Perceptions of Growth in Depression:

An Interpretative Phenomenological Analysis

by

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ABSTRACT

It is not a new idea that there may be a "silver lining" in depression for some people; that grappling with this condition has the potential to make them stronger or more capable in some way. Over the past three decades, research has proliferated on growth associated with adversity; from life-threatening illness to natural disasters, the death of a loved one, physical abuse, and numerous other forms of trauma. However, very little empirical attention has been paid to the topic of growth resulting from the process of working through psychological distress. Rather, the extant literature tends to consider conditions like depression and anxiety as unsuccessful outcomes, or failed attempts at coping. Furthermore, evidence suggests there is considerable variability in the types of growth perceived by individuals experiencing different forms of adversity. Using interpretative phenomenological analysis (IPA), a qualitative research method, the current study elucidates the experience of growth associated with depression among six individuals from diverse backgrounds. The superordinate themes that emerged from the analysis include: depression as a catalyst for personal development (creative, spiritual, and intellectual); social support and connection; greater presence or engagement in life; a more adaptive and realized sense of self; feelings of gratitude and appreciation; and a recognition of the timing of depression. Each of these themes is examined in relation to participants' processes of meaning making in their experience of growth. The findings of the current study are broadly compatible with, yet qualitatively distinct from, previously identified models of adversarial growth. Implications for future research and clinical practice are discussed.

To Mum and Dad

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“In the midst of winter, I at last discovered that
there was within me an invincible summer.”

—Albert Camus (1952)

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

The personal and societal toll of depression is undeniable. Major depression costs more than $83 billion per year (Greenberg et al., 2003), ranks as the leading cause of disability among adults age 14 to 44 in the United States (Stewart, Ricci, Chee, Hahn, & Morganstein, 2003), and rapidly fuels cases of substance abuse and suicide every day. Despite its detriment, however, some individuals report positive life changes that have resulted from working through bouts of mental illness, including depression (e.g., Dulgar-Tulloch, 2009; Dunkley, Bates, Foulds, & Fitzgerald, 2007; Reeves, 2000; Ridgway, 2001; Roe & Chopra, 2003). In fact, one need not look far to find stories of personal growth arising from psychological struggles. Anecdotal accounts of newfound courage and improved perspectives on life abound in the narratives of countless self-help publications and popular press media sources, affording hope to millions of individuals suffering from such painful emotions as chronic sadness and paralyzing fear (e.g., Brown, 2001; Greenspan, 2004; Moore, 2004). However, despite its popularity, this notion—that something good could result from otherwise negative emotional experiences—has received relatively little empirical attention.

Meanwhile, empirical evidence has amassed on the subject of adversarial growth, which suggests that perceptions of positives are indeed present (and fairly common) in otherwise negative circumstances, but the types of growth perceived differ across contexts (e.g., by population, type of stressor, proximity to the event, other individual and stressor-related characteristics). Moreover, the shortage of research on the perceived

benefits of *mental* illness indicates a need for further exploratory studies in order to better understand the qualities and nuances of the positive changes reported.

The current study draws upon the literature on adversarial growth, which has focused almost exclusively on physical illness and trauma, and extends this work to perceptions of growth associated with a common form of psychological distress: depression. The following review begins by briefly examining the popularity of the notion of growth resulting from emotional struggles within a number of nonscientific spheres, including: history, religion, literature, philosophy, and popular psychology. Theoretical perspectives in psychology related to the topic are discussed, followed by a review of previous attempts at investigating perceived benefits and growth in mental illness and adversarial growth in other contexts. The review concludes with a rationale and research questions of the current study.

Manifestations of Growth in Adversity Throughout History

That there may be some value in personal struggles is an idea that spans time and place throughout history. The classical Greek word for human being, *anthropos*, is translated as "the one who looks above in search of meaning," (Schieveld, 2009, p. 779) and instances of this tendency to search for meaning in life experiences are seen repeatedly in religious teachings, literature and the arts, and philosophy. Moreover, this tendency—this inherent thirst for meaning—seems to be employed predominantly during less-than-optimal circumstances, as described below.

Throughout time, humans have demonstrated an affinity for heroism, for the fight through adversity to achieve a greater aim. Examples of this are not only present in the arts, but in governments, revolutionaries, the everyday actions of civil service workers,

and among individuals who brave life-threatening illness with courage and thereby inspire and advocate for others. In the words of Frederick Douglas, the famous American abolitionist, “If there is no struggle, there is no progress” (Blassingame, 1985, p. 204). Just as social change and societal growth is born from conflict, it may be considered that personal growth and change are also likely to be precipitated by some degree of inner turmoil or conflict. Aldwin (2007) reminds us that heroes exist in multiple forms and connects this basic human interest in heroic action to the notion of coping with stress and adversity. She notes that the constructs of courage, integrity, and fortitude have been largely absent from scientific discourse until recently.

