

## Women's Recovery from Depression Research Project 2004-5

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### **Acknowledgments**

Thankyou to all the women participants for making time in your busy lives to share your rich experiences and insights with us. To maintain confidentiality the names of participants have been changed where requested. In this brief selection from your stories we do not present all your voices, nor indeed all the points shared by those of you whose voices we do present, and we acknowledge the contributions of those women missing from this preliminary account. This presentation marks only a beginning of our communicating these stories and their messages, communication that will represent everyone's voice in forthcoming articles and in a book currently in the planning stages. Funding from the Australian Research Council for 3 years, to continue speaking with women about the social forces shaping their experience of depression and recovery, will enable Dr Fullagar to continue this research.

## Summary of Findings

### The research project

#### *What we did*

48 women from Brisbane and rural NSW/Victoria enthusiastically participated in focus groups or interview discussions around the following questions:

- how they came to know they were depressed,
- what recovery practices they used,
- what helped and hindered them,
- what changes did they notice in themselves,
- why are women identified as depressed more than men, and
- what women would like to see changed in our society to help prevent depression and support women's recovery.

#### *Participants in the study*

We talked with 48 women from many different social backgrounds, occupations (32 currently in paid employment), parental status (36 were mothers, 19 still had children living at home) and experiences with depression (some were self diagnosed, others professional diagnosed with post-natal, mild, moderate, severe and bi-polar depression). We listened to the experiences of different women that related to age (20-66 years, average age 48), sexual orientation (40 heterosexual, and 8 gay/lesbian/queer identified) and rural (24) or urban (24) location. Half (24) of the participants had experienced depression 3 times or more in their lives, 15 had it 2-3 times and 7 had it once (2 did not respond). The age of onset of depression varied enormously from age 5 to 62 years. The ongoing affect of depression on many women's lives highlights the need to consider prevention and intervention strategies that acknowledge the complex process of recovery and the diversity of experiences that come to be called 'depression'.

## The experience of depression

### *Key themes*

When asked about how they knew that they were depressed, most women talked about the complexity of their own emotional lives and experiences, rather than simple cause and effect relationships. A number of women felt that they had experienced a deep unhappiness since they were children (linked to abuse, family disruption or violence in the home) and only named this as depression later as adults. Frequently, depression was described as the culmination of a number of life events and/or injustices over time (abuse, violence, grief, relationship breakdown, illness, discrimination at work, homophobia, emotional overload at home, lack of support, work-family conflict and no time for self care).

These experiences of depression were often very specifically related to the kinds of domestic, sexual and caring responsibilities women are expected to assume in our society, and the lack of support available to women when carrying out these responsibilities. Many women talked about their role as the 'strong' one, and Kelly (rural) talked about her post-natal depression and the pressure to be a perfect mother, 'so many people give you their views on how you should be bringing your kid up and how wrong you are. Everyone else is a better mother than I am'. Phyllis (urban) added another point, 'I think a lot of being a woman is that you often have a lot of responsibility and no control'.

Discrimination in the workplace also created feelings of anger and worthlessness that women linked to their depression, as Maree (urban) says, 'I went through another very bad time, for about twelve months, where I felt victimized because there were certain things my boss did to my job then, because I wouldn't lower my pay and I wouldn't be on call, I wanted the set hours because of my family. He wanted me to be on call at permanent rates of pay, which is what a lot of companies do to women now, working part-time, job share or casual'. Some women also spoke about the effects of heterosexism and homophobia in their workplaces that led to chronic depression and job loss, especially when family support was not forthcoming. Women who came from culturally and linguistically diverse backgrounds also spoke about the difficulties of negotiating different cultural norms about women's role and identity that impacted upon their relationships and sense of isolation. Depression was associated with suppression and silence, and for Maree (urban) there are clear gender differences in that "men tend to go violent or aggressive or angry or just walk out or something, women just suffer in silence". Not being able to speak about one's experiences can also make things worse, as Kryss (rural) says, 'one reason you get depressed is because you've got all this stuff inside you and you can't get it out'.

Hence, the importance of creating a public discourse about depression that enables women to identify the social relationships that negatively impact on their emotional lives, since this can help counter the individual feelings of shame, self-blame, worthlessness and stigma that contribute to depression and that impede recovery.

### *Depression as illness*

Only a small number of women felt that their depression was solely related to biological factors, and although a large number of women drew upon pervasive medical explanations to describe depression as an illness resulting from a chemical imbalance in the brain, there were different causal explanations given relating to family history, social circumstances, personality, hormones and biochemistry. Often a biological connection was described in relation to the effectiveness of medication as Eve (urban) says, 'For me my depression is purely chemical. I haven't had any bad experiences or anything like that. I had the perfect childhood, perfect family, perfect relationships everything. So the things that made me feel better was once the medication started working everything else became so much easier (juggling work stress, young children). If I hadn't had the medication I don't reckon I would have got better'.

### *Depression and families*

For many women depression was something that occurred in families (as either learned or genetic). Bev (rural) talks of being 'born into depression' and Phyllis (urban) talks about this generational depression, 'I think depression was a language in the house that I could pick up. Depression might be learnt at mothers knee...Because my mother had depression I wouldn't have said it was genetic. I think her life was just too hard. I just felt that you could learn that life wasn't worth anything as a kid'. Rather than being an individual psychological phenomenon depression frequently affected women in the context of their family relationships and gender expectations. Family relationships were identified as contributing to depression and/or were significant in providing support for women's recovery. When partners, parents or children also had depression this created a double emotional burden for women who were already struggling to maintain their own wellbeing.

### *Loss of Self*

Women spoke about learning to recognise the onset of depression related feelings, and associated these with loss and grief, stress, not coping, being out of control, avoiding issues, suicidal thoughts or actions, anxiety and panic attacks, anorexia, agoraphobia, PMT symptoms, pain in limbs, brain overload, mood swings (anger, guilt, shame, despair, low and high energy) feeling sick, constant fatigue and crying, sleeping a lot and no motivation. Carolyn (rural) points out the profound effect that such feelings can have as they erode women's sense of self, 'You become withdrawn and you lose confidence in yourself'. This can compound feelings of absolute worthlessness as Emily (urban) says, 'maybe that's a sign of depression where you have no you, you don't think you have any value or reason to live I suppose'.

