

A Thematic Analysis of Narratives of Depression.

Joni Halland

Supervisor: Adelene Africa

University of Cape Town, department of Psychology

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ABSTRACT

The positivist version of the scientific method in psychology has concerned itself with the description, classification and measurement of depression and has been critiqued by a number of researchers for its disregard of the subjective experiences of those who suffer from depression. The narrative approach is a postmodernist approach to conducting research, and has developed as a valuable and unique tool in seeking to return the agency and individuality to those whom it studies. This study employs a narrative approach to studying and exploring the subjective experiences of depression of a group of young adults. Nine students from the University of Cape Town between the ages of 19-24 who have a history of depression were interviewed and asked to provide an account of their experiences. The interviews were open-ended, beginning with a formal question focusing on their experiences of depression. The data were analysed using thematic analysis, incorporating a combination of the inductive and theoretical approaches. The findings suggest that while narratives were unique and subjective in their own right, a number of themes appeared to be reflected both within and between accounts. Overall, participants exhibited ambivalent feelings towards their experiences and diagnoses. While the diagnosis was at times perceived to be comforting in legitimizing and validating their emotional states, it was also perceived to be largely oppressive and restricting. Participants also varied in terms of how they made sense of their experiences, with some viewing their depression as important and integral parts of their personal growth and others feeling unable to derive any positive meaning from it.

Key words: depression; subjective experiences; narratives; narrative approach; constructivism; reflexivity; thematic analysis.

INTRODUCTION

According to the *Diagnostic and Statistical Manual of Mental Disorders* [DSM] (American Psychiatric Association [APA], 1994, p. 327), an individual is diagnosed with Major Depressive Disorder¹ if they have experienced a Major Depressive Episode, namely, a “depressed mood” or “loss of interest or pleasure” for a period of 2 or more weeks, together with the presenting of 4 or more depressive symptoms. Depressive symptoms manifest themselves in the individual’s physical, emotional, cognitive and social realms. Physically, the individual may experience change in weight, the presence of insomnia or hypersomnia, impaired psychomotor functioning, and lack of energy. Emotionally they may experience the presence of a depressed mood for the majority of the day and loss of interest or pleasure in activities that usually interested or brought pleasure to them. Cognitively, they may have difficulty concentrating and making decisions and have distorted thought processes, resulting in excessive feelings of guilt and self-blame. They may also experience social impairment, manifested through impaired social skills, social withdrawal, reclusiveness and inhibited functioning in social interactions (Williams, 1992).

Such are the symptoms presented by the APA (1994) on diagnosing and classifying depression. Variation in depressive experience is acknowledged only in terms of the variation in depressive symptomatology. For example, “Latino and Mediterranean” cultures may express “complaints of “nerves” and headaches”; “Chinese and Asian” cultures may express “weakness, tiredness, or “imbalance”; and “Middle Eastern cultures” may express “problems of the “heart”” (APA, 1994, p. 324). The DSM-IV (APA, 1994) also mentions that depressive experiences may manifest themselves as feelings of anger and irritability in adolescents and children, rather than feelings of sadness.

A number of researchers have critiqued the APA for neglecting to cater for actual human experience and for making use of what Stoppard (2000, p. 17) refers to as the “positivist scientific method”. This form of research assumes a largely narrow-minded stance in its understanding and conception of ‘truth’. Holding only methodical, scientific facts as true, this method neglects to explore alternate means of perceiving human reality and experience (Stoppard, 2000).

The positivist scientific method and depression

While archives of positivist research have centred on the description, classification and measurement of depression, considerably less research has concerned itself with the subjective experiences of those who experience it (Rapmund & Moore, 2000; Robertson, Venter & Botha, 2005; Smith, 1999; Stoppard, 2000). 'Experiences' of depression are generally used to legitimise a diagnosis, without being valued in their own right, in that a diagnosis of depression is made when the individual's 'subjective' self-report data meets the diagnostic criteria. However, once diagnostic criteria are met, individuals are explained and their experiences limited, to the relevant items that are said to explain experiences of depression across a wide range of people. Consequently, experiences that lie outside of clinical awareness are deemed irrelevant for the diagnosis and are largely ignored (Stoppard, 2000).

Stoppard (2000) argues that the positivist version of scientific method treats experiences of depression as separate to the individual's contextual reality in requiring them to partake in structured diagnostic interviews and questionnaires. Claiming 'objectivity', these clinical questionnaires and interviews are conducted in order to provide an 'objective' reality as to whether and to what degree the individual suffers from depression. Such tests and materials however, are devised by researchers according to their own theoretical understandings of what depression is and entails, and it can therefore be argued that they reflect and embody the various assumptions and theoretical conceptions a body of researchers hold (Harding, 1995; Kimball, 1995; Stoppard, 2000; Ussher, 1992). While the scientific method may be able to measure depressive symptomatology, it cannot measure the subjective notions of what depression actually *feels* like to the individual, and *seeking* to measure subjective experiences undermines their importance and value (Stoppard, 2000).

Implications of the positivist scientific method

In seeking to 'diagnose' and 'treat' individuals suffering from depression, the positivist scientific method not only communicates a certain degree of stigma surrounding the diagnosis, but also perpetuates systems of power. Pupavac (2001) and Fitzpatrick (2002) look at the way society has become dependant on the expertise and influence of the therapeutic experts. They argue that the clinician/researcher becomes responsible for labelling and

categorising individuals and locking them into a system of therapeutic or pharmacological intervention. With experts controlling the degree to which individuals are labelled and categorised through systems of diagnosis, the power and agency of the individual is severely compromised (Fitzpatrick, 2002; Pupavac, 2001). Thus individuals who present depressive symptomatology become medicalised according to the value judgements exercised by the clinician (Stoppard 2000). Their subjective experiences of depression however, are largely ignored and devalued in their importance and impact in their lives. As a result, the individual experiencing depression becomes limited in his/her sense of agency and power to change.

Towards a narrative approach

As a qualitative research method, the narrative approach has been praised for its acknowledgement of the subjective experiences of individuals (Parker, 2005). While there is a limited amount of research into the narrative approach to therapy and depression (Etchison, 2000; Robertson et al., 2005), there is an even more limited amount of research into the actual narratives of the individuals suffering from depression (Robertson et al., 2000). Previous research (such as Clark & Standard, 1997; Crafford, 1997; Fristad, Gavazzi & Soldano, 1999; Johnson, 1994; Laube & Trefz, 1994; and Nyland & Ceske, 1997; cited in Robertson et al., 2005) has looked at case studies to show how narratives of depression embody stories of cultural, gender and power-related struggles (Johnson, 1994; Nyland & Ceske, 1997), and how stories can be re-authored to bring about therapeutic change and alleviate symptoms of depression (Clark & Standard, 1997; Crafford, 1997; Fristad, et al., 1999; Laube & Trefz, 1994; Sobel, 2005). However, as Robertson et al. (2005, p. 332) note, “the narratives in the previously mentioned case studies were produced in the context of therapy with the aim of the deconstruction of the stories being to produce therapeutic change rather than a critical analysis of the stories *per se*.” What is particularly needed is research that concerns itself with a critical analysis of the narratives of depression so as to gain insight into the meaning individuals ascribe to depression (Rapmund & Moore, 2000; Robertson et al., 2005; Smith, 1999).

Narrative research and experiences of depression

The particular study that has informed my research project has been a study conducted by Robertson et al. (2005), in that of all the studies reviewed, it most closely resembled the

approach and method I sought to use. They conducted a study that explored the “life narratives of a group of self-identified depressed individuals” (Robertson et. al, 2005, Abstract). The researchers made use of a “multiple case-study method” (Robertson et al., 2005, Abstract), and analysed the accounts in terms of the “psychological meaning” (Robertson et al., 2005, p. 332) participants made of their experiences of depression. They analysed the data in terms of language used, meanings attached to experiences of depression, whether socio-political narratives contributed towards experiences of depression, and how experiences of depression contained in the narratives differed from traditional psychological and psychiatric understandings of depression. Their findings indicated that individuals suffering from depression made use of negative language in expressing their stories, viewed their experiences in a negative light, were pessimistic about the future, and found “socio-political narratives to be subjugating” (Robertson et al., p. 344). They recommended that the narratives of a more “narrowly focused group consisting of only men or women, or only adolescents or a specific ethnic group” be viewed in the future (Robertson et al., 2005, p. 343).

In light of the literature reviewed, the various recommendations suggested by Robertson et al. (2005), and my own particular research interests, I became interested in conducting research that would allow participants to voice their experiences in order to explore how individuals construct and make sense of their respective realities of depression.

AIMS OF THE STUDY

This study therefore aims to explore young adults’ experiences and understandings of depression; their feelings about the diagnosis; and in light of the two preceding areas, their perceptions of their past, present and future ‘spaces’.

METHODOLOGY

Design

A qualitative narrative approach was used in this study. Babbie, Mouton, Vorster and Prozesky (1998) argue that qualitative research is an appropriate means of studying behaviour and phenomena in their natural settings, as well as providing the rich descriptions of

experience that is neglected by the positivistic scientific method. As I was interested in exploring the subjective experiences of depression, a method that sought to explore depression from the perspectives of the individuals themselves was the preferred means of conducting the research. A qualitative approach is also conducive to conducting research that seeks to equalize the researcher-‘subject’ relationship and allow the participant to have some degree of control of what he/she brings to be ‘studied’ (Babbie et al., 1998). Through using a qualitative narrative approach, individuals were able to bring what they deemed necessary to the research setting and in this way, the researcher-‘subject’ relationship was equalized.

Participants

Nine students between the ages of 19-24 were interviewed. Seven of them were female and two were male with eight of them being ‘white’ and one ‘coloured’. Selection was based on the availability of the sample. An appeal was made to a third year psychology class in which I gave a brief introduction to my study and the basis of my research question. Six participants came forward after the appeal was made and another three contacted me after hearing about the study through their peers. The interviews were conducted in a private room on UCT campus for a length of approximately one and a half hours and were informed that an additional interview(s) could be arranged should they feel they had more to say.

The participants were required to read through and sign the informed consent form in which they were informed about their participation rights and ethical research practice. I requested permission to take field notes and asked participants if they were willing to be involved in a member check on completion of the interview. All participants willingly signed the informed consent form as well as granting me permission to take field notes. The interviews were recorded, transcribed and analysed.

Method of gathering information

Researchers have viewed the qualitative interview as the democratisation of the interpretations of interviewee’s experiences (Cisneros- Puebla, Faux & Mey, 2004). The interviewing process seeks not to find facts through rigid question and answer interviewing, but rather, to allow the interviewees to bring forth information as they see fit.

For this reason a very open-ended question was phrased to the participants in order to allow them the freedom to ‘voice’ their experiences of depression without being restricted by pre-determined questions. Participants were required to answer only one formal question, namely, ‘Would you like to tell me about your experiences of depression?’ After obtaining permission to take field notes, I at times jotted down information that I wanted them to explain and clarify so as not to disrupt the flow of their narrative. I also paid attention to the various gestures and behavioural responses made whilst telling their stories so as to supplement them.

While some participants found it easy to speak about their experiences, others struggled to know where to start. On more than one occasion I sensed the participants getting somewhat frustrated with the open-ended nature of the question. On these occasions I would ask participants to explain and expand on certain issues, so that their narratives were opened up. Four questions, reflective of my four particular research interests developed through the course of the research and were phrased to the participants when I judged the questions appropriate to the context of what the participant was talking about, provided they had not unknowingly addressed them already. They had no specific wording or structure, however sought to elicit responses that might inform me of how they firstly, saw their diagnoses and experiences of depression, secondly, viewed their future in light of the particular place they were currently at, and thirdly, how they defined depression (in other words what ‘depression’ meant to them). The only question that was officially asked in all the interviews was ‘So would you like to/ could you please/ do you want to tell me about your experiences of depression?’ in the hope of illuminating young adults’ experiences of depression and the other research questions.

The narratives were recorded and transcribed, at which point they were sent back to the participants to read through and ensure that all relevant information was kept anonymous. Participants were also given the opportunity to add anything they felt was necessary to their narratives as well as to comment on what it felt like being a participant in the study. On completion of the member check, I made amendments to the accounts in line with their requirements and proceeded to perform a thematic analysis of them.

Through exploring narratives of depression and analysing them in terms of the various themes they involve, one is better able to understand the realities that guide and shape the experiences of individuals who have a history of depression. The approach I take therefore, is similar to

that used by Robertson et al. (2005), Rapmund and Moore (2000) and Sobel (2005), in that I did not seek explain experiences in terms of causal events or look for ‘hidden truths’ within the accounts. Rather, I sought to treat each story as unique whilst drawing on certain observations I found to be present within, and similar across the accounts themselves.

DATA ANALYSIS

Thematic analysis

Thematic analysis involves the identification and analysis of themes and patterns of similarity within qualitative research (Braun & Clark, 2006). It is not grounded in any particular theoretical and epistemological framework and can therefore be applied across a wide range of qualitative research approaches (Braun & Clark, 2006). I used the essentialist method, which looks at the experiences, meanings and realities of participants, in conducting the analysis. I sought to go beyond merely describing thematic observations. I have thus attempted to “theorize the significance of the patterns and their broader meanings and implications” (Braun & Clark, 2006, p. 84)

In seeking to analyse data, thematic analysis can either identify the themes pertaining to a particular research question (deductive analysis) or it can identify themes that are observed across the entire data range (inductive analysis) (Braun & Clark, 2006). Inductive thematic analysis occurs when the researcher observes themes from the data without having had a particular preconception of the various themes that would emerge. Deductive thematic analysis on the other hand, is guided by the researcher’s particular thematic interest and seeks to analyse a specific area of the data. I initially used an inductive means of analysis as I went into the research with the intention of merely exploring the subjective experiences of depression. However as the research process continued I began to observe certain themes of particular interest and developed four main questions that would elicit information in these four areas.

The semantic approach to data analysis looks at the themes that are observed and at times attempts to look beyond the observations and theorize possible reasons and implications for the observed themes. I used the semantic approach of data analysis and sought to look beyond mere observations so that a more complex and insightful analysis was made.

