the transcripts/data;</p> <p>? Whilst some differences within how the themes is discussed, discrepant results to the key themes identified are not discussed.</p>	<p>Convincing</p> <p>✓ The findings are clearly presented in a logical order;</p> <p>✓ Extracts from the original data are included;</p> <p>✓ The data appears to be appropriately referenced at relevant points (e.g. refers to specific participants, or to larger groups of participants)</p>	<p>Relevant</p> <p>✓ The findings clearly relate to the women's experiences of depression and to their explanatory models (aims).</p>	<p>Adequate</p> <p>✓ Reference is given to the interpretations being made from the sample and the conclusions made from these;</p> <p>✓ The conclusions seem plausible and have considered relevant literature;</p> <p>✓ Implications of the research are outlined (e.g. need to consider the while women to effect change in any particular domain);</p> <p>✓ Some reference to potential limitations is made (e.g. specific sample, and use of the term 'treatment' which may have shaped the sample).</p>	<p>Clear</p> <p>? Whilst no specific reference is made to ethical factors such as consent and anonymity, it is clear from the paper that participants were informed of the study and no participant is identifiable from the write-up;</p> <p>✓ Ethical approval is reported.</p>

<p>Vidler (2005)</p>	<p>Rigorous</p> <ul style="list-style-type: none"> ✓ The analysis procedure is clearly outlined; ✓ A systematic approach was applied to the analysis (e.g. individual transcript analysis followed by sample analysis); ✓ The author reports how the themes were derived (e.g. explaining which themes came from the interview questions, and which emerged as a product of the interview transcripts) 	<p>Rich</p> <ul style="list-style-type: none"> ✓ Some reference to the context of the data is provided, e.g. when referring to whether they came from specific questions asked, or within the interview transcript itself; ✓ Detail is provided for each theme, with reference to the data and detailed quotes; ✓ Diversity is considered whereby some consideration of the amount of women the themes apply to is made, and comparisons across 2 groups of participants which were identified (currently depressed, and no longer depressed) are made. 	<p>Reliable</p> <ul style="list-style-type: none"> ✓ "The findings and research products were reviewed by an independent researcher for their authenticity"; ✓ It is reported that this indicated agreement in the themes identified; ✓ Participants (15/22) fed back on the interpretations of their transcripts, which indicated agreement; ✓ Reference to findings from minimal sample numbers is reported 	<p>Convincing</p> <ul style="list-style-type: none"> ✓ The findings are clearly presented and separated logically (e.g. the quantitative research is separated from the qualitative research; ✓Detail for each theme is provided, along with an extract from a participant's interview for each; ✓ The findings are also appropriately referenced (e.g. when referring to distinctions between the 2 groups of currently depressed, and no longer depressed). 	<p>Relevant</p> <ul style="list-style-type: none"> ✓ The findings clearly described themes relating to the experience of depression for the women studied (main aim of the study). 	<p>Not sure</p> <ul style="list-style-type: none"> ✓ The researcher has been clear in specifying when themes were clearly evident in the transcripts; ✓ The conclusions seem plausible and are coherent; reference to relevant literature is given; ? Implications of the research can be inferred from the discussion; however, these are not clearly defined; ✗ No reference to limitations that may have been encountered is given 	<p>Not sure/ not reported</p> <ul style="list-style-type: none"> ✗ No reference to ethical issues is made; ✗ No information about ethical approval is provided.
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APPENDIX THREE: Example of data extraction from studies with concepts underlined (example only - first 3 studies)