Like a number of women Anya (urban) talked about her depression as a loss of self, 'I was constantly sad and then I realised that I had lost my identity. I didn't know who I was, I didn't know what I wanted. I saw myself through the eyes of my husband. So if he was happy with me I was happy with myself. If he was disgusted with me I was disgusted with myself. And that's how I lived for about ten years'. Prior to coming out about her sexuality Bridgid (urban) also described her depressed self as disappearing, 'I felt that I was just fading away. But eventually I just wouldn't exist that already people couldn't see me. I felt I was invisible'. A number of women also experienced the loss of self through suicide attempts, drug overdoses and alcohol misuse. However, many women spoke of these events as turning points in their recovery as they began to re-create a different sense of self in the world.

### *The relationship between mind and body*

The experience of depression is far more complex than the medical label 'mental health problem' possibly suggests. Women's descriptions of depression suggest it can be seen as something more than 'a chemical imbalance in the brain'. The lived experience of depression can be understood as a changing relationship between mind and body and emotions that is deeply influenced by social messages and interpersonal relationships (family, friends and workplace) that can undermine women's positive sense of value and worth. As part of the process of recovery many women learnt to monitor their relationship with themselves by noting signs and respond proactively to changes in their feelings and immediate environment at home or work (reduce stress, seek support, reassess priorities, challenge negative messages, walk away from negativity).

### *Identifying Depression in Oneself*

Some women did not categorise their experience in terms of the depression label, as Kim (rural) says, 'Well I didn't really think of it as depressed, you feel depressed but I never really thought to myself I'm going through a phase of depression. You just feel like shit and it gets worse and worse. I don't stand back and think yes this sort of label or anything like that'. About one third of women talked about how they drew upon the media and books to make sense of their experience as depression. Kim (urban), 'For years I never spoke to anyone about it, I never had any input from anyone, I just diagnosed it from

things I had read in the media'. Reading about depression prompted some women to seek help from professionals as Anya (urban) says, 'I went to see the doctor first when I read an article in a women's magazine that was called another kind of death and was about depression. I read every single symptom. I thought well I sort of knew but I really thought I could deal with it myself.' Family, partners and friends also influenced women's perception of themselves as depressed and their decisions to seek help or not. Negative and unsupportive comments were also mentioned as significantly impacting on women's depression and loss of self-worth.

### *Professional Help*

Almost all women had consulted medical or psychological professionals about their experiences (or related physical health issues like chronic fatigue) and many were told they were depressed in relation to their symptoms. Of the 48 women (multiple responses allowed) 39 participants had seen a doctor, 26 had seen a counsellor, 20 a psychologist, 14 natural health practitioner, 11 a psychiatrist and 11 other professionals (eg, social worker, nurse etc). Some found a sense of relief in being diagnosed and treated with anti-depressants. Others did not want to go down the medical pathway of anti-depressant treatment and opted for counselling therapies, self-help groups or natural therapies (eg, homeopathy, naturopathy). There were mixed reports about the effectiveness of GP's in providing appropriate support and treatment for depression. Panther (urban) spoke of a very positive relationship with her GP, 'I walked into her surgery it was like oh what a relief because she just took one look at me and said 'oh what is wrong with you?' and she just sat me down and spoke to me. She did all the tests she could possibly do to make sure there was nothing physically wrong with me, and when that was all clear she said 'yes, it is depression'. She was terrific. Every week she counselled me until I got my emotional strength back'. Brigitte (rural) talked angrily about the opposite experience with her GP, 'I went and saw her thinking that because she was a woman she would possibly be more compassionate, listening, nurturing, emotional and all she said was "Yeh, my husband has got something wrong with him too so here take these, these are a trial pack".

Reports of the effectiveness of intensive medical treatment also varied widely. Rhonda(rural) talked about having 'a number of periods of times in hospital and they were absolutely essential to me to be taken care of and away from all the things that I felt were assaulting me'. Diane (urban) talked about the effects of intensive medical treatment on her life, 'I went though the public system psychiatrists and they told me that I had depression and I was kind of amazed that I had depression because I wasn't feeling down or anything like that I just had this strange feeling so I got on these anti-depressants. I can't remember a lot because like I've had since two lots of ECT (electro convulsive therapy) and the latest was the last half of last year I had about 11 treatments and it affected my memory.' Eve (urban) expressed her frustration with post-natal disorder specialists, 'I saw the head psychiatrist there and I wanted to know what all the implications were if I breastfed while taking this medication. He basically said 'oh you need to take the medication that's all there is to it'. Didn't say anything about what affect it would have on the baby or any of that stuff. And I thought...he is supposed to be the expert so I'll take his word for it...about three months ago he increased the medication again and I went back and told him I didn't want to be on the higher dose because it was turning my brain to jelly I couldn't type anymore and just couldn't think and he said 'oh well if that's the case you can have ECT'. After talking about the different kinds of professional help she had Wendy (rural) made the following comment about her recovery 'maybe just with time I decided well, yeah, I'm going to look after me'.

Rural women and those in outer suburban areas found it much harder to access professional help of their choice due to limited availability, travel, cost or lack of gay or lesbian specific services. Leanne (rural) travels from 6am to 4pm for a 1 hour appointment. Women who found counsellors (whether they were psychologists, social workers, psychiatrists or trained GPs) that they felt comfortable with said that they contributed enormously to their recovery process. Women who could afford it sought private professional help because the public mental health system was found to be over crowded, impersonal

and short on time to actually deal with the issues. The need for experienced, accessible low cost counselling, medical and non-medical services was emphasised time and time again.