The brief descriptions (see Appendix B) were created from the initial uninterrupted accounts of the individuals' narratives. Consequently, some are longer and more detailed than others, as some of the participants were able to communicate their narratives without further guidance. Other individuals struggled to begin their narratives and would then either ask me if I had any other questions, or would cease to give their accounts after a brief narrative (such as the descriptions presented previously) had been provided. I would then ask participants to expand on or explain certain words or phrases within their brief accounts, and this would open up the narrative and lines of communication. As a result, individuals disclosed more information from which I was able to draw a number of similarities and observations. While each narrative was entirely unique and valuable in its own right, observations and analyses indicate that overall, individuals communicated ambivalent responses to their experiences, diagnoses, and understandings of depression. It was also found that while individuals *did* draw on negative language to describe their experiences of depression and perceptions about the future, this was not always the case, and in fact, no one individual presented an entirely negative account of either his/her experiences or perceptions of the future. The themes that follow are those that were observed throughout the research process and represent the ambiguity presented within their accounts and perceptions.

“Depression to me is, it is not sadness. Sadness is a healthy emotion and I can deal with that, it feels good...depression is sort of like a debilitating...state, where to me, there’s a loss of hope”^{si} - Brad

Depression was perceived to be a separate experience to that of sadness. Daniel describes depression as being “complete emptiness”. He says, “to me it’s not really *an emotion*, you know it’s not like, *I’m feeling sad*. Because, sadness is, to me something triggers sadness, but, to me, depression is like, you know, there’s no trigger there...with depression it was like...I felt empty I didn’t *feel, sad*, I didn’t feel *happy*, I felt completely indifferent to everything”. Genna describes depression as feeling like “you’re living in a *void*...you, at the same time feel *nothing*, but feel *everything*”. Ellen described depression as feeling ‘dead’ inside.

According to the way individuals described depression it appears that depression is perceived to be a particular ‘space’, almost like another universe or dimension. Helen often referred to her fears of going “back there”. I asked her what she meant by “back there”, what “back there” meant for her. She replied, “I see it as a really dark space, I see a black hole when I

think about it". Similarly, Daniel often spoke about going *into* a depression, as if it were some separate reality. What is indicated through these descriptions is not only the perception that depression is not sadness or an emotion in itself, it also highlights the extent to which the DSM and the positivist scientific approach have failed to acknowledge the depth of experience contained in experiences of depression. Depression is more than just two weeks of sadness and loss of interest or pleasure, depression is a real experience that is quite unlike that of any other.

What counts is the person's own perception of illness: illness is 'deep' when perceived as lasting, as affecting virtually all life choices and decisions, and as altering identity

(Frank, 1998, p. 197).

Depression was perceived as an "illness" and a "disease" by both Helen and Iris respectively. Adrienne, Claire and Iris all felt highly restricted by their diagnoses and deeply affected by its unpredictable presentation in their lives. In this way it was perceived to affect many of the social, biological and occupational choices they made as they were often unpredictable in following through with social arrangements, could not drink alcohol due to the biological impact of the medication (Iris), and could not complete their studies as a result of being hospitalised and not meeting course requirements (Adrienne and Iris).

Conceptualisations of depression of an 'illness' and 'disease' are indicative of a medicalised understanding of experiences of depression, which in turn indicate the pervasiveness of the biomedical model into the accounts of many of the individuals. While participants appeared to have experienced deep distress in their experiences of depression it is possible that the biomedical understanding of their experiences further added to their distress. This relates to how individuals perceived their diagnoses.

"I've got this serious battle going on, in me, about my medication...and I feel that I've been labelled as a depressive, person and that is me for the rest of my life"- Daniel

Depression as a diagnosis has been set apart from the experience of depression because I believe they are largely different things. An individual carries with him/her the diagnosis of depression regardless of whether they are experiencing it in that time of their life. Having to face not only *experiences* of depression, individuals are also subjected to the *label* of

depression, and all that is associated with it. Here, individuals differed too in how they viewed their diagnoses of depression.

At times individuals felt comforted by their diagnoses, feeling that it legitimised their emotional states. Genna commented, “you know her (referring to her psychiatrist) diagnosing...me with depression was actually, I could just stop pretending...and just...actually *feel* what I was *feeling*”. At other times, individuals felt constrained and misrepresented by their diagnoses. Both Daniel and Brad were highly skeptical towards processes of diagnosing and the implications it had for the bearers of diagnoses. Daniel, though unable to pinpoint precise reasons for why he had attempted suicide, believes that carrying the label of depression may have contributed towards his behaviour. He says, “I’ve got this serious battle going on, in me, about my medication...and I feel that I’ve been *labelled* as a depressive, person and that is me for the rest of my life”. He goes on to say that carrying the burden of the diagnosis may have led to his suicide attempt because if he was going to be this person for the rest of his life he saw no point in continuing. He raised an interesting and important point in this regard. He says, “I think that’s one of the problems, is like, the diagnosing like, saying you have something but not actually telling you that, you know you *can*, kind of *get over it* and it’s not *with* you for the rest of your life.”

Similarly, Brad regarded the diagnosis of depression as “a *massive generalisation* and...*largely...not useful*”. He also viewed processes of categorising illness “useful in *some* senses, like when they have a biological basis, like (when) we need to know what Shizophrenia is”, but saw categorising illness in terms of depression largely oppressive and un-useful.

Mostly individuals communicated mixed feelings about their diagnoses. They would often outline both the positive and negative implications the label meant for them. For example, Ellen says, “well I suppose (the diagnosis) *helped*, you know you can *acknowledge* now that...there is something that’s *genuinely* wrong with you, you’re not just kind of, *freaking out* or, being *crazy*”. She then goes on to say, “*but*, I think everything that comes *along* with it...how people *around you* deal with it...now it’s not just...about *you*, now you have to try and justify it to *everyone else*”. When asked what she meant by having to justify it to people, Ellen said that it placed pressure on her to “just make them *realise that*, you *do* actually have a problem you’re not just, *faking* it”. Claire also indicated that she was both “disturbed” and

“relieved” to find out that she had Bipolar because while it explained many of her experiences in high school (such as sleeping in the bathrooms during class and having persistent feelings of sadness) it was also associated with the stigma of being “crazy”.

It would appear that individuals felt at times comforted by their diagnosis, and at other times largely restricted by it. While feeling that it legitimised their experiences they also felt oppressed by it. Ultimately it comes down to, as asserted by Brad, the utility in diagnosing and being diagnosed with depression. If being diagnosed with depression traps one into an unchangeable life script that serves only to legitimise staying in a depressed space then the diagnosis is largely un-useful and oppressive. If however the diagnosis comforts the individual in explaining reasons for why they felt like they did and is used as a tool for further growth and insight then the diagnosis may be beneficial and useful to the individual.

“I feel like I can’t have fun anymore”- Iris

To a number of female participants, depression was something slightly different. What I noticed was a deep sense of loss, often communicated through times where individuals noted that they were for example, “less of what (they) were” (Ellen). This seemed to particularly resonate with the female participants. Within a single sentence Claire communicates her sense of loss of the “*happy girl in junior school...(who) loved life...got involved in a lot of things and...was enthusiastic*”, who then, “got to high school and...felt like a misfit...*misunderstood...and...inadequate*”. Having been highly talented in a number of academic, musical, social and leadership skills, Ellen described her experiences of being “down in the dumps” as being a time when “*you feel like, you’re not the person you were...you feel like, that old person that was so capable and was so normal, at a stage, is now, dead and gone you can’t really remember them even...you just feel really...dead inside*”.

It is interesting that this sense of loss was experienced only by female participants. Related to the sense of loss was the need to be the same “efficient, young woman...always smiling...(and) outgoing ” (Genna) as they were ‘before’ they were ‘tainted’ by their experiences of depression. This suggests that depression for these young women was related to the expectations society had placed on them in expecting them to be a particular type of person, one who was happy, intelligent, interesting and social. It is thus debateable as to whether their depression preceded their sense of loss or whether the unrealistic societal

expectation to be a certain type of woman preceded their experiences of depression.

(Through cutting) “you feel like you’re in control, which is a bit ironic, because you’re not...but you do...feel in control of the situation because you’re the one who is cutting and you’re choosing to do it and seeing the blood flow is like it’s like everything’s been released”- Genna

A common theme that runs through a number of accounts is the relationship between the lack of control and depression. Brad, Genna, Iris and Daniel all comment on how their lack of power and control in their lives was possibly the worst feeling and contributing factor to their development of depression. For example, Brad says depression was particularly debilitating for him because of his “loss of control... (and)... loss of... power in the world”.

It seems strange therefore that if depression is related to feelings of powerlessness and lack of control why diagnosing individuals is the means of ‘treating’ them, when all diagnosing does (as discussed earlier) is perpetuate systems of powerlessness on behalf of the individual.

“If I could go back and not be depressed I’d still be depressed”- Daniel

In some way all the participants communicated a sense of ambivalence with regards to how they ultimately saw their experiences of depression. For example, Daniel referred to his depression as being “an amazing thing...but at the same time it’s the worst thing I’ve ever experienced”. He also mentioned that if he had the choice to go back and not experience depression he would still choose to be depressed. He says, “I mean, as weird as it sounds you know... it’s something which is *so strange* and, it’s quite a it’s a really interesting thing”. Similarly, Faye described the last six months as being “*an incredible journey*”, noting that while it has been incredibly difficult for her to face past hurts, she has become a much more open and impassioned person. Brad also regards depression as being a “pretty important part of being human” and believes that his experiences of depression have led him to become a more empathetic and caring person.

It has been highlighted in a number of places in the analysis that individuals felt that although they had experienced difficult times and struggles, they believed their experiences to be somehow meaningful and purposeful in contributing towards their full human experience. While perhaps not relating to the accounts shared by Claire, Iris and Ellen, depression was generally seen to be a tool with which individuals could derive greater meaning. This can be seen particularly in the accounts shared by Genna, Helen, and Brad, whose narratives all spoke about moments of power. Genna recalls a time when she decided to reclaim her power and change her outlook on her experiences. She says “it was only later (after having been admitted to Kenilworth Clinic) that I thought to myself, I can either continue doing this, it was basically another if you’re going to do this you might as well just end it and put a bullet in your head, *or* you’re going to have to change your outlook, and take positive steps to change”. Genna has changed her outlook on her experiences, has found more productive ways to express her need for control, and has taken active steps to prosecute her uncle. Helen also speaks about moments of reclaimed power when she describes moments of finding her “voice”. She mentions that in finding her “voice” she has learnt to express herself more in terms of what she wants in life and what she believes in. Brad also expresses power in his narrative. He mentions that in joining the ‘Mankind Project’ and getting involved in physical activities, he has learnt to deal with his anger and sadness in a productive way. He says, “now I’m truly coming...into my own where I have a sense of my own *power* and I don’t actually, need other *people* so much, I can help myself *a lot more*”.

Thus alongside stories of power, were stories of pain. This is conceptualised in an interesting way when Helen speaks about the “fine line between life and death”. Ambivalence in experiences and understandings of depression and depressive diagnoses is best understood when conceptualised as being on the flip side of each other, and yet part of each other. Just as an individual’s views of his/her diagnosis can be entirely opposite and separate from each other, they are also able to reside next to one another and move between each other. Such ambivalence is also seen when individuals were asked how they viewed the future in light of the particular place they were currently at.

“The future, is kind of...my therapist always said that, says that there’s this wide open road to happiness. I don’t believe (that)...maybe there is a wide-open road, but I don’t choose the wide-open road. I’ll end up like, on the side of the wide-open road, going down all these like alleyways...I’ll end up where I’m supposed to be, somehow, but it won’t be on a wide-open road”- Adrienne

Ambivalent perceptions of the future also seemed to be present in many of the accounts. Faye, Daniel and Brad were particularly positive about the future saying that they felt “positive” and “really excited” about it (Faye); thought that “the future holds some good things” (Daniel); and thought that it was “pretty bright” and “will only get better” (Brad). Other accounts were more ambivalent towards the future. Claire said, “in the past I’ve had *good times* and I’ve had *bad times*. But um, I think the good has *definitely* outweighed the bad. Um, at present, I’m not feeling that positive about things. But um, I can only *hope* that the future will get better”. Similarly, while Helen was not in a particularly positive space during the time of the interview, she also hoped that the future would get better.

Interestingly, while some accounts anticipated the future more negatively than other accounts, no account was entirely negative in its view of the future. This may have been because individuals were back at university, indicating that they were in more positive spaces than they had been when in-patients at clinics. It might also indicate that existentialist notions of hope and purpose were speaking their way into the participants lives and giving them a reason to keep on living.

DISCUSSION AND CONCLUSION

Having analysed the narratives of depression in terms of the ‘type’ of story they told and the various themes they represented, it becomes clear that individuals felt largely ambivalent towards their diagnoses, experiences and thoughts about depression. Such ambivalence manifested itself in the four key areas I sought to explore. Ultimately the ambivalence can be conceptualised as involving the fine line between life and death, diagnosis as benefit and burden, stories of power and of pain. Such dichotomy is evident when individuals felt that “you need the *darkness* to see *the light*, at *points* in your life” (Brad), and “you kind of see the moments of happiness so much more when you’ve been through this...possibly because you’ve faced so much pain”(Helen).

In exploring the ambivalent perceptions participants had towards the future it seems that Robertson et al.'s (2005) findings that individuals experiencing depression have negative views of the future is largely over-generalised. While participants may have communicated a degree of negativity they were also aware of the hope they had that things would get better and that their experiences of depression were not wholly futile.

Similarly, in viewing the transcripts, and the extracts that have been provided throughout the data analysis section, it would appear that while participants did use negative language, particularly in the form of over-generalisations, in describing their experiences of depression this was by no means always the case. Many positive terms were used to describe their "journey" with depression (Claire). Over-generalisations, while at times used, were often corrected and re-phrased in terms of more accurate depictions of reality. For example, Ellen in recalling that depression had caused her to lose friends says, "I know a few of *my*, a *fear* of mine and *a few of my friends*, well, not a few just, maybe *one*, um, once they've had to, deal with your problems so much they, actually disappear, because, they just can't handle it anymore."

How does one make sense of these narratives and associated analyses in all their ambivalence? It would appear that one does not. It has not been the aim of the researcher to explain casual mechanisms in the subjective experiences of depression. What the findings do suggest however, is consistency with what Helen called "the very fine line between life and death". This theme seems to be reflected within and across the entire range of narrative accounts, and is embodied in the ambivalence that they have shown to exhibit. This echoes what Ochs and Capps (1996, p. 23) argue in saying,

Self understandings do not always take the form of soothing narrative solutions to life dilemmas. Rather, narratives may illuminate life as we know it by raising challenging questions and exploring them from multiple angles.