Study and background information	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
<p>Barnard (2009) <i>Lesbians' constructions of depression</i> -12 lesbians, aged 21-66; 'recognising a time in their life's when felt depressed'; America -Aim: Explore lesbian's experiences of depression, & identify ways that dominant and alternative discourses shaped their understandings of depression & sexuality -Analysis: thematic</p>	<p><u>Feeling depressed</u> -Depression was described as a physical manifestation, a chronic state of being described as a 'worldview', and as an episodic event in response to a specific life event [<u>cause</u>].</p>	<p><u>Relational dissonance</u> - as the primary source of depression [<u>cause</u>]. -depression was usually spoken about in the context of difficulties with interpersonal <u>relationships</u> -<u>Parent-daughter relationships</u> (often a reluctance to accept a lesbian daughter) -<u>Family systems</u> [<u>cause/relationships</u>] (dysfunction within family of origin as primary underpinning reason for depression) -<u>Abandonment & Neglect</u> [<u>feelings</u>] (as source [<u>cause</u>] of depression) -<u>Trauma</u> (e.g. abuse, but not enough to be a thematic category) -<u>Intimate partnerships</u> [<u>cause/relationships</u>] (break-up as precipitating factor for depressive episodes)</p>	<p><u>Coping Strategies</u> -<u>Medication & Therapy</u> [<u>coping</u>] (biomedical model) -<u>Alternative families</u> [<u>coping/relationships</u>] (nonheterosexual friends as source of meaningful, emotional <u>support</u>) -<u>Spirituality</u> [<u>coping</u>] (effective method of changing the trajectory of depression)</p>	<p><u>Dominant discourses</u> -Were important in shaping their stories of depression: -<u>Biomedical model</u> -<u>Dysfunctional family</u> (they integrated childhood experiences into their understandings of why they suffered from depression) -<u>Organised religion</u> (within family of origin caused difficulty accepting their sexuality = shame & guilt)[<u>cause/feelings</u>]</p>	<p><u>Alternative discourses</u> -Were included in some participant's constructions of their sexual identities. If these were well integrated into their sense of identity [<u>views of selves</u>], sexuality was not part of their depressive narrative: -<u>Lesbian identity & feminisms</u> -<u>Alternative families & Spirituality</u> (empowered the women to resist the impacts of dysfunctional family & organised religion)</p>
<p>Chernomas (1997) <i>Experiencing depression: women's perspectives in recovery</i> -10 women, aged 25-52; with a primary problem of depression; were receiving professional help for depression and were living at home. -Aim: to recast depression from the perspective of the</p>	<p><u>Loss of self</u> -depression was experienced primarily as a loss of self [<u>self</u>]. -the self had changed, become unknown and lost, in an unwanted and painful way. [<u>self/changes</u>] -loss of self and change in perceptions of the self</p>	<p><u>The transformed self</u> -although the known self was lost, the women spoke of <u>changes</u> in themselves and feelings and sensations associated with what had replaced the self -the experiences and sensations associated with the transformed self were most distressing</p>	<p><u>Wanting and monitoring</u> -desire to regain parts of the self or to change something about the self...some expressed the desire to do both [<u>to make change</u>] -identified what they wanted and how they would like to feel [<u>to make change</u>] -having to <u>face life</u> each day with depression, which</p>	<p><u>Acceptance and belonging</u> -several participants described supportive <u>relationships</u> -women stated it was important to have <u>others</u> <u>accept</u> them, however different they might have been in the light of depression -a few women felt they did not have the kind of <u>support</u></p>	<p><u>Making sense of depression – meaning and understanding</u> -most women <u>struggled</u> to make sense of their unwanted and painful feelings -participants reflected upon their lives to try and <u>understand</u> why this was happening to them</p>