Religion. All religions address suffering in some form or another, and typically offer a way to transcend it. In Buddhism, the First Noble Truth is that life involves suffering, and that rising above suffering by following a certain path is an attainable goal (Das, 1997). Similarly, in Christianity, we learn that “Man is born to sorrow, as surely as the sparks fly upward” (Job 5:7). The Fall of Man has doomed humans to suffer on this earth (and beyond) as a result of eternal sin, only to be saved by faith in Jesus Christ. St. John of the Cross, a Spanish mystic in the 16th century, wrote of the “dark night of the soul” that is said to precipitate enlightenment. Numerous religious figures have experienced these dark periods of emotional and philosophical crisis throughout the centuries, including Mother Teresa (Kinnier, Dixon, Scheidegger, & Lindberg, 2009) as well as the Buddha (Nanamoli & Bodhi, 1995).

Literature. Examples of adversarial growth are found in literary works spanning centuries. In the *Myth of Sisyphus*, Camus (1975) wrote, “There is no sun without shadow, and it is essential to know the night” (p. 110). Voltaire (1759) tells us of

Candide, a man who had to endure continual misfortunes before eventually finding happiness. Tolstoy (1877), no stranger to depression himself, portrays the character Levin in *Anna Karenina* as a man in crisis who escapes suicidal wishes and finds great meaning in the spiritual dimensions of life. Dickens's (1843) account of Scrooge in *The Christmas Carol* offers a story of redemption and highlights the transformation in perspective and priorities brought about by fear and the confrontation with mortality. In Steinbeck's (1939) *The Grapes of Wrath,* a family in the Great Depression perseveres through poverty, grief, and several other setbacks, and as a result fosters strong relational bonds and kinship within the family and with other fellow travelers. Miguel de Cervantes (1615), in *Don Quixote*, recounts a tale of not only madness, but confers a message regarding tenacity and courage in the face of fear. Several coming-of-age stories involve surmounting significant emotional hurdles, such as Mark Twain's (1884) *Adventures of Huckleberry Finn* and Maya Angelou's (1969) autobiographical *I Know Why the Caged Bird Sings*. Beers' (1908) *A Mind That Found Itself* forms an early contemporary, autobiographical account of growth resulting from mental illness, which provoked reform in the treatment of institutionalized patients. Finally, poignant factual accounts of the Holocaust by survivors as resilient as Viktor Frankl (1962) and Elie Wiesel (1960) offer hope in the darkest of corners. These are of course but a few of many instances in literature where the theme of adversarial growth is imparted. Their presence implies the significance of this theme in the cultures in which these works are written and celebrated.

Philosophy. Philosophers as far back as Socrates and Plato were concerned about the good life and helping others to attain it (Vlastos, 1991). While Socrates viewed

melancholy to be the result of excessive rumination or philosophizing, Aristotle suggested that depressive rumination gave way to beneficial insights (Keedwell, 2008). Similarly, in his *Book of Life*, Ficino (1489) extols the ability of melancholy to invoke exploration and spur genius. Friedrich Nietszche's (1888/1998) dictum, "That which does not kill us makes us stronger" (p. 8) has become a household axiom. Heidegger asserted that anxiety resulting from a confrontation of the nothingness in the world serves to move people and affords them the capacity to live freely for themselves (van Deurzen, 2005). Kierkegaard wrote about anxiety and despair as polarities, and that rather than living in the balance, humans may find themselves in the unrestrained openness of anxiety or shut off from experience because of despair (van Deurzen, 2005). Another famous existentialist, Jean-Paul Sartre (1946), proclaimed that "existence precedes essence," suggesting a great freedom possessed by every individual in determining his or her own experience and how one makes use of struggles. Swami Sivananda, an Indian yogi, provides a contrary point of view: that triumph or defeat is up to the Gods anyhow, and that the struggle in life should be celebrated for its inherent meaning (Marinoff, 1999). Similarly, philosophers of the Enlightenment took for granted that God existed and believed that the world must be good despite its attendant anguish. Stoic philosophers, however, espoused the idea that virtue is the only good, that virtue leads to happiness, and therefore that emotions other than happiness are based in false beliefs and should be avoided (LeBon, 2001).