Limitations (and proposed solutions) of the study

The study may have been limited in its employment of the narrative approach. While I was continually reminding myself to allow participants to give their uninterrupted account of their depression, it was incredibly difficult to refrain from asking them the precise details of their

experiences. This frustration and confusion with the narrative approach was also expressed by the participants and has been discussed earlier on in this paper. It appears that the narrative approach would be less ambiguous if the participants were well acquainted with the theory behind it. This however may pose several other limitations: with individuals acquainted with the theory and practice of narrative research, individuals may know what is expected of them, present their stories accordingly and impact on the natural findings of the study had they not been as well in the know. Murray (2003), in acknowledging this as a valid limitation to the narrative approach, suggests that meeting with participants on several occasions may reduce the anxiety associated with sharing one's narrative with a stranger. It is important however, that individuals are invested in the study and are aware of their requirements as participants of narrative research. Alternatively, as has been done in this study, an alternate theoretical analysis can be conducted.

It is apparent that most of the participants had been, at some point in their lives, diagnosed with more than one 'illness'. High levels of co-morbidity make it difficult to isolate the experiences pertaining to depression alone. One wonders therefore if it is even possible to isolate depressive 'illness' stories. High levels of co-morbidity may suggest that when in distress, supposed boundaries between categories are broken and the individual moves along the continuum of distressing experiences usually 'contained' by various diagnostic categories. Such an argument supports the notion, therefore, that an alternate way of conceptualising 'mental illness' is needed (Widiger & Clark, 2000).

Suggestions for further research

It would be interesting to conduct a study on the experiences of depression as they varied across gender and/or racial/cultural groups, particularly with the specific research questions I have looked at in this study. I am unable to determine that experiences and interpretations of depression were different across gender as only two males give testimony to male experiences of depression. However, I suspect that a substantial difference will exist between male and female descriptions, expressions and interpretations of depression and thus suggest that a study aimed at young men would be both interesting and valuable.

With the narratives of depression testifying to such great levels of ambiguity, it draws attention to two primary areas. Firstly it leads one to wonder about the human condition of

hope and resilience, and secondly suggests at the possible utility and resourcefulness of narrative therapy in bringing about change. With narratives of depression containing stories of power and of pain, *unique outcomes* are evident within the stories that have allowed individuals moments of hope (White & Epston, 1990). Narrative therapy, though not a topic of this paper, might thus be suggested as an effective and liberating means of bringing about therapeutic change through drawing on moments of strength and of hope.

REFLEXIVE ANALYSIS

How do I possibly do justice to the stories that were shared?

Through the course of this research project, I have learned a great deal about the variety of human experience and expressions of depression, as well as of narrative research as a whole. Through my experience as the ‘interviewer’ or ‘co-authorer’, I have only become more supportive of the narrative approach to research and its aim to provide individuals with the voice they so desperately need to exercise agency and individuality. The interviewing process itself was at times intimidating and daunting; not knowing exactly how to go about collecting the narratives of individuals, I found it at times stressful and frustrating to keep participants going and to be continuously alert to what they were saying. What has been of great interest to me however, is how the narratives came together so beautifully on completion of the interview, regardless of the fragmentation of the interviewing process.

What was also of great interest to me was how people responded to my topic. When finding out that I was doing a study on depression, people would often raise their eyebrows and pass comment such as, “Wow, depression. *That’s* depressing”. I was also often asked how I ‘found’ the interviews, whether I found them depressing or not. This communicated to me the great degree of stigma that is attached to depression and those who have experienced it. I would often have to bite my tongue and shrug off their misconceptions, however their very misconceptions simply fuelled and motivated my desire to engage in research that seeks to liberate individuals and give justice to their experiences.

While the narratives contain a lot of sadness and brokenness, they also contain messages of hope and insight. Having a history of depression myself, I was not ‘brought down’ by their accounts, whether or not they were of a more positive or negative nature. Instead I felt

privileged to hear about the various events that made the participants' experiences true to them. I felt great warmth towards the participants, and am deeply grateful that I was able to share in their narrative process.

Of the feedback I received from participants after the member check had been completed, two contributions communicated a sense of frustration and uncertainty with regards to the narrative approach. Ellen communicated her uncertainty at the start of the interview when she comments on the open-ended nature of the research question and says, "my experiences, *wow*. Quite...*hectic*. It's very, it's *very* open-ended...I mean am I just supposed to ramble?" Similarly, Brad provided me with typed feedback saying, "I felt like I was rambling/splurging information at times because I wasn't sure what the interviewer was looking for in an answer. Perhaps that is the nature of "narrative therapy". I would've preferred more directed and precise questions". However, despite the open-ended nature of the research, Ellen told me that "it was cool to know I could help you" and Brad added, "otherwise I enjoyed the experience of sharing".

Adrienne typed a fairly long letter to me telling me about her experiences of participating in the research and providing additional information towards her narrative. She writes, "one of the things that struck me most after doing the interview is how deeply I affected everyone around me. Depression is in a sense a very selfish thing because I was so wrapped up in myself that I didn't really care as much about the effect that my actions had on other people as I did on the effect that they had on me." She goes on to say that the interview had helped her to "get in touch with a lot of feelings from the past and put them together with the feelings that had come up from the attempted hijacking to create- a lot of anger". This experience of anger she argued, was "amazing" as she did not believe that she would "feel anything that strongly". She adds, "whatever it was, I am very glad to have taken part".

What became clear throughout the research process is that depression goes far beyond the diagnostic criteria communicated in the DSM. It goes far beyond the subjective physical, cognitive, emotional, and social experiences that are common amongst depressive individuals. Rather, depression is *experienced* in a variety of ways, is *understood* in an entirely complex and unique way, and informs a particular reality that is true to the individual experiencing it.

I ask again, how do I possibly do justice to the stories that were shared? This question has

plagued my mind throughout the research process and is founded within my desire to communicate the vast richness of each individual account. I have subsequently realised that it is not humanly possible to understand and interpret the alternate realities, as it has never been my place to do so. All I can do as a researcher is in infinite gratitude convey the stories that were shared, and in memorandum pledge to respect the agency and inimitable-nature of individual experience.

It is a deeply enriching and humbling process.

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ENDNOTES

ⁱ Hereafter Major Depressive Disorder will be referred to as 'depression'.

ⁱⁱ When quoting participants, I have removed my comments from the quotes and have used ellipses to compact quotes for ease of readability. I have however maintained the emphasis on certain words as indicated by italics in the transcriptions.

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APPENDIX

A. Plagiarism declaration

1. I know that plagiarism is wrong. Plagiarism is to use another's work and pretend that it is one's own.
2. I have used the American Psychological Association (APA) convention for citation and referencing. Each significant contribution to, and quotation in this project from the work, or works, of other people has been attributed, cited and referenced.
3. This project is my own work.
4. I have not allowed, nor will allow, anyone to copy my work with the intention of passing it off as his or her own work.
5. I acknowledge that copying someone else's assignment or essay or any part of it, is wrong and declare that this is my own work.

Signature.....

B. Informed consent form**INFORMED CONSENT FORM**

Name:

Affiliation:

Date of birth:

Gender:

Consent declaration:

I,, willingly and knowingly partake in this research study. I am aware of the potentially emotional and sensitive nature of the study, and realise that I am under no obligation to continue in the study if I feel unhappy or uncomfortable to do so. I am aware too, that professional support and appropriate referrals will be made should I feel the need for professional help on completion of the interview. I am aware that I will be asked to tell the researcher about my experiences of depression and that all data collected will be used purely for research purposes and will be stored in a secure place where the researcher has sole access to it. I realise that my anonymity will be upheld and that I have the option to be given a pseudonym and fictitious personal details should I so desire.

I will allow the researcher to make additional field notes during the interview (please tick)

yes..... no.....

I will participate in a member check at a later stage after the interview (please tick)

yes..... no.....

Signed.....

Date.....

C. Introducing the participants

Adrienne is a 24 year-old female and current student at UCT. She has been diagnosed with a set of diagnoses, namely, Bipolar II disorder, Borderline Personality Disorder (BPD), Bulimia Nervosa, “psychotic episodes...brought on by, extreme stress...and recurrent, Major Depressive Episodes”. Her account begins when she describes the extreme stress she had experienced in her second year at varsity and had what she referred to as an “extreme energy, manic stage”ⁱⁱⁱ as a result. After having engaged in unhealthy coping mechanisms, namely, solely consuming large amounts of Bioplus and energy drinks and cutting herself, she was unable to cope with the stress of the upcoming exams and was admitted to Crescent Clinic. Thereafter her self-destructive behaviours intensified; she continued to cut herself and attempted suicide several times. She was subsequently asked to leave her course and spent the next three and a half months in Crescent clinic. She was released after nine sessions of Electro Convulsive Therapy (ECT), and returned to the clinic one more time for a period of two weeks in the first year of her second degree. Presently an out-patient, Adrienne still sees her Psychiatrist and Psychologist regularly and attends group therapy weekly.

Brad is a 21 year-old male and current student at UCT. Having experienced a very abusive and destructive childhood, Brad has grappled with feelings of anger and depression towards his family and himself. Having been in therapy for a number of years now, Brad is coming to terms with his experiences and partaking in a number of productive activities, such as being involved in a project that seeks to empower men.

Claire is a 20 year-old female and current student at UCT. She has been diagnosed with Major Depression and Bipolar Spectrum Disorder and locates her first experiences of depression in her first year of high school. She recalls that her depression was not handled well in high school and was worsened by a number of “personal issues, family and stuff” that occurred in her matric year. Having thought she was “fine” she finished her first year, yet has struggled to cope in her second year and has been hospitalised twice. She sees her Psychologist and Psychiatrist regularly.

Daniel is a 22 year-old male and current student at UCT. He was diagnosed with depression in 2005 and placed on medication shortly after returning from overseas. However, having made little progress, he committed himself to Kennilworth Clinic in 2006. He came out of the

clinic “brilliant” and later on that year attempted suicide. After waking up two days later, Daniel questioned why he had done it and to this day is unable to pin-point exactly what happened, although feels very positive about his life right now.

Ellen is a 19 year-old female and current student at UCT. She was diagnosed with depression towards the end of Grade 11 as a result of being unable to cope with her many academic and extracurricular commitments. Being the youngest of three daughters, Ellen felt largely disconnected from and misunderstood by her parents.

She has tried a number of therapists and anti-depressant medications, and is still struggling to come to terms with her desire to work really hard on the one hand, and hold herself back on the other.

Faye is a 20 year-old female and current student at UCT. She associates her first experiences of depression when her parents got separated. However in matric, having suffered from a severe case of Glandular Fever for three and a half months, she consulted her physician and was diagnosed with depression and put on anti-depressants. Having been in and out of therapy since her parents were separated and then divorced, she is currently seeing a Psychologist and has described the last six months as being “an incredible journey”.

Genna is a 20 year-old female and student at C.P.U.T. After having recovered from Bacterial Meningitis that put her in a coma, Genna was diagnosed with depression. She was admitted to Crescent Clinic and put on anti-depressants. However, on release, she found herself experiencing extreme anger and began to engage in self-destructive habits such as cutting herself and abusing alcohol. She revealed to her mother that she had been abused by her uncle from the age of 9-13 years old because a number of events, such as her mother’s development of Breast Cancer and her own experience of immortality, led her to the realisation that he would get away with the abuse if she did not tell her family. She sees her psychologist and psychiatrist on a regular basis and is currently preparing to prosecute her uncle.

Helen is a 21 year-old female and current student at UCT. She has been diagnosed with depression and anxiety disorders, has been in therapy and on medication for a number of years. Locating her first experience of depression to a time when she was fifteen, Helen has struggled with depression for a number of years. She still sees her psychiatrist and psychologist.

Iris is a 20 year-old female and current student at UCT. She has been diagnosed as having Bipolar II Disorder rapid cycling, Obsessive Compulsive tendencies, Antisocial tendencies and Borderline Personality Disorder. She recalls that the first time she felt “clinically depressed” was when she was in grade 8. She had encountered severe adversity from the other girls at boarding school and had become victim of a viscous rumour. After attempting to jump out of the window of her dormitory room, she was pulled back and later expelled from the school. After moving to Cape Town half way through grade 10, *Iris* encountered yet more adversity and after a bond she had made with one of her teachers broke, she overdosed. *Iris* saw a Psychologist throughout grade 11 and after experiencing a “breakdown” in 2005, saw a Psychiatrist for the first time who diagnosed her and referred her to Crescent Clinic. She mentions that she was cutting herself at that stage and overdosed twice within the space of two months in March/April of 2006. Having started taking drugs, binge/purging and abusing alcohol, *Iris* was then referred to a rehab clinic. Her drug use resumed in September, and within the space of approximately a month, she received a traumatic injury to her head and was raped. Following these events, *Iris* experienced another “breakdown” and was hospitalised. *Iris* has been in and out of hospital, has made numerous suicide attempts, has been on 39 different anti-depressant and mood stabilisers and has finally found relief in being treated with Lithium. *Iris* is currently off drugs, has not cut herself in a “long time”, and faces the daily struggle of dealing with her deep hurts. She sees her psychologist and psychiatrist on a regular basis.

C. Example of a transcript

INTERVIEW 5

Note:

Ellipses (...) refer to pauses greater than two seconds; '(pauses)' to pauses greater than four seconds; and '(long pause)' to pauses greater than six seconds. '(?)' refers to three or less words undecipherable to the interviewer on reviewing the tape; '(inaudible few words)' refers to more than three words undecipherable to interviewer on reviewing the tape. *Italicised* words indicate a change in tone, i.e. emphasised in some way. '***' refers to parts of the tape that are not viewed to be relevant to the interview, such as casual conversation between the interviewer and the participant, and have been excluded so as to lessen the amount of transcribing. '---' refers to parts of the interview where speech overlaps or is overlapped by something said by the interviewer or participant.

Interviewer: Joni Halland

Participant: Ellen¹

BEGINNING OF TRANSCRIPT

Interviewer.: Ok, well so basically I just want to *start off* by *asking* a very open-ended *question*, 'tell me your experiences of depression' and then, um, *ja* like we'll see where it goes (---Part.: (?)) and I'll ask you to *expand* on certain things---

Participant.: --- (?) my experiences, wow. Quite, (Int.: Ja) *hectic*. It's very, it's *very* open-ended (Int.: mmm---) I mean what am I just supposed to ramble?

Int.: *Ja*.