### *Medication*

39 out of 48 participants in the study had taken or were taking anti-depressants as part of their recovery. There were very mixed reports about the effectiveness of medication and the problems with side effects. While some women found great benefit in using anti-depressants, some saw medication as a last resort, and most women felt that medication alone was not enough to help them deal effectively with issues behind depression. Tyago (urban) spoke about this, 'at the same time I mean I saw lots of counsellors. What helped me was the medication and addressing my fear of failure. I had this huge fear of failure'. Diago (urban) talked about struggling to afford to see her psychiatrist and the stigma of taking medication, 'I pay my guy \$125 and I get \$87 back so the gap is around \$45 bucks and it was well worth it, mind you we didn't talk about much, oh we did talk occasionally, but basically its just getting back on track medication wise and that took awhile to get over the shame of that too'.

The following comment reveals the complexity surrounding the use of anti-depressant medication for many women. Brenda (rural) 'Once I realised that there was something unusual about what I was experiencing I went to my GP and told him I was sleeping poorly 16 sometimes longer hours a day and he asked what that was like, I mentioned that my mother had died, that was the end of the investigation and he gave me a script. I don't know that the medication helped but I think the action of going to him and just doing something did'. Brenda raises the challenging question of how much is women's recovery attributable to the medication and how much is a result of women's improved sense of self-confidence from taking action to care for oneself? With the emphasis on anti-depressant use (often life long) to treat depression there is a danger that everyone involved will undervalue the changes that women have made in their own lives to manage depression.

Anti-depressant use creates its own fears as Linda (rural) said, 'See I worry myself sick that the same thing is going to happen to me when I go off antidepressants as what happened before. I am really scared of that. I am too scared to ever go off it'. Several women felt strongly about not using antidepressants, Jennifer (urban) 'Every week for nine months I did psychoanalysis which was making me realise that my depression was not a biological deficiency and I'd tried various antidepressants and they don't work. I react really badly. My depression is a reaction to my childhood traumas which is basically what you were saying at the very beginning and how do you define depression and was it a reaction, is it really post traumatic distress syndrome'. Kate (rural) talks about how distressed she felt at simply being handed a prescription: 'I have never really been a firm believer in conventional medicine because I always think that it's over when they hand over a prescription. I don't think that is the answer to anything. I was literally in there for less than 2 minutes and I am saying is there a physical reason? I would really like a check up perhaps, I literally had to talk him into even getting a stethoscope out or doing a blood pressure check and I actually left there in absolute tears just howling my eyes out... I went and cried on my friends couch for 2 hours because I just thought I am asking for help and that's the solution and I never ever, ever wanted to go there'.

### *Community Based Support*

A number of women had sought out support groups for depression or mental health. Phyllis (urban), 'There are self-help development groups around mental issues, it is happening in society. In might be fledgling but it's out there you know you don't have to go through it alone, you don't have to rely on professionals necessarily, there are softer community based things that are available'. Leanne (rural) spoke enthusiastically about her experience which grew out of a formal group, 'The first week of our healing group I sat there like a little mouse in the corner and didn't say anything - totally different to normal. Now I'm the instigator of everything. We do things together, meditation, we go swimming and get together and talk and that the best thing that I have found'. In contrast Brenda (rural) talked about how she did not identify with the illness label of depression, 'I went to a support group for a period of

time but actually felt like after a period of time that I needed to associate with people who didn't perceive themselves as being ill. I think that if you need to associate yourself with people who perceive themselves as well.' Women expressed the desire for a range of different support and recovery oriented groups with a broader focus on depression than as a medical problem.

### Recovery practices

#### *Key themes*

One of the central themes that women mentioned concerned the process of becoming more assertive about their desire in life and what they wanted and did not want anymore. Some women left unhelpful relationships, others took up new challenges in work or leisure, reduced work demands, tried new experiences and learnt more about how they wanted to relate to themselves differently. The different kinds of recovery practices adopted by women were significant not so much in terms of the activities themselves but in terms of the meanings they attributed to their emerging identities and direction in life. Emily (urban) talked about the need to act on a belief in herself, 'the strongest thing about me is my belief in me. Even at the bottom of the pile I give my responsibility for my life to nobody, and not God, not a bloke, not a father, not an anything. I'm in charge, I'm in control, well I might not always be in control but I am certainly responsible and I knew that I had to take action and do it and it felt like it nearly killed me but I started by going to pre-school one day a week to volunteer'. Other women talked about the importance of their spiritual beliefs as a means of keeping faith in themselves. Feeling part of a community, being involved in community groups and helping others generally was mentioned by a number of women as an important source of positive recognition. Diago (urban) says, 'I do a lot of work for the gay community and I do work for pensioners so that they don't have to pay a lot and I feel happy doing that'.

#### *Creativity*

For many women developing a creative sense of self was central to recovery, as Krys (rural) says, 'I'm only sane and logical for one reason because I do art and I paint and I draw and I just block the world off and I do it and so that is a marvellous thing....I also get frustrated because I would like to take art classes and I would like there to be funding for art classes because I know it just helps people mentally you don't have to be an artist'. For Ethel (urban) spending a whole day on art was a means of valuing herself, 'I actually said to my husband do you mind if, because when I join this art group it's going to be the whole of Wednesday. I used to call this day my 'selfish day' so that was a day when nothing else happened...nobody judged you for who you were, no-one cared about what your kids were like, we all met, we all painted, we did our own thing and we were all there pretty well for the same reason, just having a good time, enjoying myself, enjoying the painting and I used to absolutely love it'. For others creativity was finding a voice through journal writing, poetry, story telling, writing letters to newspapers or friends, performing in community theatre or the local circus group. For some women, like Wolf (urban) writing about the depression made her feel worse, 'writing every morning you know stream of consciousness and there was all this self hate and guilt and self-criticism and got me into one of my depressions'. Wolf raises a point here about the kind of affirming or blaming relationship to oneself that writing can engender. Reading self-help books, poetry and novels was also a common way that women started to affirm their new sense of direction (eg, *Wild Succulent Women* by Sark). Searching out humorous stories, jokes and films was also an important reminder of the possibility of experiencing joy in everyday life. Like many women Joni (urban) talked about music, 'Music is so therapeutic. With the negative music, I just play the bloody sad thing and get it over and done with, just do it and then you can make a happy tape afterwards. But it's really very effective with me. I'm very affected by music. I turn my whole life into lyrics. I've got a song for every moment... I was driving home and I heard "I'm on my way from misery to happiness today" in my head and I thought well that's a good sign'.