<p>client and examine women's perceptions of depression and their life experiences within the context of recovery</p> <p>-Analysis: ?thematic</p>	<p>-women moved in and out of talking about depression as part of the self and as an 'it'. A force that invaded the body and took over [<u>feeling depressed/depression as an entity</u>].</p> <p>-it emerged as a central experience in depression; it was the basis for their explanations [<u>understanding/changes</u>] of their feelings of <u>powerlessness</u> and difficulties in negotiating their everyday activities [<u>impact</u>]. Losing the self affected their <u>relationships</u> with others and their limited ability to influence the recovery process.</p>	<p>-in place of the self was a hollow shell lined with deep sense of sadness that was vulnerable to the outside world [<u>feeling depressed</u>]</p> <p>-the transformed self was dominated by a feeling of <u>powerlessness</u>.</p> <p>-feelings of <u>guilt</u> were intertwined with feelings of <u>powerlessness</u> [<u>feeling depressed</u>]</p> <p>-self-doubt</p> <p>-without the known self and with the concomitant powerlessness of the transformed self, women faced significant <u>challenges</u> [<u>impact</u>] as they negotiated their daily existences and life's requirements that would not leave them alone</p>	<p>meant facing life without the self [<u>impact</u>], became an accepted phenomenon and was a common reference point for the women in <u>monitoring</u> their status.</p> <p>-many women relied on their own <u>judgements</u> about themselves as a valuable source of information about their status</p> <p>-self-monitoring activities provided a means for participants to reduce some of the <u>powerlessness</u> that dominated their lives [<u>progress</u>]</p>	<p>they would have liked [<u>mismatch</u>]</p> <p>-felt <u>conflict</u> between their need for others and their fear of expressing their 'vulnerabilities'. This caused them to <u>isolate</u> themselves and <u>avoid</u> others, or limited their expression of how they really felt when they were with others [<u>mask/impact</u>].</p>	<p>-<u>seeking information and understanding</u></p> <p>-each woman served as her own repository of information, viewpoints and collector of experiences. This material was analysed in order to find personal <u>understanding and meaning</u>, which ultimately was connected to the healing of the self.</p>
<p>Fullagar & O'Brien (2012) <i>Immobility, battles & the journey of feeling alive: women's metaphors of self-transformation through depression & recovery</i></p> <p>-80 women, aged 20-75, mixed diagnoses of depression; Australia</p> <p>-Aim: Examine how participants invoked particular metaphors to construct meaning about the gendered experience of depression & recovery</p> <p>-Analysis: ?coding framework to identify key metaphors drawn upon</p>	<p><i>Immobilizing the self</i> [<u>impact/feeling depressed</u>]</p> <p>-The immobilising effect of depression on their sense of self [<u>views of selves</u>] & hence challenge moving into recovery</p> <p>-e.g. being trapped in a hole, pit, cave, well, forest, hell, or dark room [<u>feeling depressed</u>]</p> <p>-Descent or loss of control [<u>feeling depressed/impact</u>]</p> <p>-Being immobilised also signified the loss of a sense of identify [<u>views of selves</u>] & direction, and failure to meet gendered expectations of womanhood [<u>impact</u>]</p>		<p>[Recovery]</p> <p><i>Recovery as a battle to control depression</i></p> <p>-the difficulty of moving through depression toward recovery</p> <p>-finding a different way to live with depression's effects & to change some of the patterns & relationships that enabled it to flourish</p> <p>-battle with reliance on medication</p>	<p>[Recovery]</p> <p><i>The journey of feeling alive</i></p> <p>-an ongoing process of developing self- knowledge in the context of everyday life challenges, past history, and desires for a different future</p> <p>-process of becoming alive and recognising oneself as a woman with a range of capacities & desires, someone who could question dominant illness narratives about depression and failure</p>	

	-invisible self <i>[feeling depressed/views of selves]</i> -described the embodied feelings of being stuck & lacking agency <i>[feeling depressed/impact]</i> -drew on biomedical & psy-language & imagery about deficiency & failure located somewhere within the self <i>[feeling depressed/views of selves]</i>				
...

Appendix four: Example of Evidence for themes (Example only – first theme: A Physical and Psychological Encounter)