Part.: *Ok*. Wow, I can do that. (and laughs, joined by Int.)***

Part.: *Ok well*, my experiences of depression, um, I was diagnosed with depression, towards the end of end of std. 9, grade 11, (Int.: mmm hmmm) *and, ja* I was kind of like a perfectionist, um, kind of wanting to do everything and anything, and do it well, like sp, I did *sport, dancing, music, um*, I did, I also played ladies hockey and, I, accompanied and sang in our school choir and regional choir and was deputy head (?), involved at church and, *ja* just, you know, trying to cope with everything *and* being an 'A' *student* it's (and chuckles)(--- Int.; mmm---) you know it gets a bit much after a while. And, also, family wise, I'm the *youngest* of three girls, and my sisters are 29 and, 27, and I'm 19, so about a ten year eight year gap, so I was, *kinda* raised as an *only child* (Int.: mmm), um, and I think maybe the generation gap for my *parents*, um, made them *not* kind of, *deal* with me, (?) they *didn't* really know how to deal with me and, *my mom's* very like *fussy* kind of neurotic *person* (---Int.; mmm---), and I just *felt* that we didn't *mesh* (and chuckles) (Int.; mmm) I don't know if that was the whole adolescent relationship, being a *teenager* but um, *ja* er, so I I felt that, she didn't really, *get* me (and chuckles), and I basically *shut* her out of, um, the decisions that I made for *myself*, and, *what I did* and, my day

to day *experiences* and the *problems I had*, basically dealt with them on my *own* and, *ja*, she wouldn't really know what was going on with me I mean it's, like I, made a, kind of *double-life* (Int.: mmm), and eventually just you know, *relationship problems*, with, you know, trying to *keep up*, and be *perfect all the time* and, just enjoy everything and, *got a bit much* and, got really *tired*, um, concentration went, my marks started *plummeting*, um, I was on, *the phone to my sister, a lot*, she's, probably, my *eldest* sister she is the one I got along with the most, (Int.: mmm), um, and, I was just *really emotional* all the time, crying and just *really struggling* to cope and I mean it wasn't *the first* time it happened, um, you know I'd had these, *panic, breakdown* type things *before*, um, but I think it was just *really* getting much and um, *ja* so she suggested I see *someone*, and I would've *done it*, you know with my parents *not knowing* (Int.: mmm), had there not been a ethical, been an ethical, *thing* you know with your, *psychologist*, and, so I had to tell my parents and they thought '*what?*', you know '*you have depression?*' , (?) '*you need to go see a psychologist?*', you know, they thought it was *ludicrous* and *I went* and, you know it was *obvious*, the psychologist told me '*ja you have depression*' and, I was booked off for a while and, *ja* I mean, there were all the *symptoms* of it, um immediately I was put on the medication and, *ja* you know, *socially withdrawing*, um I mean I'd only been *tired*, and *lack of concentration* and, um, *ja* you know it was *new* for me you know now that I have *this label*, kind of thing, um, but I think you only really see it as a label (says chuckling) once you, have *gotten* used to, *having that*, because it's, you know now you're just one of *those* and *this is the life you lead* (---Int.: mmm---) type of thing, um, which is *actually*, not what you should see it *as*, um (---Int.: mmm---) I know one of my therapists, yes one of them (says laughing), I have many (---Int. chuckles---) um, she told me you know, you're seeing it too much as something that's *part*, of you, it's *actually* something that's *outside of you* that is *affecting* you, um, and it's like I felt you know the *old me* was the perfect one who *did* everything and *coped* (---Int.: mmm---) with everything, and *now* there is *me* who's *no longer* that perfect person and, struggles with everything and she's *not* as good as she used to be. (Int.: Ok) Um, instead of seeing it as something that's just, kind of, playing it *down*, (Int.: mmm) um, so *ja* I'm, it's hard finding a therapist where, not everyone clicks with you, um, also you know just, *the way they deal with you* and, *some* of them, believe it or not, are unreliable (says chuckling), um second one I saw, didn't pitch up for one of our appointments and called me two weeks later, to kind of *re-schedule another one* (says chuckling) it's like '*what?*' Ok I could've killed myself by now', (Int.: mmm---) *not that I would've* but I mean, (Int.: mmm---) theoretically speaking. *Um*, and I just thought you know unprofessional or not seeing you anymore, and just, *ja*, you can't exactly look them up in a book, um, it's very much, by hearsay, um, but, *ja* eventually I *found someone*, um, by mean of, for matric exams I wanted to ask them for extra time, just because, I mean *hey* I felt like I was *processing* things just, a bit, *slowly*, (Int.: mmm) um, and, *ja* and just, you know *no motivation* so, you kind of feel a bit *delayed* when trying to, process things in the exam. And A who was the person that usually did the testing for the school like they'd refer you to her and she's like an Educational psychologist, she and I just *totally clicked*, she was *so wonderful*, and *really* helped me (Int.: mmm), through so much, (?) *especially* in *trying to get my* um, self-esteem my, because basically what, I mean what I, *probably knew* already but what she kind of, *got me to see bluntly* was that, I was placing my self-worth on, based on *achievements* (Int.: mmm---), um you know if I didn't, get 80% for that test then you know, I *wasn't* performing or, you know I was only as good as my last, *achievement* and (---Int.: mmm), you know um, what people saw (?) of me (Int.: mmm). Um, so, when pe-, when teachers would tell me to, *cool it* and, *just relax* and just concentrate on *studies*, then *I would*, but then *time would lapse* when I wasn't doing anything *wonderful* or *great* or *exciting* or, you know kind of, doing something

that was impressive, (Int.: mmm---) and then I'd get *back* into it to make myself *feel better* (Int.: mmm), and then, it would *backfire* again when, I couldn't cope anymore. Um, *ja* so I've been through many *therapists*, especially *now* with moving to *Cape Town* trying to *find new people*, um, I've tried to get off the medication *before*, (Int.: mmm---) um, the first time, you know coping with work, um, um, I was *told* and I could, you know *feel*, that I did need it, because *with out* it, um, it takes a lot of work *to*, um, *it takes a lot of work to, stay in the right mind space*, if you want to kind of *function normally*, without (---Int.: mmm---) kind of, letting everything *get to you*, um, *but, ja*, (?) as I've come to realise sometimes you just...you realise that some people actually can't cope without it, um, and which *maybe, counts for me as well*, um, and...*ja* um, so I tried to come off it and, *again* I tried this year, um, took *very long*, also depends on *what* you take, um certain *kinds* of antidepressants, um the one I was on was Effexor, er which, that's the trade name, *****, um and, it takes *very long* to get off it I was also taking a combination of *mood stabiliser*, which helps (---Int.: mmm---) to (?) kind of like a *cocktail* (?) better, um, and...*ja*, I was off it for about two weeks and I could tell all the old symptoms were coming back, you know the symptoms I hadn't been feeling for a while and I knew (---Int.: mmm---), ok and *I tried to stall* and be like 'ok, *maybe you know I can take this*' but, I knew, if I carry on any longer I (says chuckling) was going to get back to square one (Int.: mmm), and *ja*, I didn't really want that. And it was also effecting the relationship with my boyfriend because (---Int.: mmm), you know for a guy who's just taking it as it comes, his girlfriend is changing all the time you know one day she's *happy* and she's, *with you* and totally like into you and then the next day she's just, *down* and seems all, disinterested and stuff (---Int.: mmm), it's *very confusing* for him. So *ja*, um, it comes and it goes you have your good days and bad days and, sometimes *bad, periods* I've had, times of, suicidal mentality (and chuckles), I think last year in June, um, you know it's just, when you *find yourself* in a situation where you're not, *particularly doing well*, or, *ja* I think *maybe*, you're not doing well and therefore you're more *susceptible* to feeling, *low* with, say getting *irritated* with something (---Int.: mmm---) um, I came home from varsity and, I think my parents just you know, suddenly *decided* that, well, okay maybe (?) if I explained it, um, you know going to *varsity* for the first time and being *free* to do whatever you want to do, um and coming home again when suddenly all these *rules* are imposed on you, and I think *my mom* not, um, she's always felt that I've, always sided with my dad because, he's more kind of easy- not *easy-going* but he *listens* to you (Int.: mmm), um and makes you present your side of your story before he kind of, tells you what his *ruling* is, my mom kind of just gets in there and starts you know, *shouting at you*, and, I was *out one, night*, um, came home *really late* um, but of course (?), and my mom *apparently hadn't been told*. I thought you know, if I *told my dad*, where I'm going and how late I'm coming back (---Int.: mmm---) then he'd just tell my mom, like if she asked him, but *he didn't* (and chuckles) and, *she somehow*, was upset that I hadn't told her (?), told *my dad* and she got really *angry* and she just kind of, you know like, *slapped me* (quietly chuckles), um, you know she's, them being much older, you know and used to not, *negotiating* with children (---Int.: mmm), *ja* and I just felt *so*, (and chuckles quietly) like, *who the hell is she*, to do that, and, *ja* I felt like I was being treated like *such a child* and, they never really *grasped* the concept of depression---

TAPE IS TURNED OVER

Part.: ---*affects you* (Int.: mmm---) and it's not, something that, is just going to go away like a cold, you know 'Come on X *pull yourself together* you know just, just *think happy thoughts*, and it'll (---Int.: mmm---) all be

fine'. And I was just I was so *over it* and I thought...I, I actually, looked at the *package* insert to see you know, how much could constitute, you know, (?) *kind of* like a suicide or something like that. *Um*, you know probably I didn't *really* want to kill myself but I thought if I, '*if I killed myself so what*' um, *but*, at least if I *hurt myself* enough to, land up in hospital they'll *finally realise*, (---Int.: mmm---) '*Geez* you know, she *does* have a problem she's not just, (---Int.: mmm---) *joking*. Um, *ja* and well, imagine my disappointment (and chuckles) when I wake up the next morning and, I'm actually not feeling *that bad* (and laughs), had a bit of, um (?), irregular heart beat and, *got up* and I was feeling really *faint*, um, but I was taking *Cymbalta* so actually all it does is, *make you more awake*, although, taking, *more of it kind of just*, had me in this *stupor* cause I was, like just *zonked* from taking so much and, just *really dizzy* and, irregular heart beat and, *ja* so *no one really knew anything*, I mentioned it to *my dad* but he didn't really make much of it, um (---Int.: mmm---), he has a wonderful way of not really saying anything, um, *ja* so...it's *really just, sometimes* you feel like you set yourself apart from, *normal people*, who *have down days* (---Int.: mmm---) but, they're not exactly feeling, like, *down in the dumps*, like, they're *really*, not worth (---Int.: mmm---), *the ground they walk on*. So...*ja* I don't know, do you want to ask me any questions (?)---

Int.: Yes (and chuckles), um...how were things, *different* for you once you had got that '*label*'?

Part.: Um, how were they *different* for me? Um, well I suppose *it helped*, you know you can *acknowledge now* that, you know, there is *something* that's, *genuinely* wrong with you, you're not just kind of, *freaking out* or, (Int.: mmm hmm) being *crazy*. Um, *but*, I think everything that comes *along with it*, um how people *around you* deal with it, (Int.: mmm) um, now it's not just...about *you*, now you have to try and justify it to *everyone else*. (Int.: mmm) Um, which adds, *additional*, pressure, (Int.: mmm) and, *ja* I guess, *having* that label makes you kind of, not really want people *to know*, (Int.: mmm---) um, maybe because you think they won't understand so, *ja* um, I mean it was *a while ago, three four years* um, so, I think it just, kind of, *stamps it*, in your mind that *now*, you are actually not as capable as you were, it kind out, sets a *new, thought*, process, a way of *looking* (---Int.: mmm---) at yourself (?).

Int.: Ok. Um, why, *why do you say*, it makes you feel you need to *justify* it, what do you mean by that?

Part.: Um, well people don't really *understand depression* (---Int.: Ok---) I mean like the *laymen*, people who aren't, *working* in the field, um, *so* they may think that, you know the simple, *bad day* (Int.: mmm), um, *but* they don't really *know*, wh- *how it affects you, so*, and they think it's, just something you can, get out of, and *maybe* you're just being a *drama queen* (Int.: mmm), and, *they wonder*, you know they don't know what's going on with you so, they think '*Geez, how did that happen to you*' (---Int.: mmm---) I mean, you know 'you look like you're having a wonderful life' so, (Int.: mmm), *ja, you feel like, now* you have to tell them, or...*ja* just make them *realise that*, you *do* actually have a problem you're not just, *faking it* (Int.: mmm). Um, *ja*.

Int.: And what *is* your experience in those moments? (Pauses) when you're feeling, '*down in the dumps*', when you're depressed?

Part.: *Um*, well you know you, *you feel like*, you're not the person you were you, you feel like, that *old person* that was so capable (---Int.: mmm---) and was like *normal*, at a stage, *is now*, dead and gone you can't really *remember* them even, um...but, *ja* it's, you just *feel* really...*dead* inside. Also just um, *you know*, the feeling *changes*, (Int.: mmm) um, depending on, what's happening to you in, the, (?), *time of your life*, um, also the *longer* you have it, um, if you've *managed* to learn from, your experiences and had, had someone like a therapist to *explain*, (Int.: mmm---) or *help* you change your behaviour um, then you can kind of *interpret* your behaviour,

the *feeling* doesn't go away, even though you're able to, *rationalise* it, *to yourself*, the feeling doesn't go away (Int.: mmm). And, ja so, even though, ja you just, it doesn't stop you from feeling *really bad* um, you just don't feel like you can *interact* with anyone (says chuckling), you just want to crawl into your bed and, just, *wanting to feel secure*, and, kind of *safe* and, ja, but...it's almost like you're not *good enough*, (Int.: mmm---) bu- and I mean feeling like that is, (and chuckles) *not cool*, it's, ja it's, *it's almost like*, if you imagine like, who would want to, *actually be friends* with you, or, *even*, ja.

Int.: And *why* do you feel like that?