### *Becoming active*

There was a lot of discussion about engaging in physically active leisure pursuits that helped with overcoming the 'stuckness' of depression and low motivation. Activities ranged from making oneself go for a walk everyday, swimming, practicing tai chi, yoga, martial arts, to more socially oriented team sports like bowls. Hyacinth (urban) talked about the newly discovered pleasure of gardening as it created a stable sense of home, 'I've just started getting into the garden, because I'm living in a housing commission place now it's the most stable place I've ever lived in my life, it's the longest I've ever lived anywhere. I've only been there two and a half years and I'm starting to feel stable there because I have developed a garden and planted trees. I'm starting to learn that feeling that people say about being in your garden, what pleasure there is in it'. For some women having animals was a source of emotional support and physical activity, as Ethel(urban) says, 'I just go and pat the dog, sit with the dog, take the dog for a walk, when I was really bad cry on the dog, tell the dog my life is terrible'. Franca (rural) talked about the important ritual of bowls that helps structure her life, 'You have got to have a purpose and that is the only way you get out of the house and if you haven't got that thing, like L said, because we play bowls together, if I didn't have to get up because I know I am going bowling, I wouldn't get up, I wouldn't do anything...If I knew I didn't have to go bowling, I'd stay home...once you go you enjoy yourself'. Learning how to dance was another means of enjoying the physical expression of self and meeting others, as Harpo (urban) says, 'I have joined Morris dancing and I don't know any of them and it's fun. I was lacking any fun in my life'.

### *Becoming centred*

Angela (rural) talked about the significance of yoga in leaving a relationship 'It was also for me but for him as well, so I saw that and started to wake up and change my personality, although we don't ever really change our personalities, we can refine a lot of the qualities that are within us and with Sahaj yoga those qualities are in our chakras and everybody has that essence and the basic fundamental quality of humanness and we all have the ability to develop that, and I noticed as I was coming out of that, getting better, that those qualities that were really in me were developing'. Other women spoke about the helpfulness of meditation and other kinds of 'slow leisure' that helped with relaxation and reduction of everyday stress. These recovery leisure practices were significant because they required women to prioritise time for themselves ('just doing things for yourself, having a few hours just to myself, giving myself permission to be something for myself'). This enabled them to begin to value themselves differently through enjoyable experiences that contrasted with the 'weight of depression'. Leisure practices were also important in preventing another recurrence of depression as they created new habits of self-management and self-care, as Kirra (urban) says, 'well my outlook on life has completely changed from what it used to be. If I find myself getting a little bit anxious I'll do something to take my mind off it like go out and garden or do some housework or do some reading whereas before I would sit there and dwell on it all the time which would make it twice as bad'.

### *Social Interaction*

Seeking informal social support through friends and family was crucial for many women's sense of support and enjoyment of self in the process of regaining one's life. Panther (urban) talks about this, 'Making sure that I would go for coffee regularly with my girlfriend. We said that we would never lose touch because I moved away from the suburb I lived in where she lives so we make a point of meeting every week for coffee without fail'. For women who had moved to different areas creating a social network was often challenging. Rae (rural) 'I suppose initially I found that was probably a major factor in being depressed, not having any friends and any support, but really being in a rural setting I have almost found the reverse. I knew that I needed to find a group so I joined a mothers group and that was my lifeline... because a lot of people there are new to the area they are much more open and I have probably made more friends in the last 5 years than I had in the last 20 years'. Angela (rural) also felt strongly about the power of friendship, 'I'm the living example that you can cure yourself of depression with support, I didn't do it by myself, there was an angel living next door to me who supported me

constantly and that's what we do we support each other and the community extremely well'. These comments highlight the undervalued role that informal friendship networks and social relationships can play in assisting women's recovery from depression.

### *Community*

Many women talked about the importance of a sense of community in overcoming the feelings of isolation, with Helen (rural) saying that she 'found a wonderful sense of community in this town'. Joni a community worker (urban) spoke passionately about how she is trying to create a supportive community, 'we have all touched on the lack of community and the isolation but I believe we can create it ourselves and its not easy and it does take work but I devote a lot of time and energy to doing just that and in my neighbourhood... I have frequent front yard barbies where it's just open house, like I'm having a barbie this afternoon do you want to turn up whatever. In the community centre I actively work at making groups meet each other and a Friday night two weeks ago I had a trivia night and everyone loves them, but it was free and the entire point was to make all the different community groups in the neighbourhood come together just for social interaction and instead of us all being off doing our own thing'. Other women mentioned doing community based leisure and self-development courses as a means of meeting others and trying new things in a structured environment, as Brenda (rural) says, 'the beginning was a search for places that where structured and safe and so that was the courses, the courses were structured you knew what the topic was, you know what the discussion is to be about, you know that the other people are interested in that, there is a safety in that knowledge'. For Rhonda (rural) doing courses that enabled her to speak about her depression openly was an important way of challenging the culture of silence, 'When I did the mental health first aid course there was a group of 18 women there, mainly from a small rural town. We did it as a weekend course and through the different sessions I started talking about my experience of depression. No one else was saying very much about it and at the end of the course, when we were leaving, I had 3 women come up to me and quietly, privately thanked me and congratulate me because they had depression and they weren't game to say a thing about it. And they just thanked me for saying what they wanted someone to say that they weren't prepared to say. And I was horrified. I thought that was just so tragic that it re-enforced my zeal in having more of those courses.'