Popular psychology. The popular press, "self-help" literature has addressed explicitly the topic of growth in times of emotional turmoil. Authors consistently offer reassurance and hope of good things soon to come, with a little work, to those in pain.

For example, Greenspan (2004) advises readers, "In the alchemy of dark emotions, the feelings we resist most are the leaden ore with which we begin. Our ability to attend to, befriend, and mindfully surrender to them is the means by which this lead is alchemized to the gold of spiritual wisdom" (p. 13). Greenspan argues further that even in psychotherapy, we learn to talk *about* our emotions, but not how to feel them. Moore (1996) views depression as a natural part of our humanity, contending that feelings of melancholy open individuals to another dimension of thinking that is otherwise inaccessible or at least clouded by contentment. He adds that a feeling of anxiety often arises from the belief that depression may never end, and that the anxiety seems to cease when one stops trying to erase the depression and instead turns to it with acceptance. Wilson (2008), with no intention of "helping" anyone, wrote an ode to melancholia and essentially endorsed some of Moore's thinking; that darker moods can foster new ways of being, that melancholy "is a roiling ocean constantly conjuring gorgeous whirlpools and eddies that are silver. The hectic gives birth to elegance" (p. 100). Some of these extreme perspectives are expectably controversial and refer perhaps to subclinical or mild forms of dysphoria. William Styron (1992), in his autobiographical memoir of severe major depression, presents a starkly different picture: "In depression...faith in deliverance, in ultimate restoration, is absent. The pain is unrelenting, and what makes the condition intolerable is the foreknowledge that no remedy will come, not in a day, an hour, a month, or a minute. It is hopelessness even more than pain that crushes the soul" (p. 62). For Styron, and for many others experiencing severe depression, his condition at times precluded the ability of perceiving growth.

Relevant Psychological Perspectives

Several psychotherapy approaches consider emotional struggles to be valuable sources of self-knowledge or wisdom. Existential and humanistic therapies tend to normalize feelings of despair as expectable reactions to the givens of the human condition and encourage clients to acknowledge and learn from them (Cooper, 2005). Van Deurzen (2005) explains that existential therapy aims to expand one's capacity for experiencing and managing emotions, rather than alleviating or controlling, per se. Frankl (1962), after his harrowing experience of the Holocaust, developed "logotherapy," a therapeutic approach based on the search for meaning and purpose in life in order to overcome emotional turmoil or meaninglessness. Frankl also promoted the idea of "tragic optimism," that we can become stronger by facing and accepting the tragic elements of life (Wong, 2009). Akin to Carl Rogers' (1961) theory of client-centered therapy, Joseph (2009) discusses the organismic valuing process (OVP; Joseph & Linley, 2005) as a theory of growth that "refers to people's innate ability to know what is important to them and what is essential for a fulfilling life… people are intrinsically motivated to move in a growthful direction" (p. 338). In addition, mindfulness–based therapies approach emotions as experiences to which one is encouraged to attend and accept (Germer, Siegel, & Fulton, 2005). These aforementioned approaches all contrast with the prevailing medical model, which is primarily concerned with symptom alleviation. Psychoanalytic or psychodynamic approaches may be considered within the medical model, yet they involve an emotional exploration of sorts, with the intent of bringing unconscious processes to the light of consciousness. Cognitive behavioral therapies—and most medical-model psychotherapy approaches—conceive of distressing

emotions as manifestations of irrational, maladaptive thought patterns that may be restructured in order to eliminate the undesired emotional response (Beck, 1967; Ellis, 1962). The recent movement of positive psychology represents a reaction to the mainstream pathology-oriented approach, focusing instead on personal strengths and benefits in adversity (Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park & Peterson, 2005).

Janoff-Bulman (1992) as well as Tedeschi and Calhoun (1995) present theoretical perspectives for coping with stress and trauma, and both similarly argue that as experiences challenge or contradict one's existing beliefs about the world, the process of growth occurs as the worldview is reconfigured to account for the stressor in some meaningful way. Moore (1996) alludes to this perspective in the context of depression: "Often our personal philosophies and our values seem to be all too neatly wrapped, leaving little room for mystery… Depression makes holes in our theories and assumptions, but even this painful process can be honored as a necessary and valuable source of healing" (p. 118).