Part.: *Well because you think*, you know you, give, less of what *you were* and, (Int.: mmm---) you know there are so many people *out there* who, I don't know, are so much, *nicer* and *bubblier* and more *spontaneous* and, (Int.: mmm---) people are just going to think 'ah you know you're such a *party-pooper*' (Int.: mmm), um, and they'll call up *less* or, they *wouldn't know*, they'd think 'oh you have depression' so they *wouldn't know*, either they'd be like all awkward around you or, like if, they're *your friends* or, *ja*, they'd, always think that you want to talk to them (---Int.: mmm---) (?). *Also...* it's...puts *pressure* on your friends, um, (Int.: mmm) sometimes they would feel that they should (?) you *do* speak to them, um, like if you *feel*, I mean *anyone* would feel like they really *need* to speak to their friends, because, your friends are, *largely* the people who *console you* (Int.: mmm) (?), *and*, I know a few of *my*, a *fear* of mine, and *a few of my friends*, well, not a few just, maybe *one*, um, once they've *had to, deal* with your problems, (Int.: mmm---) *so much* they, actually disappear, because, (Int.: mmm) they just *can't handle* it anymore (Int.: mmm). They they *can't get why* you're not *just getting over it*, (---Int.: mmm---) 'I mean if you've *learnt* it now, *if you know what the problem is*, *why* don't you just *try it* the next time?' (Int. mmm---) you *don't* get over it that easily, it (---Int.: mmm---) it's, as *crippling* as the *first time it happened* (says chuckling). Um, I mean, like for example, being, *dumped* by someone because, you just can't get over, you know, kind of just *falling for anyone*, like if that was your problem (?) (---Int.: mmm). Ja (?).

(Pause)

Int.: Ok (Part.: mmm). So *um*, I know that you've *spoken* a little bit about this but like, who *were* you and who are you *now*? If you were to compare like you know you keep on saying, it's, it's *depression is hard for you* because, *you're not who you were*, (Part.: mmm) who *was* that person?

Part.: Um...in *my family* I was, of the three girls, I was *probably* the one that *achieved the most*. (Int.: mmm---) Did *best*, did *the best* at school, um... I was...*a very...* I was, a *respected* student, um, very *courteous* to my teachers, *star pupil*, of you know, always got *top marks* um, I know in *primary school* (and chuckles), very long time ago, um, it seems *trivial now* but you know I got like, the second *highest mark*, narrowly missing like the, *highest mark* of like (---Int.: mmm---), *my grade*, and, *ja* um, just, having *done* so much being so *talented*, um, I could *dance* I could *sing* I, or I *can* dance I *can* sing, um, play the piano *really well*, *ah* I finished my grade 8 in grade, 9 of school which is like really, it doesn't *happen* unless, you, a child with, a talent. Um, and *ja* I was *just*, *this* person who, was a *multi-tasker*, *jack of all trades*, *always, performed well* and, *you know, not bad looking* so my family tells me, aunties and uncles, and, then you kind of become all depressed and, everything kind of just, *drops a notch*, (Int.: mmm), it's like, um, like a jean, a new jeans that's now faded (and chuckles), um, so I *don't feel* as *capable* anymore, I don't feel as, *successful*, I'm *not* getting top marks, um, I think that, *being depressed* always makes you, less good looking than you, *may be* (and chuckles). Um, ja, you just, you feel less appealing and less, *shiny* (says chuckling) as you used to be. (?) I just feel I was, I was more, (?) was *sharper* and more on the ball. (Int.: mmm)

Int.: And you've *had* this feeling since your experience in *std. 9*? Is that right?

Part.: Um *ja*. That was like the *s*, the *end* of the *snowball*, (---Int.: mmm---) eventually, I mean, in *grade 9* and *10*, um *I'd had*, experiences of, '*oh crap*' you know 'I can't, I can't *cope*. (Int.: mmm---) Like I just *can't cope*' and then I'd have to, you know my sister would just say, '*ok, just breathe. Write everything down*, do it all in like, *order of priority*' and, *you know* just '*start with something, and go along*'. Um, but I think coupled with, my, *emotions*, and *relationships*, and everything, in grade *11* it was, it was *finally physical* I could (says chuckling), see it, in, *my concentration, my motivation, my marks*, it was *actually*, a *real* thing, (Int.: mmm---) like you could actually *see it*. It wasn't just kind of, in my head (---Int.: mmm---), just like a once off thing, it was *actually* taking place (---Int.: mmm) *in my body* you could see it being, like affecting me. (Int.: mmm) *Ja*.

Int.: Ok. Um, when you came off, um, your medication, and you said then you noticed, your *old symptoms* were coming *back*. What were those old symptoms? For you?

Part.: Um, *low self-esteem*, um, *tiredness*, um, more, kind of, pessimistic thoughts, um, *indecisiveness* has never really gone away (says laughing), um with certain things I'll be decisive but *ja*, um, especially trying to choose, I don't know, like, fabric softener type, like I don't know, *scent*, um, stupid stuff like that, um, *ja* so, feeling really *low*, *possibly*, easily *crying*, you know, if, you see something from a really *bad* point of view being a pessimist the whole time you kind of think that '*oh woe is me you know this is, obviously gonna turn out badly*', um, and, *ja* just, not wanting to, *be around people* (Int.: mmm), *ja*.

Int.: So *now* do you find being, are you still *on* your medication?

Part.: *Ja*

Int.: So do you find *on* your medication all of those things, are, better?

Part.: *Ja*, you feel *lighter* (Int.: mmm). Um, it's it's almost like, um, if I can use an analogy of, being in, the *deep* end of a pool with your *clothes on*. (Int.: mmm) And, *now*, on your medication, you feel like you're wearing a *swimming costume*, you're not wearing your *takkies* and *jeans* and everything, and, you, you you even have the potential to, *know* (says chuckling), that you can float (Int.: mmm---) and float if you want to. Um, so *you kind of, feel* like someone's just given you, *a step up* to, (---Int.: mmm---) I don't know *climb over the wall*, um, instead of *really feeling* and *thinking* like, *you aren't gonna make it*. (Int.: mmm) So it just, it just gives you like that little bit to be able, to *cope*, it's it's actually *hard to explain*, it's, *it's funny you know*, that, a stupid little chemical can just (---Int.: mmm), actually just *make you feel* (while chuckling), a lot more better it's, *ja*, like a *car* that *can't start in the morning*, and if you just, take the *choke out* a little bit *** then the car can just *run smoother* (Int.: mmm), and (?) for *some people* they can get off it, later on you can put the *choker* back in (Int.: mmm), um and for some people *they can't*, and that's something that I also had to, accept (---Int.: mmm---) um, I mean *me not* being able to cope without my medication, that was that was *not cool*, because I *felt, that*, I can't cope without my medication therefore, what am I just not *trying hard enough*? (---Int.: mmm) Um, you know how come (---Int.: mmm---) other people can do it and I can't? (Int.: mmm) *Ja*.

Int.: And would you ever *try again*, coming off it?

Part.: Um, I think I probably would, not very *s*, soon I don't think, (---Int.: mmm---) maybe after, I've graduated, because I think *varsity*, I mean *I've still got that drive to*, you know (Int.: mmm), want to do better, um, but, *ja* it's, *tricky*. And...I don't know (inaudible few words)

Int.: Um, how long have you been with your boyfriend for?

Part.: Um*** nine months (Int.: Ok). My *first* long-term relationship I think *before that*, it was like *a month*. (Int.: mmm---) Um he was the first *stable, ja stable* relationship, someone that I actually, *developed* a proper relationship with. You know (---Int.: mmm---), parts of my depression was, just, you, you long for *a closeness*, I mean *I don't know* if it's, the, *psychology, analogy* of having an anxious-ambivalent relationship with your mom or (says chuckling)(---Int.: mmm---), *not having* stable relationships when you were younger so you're always looking for one, always *needing* someone that's *close*, that you *know won't leave* (Int.: mmm), *so*, you kind of just *grasp onto that* kind of, '*oh you know*, this guy's nice he's showing me attention let me just totally fall in love with him' and, you know he'll take advantage of you and then he's like 'oh, well, let's pretend it never happened' and then you're totally crushed. *And no matter how many times that happens to you*, you will do it again (says chuckling) (---Int.: mmm---), until you *actually, finally*, learn from it. Some people never do (says chuckling) but, I think I just had, *I knew* I had a *flippin' problem* (says laughing) (Int.: mmm). And, I met Y, that's his name, and I said 'you know what, *for once*, I'm going to try and just be *friends* with a guy' (Int.: mmm) um, and he was so *sincere*, he wasn't one of *those* guys who, like chases skirts, (Int.: mmm---) um, and eventually, *ja like, ja*, it like *worked out* fine. I was *so*, something you still can't even believe *wow I'm actually like*, in one of *those* relationships (---Int.: mmm---) that are like (?) (Int.: mmm)

Int.: And how does *he*, sort of *um...* how does he *share* your experiences, of depression?

Part.: Well he's very *supportive*, (Int.: mmm---) um, he really *does* want to be there for me cause he's one of those guys who, isn't going to, I don't know, run away, he he's *someone* who, is *for* commitment, (Int.: mmm) um, and, it's *hard* for him sometimes because, he can't *judge how I'm going to feel*, (Int.: mmm) when he sees me, um, I mean once he told me he he feels like, if he just, I don't know kind of um, not creates *a wall* but, if he *kind of* just has a *neutral stance* (Int.: mmm), *all the time*, then he *won't* kind of um, rub me up the wrong way um, (Int.: mmm---) depending on how I'm feeling. You know, say he'll be *too affectionate* and I'm not feeling in that mood then, he'll feel like '*oh she's* not interested in me anymore' kind of thing (Int.: mmm). Um, so it's *hard* for him to, I mean for him to always just *interpret how I'm feeling*, um, and *I* feel bad because *I know* I don't want *to do that*. (---Int.: mmm---) And I *definitely* don't want to drive him away. (Int.: mmm---) um, so *ja*. I mean he knows, he definitely wants to be there for me (Int.: mmm---), um he's not planning on breaking up with me anytime soon he *really* wants to make it work. Um, (?) he's not someone who just, gives up and looks for another girl (Int.: mmm), um, but *ja* it's have, it's, you have to *keep on*, keeping on like, willing to, just kind of *speak about it*, (Int.: mmm) um, how you're *feeling*, being *open* about feelings (Int.: (?)), so that no one gets the wrong idea, and (inaudible few words)

Int.: And um, how do *your* feelings fluctuate? In the relationship?

Part.: Um... 'how do they fluctuate?' (Int.: Like---) I'm *trying to* (and laughs) *think how I feel* um, well I think when you're *happier* you're *definitely* (says chuckling) more affectionate. (Int.: mmm) Um, I know sometimes, ah, you just feel like, you can't be all peppy, and, but you don't want him to think 'geez my girlfriend's like all doom and gloom' (Int.: mmm---) um, so then you almost think 'ah gosh I'll really *have to* you know, up my game a little, be a bit more *happy* or else, (Int.: mmm---) you know he's really going to get annoyed'. Um, and, *sometimes* I'm really happy and, I can be my affectionate self, um, and then sometimes I wonder, you know... *is* he the right guy, I mean *did I choose him for the right reason?* (Int.: mmm) Um, and, *ja* I just, you know with your own, emotional development, trying to find out what *you* believe in (Int.: mmm---), (?) *who you are* and everything, you think about all these things, I mean it's kind of like, I don't know when you wake up in the

morning, you know, you're gonna wonder why you even, did the (?). It's kinda of I think ja, maybe (?), I think in a way depression makes you so ensure of yourself, (Int.: mmm) that you're always *questioning* your decisions and, whether you're, making the *right one* or, you know you're just making a mistake (---Int.: mmm---) cause, *now* you make mistakes. (Int.: mmm...ok)

Int.: How do you um, sort of, *cope* with things *now*? Like stresses and stuff? At *varsity* and *work* (Part.: mmm) and all that kind of thing?

Part.: (Pauses) Um (pauses), *well* I *never* really used to cope very well, (and chuckles silently) like never. Um, but one thing I can say is that *having Y around* (Int.: mmm), has picked me up *so much* because, here was this person who was just *unconditionally there* (Int.: mmm). Um, I know, since std. 3 I've never had (and chuckles), a close-knit, group of friends (Int.: mmm), I mean even to this *day* I don't have, like a group of friends, or *even like*, just a *friend* you know, on a *Friday night*, you're gonna call her and, (Int.: mmm) you know, *do something* um, so *knowing* that I wasn't, alone and (?), someone was *there* that I could speak to and hang out with, that really just kind of, yoh, it helped *a lot*. (Int.: mmm) Um, but I mean it doesn't stop you from having bad times and, when those bad times are there then, *you do freak out*, you know you have kind of, you're anxious you, can't sit still, you're always *thinking about*, the thing you're worrying *about*, um, ja so, sometimes I can deal with it and sometimes I can't (---Int.: mmm---) depending on how, good I'm feeling. (Int.: mmm...ok)

Int.: Um, *what things* are you *mostly* anxious about?

Part.: Um, my marks, like academics, I suppose the things that I'm always anxious about (says chuckling) (Int.: mmm), um you know, even when I was, *non-labelled* (says chuckling and then laughs). Um, ja *my marks* um, girls are always anxious about their weight are they, are they *exercising enough* *** *'am I, am I not relaxing too much'*, um, 'I feel guilty, maybe, I should be reading my, I can't read this, *novel*, I have to read my textbook', there's always *something* to do (Int.: mmm), um, I'm always *not trying hard enough*, um, ja, and just, ja I think, *being* at varsity that's what you're most anxious about. (Int.: mmm) and when you're *not* it's kind of like, *ok*. And then, when, when *you're not* then it's *about*, exercising, keeping healthy and, having proper s-, like social relationships, (?) social relationships are very important to me as are, relationships in general (Int.: mmm). *Probably not* with family though, it's never been (?). (Int.: mmm)

Int.: Well um, is there anything else that you, anything else of your experiences, that you wanna add?

Part.: Well... (inaudible few words) um, you kind of *wonder, why has happened to me* (Int.: mmm), what did I do wrong, was it my parent fault? (Int.: mmm) I was sent to school a year young, and, it's kind of like 'oh ja, she went to school early and that's why you know, she wasn't mature enough for, she couldn't, she's not actually' (?) inaccurate, er bullshit, um (Int. and Part. laugh) because *I coped fine*, in fact I was, way ahead of, my classmates. And *I'm not just saying that* I mean (---Int. mmm---), I had teachers telling me that. Um, ja and, so I think it was really a combination of factors. The relationship I had with my parents I think if I had a *very supportive* network at home (Int.: mmm), very *secure* home and relationships, I might not have turned out like this, geez, it makes me sound like Frankenstein or something (Part. chuckles and Int. laughs loudly). But ja, I don't think it *quite* would've ended up this way, um, you know it's the *type of personality you have* (Int.: mmm), *how you're supported, who's* there to help you through it and, I mean you're actually just so lucky that you're born into the environment that you are and that you (---Int.: mmm), I don't know, you're not like in war-torn, *Serbia* or something (---Int.: mmm---) I don't know. But ja and, even though it *really sucks* having depression,

um, there's *so much* that I've learnt from it, I think one of my medications made me slightly bipolar, and, being bipolar you can very much, be more *outgoing* (says chuckling), doing *random* things, um, and I think that kind of quality *stuck*, because I could be more social and, not necessarily social but I could, strike a conversation with anyone, (Int.: mmm), um so some of those qualities stick and you you learn *so much* about dealing with people and knowing that, everyone you know what everyone's not perfect (---Int.: mmm), and that someone h-, everyone has a problem. (Int.: mmm) No matter how big or small it is. Um, and ja it makes you so much more empathetic and, being depressed, well having depression and dealing with it, you you can *see, so many* you can realise how many people actually *do* have it (Int.: mmm), um, *ja so*, it's it's *not great* but um, I've discovered that *it has* helped me to relate to people more and, just kind of, it does give you kind um skills to, realise *what* your mistakes are, assess and, (Int.: mmm) um, try and overcome them by rationalising your actions, and your thoughts. (Int.: mmm) Um...