### *Work, family and leisure*

Depression affected many women's working lives. Some had to leave jobs or take up a new direction while others questioned the dominance of the work ethic in their lives and wanted to explore another side of themselves through leisure or different family arrangements. Kelly (rural) experienced discrimination and left her job, but then went on to start her own small business as a strategy to help her through post-natal depression, 'I made clothes. That is my total sanity. I needed something I could do at home that made me feel like I am doing something'. Eve (urban) talked about how she created herself a more flexible working life, 'I get up at 6 o'clock every morning and make sure I do my exercises and that's my time for myself...I'm going back to freelance work which is what I have been doing the past few months because I can control the volume of work and when the deadlines are and if the client wants something I can just say 'no I don't want to do that job' because I have control over that and I can fit everything in better. I am able to keep everything in perspective easier because I am a control freak as well. Yeah just that balance, it is a continual struggle because you know your husband has to have time for himself and you need to give everything that you possibly can to your kids. So communication with everyone is a pretty big thing too'. Rhonda (rural) sums up the dilemmas for working women in our society, 'It's interesting why so many women get depressed is it because women, especially at the moment, are being asked to do all of those things at once, or they have an expectation that they should be able to do them all and but in fact just being a woman is a very complex thing to do'.

Carolyn (rural) had to negotiate the gender expectations of motherhood to create a space for her to experience some leisure time, 'I looked at different ways that I could do something about to give myself the time when I initially said that I was going to put her into day care, my husband didn't agree with it.



He said why can't you look after her, that's your job. And he then felt that there was something wrong with me because I wasn't capable of looking after her. Now he doesn't mind'. Like many women Kate (rural) identifies the guilt associated with taking time out for herself from work or family, 'trying not to be so hard on myself and also just sort of stopping and saying okay yes I am busy with my career but I need to do something for me. I need to lay on the couch for the afternoon and read and not feel guilty about it'.

Several professional women decided to make mid-life changes, Phyllis (urban) 'I think my 30's was about building a base in the world that was not going to be dependent on anything and I've probably overdone that and now I'm going to sit back and enjoy it. I have taken this year off. I'm just trying to take pleasure in not working too hard'. For Brigid (urban) making herself have more leisure time was a challenge, 'today is the first day of my 12 weeks holiday and that's terrifying because I have never had time off work, even my pregnancies I worked until the day I went into labour... for me to do the things that I really want to do I actually have to stop work, you know that's my source of self esteem, my social life, my source of independence...but there are things I want to do at home you see. I make quilts and things and things I want to do that I really enjoy like making quilts... and writing...and if I leave the house I feel like I am actually avoiding, it sounds funny, but avoiding doing fun things. I'm not giving myself that pleasure. I am pretending that there is something more pressing to do'. Reprioritising time to enjoy and explore one's sense of self was an ongoing struggle for many women in the face of gender responsibilities at home and work.

### *Changes in self*

In discussing the loss of self, Panther (urban) identifies that: "losing confidence in yourself and not valuing or accepting yourself, that's the cornerstone of depression". Recovering from depression is described by many women as a process of reviewing one's values or direction, developing a different sense of self, managing difficult situations and emotions along with learning how to enjoy life, Phyllis (urban) 'So that has been a long process of learning really who I am and so I tend to write, I meditate daily, I exercise regularly, I know it is all part of balance not just being a control freak, but more just living life as pleasure'. For many women depression was something that recurred in their lives and they found ways to manage its effects and prevent a more serious onset. Kylie (rural) talks about the change in her relationship with herself and her emotions, 'I think now, if there is a problem there I face it, I look at it, I acknowledge it's there. If you need to have a cry, you have a cry, and then I start to say okay, you know, its time to pull myself out of this, and that's what I do. I'll talk to friends, I'll just get out and I'll get myself going. But I allow myself time to be down. You know, I don't jump all over myself and think what's wrong with you? I give myself that time to be down, and then I come out of it. It happens and I come out of it pretty quickly. That's working at the moment'.

Many women spoke about how they changed their habits of thinking and feeling about themselves that were punitive, self-blaming, unforgiving and driven by high expectations about what they should do and who they should be, Wendy (rural) 'I see a counsellor still once a month, my biggest enemy is me. I expect a lot from myself so, yeah, I put a lot of pressure on me and I'm a perfectionist, I strive to be able to do something 100%, so that's my biggest problem'.

### *Recovering a sense of self*

Recovery practices involve conscious and unconscious resistance and challenge to social norms and pressures that govern how women are expected to live. By challenging the debilitating effects of depression on their lives these women are not just making personal changes, they are exploring and exercising their power to redefine and revalue their personal 'Self', their sense of identity, and the entitlement of this new 'Self' to support, respect and fairer opportunities in our society. When we put all these stories together we start to see the social relationships that affect many women's lives, hence depression needs to be understood as a social issue and not just an individual problem 'within someone's head'. While depression remains understood primarily as a medical or psychological problem the actual

effort that women undertake to reclaim and change the circumstances of their lives, and the positive contribution that this can make to recovery, will remain unseen more broadly.

### *Transformation*

When we put these stories together we also hear of the role that women have to play in creating their own individual path to recovery. We consistently heard women speak of the way they learnt something profound through their experience of depression that enabled them to make changes in their lives. Many women spoke of becoming more assertive, and Jenny (rural) says that 'That was the beginning point of me being a strong woman'. These women also talk of having a greater understanding of their emotions and developing greater confidence to speak up for themselves. Trish (urban) 'I actually had to change the way I see myself...I really like the new direction that my life is taking, depression has turned out to be a catalyst for a whole lot of good things for me, I've made new friends, I have become acquainted with old ones'. Having lost her job through harassment which led to depression Diago (urban) talks about her new community oriented direction, 'I guess my lifetime goals have changed. I am not looking to be manager of a department any more or anything like that. My role I say to people is to (help others), I'll go and mow someone's lawn and she'll say 'thank-you very much and you're wonderful'. My life has changed we have to look after each other, especially those on low incomes, there are more and more of us these days'.

### *Creating Change*

Rhonda (rural) wants to use her experience to bring about change: 'I would want to be an advocate for mental illness. It is a passion of mine'. Phyllis (urban) attributes her greater sense of empathy with others as a result of her recovery from depression: 'in some ways depression was part of my journey. I really feel it defines me even though I don't wear it on my sleeve, it defines so much of the way I interact with people. If I get a chance to take it to something more meaningful I do and I'm sure depression is what gave me that interest in others at a deeper level and I don't know if I would have had it if I just kept operating by society's standards'.