Study	Theme 1 – A Physical and Psychological Encounter
Barnard (2009)	<p><u>Feeling depressed</u> “Most of the participants described depression as a physical manifestation” (377) [Experience – physically] “For seven of the women in the study, feeling depressed was a chronic state of being, described as a “worldview” (378) [Experience – mentally]</p>
Chernomas (1997)	<p><u>Loss of self</u> “From participants perspectives, depression was experienced primarily as a loss of self...The essence of each woman was missing...The self had changed, become unknown and lost, in an unwanted and painful way” (396) [Experience – loss of self] “Women moved in and out of talking about depression as part of the self and talking about depression as an ‘it’, a force that invaded the body and took over. Depression robbed women of their hearts, minds and souls. It took their sense of confidence, their ability to feel happiness, pleasure and excitement and left in their place feelings of anxiety, worry and self-doubt” (396) [Experience – entity]</p> <p><u>The transformed self</u> “Powerlessness was experienced as physical fatigue and weakness. Lacking energy to do the things one had to do or wanted to do was a common observation...” (396) [Experience – physically] “Without the known self and with the known self and with the concomitant powerlessness of the transformed self, women faced significant challenges as they negotiated their daily experiences and life’s requirements that would not leave them alone” (396) [Battle/challenge]</p> <p><u>Wanting and monitoring</u> “Women recognised the loss of the self as a powerful force that affected their ability to face life each day. Women spoke of the desire to regain parts of the self or to change something about the self” (397) [Experience – loss of self] “Others described a generally consistently sad mood” (397) [Experience – mentally] “Mornings were a difficult time of the day for many women. They described the difficulties associated with getting out of bed in the morning and facing another day” (397) [Battle/challenge]</p> <p><u>The self as healer</u> “A significant message about depression was its relentlessness. Participants did not expect depression to last as long as it did... Depression was embedded in their lives, in the essence of their being, and it felt like it would be there forever” (398) [Battle/challenge]</p>
Fullager & O'Brien (2012)	<p><u>Immobilizing the Self</u> “... metaphors such as being trapped in a hole, pit, cave, well, forest, hell, or dark room. Some evoked metaphors of decent or loss of control that precipitated their depression, describing falling, going downhill, crashing, or descending into a state of depression” (1066) [Experience – mentally] “... metaphors of an invisible self: blackness or darkness that often covered or weighed them down (in cloud or fog)” (1066) [Experience – mentally] “Other women employed a more morally laden language, describing the feeling of stasis as a form of imbalance or abnormality that signified a deficit or lack of control within themselves” (1066) [Experience – mentally] “...the common metaphors that were used by the women to articulate the immobilising effects of depression on their sense of self, and hence the challenge of moving into recovery” (1066) [Experience – mentally] “Being immobilized also signified the loss of a sense of identity and direction in their lives” (1066) [Experience – loss of self]</p> <p><u>[RECOVERY] Recovery as a Battle to Control Depression</u> “Recovery from depression was often a battle, and not a straightforward matter, despite the range of treatments and recovery practices employed....” (1066) [battle/challenge] “Women battled, worked, fought, and “slipped” as they tried to changed their lives and transform their emotional selves” (1067) [Battle/challenge]</p>

	<p>“...Hence the challenge of recovery was finding a different way to live with depression's effects and to change some of the patterns and relationships that enabled it to flourish. This was an extremely difficult undertaking, as evidenced by the number of women who had several recurrences of depression in their lives” (1066-7) [battle/challenge]</p> <p>“For many of the older women who had been on a variety of antidepressants for many years, medication had become very much part of the language of their depressed/recovering identify. For example, one woman who had been taking medication for 34 years described depression as an ongoing “personal war” requiring a prescription that was double the recommended dosage” (1067) [Experience – mentally ; Battle/challenge]</p> <p><u><i>[RECOVERY] The Journey of Feeling Alive</i></u></p> <p>“A number of women employed transformational metaphors of active movement and even pleasure in overcoming limits as they described their changing self. These metaphors of recovery stood in stark contrast to the death-like stasis of depression: sun shining or climbing, or moving out of the blackness, hole, or pit” (1068) [Experience – mentally]</p>
Gammell & Stoppard (2012)	<p><u><i>Before Diagnosis with Depression</i></u></p> <p>“Each of the women talked about having experienced feelings of ill health in the period prior to their diagnosis with depression. These experiences were described in terms of feeling down, having trouble concentrating and being unable to accomplish daily tasks at the same level as they had in the past” (116) [Experience – physically]</p> <p><u><i>Life After Diagnosis with Depression</i></u></p> <p>“...expressed some uncertainty about whether they would ever be entirely over their depression. They hoped that their depressive feelings would not recur, but also believed that depression was something they had to live with” (120) [battle/challenge]</p>
Hurst (2012)	<p><u><i>Not Worthy of Love</i></u></p> <p>“These two women described their depression as a loss of self” (182) [Experience – loss of self]</p>
Jones et al., (2013)	<p><u><i>Weariness</i></u></p> <p>“Feelings of sadness, loneliness, and mental and emotional exhaustion permeated many areas of the participants' lives and all related to the general category of weariness. Five of the participants discussed feeling sad, upset, or unhappy during their experience of depression” (8) [Experience – mentally]</p> <p>“Three participants remembered their desire to do not much more than stay in bed and sleep when they were depressed, and seven participants discussed crying as part of their experience. Being upset to the point of “breaking down” was an experience described by two of the participants... Pervasive and sometimes overwhelming feelings of sadness were ongoing during participant's experiences of depression” (8) [Experience – physically; Experience - mentally]</p> <p>“Sport placed many demands on their time...which led four participants to feel overwhelmed and exhausted. Juggling many obligations or worries while also struggling with depression can lead to a feeling of being unable to deal with it all” (8) [Experience – mentally]</p> <p><u><i>Nowhere to Go</i></u></p> <p>“Depression and frustration with sport led participants to consider leaving sport in order to alleviate their pain. Yet, they expressed being unwilling to give up sport because it was such a big part of their lives and identity, and had served as an emotional outlet during times of stress. For some, sport was seen as all they had going for them and struggled to imagine what they would do without sport. Thus, they had nowhere to go” (10) [Experience – mentally]</p>
Lafrance & Stoppard (2006)	
Maxwell (2005)	
McMullen (1999)	
Poslunsy (2000)	<p><u><i>Street Corner Recitals and Clinical Depression</i></u></p> <p>“Living with depression was likened to having to listen to music that made you feel uncomfortable or that you didn't understand” (296) [Experience – mentally]</p>