Int.: Does it help you?

Part.: What?

Int.: Rationalising your thoughts?

Part.: Um...well, (and chuckles) a repetitive thing really, (---Int.: mmm---) you know the whole CBT thing, er if you say it to yourself enough you'll believe it, (Int.: mmm) um which oddly enough is true but, we don't really like to (says chuckling) go that way because (Int.: mmm), it's like 'please you know, I'm saying it (?), I actually *don't believe it*, (---Int.: mmm---) why am I even going to say it?' Um, but *forcing* yourself to put, those principles that you learn in practice (Int.: mmm), um, and then *finally* learning from it um, just by *putting it into practice* you learn from it, (Int.: mmm---) *like* um, if, you...think, that, um...you have to...gosh I don't know, I can't even *explain* it but, ja it's, say I think that, um, you know I'm, going to, gosh, *the A-B-C thing*. (Int.: mmm---) Um...*realising*, thinking about your deceptive *thought*, (Int.: mmm---) and then, *the truth. In reality*, if you did not have this problem (---Int.: mmm---) and if you were normal, would this be true? *No*. So, you're not *terrible*, it's not wrong for you to feel *this way*, but, there is a light at the end of the *tunnel*, and, ja it's *actually* not as bad as you think, but it's *not wrong* that, you feel the way you do and you *can* work through it (Int.: mmm---), taking *baby steps*, that's what X always used to tell me, baby steps (---Int.: mmm). If you can at least just do one little thing, um, getting out of bed, (Int.: mmm), sometimes that's really hard, getting out of bed and *actually just*, well *actually just* working out one page, of your, textbook, um (---Int.: mmm), ja those little things eventually add up. It takes very long (Int.: mmm), um, but if you do have someone good with you, working with you step-by-step, side-by-side, it, *does help* (Int.: mmm). But then again, to find a good psychologist (?).

Int.: Um sorry one last thing, who did, have you *done CBT*?

Part.: X used, you know she, she was like (?) CBT she'd say, you know she'd *give* me the A-B-C thing (Int.: mmm) (?) to kind of, she even just gave me the page like, you know, 'stick it up somewhere' um, and also just, *constantly* telling me the same thing. *She* actually *made me feel so good*, like, she'd always tell me how *sp special I am* and she gave me this, book um, um *Punchenello*, it it's actually *a Christian*, um, kids like, book range, um but, I mean it like there's no real *reference* to God, it's just you know, the kind of content. (Int.: mmm) Um *how*, these wooden people the (?), um, if they thought something was funny about someone or, you know if someone wasn't good enough or did something wrong they'd put *a dot on them* (Int.: mmm), and they'd just accumulate dots, so it's like *people labelling other people* (Int.: mmm), and, you know, they'd look at other

people based on (?) how many *dots* they had (Int.: mmm). But, Puchenello like eventually he met this one girl, who, dots just didn't stick on her, (---Int.: mmm---) um because she didn't, you know even though people wanted to put dots on her, they couldn't stick because didn't believe what they said or, (Int.: mmm---) she didn't, let it get to her (Int.: mmm). Um so *ja* it's like, not letting people judge you, she'd like get me materials to read and also, just by *reinforcing*, telling me the same thing *over*, and analysing what you do in that week that she doesn't see you (---Int.: mmm), and talking about it, and see how you can learn from it, and *I mean* you make the same (?) mistakes *over* (Int.: mmm), but *constantly* going over those, reviewing them, *eventually*, (Int.: mmm) and also just saying, I mean the *more* someone says something to you, if if, like with Y, he tells me I'm pretty *all the time* (---Int.: mmm---), he tells me, *how wonderful* I am and, I mean maybe somewhere down there you *still feel* like you're not *worthy*, (Int.: mmm---) but, I mean it's, if someone will like, chop *hard enough* at that thought of yourself then, you know *eventually* it's, (Int.: mmm) more good than bad. (Int.: Ok)

Int.: Um ok well then lastly just, (Int. laughs and joined by Part.) um, if you were to look at like, sort of, your *whole story*, like past, present, future, like how would you, like in the space that you're in now, how do you see those, three sort of, dimensions?

Part.: Wow, um, well I can see *past and present*, I don't know about *future*. Um, because *I'd like to, know* that things are going to get *better* (---Int.: mmm---) and, I'm gonna be, self-sufficient or whatever, won't need *medicine, psychologist, psychiatrist* whatever, um, and everyone has this *pretty picture* of, the *husband the dog the kids* and the, (Int.: mmm) *Chrysler Voyager* um, (Part. and Int. chuckle) and *having* that perfect, I had a perfect (?) set out, go study three years (?) honours, possibly masters, go *work*, er *travel*, get married, settle down, um, and *now* on this side it seems so uncertain (Int.: mmm), um, so I felt like everything was *hunky-dory when I was younger*, and um, maybe I was like ignorant because I thought, you know, everything was ok and I didn't wake up to the fact that like hey I'm actually, slowly killing myself and (---Int.: mmm---) I'm (inaudible few words), and *now* it's like, it felt like this, *stormy sea*, like

It was *really bad*, you know, I hadn't learnt how to steer the ship yet or anything (---Int.: mmm---), and then it was ok and then I kind of, went *down again*, it's been really cool with, a couple of *showers* and, and it feels like, at the moment I'm just not sure of where I'm going, what I'm doing (Int.: mmm), um but I'm *coping* at the moment it just, *feels* like I don't really know *what's* gonna happen. (Int.: mmm) And (?), it kind of just *fades* into the future, I I can't *see*, it having (?), *hopefully* the future will be different, (Int.: mmm), for the *better*, (---Int.: mmm---) but ja.

Int.: Ok. Thank you (and chuckles)

Part.: Plesier

END OF TRANSCRIPT

C. Example of a transcript

INTERVIEW 5

Note:

Ellipses (...) refer to pauses greater than two seconds; '(pauses)' to pauses greater than four seconds; and '(long pause)' to pauses greater than six seconds. '(?)' refers to three or less words undecipherable to the interviewer on reviewing the tape; '(inaudible few words)' refers to more than three words undecipherable to interviewer on reviewing the tape. *Italicised* words indicate a change in tone, i.e. emphasised in some way. '***' refers to parts of the tape that are not viewed to be relevant to the interview, such as casual conversation between the interviewer and the participant, and have been excluded so as to lessen the amount of transcribing. '---' refers to parts of the interview where speech overlaps or is overlapped by something said by the interviewer or participant.

Interviewer: Joni Halland

Participant: Ellenⁱⁱ

BEGINNING OF TRANSCRIPT

Interviewer.: Ok, well so basically I just want to *start off* by *asking* a very open-ended *question*, 'tell me your experiences of depression' and then, um, *ja* like we'll see where it goes (---Part.: (?)--) and I'll ask you to *expand* on certain things---

Participant.: --- (?) my experiences, wow. Quite, (Int.: Ja) *hectic*. It's very, it's *very* open-ended (Int.: mmm---) I mean what am I just supposed to ramble?

Int.: *Ja*.

Part.: *Ok*. Wow, I can do that. (and laughs, joined by Int.)***

Part.: *Ok well*, my experiences of depression, um, I was diagnosed with depression, towards the end of end of std. 9, grade 11, (Int.: mmm hmmm) *and, ja* I was kind of like a perfectionist, um, kind of wanting to do everything and anything, and do it well, like sp, I did *sport, dancing, music, um*, I did, I also played ladies hockey and, I, accompanied and sang in our school choir and regional choir and was deputy head (?), involved at church and, *ja* just, you know, trying to cope with everything *and* being an 'A' *student* it's (and chuckles)(--- Int.: mmm---) you know it gets a bit much after a while. And, also, family wise, I'm the *youngest* of three girls,

and my sisters are 29 and, 27, and I'm 19, so about a ten year eight year gap, so I was, *kinda* raised as an *only child* (Int.: mmm), um, and I think maybe the generation gap for my *parents*, um, made them *not* kind of, *deal* with me, (?) they *didn't* really know how to deal with me and, *my mom's* very like *fussy* kind of neurotic *person* (---Int.: mmm---), and I just *felt* that we didn't *mesh* (and chuckles) (Int.: mmm) I don't know if that was the whole adolescent relationship, being a *teenager* but um, *ja* er, so I I felt that, she didn't really, *get* me (and chuckles), and I basically *shut* her out of, um, the decisions that I made for *myself*, and, *what I did* and, my day to day *experiences* and the *problems I had*, basically dealt with them on my *own* and, *ja*, she wouldn't really know what was going on with me I mean it's, like I, made a, kind of *double-life* (Int.: mmm), and eventually just you know, *relationship problems*, with, you know, trying to *keep up*, and be *perfect all the time* and, just enjoy everything and, *got a bit much* and, got really *tired*, um, concentration went, my marks started *plummeting*, um, I was on, *the phone to my sister*, a lot, she's, probably, my *eldest* sister she is the one I got along with the most, (Int.: mmm), um, and, I was just *really emotional* all the time, crying and just *really struggling* to cope and I mean it wasn't *the first* time it happened, um, you know I'd had these, *panic, breakdown* type things *before*, um but I think it was just *really* getting much and um, *ja* so she suggested I see *someone*, and I would've *done it*, you know with my parents *not knowing* (Int.: mmm), had there not been a ethical, been an ethical, *thing* you know with your, *psychologist*, and, so I had to tell my parents and they thought '*what?*', you know '*you have depression?*' , (?) '*you need to go see a psychologist?*', you know, they thought it was *ludicrous* and *I went* and, you know it was *obvious*, the psychologist told me '*ja you have depression*' and, I was booked off for a while and, *ja* I mean, there were all the *symptoms* of it, um immediately I was put on the medication and, *ja* you know, *socially withdrawing*, um I mean I'd only been *tired*, and *lack of concentration* and, um, *ja* you know it was *new* for me you know now that I have *this label*, kind of thing, um, but I think you only really see it as a label (says chuckling) once you, have *gotten* used to, *having that*, because it's, you know now you're just one of *those* and *this is the life you lead* (---Int.: mmm---) type of thing, um, which is *actually*, not what you should see it *as*, um (---Int.: mmm---) I know one of my therapists, yes one of them (says laughing), I have many (---Int. chuckles---) um, she told me you know, you're seeing it too much as something that's *part*, of you, it's *actually* something that's *outside of you* that is *affecting* you, um, and it's like I felt you know the *old me* was the perfect one who *did* everything and *coped* (---Int.: mmm---) with everything, and *now* there is *me* who's *no longer* that perfect person and, struggles with everything and she's *not* as good as she used to be. (Int.: Ok) Um, instead of seeing it as something that's just, kind of, playing it *down*, (Int.: mmm) um, so *ja* I'm, it's hard finding a therapist where, not everyone clicks with you, um, also you know just, *the way they deal with you* and, *some* of them, believe it or not, are unreliable (says chuckling), um second one I saw, didn't pitch up for one of our appointments and called me two weeks later, to kind of *re-schedule another one* (says chuckling) it's like 'what? Ok I could've killed myself by now', (Int.: mmm---) *not that I would've* but I mean, (Int.: mmm---) theoretically speaking. Um, and I just thought you know unprofessional or not seeing you anymore, and just, *ja*, you can't exactly look them up in a book, um, it's very much, by hearsay, um, but, *ja* eventually I *found someone*, um, by mean of, for matric exams I wanted to ask them for extra time, just because, I mean *hey* I felt like I was *processing* things just, a bit, *slowly*, (Int.: mmm) um, and, *ja* and just, you know *no motivation* so, you kind of feel a bit *delayed* when trying to, process things in the exam. And A who was the person that usually did the testing for the school like they'd refer you to her and she's like an Educational psychologist, she and I just *totally clicked*, she was *so wonderful*, and *really* helped me (Int.: mmm), through so much, (?) *especially* in *trying to get*

my um, self-esteem *my*, because basically what, I mean what I, *probably knew* already but what she kind of, *got* me to see *bluntly* was that, I was placing my self-worth on, based on *achievements* (Int.: mmm---), um you know if I didn't, get 80% for that test then you know, I *wasn't* performing or, you know I was only as good as my last, *achievement* and (---Int.: mmm), you know um, what people saw (?) of me (Int.: mmm). Um, so, when pe-, when teachers would tell me to, *cool it* and, *just relax* and just concentrate on *studies*, then *I would*, but then *time would lapse* when I wasn't doing anything *wonderful* or *great* or *exciting* or, you know kind of, doing something that was impressive, (Int.: mmm---) and then I'd get *back* into it to make myself *feel better* (Int.: mmm), and then, it would *backfire* again when, I couldn't cope anymore. Um, *ja* so I've been through many *therapists*, especially *now* with moving to *Cape Town* trying to *find new people*, um, I've tried to get off the medication *before*, (Int.: mmm---) um, the first time, you know coping with work, um, um, I was *told* and I could, you know *feel*, that I did need it, because *with out* it, um, it takes a lot of work *to*, um, *it takes a lot of work to, stay in the right mind space*, if you want to kind of *function normally*, without (---Int.: mmm---) kind of, letting everything *get to you*, um, *but, ja*, (?) as I've come to realise sometimes you just...you realise that some people actually can't cope without it, um, and which *maybe, counts for me as well*, um, and...*ja* um, so I tried to come off it and, *again* I tried this year, um, took *very long*, also depends on *what* you take, um certain *kinds* of antidepressants, um the one I was on was Effexor, er which, that's the trade name, *****, um and, it takes *very long* to get off it I was also taking a combination of *mood stabiliser*, which helps (---Int.: mmm---) to (?) kind of like a *cocktail* (?) better, um, and...*ja*, I was off it for about two weeks and I could tell all the old symptoms were coming back, you know the symptoms I hadn't been feeling for a while and I knew (---Int.: mmm---), ok and *I tried to stall* and be like 'ok, *maybe you know I can take this*' but, I knew, if I carry on any longer I (says chuckling) was going to get back to square one (Int.: mmm), and *ja*, I didn't really want that. And it was also effecting the relationship with my boyfriend because (---Int.: mmm), you know for a guy who's just taking it as it comes, his girlfriend is changing all the time you know one day she's *happy* and she's, *with you* and totally like into you and then the next day she's just, *down* and seems all, disinterested and stuff (---Int.: mmm), it's *very confusing* for him. So *ja*, um, it comes and it goes you have your good days and bad days and, sometimes *bad, periods* I've had, times of, suicidal mentality (and chuckles), I think last year in June, um, you know it's just, when you *find yourself* in a situation where you're not, *particularly doing well*, or, *ja* I think *maybe*, you're not doing well and therefore you're more *susceptible* to feeling, *low* with, say getting *irritated* with something (---Int.: mmm---) um, I came home from varsity and, I think my parents just you know, suddenly *decided* that, well, okay maybe (?) if I explained it, um, you know going to *varsity* for the first time and being *free* to do whatever you want to do, um and coming home again when suddenly all these *rules* are imposed on you, and I think *my mom* not, um, she's always felt that I've, always sided with my dad because, he's more kind of easy- not *easy-going* but he *listens* to you (Int.: mmm), um and makes you present your side of your story before he kind of, tells you what his *ruling* is, my mom kind of just gets in there and starts you know, *shouting at you*, and, I was *out one, night*, um, came home *really late* um, but of course (?), and my mom *apparently hadn't been told*. I thought you know, if I *told my dad*, where I'm going and how late I'm coming back (---Int.: mmm---) then he'd just tell my mom, like if she asked him, but *he didn't* (and chuckles) and, *she somehow*, was upset that I hadn't told her (?), told *my dad* and she got really *angry* and she just kind of, you know like, *slapped me* (quietly chuckles), um, you know she's, them being much older, you know and used to not, *negotiating* with children (---Int.: mmm), *ja* and I just felt *so*,