Depression is often viewed medically as something that negatively impacts on an individual and their family, and economically as something that negatively impacts on society and productivity. The ethic of care that many women recovering from depression talk about is an important social contribution that requires acknowledgment in relation to the skills, knowledge and attitudes towards others. These women's experiences, and the role that individuals can play in recovery, are a form of expertise and contribution that is currently undervalued and under utilised in programs to promote recovery from depression.

A number of women also raised the issue of how we understand and talk about the experience known as 'depression'. Maree (urban) 'I don't believe in the word depression, it's the wrong word to use out there in the world, should call it something else because its a negative label'. Others found that the term depression enabled them to identify the issues they needed to address, as Joni (urban), said 'I'm only just me for the first time now and as Kimmy would say (in Kath and Kim), 'I am loving myself sick!'. But getting that word (depression) let me look at all that shit and let me figure it out.' These comments suggest the need for ongoing public conversations about depression in our society and everyday lives.

### *Better services*

Financial barriers were consistently mentioned in relation to accessing services in rural and urban areas as a key priority that needs to be addressed by governments. Increased public spending on community services (free counsellors, women's groups, art classes etc), mental health and education was frequently mentioned (often contrasted to monies spent on football stadiums). Brigitte (rural) spoke of the lack of choice within the public mental health system, 'I still see a lot of mental health practitioners, no matter whether they are nurses, psychologists, psychiatrists, medicate their clients up to the eye balls, and don't actually help them to deal with the issues... anyone that has any financial barriers does not have the luxury of being able to find that human emotional connection to someone that they can value, who will

value them back, and walk the journey that D walked with you, or that M walked with me or who your counsellor walked with you'. Better trained GP's who can deal with emotional distress and referrals to specialist services for depression were also constant themes.

In terms of non-medical support a number of women talked about services, programs or opportunities for women to connect with others within their community and express their creative selves. Krys (rural) talked about leisure spaces and interactions as a form of community capacity building to prevent depression and promote recovery in rural areas, 'I think there should be more communal type of activities that are not just sport that people can be involved in. And I firmly believe...in my mind... the arts, art has saved me mentally....In my small town there should be classes after school, hobby classes, classes in the evenings, things happening on weekends, somewhere where you can just go down the street, and there is a band or someone playing a guitar and you can have a cup of coffee or a soft drink and you can sit around'. Rae (rural) made a similar link, 'I think isolation and lack of support is a major contributing factor...it is getting back to that idea of the community working as a whole and you becoming part of something rather than just a little family in a box there'. Other women mentioned that they would prefer to attend groups or activities that had more of a health promotion and wellbeing focus rather than depression as illness because they would be able to experience enjoyment, pleasure and meet others in a safe environment.

Brigitte (rural) talked about the potential for policy and lifestyle changes, 'they are actually going to change the Government ways of doing things like looking at having child care in the work place to support both parents to be able to work and parent at the same time. And acknowledging diversity as well its not just heterosexual couples that are having kids, its gay and lesbian parents are having kids and that sort of thing... There are more options than that whole patriarchal viewpoint that you are going to get married have 2.2 kids and you are going to have to stay in a job that you don't like for the rest of your life, but that is the way it is. I have a co-worker, her and her husband co-parent, he works 3 days a week, she works 3 days a week and they have the best time and 1 day a week they give themselves as free time... they both work the land and they have fresh vegetables and it is all very idealistic, I'm sure there is stuff that happens in that too, it's a much more real way of looking at life rather than the whole 50's notion of women bare foot and pregnant in the kitchen type stuff'. Kelly (rural) also talked about her desire to 'downshift' and create a more equitable and emotionally relaxed lifestyle, 'we have discussed moving to Queensland, buying a property and both working in a vegie garden and doing a vegie round and just having this mail order and internet. That's still on the books at the moment, so we will both be parents, we will both be home with the kids'. In the limited amount of time available in the focus groups, women started to articulate their different desires for their future with an emphasis on gender equity and emotional connectedness.

### Issues of Social Change

At least one quarter of participants talked about the urgent need to educate and challenge stigmatising social attitudes and norms about depression to create greater understanding and encourage women to seek help earlier. As Trish (rural) said, 'Bring it out even more in the open. Like for the first time I was listening to 4BH beautiful music the other night and just heard this little, not an advertisement, but just this little thing about depression. They mentioned DepressionNet the website. There needs to be more education so people can identify 'oh hell I don't have to feel like that'. But you know its funny because my mum will turn around and say to you 'well who told you life is going to be easy?' you know, why do we have to be happy? No-one says it's going to be a happy life'. Trish identifies the lack of understanding about the experience of depression and the assumption that women are expecting too much in their lives (happiness). This view assumes the problem of depression is simply a matter of individual attitude to life, rather than an emotional, embodied and cognitive response to particular social circumstances. Kelly (rural) commented on our changing society that is not conducive to understanding emotional distress, 'People are so caught up in themselves these days, because

everything is so fast and you need to do this and that, pay the bills... people forget... the whole core of everything is people's feelings'.

Promoting different ways of understanding and responding to depression was frequently mentioned in relation to more advertisements, training and information on the range of available counselling services and support (medical, self-help, alternative etc). Rhonda (rural) commented on the benefits of education in helping create a language to talk about depression publicly, 'I think the benefit of that (first aid mental health) course that I have seen is that it gives a language, a language that that group can use'. A number of women felt that depression needed to be taken more seriously, as Hyacinth (urban) said, 'something that's a medical condition and a serious medical condition not just something that's made-up'. Other women were keen to emphasize a political and feminist framework rather than just biomedical, to link depression to issues affecting women like domestic violence and abuse. These viewpoints suggest the power of the language to construct meaning about depression (medical or social problem) and thus the need for a plurality of voices and discourses.