	<p>"The physical sensation of pain, low self-esteem, and alienation were essential or constituting features of clinical depression" (296) [Experience – physically; Experience - mentally]</p>
Rapmund & Moore (2000)	
Rice et al., (2011)	<p><u><i>Diminished Desire to Socially Interact:</i></u> <u><i>A lack of interest</i></u> "A number of women discussed how the numbness that presented with a severe depressive episode unfastened any feelings or emotions they might have had for another person" (1391) [Experience – mentally]</p> <p><u><i>Fear of Social Interactions:</i></u> <u><i>Emotionally overloaded</i></u> "Five of the women also talked about feeling emotionally overloaded" (1393) [Experience – mentally]</p> <p><u><i>Isolation:</i></u> <u><i>Detachment</i></u> "The women in the current study spoke about how detached from other people they felt, as well as their ruminative tendencies" (1395) [Experience – mentally] "Ann... Also spoke about how separate from the world she felt, as though existing in a bubble, and only being able to watch as the world progressed by..." (1395) [Experience – mentally]</p>
Roseth et al., (2013)	<p><u><i>Submerging in a threatening emotional body: the breaking point</i></u> "As they over time neglected and ignored negative embodied emotions, these evolved gradually and manifested themselves differently for the three women" (164) "Through their bodies they experienced these emotions as stomach pain, dizziness, nausea, fatigue and a general feeling of sickness, but also in the form of panic attacks and death anxiety" (165) [Experience – physically] "Eventually they would be liable to "hit the wall"; as they no longer can disregard their emotional bodies and experience themselves as terrifyingly submerged in them" (165) [Experience – mentally]</p>
Scattolon & Stoppard (1999)	<p><u><i>Depression and feelings of isolation and aloneness</i></u> "For her depression felt like the isolation that one would feel in a jail cell. Her reference to jail suggests that her depressive experiences felt like a cold, barren cell, which was characterised by feelings of loneliness. It could be inferred from her use of this metaphor that she felt imprisoned by her feelings of distress and loneliness" (209) [Experience – mentally]</p>
Schreiber (1996)	<p><u><i>My Self Before</i></u> "The women shared a sense of being incomplete and unintegrated, as if a piece of themselves were somehow missing" (474) [Experience – loss of self]</p> <p><u><i>Seeing the Abyss</i></u> "The women in the study spoke of an overwhelming sense of sadness that went beyond a simple grief some of them had experienced in the past" (477) [Experience – mentally] "Some, like Sandy, spoke of crying easily and being unable to control tears: 'One afternoon I was overwhelmed by a feeling of despair, and I started to cry...'" [Experience – physically] "...these behaviours included fatigue, confusion, and an inability to experience joy in their lives" (477) [Experience – physically] "Many images had to do with being lost" (478) [Experience – mentally] "Women spoke about 'being in a cloud' or 'being lost at sea', and remembered feeling they were slipping into a deep, dark hole. 'The Abyss' that is depression for each of these women is a very individualised experience characterised by a feeling of being isolated in a world that is 'beyond sadness'..." (478) [Experience – mentally]</p>
Schreiber & Hatrick (2002)	
Vilder (2005)	<p><u><i>The themes reflecting the experience of depression</i></u> "A sense of being stuck in an enforced withdrawal or hibernation permeated the majority of the women's descriptions of depression. Participant's statements referred to feelings of helplessness, powerlessness, and an inability to take action, or feeling they were not in control of their lives. In association with this, they described feeling unable to motivate themselves and unable to cope. There was a sense of torment and pain of a deadness of spirit or soul" (8) [Experience – mentally]</p>