(and chuckles quietly) like, *who the hell is she*, to do that, and, ja I felt like I was being treated like *such a child* and, they never really *grasped* the concept of depression---

TAPE IS TURNED OVER

Part.: ---*affects you* (Int.: mmm---) and it's not, something that, is just going to go away like a cold, you know 'Come on X pull yourself together you know just, just *think happy thoughts*, and it'll (---Int.: mmm---) all be fine'. And I was just I was so *over it* and I thought...I, I actually, looked at the *package* insert to see you know, how much could constitute, you know, (?) *kind of* like a suicide or something like that. Um, you know probably I didn't *really* want to kill myself but I thought if I, 'if I killed myself so what' um, *but*, at least if I *hurt myself* enough to, land up in hospital they'll *finally realise*, (---Int.: mmm---) 'Geez you know, she *does* have a problem she's not just, (---Int.: mmm---) *joking*. Um, *ja* and well, imagine my disappointment (and chuckles) when I wake up the next morning and, I'm actually not feeling *that bad* (and laughs), had a bit of, um (?), irregular heart beat and, *got up* and I was feeling really *faint*, um, but I was taking *Cymbalta* so actually all it does is, *make you more awake*, although, taking, *more of it kind of just*, had me in this *stupor* cause I was, like just *zonked* from taking so much and, just *really dizzy* and, irregular heart beat and, *ja* so *no one really knew anything*, I mentioned it to *my dad* but he didn't really make much of it, um (---Int.: mmm---), he has a wonderful way of not really saying anything, um, ja so...it's *really just, sometimes* you feel like you set yourself apart from, *normal people*, who *have down days* (---Int.: mmm---) but, they're not exactly feeling, like, *down in the dumps*, like, they're *really*, not worth (---Int.: mmm---), *the ground they walk on*. So...*ja* I don't know, do you want to ask me any questions (?)---

Int.: Yes (and chuckles), um...how were things, *different* for you once you had got *that 'label'*?

Part.: Um, how were they *different* for me? Um, well I suppose *it helped*, you know you can *acknowledge now* that, you know, there is *something* that's, *genuinely* wrong with you, you're not just kind of, *freaking out* or, (Int.: mmm hmm) being *crazy*. Um, *but*, I think everything that comes *along with it*, um how people *around you* deal with it, (Int.: mmm) um, now it's not just...about *you*, now you have to try and justify it to *everyone else*. (Int.: mmm) Um, which adds, *additional*, pressure, (Int.: mmm) and, *ja* I guess, *having* that label makes you kind of, not really want people *to know*, (Int.: mmm---) um, maybe because you think they won't understand so, *ja* um, I mean it was *a while ago, three four years* um, so, I think it just, kind of, *stamps it*, in your mind that *now*, you are actually not as capable as you were, it kind out, sets a *new, thought*, process, a way of *looking* (---Int.: mmm---) at yourself (?).

Int.: Ok. Um, why, *why do you say*, it makes you feel you need to *justify* it, what do you mean by that?

Part.: Um, well people don't really *understand depression* (---Int.: Ok---) I mean like the *laymen*, people who aren't, *working* in the field, um, *so* they may think that, you know the simple, *bad day* (Int.: mmm), um, *but* they don't really *know*, wh- *how it affects you*, *so*, and they think it's, just something you can, get out of, and *maybe* you're just being a *drama queen* (Int.: mmm), and, *they wonder*, you know they don't know what's going on with you so, they think 'Geez, how did that happen to you' (---Int.: mmm---) I mean, you know 'you look like you're having a wonderful life' so, (Int.: mmm), *ja, you feel like, now* you have to tell them, or...*ja* just make them *realise that*, you *do* actually have a problem you're not just, *faking it* (Int.: mmm). Um, ja.

Int.: And what *is* your experience in those moments? (Pauses) when you're feeling, '*down in the dumps*', when you're depressed?

Part.: *Um*, well you know you, *you feel like*, you're not the person you were you, you feel like, that *old person* that was so capable (---Int.: mmm---) and was like *normal*, at a stage, *is now*, dead and gone you can't really *remember* them even, um...but, ja it's, you just *feel* really...*dead* inside. Also just um, *you know*, the feeling *changes*, (Int.: mmm) um, depending on, what's happening to you in, the, (?), *time of your life*, um, also the *longer* you have it, um, if you've *managed* to learn from, your experiences and had, had someone like a therapist to *explain*, (Int.: mmm---) or *help* you change your behaviour um, then you can kind of *interpret* your behaviour, the *feeling* doesn't go away, even though you're able to, *rationalise* it, *to yourself*, the feeling doesn't go away (Int.: mmm). And, ja so, even though, ja you just, it doesn't stop you from feeling *really bad* um, you just don't feel like you can *interact* with anyone (says chuckling), you just want to crawl into your bed and, just, *wanting to feel secure*, and, kind of *safe* and, ja, but...it's almost like you're not *good enough*, (Int.: mmm---) bu- and I mean feeling like that is, (and chuckles) *not cool*, it's, ja it's, *it's almost like*, if you imagine like, who would want to, *actually be friends* with you, or, *even*, ja.

Int.: And *why* do you feel like that?

Part.: *Well because you think*, you know you, give, less of what *you were* and, (Int.: mmm---) you know there are so many people *out there* who, I don't know, are so much, *nicer* and *bubblier* and more *spontaneous* and, (Int.: mmm---) people are just going to think 'ah you know you're such a *party-pooper*' (Int.: mmm), um, and they'll call up *less* or, they *wouldn't know*, they'd think 'oh you have depression' so they *wouldn't know*, either they'd be like all awkward around you or, like if, they're *your friends* or, *ja*, they'd, always think that you want to talk to them (---Int.: mmm---) (?). *Also...* it's...puts *pressure* on your friends, um, (Int.: mmm) sometimes they would feel that they should (?) you *do* speak to them, um, like if you *feel*, I mean *anyone* would feel like they really *need* to speak to their friends, because, your friends are, *largely* the people who *console you* (Int.: mmm) (?), *and*, I know a few of *my*, a *fear* of mine, and *a few of my friends*, well, not a few just, maybe *one*, um, once they've *had to*, *deal* with your problems, (Int.: mmm---) *so much* they, actually disappear, because, (Int.: mmm) they just *can't handle* it anymore (Int.: mmm). They they *can't get why* you're not *just getting over it*, (---Int.: mmm---) 'I mean if you've *learnt* it now, *if you know what the problem is*, *why* don't you just *try it* the next time?' (Int. mmm---) you *don't* get over it that easily, it (---Int.: mmm---) it's, as *crippling* as the *first time it happened* (says chuckling). Um, I mean, like for example, being, *dumped* by someone because, you just can't get over, you know, kind of just *falling for anyone*, like if that was your problem (?) (---Int.: mmm). Ja (?).
(Pause)

Int.: Ok (Part.: mmm). So *um*, I know that you've *spoken* a little bit about this but like, who *were* you and who are you *now*? If you were to compare like you know you keep on saying, it's, it's *depression is hard for you* because, *you're not who you were*, (Part.: mmm) who *was* that person?

Part.: Um...in *my family* I was, of the three girls, I was *probably* the one that *achieved the most*. (Int.: mmm---) Did *best*, did *the best* at school, um... I was...*a very...* I was, a *respected* student, um, very *courteous* to my teachers, *star pupil*, of you know, always got *top marks* um, I know in *primary school* (and chuckles), very long time ago, um, it seems *trivial now* but you know I got like, the second *highest mark*, narrowly missing like the, *highest mark* of like (---Int.: mmm---), *my grade*, and, *ja* um, just, having *done* so much being so *talented*, um, I could *dance* I could *sing* I, or I *can* dance I *can* sing, um, play the piano *really well*, *ah* I finished my grade 8 in

grade, 9 of school which is like really, it doesn't *happen* unless, you, a child with, a talent. Um, and *ja* I was *just*, *this* person who, was a *multi-tasker*, *jack of all trades*, *always, performed well* and, *you know, not bad looking* so my family tells me, aunties and uncles, and, then you kind of become all depressed and, everything kind of just, *drops a notch*, (Int.: mmm), it's like, um, like a jean, a new jeans that's now faded (and chuckles), um, so I *don't feel as capable* anymore, I don't feel as, *successful*, I'm *not* getting top marks, um, I think that, *being depressed* always makes you, less good looking than you, *may be* (and chuckles). Um, *ja*, you just, you feel less appealing and less, *shiny* (says chuckling) as you used to be. (?) I just feel I was, I was more, (?) was *sharper* and more on the ball. (Int.: mmm)

Int.: And you've *had* this feeling since your experience in *std. 9*? Is that right?

Part.: Um *ja*. That was like the *s*, the *end* of the *snowball*, (---Int.: mmm---) eventually, I mean, in *grade 9* and *10*, um *I'd had*, experiences of, '*oh crap*' you know 'I can't, I can't *cope*'. (Int.: mmm---) Like I just *can't cope*' and then I'd have to, you know my sister would just say, '*ok, just breathe. Write everything down*, do it all in like, *order of priority*' and, *you know* just '*start with something, and go along*'. Um, but I think coupled with, my, *emotions*, and *relationships*, and everything, in *grade 11* it was, it was *finally physical* I could (says chuckling), see it, in, *my concentration, my motivation, my marks*, it was *actually*, a *real* thing, (Int.: mmm---) like you could actually *see it*. It wasn't just kind of, in my head (---Int.: mmm---), just like a once off thing, it was *actually* taking place (---Int.: mmm) *in* my body you could see it being, like affecting me. (Int.: mmm) *Ja*.

Int.: Ok. Um, when you came off, um, your medication, and you said then you noticed, your *old symptoms* were coming *back*. What were those old symptoms? For you?

Part.: Um, *low self-esteem*, um, *tiredness*, um, more, kind of, pessimistic thoughts, um, *indecisiveness* has never really gone away (says laughing), um with certain things I'll be decisive but *ja*, um, especially trying to choose, I don't know, like, fabric softener type, like I don't know, *scent*, um, stupid stuff like that, um, *ja* so, feeling really *low*, *possibly*, easily *crying*, you know, if, you see something from a really *bad* point of view being a pessimist the whole time you kind of think that 'oh woe is me you know this is, *obviously* gonna turn out badly', um, and, *ja* just, not wanting to, *be around people* (Int.: mmm), *ja*.

Int.: So *now* do you find being, are you still *on* your medication?

Part.: *Ja*

Int.: So do you find *on* your medication all of those things, are, better?

Part.: *Ja*, you feel *lighter* (Int.: mmm). Um, it's it's almost like, um, if I can use an analogy of, being in, the *deep* end of a pool with your *clothes on*. (Int.: mmm) And, *now*, on your medication, you feel like you're wearing a *swimming costume*, you're not wearing your *takkies* and *jeans* and everything, and, you, you you even have the potential to, *know* (says chuckling), that you can float (Int.: mmm---) and float if you want to. Um, so *you kind of, feel* like someone's just given you, *a step up* to, (---Int.: mmm---) I don't know *climb over the wall*, um, instead of *really feeling* and *thinking* like, *you aren't gonna make it*. (Int.: mmm) So it just, it just gives you like that little bit to be able, to *cope*, it's it's actually *hard to explain*, it's, *it's funny you know*, that, a stupid little chemical can just (---Int.: mmm), actually just *make you feel* (while chuckling), a lot more better it's, *ja*, like a *car* that *can't start in the morning*, and if you just, take the *choke out* a little bit *** then the car can just *run smoother* (Int.: mmm), and (?) for *some people* they can get off it, later on you can put the *choker* back in (Int.: mmm), um and for some people *they can't*, and that's something that I also had to, accept (---Int.: mmm---) um, I mean *me not* being able to cope without my medication, that was that was *not cool*, because I *felt, that*, I can't

cope without my medication therefore, what am I just not *trying hard enough*? (---Int.: mmm) Um, you know how come (---Int.: mmm---) other people can do it and I can't? (Int.: mmm) Ja.

Int.: And would you ever *try again*, coming off it?

Part.: Um, I think I probably would, not very s, soon I don't think, (---Int.: mmm---) maybe after, I've graduated, because I think *varsity*, I mean *I've still got that drive to*, you know (Int.: mmm), want to do better, um, but, *ja* it's, *tricky*. And...I don't know (inaudible few words)

Int.: Um, how long have you been with your boyfriend for?