Brigitte (rural) talked about the need for better information about the signs of depression, 'you can educate people to know the indicators. I think that is one way of allowing people to find their own crisis and to do it safely, because by teaching recognition of indicators their ability to help themselves will be greater, will be stronger'. Interestingly Brigitte does not simply refer to depression as an illness but more broadly as a crisis of self that can be responded to in a number of ways. Joni (urban) also identified the need for appropriate information for children (and partners), 'There is no book aimed at kids explaining depression because I have tried to find one for my daughter. We are very open about it and now that she is almost 16 she has been aware of it for some years and can even help me by knowing when I am a bit dull and she can now be supportive'. In terms of prevention there was much discussion on the need for better life skill programs in schools to help young people understand their emotions, as Jenny (rural) said, 'I like the other stuff in schools where they are starting to say life isn't going to be perfect all the time, the reality is some time you are going to feel great, some time you are going to feel shit and sometimes you are going to feel okay and that's normal'. Rhonda (rural) talks about the importance of revaluing help-seeking as a strength (rather than seeing it as emotional weakness or dependence), particularly for professionals who have depression themselves, 'Actually a sign of strength people being able to seek help. I don't know how many times I have said that... And it's also challenged me in my job to walk my talk too. I see a lot of other people around me in professions protecting the secrecy of their depression, protecting that they are on anti-depressants because they don't feel strong enough or feel that they are going to be judged by other people'. This issue of acknowledging help-seeking as a strength points to other ways of valuing our interdependence with each other in society, which counters the (masculine) emphasis placed on individual autonomy and achievement. Promoting recovery in this sense is about creating different kinds of relationships with others, and our selves as emotional beings, that supports individual and social wellbeing by challenging gender expectations.

### **Addressing gender inequities and identities**

Women often spoke of the impact of pressures resulting from an unequal gender division of labour in the home, caring responsibilities, time out for leisure, education and paid work priorities. Making workplaces more family friendly, less discriminatory of pregnant women, more understanding of the complexities of emotional life was something many felt strongly about. As Rhonda (rural) says, 'Its interesting why so many women get depressed, is it because women, especially at the moment, are being asked to do all of those things at once, or they have an expectation that they should be able to do them all? But in fact just being a woman is a very complex thing to do'. Anya (urban) talks about the gender and cultural expectations that shape women's sense of identity, 'I put it down to women losing their identity, too much pressure and expectations of being the perfect wife, the perfect woman, especially from my culture and the dreams and wishes are suppressed as if we are here to protect the male ego. That's how we are bought up, not to speak our mind so we don't offend the male ego'. Many women spoke with anger and frustration about the gender inequities that clashed with their expectations of

being able to make their own choices in life. Lucy (rural) commented on the difficulty for many young women of deciding what to do with their lives and how to live their 'freedom', 'I know some of my friends went straight into work from school and are happy pottering along and all that but still you get this, what am I going to do with my life? I think I've finished school, now it's up to me to make decisions about what I really want to do and all that sort of thing. It's a huge transition from having your life organised for you to having to do it yourself really'

Emphasis was placed upon the importance of identifying inequities, finding ways to challenge them at the everyday level, as well as at the broader level of policy and the organisation of society and social values. Ethel (urban) illustrates the pervasive nature of gender inequities that she felt while trying having a holiday break, 'we'd go camping and he'd be down at the pool with the kids and I'm up at the tent with the baby with German measles... still washing and cleaning, I have to say I'm still doing the same stuff we just take it somewhere else to do it and I just have to pack it and then unpack it...I think they do have this division where their responsibilities stop and start more so than most women do and then if a woman does decide to go to work she still has to do these things anyway so whether its voluntary work or paid work the husband will still come home and tend to sort of you know that's like I've done my bit I've earned the money for the week. You know statistically it's been proven that not too many men are actually sharing those household duties terribly well'.

Women also mentioned having to challenge the expectations (and subsequent guilt when they are not met) that they will maintain unrealistically high standards of housework and be self sacrificing mothers. Sue (rural) also mentions the need to challenge negative attitudes towards the female body, 'I think ... women have been taught to damn their bodies, to damn the fact that they have menstrual cycles; that they have hormonal changes that they go through'. Such challenges do not simply require women to change how they see themselves but importantly they require changes to the way masculine identities and responsibilities are constructed and enacted with respect to home, parenting and emotionally supportive relationships. As Eve (urban) says, 'society has changed what is acceptable for women to be, (but) what's acceptable for men to be hasn't'. Some women commented on how certain male figures (such as footballers) and types of masculinity maintain gender inequalities through violence, fear and disrespect. Diago (urban) 'the sort of thing that is happening now with football (rape allegations). It's all coming out. Women don't have bloody chance. I mean we don't get together in our netball groups and go 'we'll take him out and rape him yeah'... I am not a man hater don't get me wrong. I know some lovely guys, but I do see these guys as having this pack thing where they do all this sort of stuff and get out their aggression and I think women just being the type of people they are just tend to talk about things'.

### *Doing gender differently*

Many women commented on how we need to create different gender expectations for women and men. Maree (urban), 'That starts from right down when you are a young girl, you know 'haven't you got a boyfriend? I've got a ring' and it starts from there on...I think there's a lot to be said for teaching women and men at school or in the media that having a boyfriend or girlfriend and getting married and having kids isn't everything'. Wolf (urban) also makes this point about women's sense of identity being defined in relation to others (men and children), 'Less emphasis needs to be put on women's lives being centred around being useful to others'. Jenny (urban) reiterates this point, 'No person has to be everything to everyone. No one person has to be all things to everybody they meet, all the time'. These are fundamental issues about how women's sense of identity is shaped within a heterosexist culture oriented around particular masculine norms (which also negatively affects many men's emotional wellbeing and devalues women who are gay/lesbian).