APPENDIX FIVE: Culture prism broad analysis

Paper	Theme 1: A physical and psychological encounter	Theme 2: The depressed self is negative, self-critical and vulnerable	Theme 3: Control: Feeling out of control and a lack of control	Theme 4: The pressure to meet expectations	Theme 5: Revealing versus concealing the depressed self	Theme 6: Building an Understanding & Realising what Depression Means	Theme 7: Pushing through and self-sacrifice	Theme 8: Feeling left out of the world but wanting to connect	Others
Burr (2002)	✓	✓	✓	✓	✓	✓	x	✓ / x	<ul style="list-style-type: none"> -Cultural beliefs around depression and non-physical difficulties -Belief in having the inner strength to overcome feelings of depression -Prayer and spirituality as coping mechanism -Experience of racism -Gender inequality leading to demoralisation
Etowa, Keddy, Edeyemi & Eghan (2007)	✓ / x	✓	x	x	✓	✓	✓	✓	<ul style="list-style-type: none"> -Racism as a contributor to depression -The difficulties in the lives of Black women, which makes it hard to identify depression - Religion as a way of managing -The 'strong black woman' image
Gask, Aseem, Waquas & Waheed (2011)	x	x	✓	x	x	✓	x	✓	<ul style="list-style-type: none"> -Isolation could lead to secondary gain through support received from family members
Hussain & Cochrane (2002)	x	x	✓	✓	x	✓	x	✓	<ul style="list-style-type: none"> -Conflicting cultural expectations and a sense of not being understood -The role of spirituality (e.g. in understanding of difficulties and treatment of difficulties) -Lack of access to therapeutic support

Hussain & Cochrane (2003)	✓ /x	x	x	✓	✓	x	✓	✓	-Coping through prayer and religion -Some did not perceive themselves as depressed -Some saw not coping as part of depression -Some did not access support due to concerns around confidentiality and blame
Rafique (2010)	✓	x	✓	x	✓	✓	✓	✓	-Coping through religion, positive self-talk, downward comparisons -Losses in the past
Schreiber, Stern & Wilson (2000)	x	x	✓	✓	✓	✓	x	✓	-Acceptance that life is a struggle for all women -Showing compassion to others; taking responsibility -Pinpointing a bout of depression and taking action to divert oneself (through way's such as getting involved, seeking connections, and seeking God's solace)
Shifiona, Poggenpoel & Myburgh (2006)	✓	✓	✓	✓	✓	x	x	✓	-Poor interpersonal relationships -Lack of personal worth related to disempowerment through various experiences (stigma; child bearing difficulties; financial support)
Waite & Killian (2007)	✓	x	x	✓	✓	✓	✓	✓	-Coping with the use of inner resources and activities as well as spiritual beliefs and prayer
Waite & Killan (2009)	✓	✓	✓	✓	✓	✓	✓	✓ /x	-Specific life events, e.g. gun violence, and physical health conditions as contributors to depression -Faith and belief in God as coping -Awareness that depression can lead to suicide and homicide

APPENDIX SIX: Culture Prism analysis themes 1-5 (Example only – first 3 studies)