Part.: Um*** nine months (Int.: Ok). My *first* long-term relationship I think *before that*, it was like *a month*. (Int.: mmm---) Um he was the first *stable, ja stable* relationship, someone that I actually, *developed* a proper relationship with. You know (---Int.: mmm---), parts of my depression was, just, you, you long for *a closeness*, I mean *I don't know* if it's, the, *psychology, analogy* of having an anxious-ambivalent relationship with your mom or (says chuckling)(---Int.: mmm---), *not having* stable relationships when you were younger so you're always looking for one, always *needing* someone that's *close*, that you *know won't leave* (Int.: mmm), *so*, you kind of just *grasp onto that* kind of, '*oh you know*, this guy's nice he's showing me attention let me just totally fall in love with him' and, you know he'll take advantage of you and then he's like 'oh, well, let's pretend it never happened' and then you're totally crushed. *And no matter how many times that happens to you*, you will do it again (says chuckling) (---Int.: mmm---), until you *actually, finally*, learn from it. Some people never do (says chuckling) but, I think I just had, I *knew* I had a *flippin' problem* (says laughing) (Int.: mmm). And, I met *Y*, that's his name, and I said 'you know what, *for once*, I'm going to try and just be *friends* with a guy' (Int.: mmm) um, and he was so *sincere*, he wasn't one of *those* guys who, like chases skirts, (Int.: mmm---) um, and eventually, *ja* like, *ja*, it like *worked out* fine. I was *so*, something you still can't even believe *wow I'm actually like*, in one of *those* relationships (---Int.: mmm---) that are like (?) (Int.: mmm)

Int.: And how does *he*, sort of *um*...how does he *share* your experiences, of depression?

Part.: Well he's very *supportive*, (Int.: mmm---) um, he really *does* want to be there for me cause he's one of those guys who, isn't going to, I don't know, run away, he he's *someone* who, is *for* commitment, (Int.: mmm) um, and, it's *hard* for him sometimes because, he can't *judge how I'm going to feel*, (Int.: mmm) when he sees me, um, I mean once he told me he he feels like, if he just, I don't know kind of um, not creates *a wall* but, if he *kind of* just has a *neutral stance* (Int.: mmm), *all the time*, then he *won't* kind of um, rub me up the wrong way um, (Int.: mmm---) depending on how I'm feeling. You know, say he'll be *too affectionate* and I'm not feeling in that mood then, he'll feel like '*oh she's not interested in me anymore*' kind of thing (Int.: mmm). Um, so it's *hard* for him to, I mean for him to always just *interpret how I'm feeling*, um, and *I* feel bad because I *know* I don't want *to do that*. (---Int.: mmm---) And I *definitely* don't want to drive him away. (Int.: mmm---) um, so *ja*. I mean he knows, he definitely wants to be there for me (Int.: mmm---), um he's not planning on breaking up with me anytime soon he *really* wants to make it work. Um, (?) he's not someone who just, gives up and looks for another girl (Int.: mmm), um, but *ja* it's have, it's, you have to *keep on*, keeping on like, willing to, just kind of *speak about it*, (Int.: mmm) um, how you're *feeling*, being *open* about feelings (Int.: (?)), so that no one gets the wrong idea, and (inaudible few words)

Int.: And um, how do *your* feelings fluctuate? In the relationship?

Part.: Um... 'how do they fluctuate?' (Int.: Like---) I'm *trying to* (and laughs) *think how I feel* um, well I think when you're *happier* you're *definitely* (says chuckling) more affectionate. (Int.: mmm) Um, I know sometimes,

ah, you just feel like, you can't be all peppy, and, but you don't want him to think 'geez my girlfriend's like all doom and gloom' (Int.: mmm---) um, so then you almost think 'ah gosh I'll really *have to* you know, up my game a little, be a bit more *happy* or else, (Int.: mmm---) you know he's really going to get annoyed'. Um, and, *sometimes* I'm really happy and, I can be my affectionate self, um, and then sometimes I wonder, you know... *is* he the right guy, I mean *did I choose him for the right reason?* (Int.: mmm) Um, and, ja I just, you know with your own, emotional development, trying to find out what *you* believe in (Int.: mmm---), (?) *who you are* and everything, you think about all these things, I mean it's kind of like, I don't know when you wake up in the morning, you know, you're gonna wonder why you even, did the (?). It's kinda of I think ja, maybe (?), I think in a way depression makes you so ensure of yourself, (Int.: mmm) that you're always *questioning* your decisions and, whether you're, making the *right one* or, you know you're just making a mistake (---Int.: mmm---) cause, *now* you make mistakes. (Int.: mmm...ok)

Int.: How do you um, sort of, *cope* with things *now*? Like stresses and stuff? At *varsity* and *work* (Part.: mmm) and all that kind of thing?

Part.: (Pauses) Um (pauses), *well* I *never* really used to cope very well, (and chuckles silently) like never. Um, but one thing I can say is that *having Y around* (Int.: mmm), has picked me up *so much* because, here was this person who was just *unconditionally there* (Int.: mmm). Um, I know, since std. 3 I've never had (and chuckles), a close-knit, group of friends (Int.: mmm), I mean even to this *day* I don't have, like a group of friends, or *even like*, just a *friend* you know, on a *Friday night*, you're gonna call her and, (Int.: mmm) you know, *do something* um, so *knowing* that I wasn't, alone and (?), someone was *there* that I could speak to and hang out with, that really just kind of, yoh, it helped *a lot*. (Int.: mmm) Um, but I mean it doesn't stop you from having bad times and, when those bad times are there then, *you do freak out*, you know you have kind of, you're anxious you, can't sit still, you're always *thinking about*, the thing you're worrying *about*, um, ja so, sometimes I can deal with it and sometimes I can't (---Int.: mmm---) depending on how, good I'm feeling. (Int.: mmm...ok)

Int.: Um, *what things* are you *mostly* anxious about?

Part.: Um, my marks, like academics, I suppose the things that I'm always anxious about (says chuckling) (Int.: mmm), um you know, even when I was, *non-labelled* (says chuckling and then laughs). Um, ja *my marks* um, girls are always anxious about their weight are they, are they *exercising enough* *** 'am I, am I not *relaxing too much*', um, 'I feel guilty, maybe, I should be reading my, I can't read this, *novel*, I have to read my textbook', there's always *something* to do (Int.: mmm), um, I'm always *not trying hard enough*, um, ja, and just, ja I think, *being* at varsity that's what you're most anxious about. (Int.: mmm) and when you're *not* it's kind of like, *ok*. And then, when, when *you're not* then it's *about*, exercising, keeping healthy and, having proper s-, like social relationships, (?) social relationships are very important to me as are, relationships in general (Int.: mmm). *Probably not* with family though, it's never been (?). (Int.: mmm)

Int.: Well um, is there anything else that you, anything else of your experiences, that you wanna add?

Part.: Well... (inaudible few words) um, you kind of *wonder*, *why has happened to me* (Int.: mmm), what did I do wrong, was it my parent fault? (Int.: mmm) I was sent to school a year young, and, it's kind of like 'oh ja, she went to school early and that's why you know, she wasn't mature enough for, she couldn't, she's not actually' (?) inaccurate, er bullshit, um (Int. and Part. laugh) because *I coped fine*, in fact I was, way ahead of, my classmates. And *I'm not just saying that* I mean (---Int. mmm---), I had teachers telling me that. Um, ja and, so I

think it was really a combination of factors. The relationship I had with my parents I think if I had a *very supportive* network at home (Int.: mmm), *very secure* home and relationships, I might not have turned out like this, geez, it makes me sound like Frankenstein or something (Part. chuckles and Int. laughs loudly). But ja, I don't think it *quite* would've ended up this way, um, you know it's the *type of personality you have* (Int.: mmm), *how you're supported, who's* there to help you through it and, I mean you're actually just so lucky that you're born into the environment that you are and that you (---Int.: mmm), I don't know, you're not like in war-torn, *Serbia* or something (---Int.: mmm---) I don't know. But ja and, even though it *really sucks* having depression, um, there's *so much* that I've learnt from it, I think one of my medications made me slightly bipolar, and, being bipolar you can very much, be more *outgoing* (says chuckling), doing *random* things, um, and I think that kind of quality *stuck*, because I could be more social and, not necessarily social but I could, strike a conversation with anyone, (Int.: mmm), um so some of those qualities stick and you you learn *so much* about dealing with people and knowing that, everyone you know what everyone's not perfect (---Int.: mmm), and that someone h-, everyone has a problem. (Int.: mmm) No matter how big or small it is. Um, and ja it makes you so much more empathetic and, being depressed, well having depression and dealing with it, you you can *see, so many* you can realise how many people actually *do* have it (Int.: mmm), um, *ja so*, it's it's *not great* but um, I've discovered that it *has* helped me to relate to people more and, just kind of, it does give you kind um skills to, realise *what* your mistakes are, assess and, (Int.: mmm) um, try and overcome them by rationalising your actions, and your thoughts. (Int.: mmm) Um...

Int.: Does it help you?

Part.: What?

Int.: Rationalising your thoughts?

Part.: Um...well, (and chuckles) a repetitive thing really, (---Int.: mmm---) you know the whole CBT thing, er if you say it to yourself enough you'll believe it, (Int.: mmm) um which oddly enough is true but, we don't really like to (says chuckling) go that way because (Int.: mmm), it's like 'please you know, I'm saying it (?), I actually *don't believe it*, (---Int.: mmm---) why am I even going to say it?' Um, but *forcing* yourself to put, those principles that you learn in practice (Int.: mmm), um, and then *finally* learning from it um, just by *putting it into practice* you learn from it, (Int.: mmm---) *like* um, if, you...think, that, um...you have to...gosh I don't know, I can't even *explain* it but, ja it's, say I think that, um, you know I'm, going to, gosh, *the A-B-C thing*. (Int.: mmm---) Um...*realising*, thinking about your deceptive *thought*, (Int.: mmm---) and then, *the truth. In reality*, if you did not have this problem (---Int.: mmm---) and if you were normal, would this be true? *No*. So, you're not *terrible*, it's not wrong for you to feel *this way*, but, there is a light at the end of the *tunnel*, and, ja it's *actually* not as bad as you think, but it's *not wrong* that, you feel the way you do and you *can* work through it (Int.: mmm---), taking *baby steps*, that's what *X* always used to tell me, baby steps (---Int.: mmm). If you can at least just do one little thing, um, getting out of bed, (Int.: mmm), sometimes that's really hard, getting out of bed and *actually just*, well *actually just* working out one page, of your, textbook, um (---Int.: mmm), ja those little things eventually add up. It takes very long (Int.: mmm), um, but if you do have someone good with you, working with you step-by-step, side-by-side, it, *does help* (Int.: mmm). But then again, to find a good psychologist (?).

Int.: Um sorry one last thing, who did, have you *done CBT*?

Part.: X used, you know she, she was like (?) CBT she'd say, you know she'd *give* me the A-B-C thing (Int.: mmm) (?) to kind of, she even just gave me the page like, you know, 'stick it up somewhere' um, and also just, *constantly* telling me the same thing. *She actually made me feel so good*, like, she'd always tell me how *sp special I am* and she gave me this, book um, um *Punchenello*, it it's actually *a Christian*, um, kids like, book range, um but, I mean it like there's no real *reference* to God, it's just you know, the kind of content. (Int.: mmm) Um *how*, these wooden people the (?), um, if they thought something was funny about someone or, you know if someone wasn't good enough or did something wrong they'd put *a dot on them* (Int.: mmm), and they'd just accumulate dots, so it's like *people labelling other people* (Int.: mmm), and, you know, they'd look at other people based on (?) how many *dots* they had (Int.: mmm). But, *Punchenello* like eventually he met this one girl, who, dots just didn't stick on her, (---Int.: mmm---) um because she didn't, you know even though people wanted to put dots on her, they couldn't stick because didn't believe what they said or, (Int.: mmm---) she didn't, let it get to her (Int.: mmm). Um so *ja* it's like, not letting people judge you, she'd like get me materials to read and also, just by *reinforcing*, telling me the same thing *over*, and analysing what you do in that week that she doesn't see you (---Int.: mmm), and talking about it, and see how you can learn from it, and *I mean* you make the same (?) mistakes over (Int.: mmm), but *constantly* going over those, reviewing them, *eventually*, (Int.: mmm) and also just saying, I mean the *more* someone says something to you, if if, like with Y, he tells me I'm pretty *all the time* (---Int.: mmm---), he tells me, *how wonderful* I am and, I mean maybe somewhere down there you *still feel* like you're not *worthy*, (Int.: mmm---) but, I mean it's, if someone will like, chop *hard enough* at that thought of yourself then, you know *eventually* it's, (Int.: mmm) more good than bad. (Int.: Ok)

Int.: Um ok well then lastly just, (Int. laughs and joined by Part.) um, if you were to look at like, sort of, your *whole story*, like past, present, future, like how would you, like in the space that you're in now, how do you see those, three sort of, dimensions?

Part.: Wow, um, well I can see *past and present*, I don't know about *future*. Um, because *I'd like to, know* that things are going to get *better* (---Int.: mmm---) and, I'm gonna be, self-sufficient or whatever, won't need *medicine, psychologist, psychiatrist* whatever, um, and everyone has this *pretty picture* of, the *husband the dog the kids* and the, (Int.: mmm) *Chrysler Voyager* um, (Part. and Int. chuckle) and *having* that perfect, I had a perfect (?) set out, go study three years (?) honours, possibly masters, go *work*, er *travel*, get married, settle down, um, and *now* on this side it seems so uncertain (Int.: mmm), um, so I felt like everything was *hunky-dory when I was younger*, and um, maybe I was like ignorant because I thought, you know, everything was ok and I didn't wake up to the fact that like hey I'm actually, slowly killing myself and (---Int.: mmm---) I'm (inaudible few words), and *now* it's like, it felt like this, *stormy sea*, like

It was *really bad*, you know, I hadn't learnt how to steer the ship yet or anything (---Int.: mmm---), and then it was ok and then I kind of, went *down again*, it's been really cool with, a couple of *showers* and, and it feels like, at the moment I'm just not sure of where I'm going, what I'm doing (Int.: mmm), um but I'm *coping* at the moment it just, *feels* like I don't really know *what's* gonna happen. (Int.: mmm) And (?), it kind of just *fades* into the future, I I can't *see*, it having (?), *hopefully* the future will be different, (Int.: mmm), for the *better*, (---Int.: mmm---) but ja.

Int.: Ok. Thank you (and chuckles)

Part.: Plesier

END OF TRANSCRIPT