Morgan (urban) also comments on the social value that is attributed to different genders, 'I think women are more depressed than men because women are expected to do and be so much more than a man. A man gets his ego satisfied if he holds down a good job and takes out the garbage. He's wonderful. A

woman is meant to be there for all the kids, all her family, her husband, her friends. A man has only got to play squash and everyone says 'isn't that great oh wow, oh that X he cracks me up, he's great', but a woman has to actually sit down and think about what she wants. It's a little more in depth. Women don't impress by playing a game of squash or football'. She also added that men (in heterosexual relations) have an important role to play in supporting women's recovery from depression, 'men have to be aware and do their emotional work. They can't leave it up to the woman's girlfriends who don't live with her'. The gender differences in awareness about emotional wellbeing were frequently mentioned also in relation to men's own experience of depression and ability to address it within the family. As Maree (urban) says, 'it's such a stigma, my husband gets a little bit of depression but he won't get treatment and that adds to mine a little bit more'. Women's comments about male partners' depression, points towards the need to understand recovery in the context of social relationships that involve the constant gendered negotiation of emotional issues and wellbeing, and not simply as an individual phenomenon of 'getting well'.

### **Initial conclusions**

Although these are only the opening findings from this study, they highlight some major themes. Depression is a complex experience, often specifically related to the social pressures women face, and exacerbated by issues such as discrimination, harassment and silence. Hence, the importance of creating a public discourse about depression that enables women to identify the social relationships that negatively impact on their emotional lives, since this can counter the individual feelings of shame, self-blame, worthlessness and stigma that contribute to depression and that impede recovery. For these women, depression is seldom solely related to biological factors, but is a complex phenomenon that often involves family factors and loss of self. Experiences of professional help and medication have been very mixed, and the need for experienced and accessible low cost counselling, medical and non-medical services was emphasised time and time again. These women want a range of recovery oriented groups with a broader focus on depression than a purely medical problem.

In recovery, one of the central themes that women mentioned concerned the process of becoming more assertive about their desires in life and what they wanted and did not want any more. For many women, developing a creative sense of self was central to recovery, and there was a lot of discussion about how engaging in physically active leisure helped overcome the 'stuckness' of depression and low motivation. Leisure was significant because it required women to prioritise time for themselves, enabling them to begin to value themselves differently through creating and participating in enjoyable experiences that contrasted with the 'weight' of depression. Depression affected many women's working lives and some had to leave jobs or take up a new direction. Others questioned the dominance of the work ethic in their lives and wanted to explore another side of themselves through leisure or different family arrangements, and several professional women decided to make mid-life changes.

Better services and more choice were requested by these women, with financial barriers consistently mentioned in relation to accessing both rural and urban services. Given lack of access, many have visited GP's and would like to see more training directed at GP's and more specialist services. In terms of non-medical support, seeking informal social support through friends and family was crucial for many women's sense of support and enjoyment of self in the process of regaining one's life. This highlights the role that informal friendship networks and social relationships can play in assisting recovery. Many women talked about the importance of a sense of community in overcoming the feelings of isolation, and for one, speaking about her depression openly was an important way of challenging the culture of silence.

Recovering from depression is described by many women as a process of reviewing one's values or direction, developing a different sense of self, managing difficult situations and emotions along with learning how to enjoy life. Many women spoke about how they changed their habits of thinking and feeling about themselves that were punitive, self-blaming, unforgiving and driven by high expectations

about what they should do and who they should be. However, reprioritising time to enjoy and explore one's sense of self was an ongoing struggle for many women in the face of gender responsibilities at home and work. By challenging the debilitating effects of depression on their lives these women are not just making personal changes, they are exploring and exercising their power to redefine and revalue their personal 'Self', their sense of identity, and the entitlement of this new 'Self' to support, respect and fairer opportunities in our society. While depression remains understood primarily as a medical or psychological problem the actual effort that women undertake to reclaim and change the circumstances of their lives, and the positive contribution that this can make to recovery, will remain unseen.

Recovery practices involve conscious and unconscious resistance and challenge to social norms and pressures that govern how women are expected to live. These women talked of an urgent need to educate people out of stigmatising social attitudes, challenging the norms about depression, with a view to creating greater understanding, and encouraging women to seek help earlier. They also wanted to see more information, training and advertisements on the signs that indicate depression, and on the range of services available, with help-seeking behaviour redefined as a strength rather than a weakness. When talking of the future, the women started to articulate varied desires for a future where gender equity and emotional connectedness play a role. They spoke of the pressures created by unequal gender division of labour in the home, and the need to make workplaces more aware and less discriminatory. Emphasis was placed on the importance of identifying inequities, finding ways to challenge them at the everyday level as well as at a broader policy level. Women also mentioned the need to challenge unrealistically high standards and expectations, and the need to create different gender expectations and social values for both women and men.

When we put these stories together we hear of the challenges that women face, that contribute to the creation of depression, and the role that women have to play in creating their own individual path to recovery. We consistently heard women speak of the way they learnt something profound through their experience of depression that enabled them to make changes in their lives, and many women spoke of becoming more assertive. Depression is often viewed medically as something that negatively impacts on an individual and their family, and economically as something that negatively impacts on society and productivity. The ethic of care that many women recovering from depression talk about is an important social contribution that requires acknowledgment in relation to the skills, knowledge and attitudes towards others. These women's experiences, and the role that individuals can play in recovery, are a form of expertise and contribution that is currently undervalued and under utilised in programs to promote recovery from depression.

### Useful Further Reading

#### **Self-help**

Rowe, D. (2004) *Depression: The way out of your prison*, Palgrave Macmillan

#### **Women's Services**

Stavropoulos, P (2003) *Healing depression: The holistic treatment approach of a women's health setting*, Leichhardt Women's Community Health Centre Inc, (02 9560 3011)

#### **Academic**

Fullagar, S & Gattuos, S (2002) Rethinking gender, risk and depression within Australian mental health policy. *Australian e-Journal for the Advancement of Mental Health*. <http://www.auseinet.com/journal/>

Jack, D C (1993) *Silencing the self: Women and depression*, Harper Collins: New York.

Stoppard, J (2000) *Understanding depression: Feminist social constructionist approaches*, Routledge: London.