Paper	Description of study	Theme 1: Depression is experienced physically and psychologically	Theme 2: The depressed self is negative, self-critical and vulnerable	Theme 3: Control: Feeling out of control and a lack of control	Theme 4: The pressure to meet expectations	Theme 5: Revealing versus concealing the depressed self
Burr (2002)	Explored the experiences of women from South Asian communities in relation to their subjective accounts of depression, the perceived causes, and their help seeking and coping strategies. Participants included 4 focus groups (36 women) and 10 individual interviews (aged 21-61)	-Negative feelings, e.g. down, low, -State of being, e.g. a state of mind -Physical, e.g. difficulties with sleep, tiredness, crying, nausea, aches and pains, etc.	-Negative feelings, e.g. powerless, hopeless	-Feeling out of control, e.g. feelings being outside of one's control; a lack of personal control;	-Cultural expectations, e.g. the women spoke of the stress they experience in the work and roles they undertake as women	-Concealing, e.g. the women spoke about not telling people about their depression with a view that they would be seen as moaning
Etowa, Keddy, Edeyemi & Eghan (2007)	Explored the factors associated with depression among midlife African Canadian women and how these women deal with depression, through 50 individual interviews (aged 40-65), workshops and a quantitative measure	-Negative feelings, e.g. unhappy, sad, overwhelmed, lonely, blue	-Negative feelings, e.g. sad, lonely, worthless, 'not needed' -Self-critical, e.g. self-doubt			-Revealing. e.g. women had difficulty in bringing up their depression as women in the community often do not speak about depression
Gask, Aseem, Waquas & Waheed (2011)	Explored the experience of depression and its treatment in 15 British Pakistani women (aged 23-73); this was part of a larger study where initial analysis led to a focus on this sample to explore the persistence of the experience			-A lack of control, e.g. the women were 'stuck' whereby the events and difficulties which had precipitated the onset were unresolved and were acting as maintaining factors; family conflicts seemed impossible to resolve (inescapable) -Feeling out of control, e.g. feeling one couldn't control their feelings -Attempts to regain control, e.g. isolation, changes to be in control of own life		
...						

APPENDIX SEVEN: Culture Prism analysis themes 6-8 and additional topics identified (Example only – first 3 studies)

Paper	Theme 6: Building an Understanding & Realising what Depression Means	Theme 7: Pushing through and self-sacrifice	Theme 8: Feeling left out of the world but wanting to connect	Others not identified in main review
Burr (2002)	-Having insight, e.g. the women were aware of biomedical factors relating depression such as post-natal depression and pre-menstrual tension. They were also aware of a range of external factors and stressors which contributed to their feelings of depression.		-Dissonance, e.g. a sense of dissociation/detachment from the world	<ul style="list-style-type: none"> -Belief that Asian people don't believe in depression -Belief that non-physical things such as depression do not exist or can be taken to the GP, and difficulties in seeing depression as an illness state -Belief that they have the inner strength to overcome feelings of depression and feeling that it would be something they could control by intervening -Prayer and relationship with God as a coping mechanism -Experience of racism which was seen as an everyday existence -Gender inequality which resulted in demoralisation
Etowa, Keddy, Edeyemi & Eghan (2007)	-Having insight, e.g. women were aware of factors such as having concerns for their children and families, grief over the death of significant people in their lives, racism that prevented them from achieving certain things, the menopause, and health-related anxiety	-Pushing through, e.g. the idea of the 'strong black woman' was one who can be counted on to always be there with an infinite capacity to take care of others	<ul style="list-style-type: none"> -Isolation, e.g. feelings of wanting to be alone and to leave others. Not being able to talk to others -Connecting, e.g. support from family, friends, and religion, were ways of dealing with depression; particularly important was being with someone who understands what they are going through 	<ul style="list-style-type: none"> -Racism as a contributor to depression (e.g. it could prevent them from receiving due recognition and promotion at work) -Depression can be hard to identify because it can constitute a whole range of things in the lives of Black women as well as the emotional and physical changes that take place in a woman's body -Religion as a way of dealing with depression (women found comfort in being able to talk to the Lord at times of mental discomfort; they would also retreat from the world by being able to pray with the Lord) -Being strong as a black woman is a part of their everyday existence (a 'do-er' and a 'go-er'; a woman who has 'conquered all')
Gask, Aseem, Waquas & Waheed (2011)	-Having insight, e.g. they would link the onset to a range of life events, particularly ones around loss (bereavement, inability to conceive, ill-health, etc.) and complex conflicts between them and their families		<ul style="list-style-type: none"> -Isolation, e.g. this could be externally determined by cultural or social factors and was a contributor to the onset and maintenance of depression. Family support being too far away (in country of origin). Physical illnesses caused isolation. Active social avoidance resulting in isolation (e.g. due to stigma and feelings of shame and embarrassment; not wanting to be around others) -Dissonance, e.g. cultural differences contributed to a sense of isolation. The women could sit and think about things from 	<ul style="list-style-type: none"> -Secondary gain (sometimes the isolating behaviour would change family behaviours, such as receiving support from others)

			the past which would result in self-imposed isolation this would maintain and reinforce their sense of being apart from the rest of the world.	
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