Horwitz and Wakefield (2007) contend that depression can be a very normal response to certain events and that the field of psychiatry has come to ignore the context of our emotions and pathologizes these normal experiences that can in some cases even be salutary. They acknowledge that prior to the development of the DSM-III (American Psychiatric Association, 1980), diagnosticians routinely distinguished depression as a disorder without a psychosocial cause (and thus treated) from depression as a result of unfortunate circumstances (which was not typically diagnosed and treated). Ancient diagnosticians as far back as Hippocrates and Aristotle, and those who followed for

centuries, made frequent use of this important distinction of melancholy “with cause” or “without cause,” with only the latter characterizing disorder.

Contrasting with the aforementioned theoretical frameworks, cognitive models of depression form counterarguments for the potential of positive growth in depression specifically, with the idea that negative interpretations are at the root of depression. If individuals interpret events as negative indicators of themselves, their future, and the world around them (as Beck’s [1967] cognitive triad suggests), then it appears incompatible that one could perceive positive aspects of depression that might contribute to a sense of growth while sustaining their depression. Indeed, Linley & Joseph (2004) report that depressed individuals are less likely to report growth following trauma than others. However, Dulgar-Tulloch (2009) suggests that a multidimensional model may indeed exist, wherein a negative explanatory style and the ability to perceive positives are not fundamentally incompatible. In their review of the adversarial growth literature, Linley and Joseph assert that growth and psychological distress appear to be independent of one another. Accordingly, Park and Helgeson (2006) note that positive and negative affect have received empirical support as distinct dimensions of well-being rather than as polarities (Watson, Clark, & Tellegen, 1998), and that perhaps distress and growth similarly are not as mutually exclusive as commonly assumed. In reviewing the extant literature, they also acknowledge that while some studies found positive associations between growth and psychological and physical health, others found growth to be unrelated or even negatively correlated with psychological and physical health outcomes. In their seminal work on growth in the wake of trauma, Tedeschi and Calhoun (1995)

described that posttraumatic growth often co-occurs with high levels of distress, although they were not specifically discussing distress in the form of a diagnosable mood disorder.

Adversarial Growth

Over the past thirty years, the expanding body of empirical work on adversarial growth has taken many names. Related constructs include stress-related growth (Park, Cohen, & Murch, 1996), posttraumatic growth (Tedeschi & Calhoun, 1995), thriving (Carver, 1998), resilience (Seery, 2011; Southwick & Charney, 2012), toughness (Dienstbier, 1989), benefit finding and benefit reminding (Tennen & Affleck, 2002), positive reappraisal coping (Lazarus & Folkman, 1984), perceived benefits (McMillen & Fisher, 1998), and others. Some of these constructs are treated primarily as outcomes of coping (e.g., stress-related growth), some appear to be conceived as processes (e.g., positive reappraisal coping) leading to other growth-related outcomes, and others are used inconsistently across studies. Benefit finding, positive reappraisal coping, and posttraumatic growth have been found to have unique predictors and therefore may be considered distinct yet closely related constructs within adversarial growth (Sears, Stanton, & Danoff-Burg, 2003). Perhaps the most developed literature related to adversarial growth is on the trait and process of resilience, defined as “adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors” (American Psychological Association, n.d.). However, resilience may be distinct from adversarial growth, in that it suggests a “bouncing back” or return to previous functioning, as opposed to the attainment of unprecedented, higher levels of functioning that characterize growth.

Measures of growth. A number of measures have been developed to capture the changes described by the above constructs quantitatively, including the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1995, 1996), Stress-Related Growth Scale (SRGS; Park, Cohen, & Murch, 1996), Revised Stress-Related Growth Scale (RSRGS; Armeli, Gunthert, & Cohen, 2001), Changes in Outlook Questionnaire (CiOQ; Joseph, Williams, & Yule, 1993), Thriving Scale (TS; Abraido-Lanza, Guier, & Colon., 1998); Illness Cognition Questionnaire (ICQ; Evers et al., 2001); Perceived Benefit Scales (PBS; McMillen & Fisher, 1998), and the Benefit Finding Scale (BFS; Tomich & Helgeson, 2004). While the majority of these scales are unidirectional, the RSRGS and the CiOQ are noted for their ability to measure positive and negative changes in perceived growth.

Contexts studied. Adversarial growth has been studied in an array of contexts; however, to date, most of these investigations focus on growth associated with physical illness, traumatic events, and other losses. Joseph (2009) provides an extensive list of these contexts: "transportation accidents (shipping disasters, plane crashes, car accidents), natural disasters (hurricanes, earthquakes), interpersonal experiences (combat, rape, sexual assault, child abuse), medical problems (cancer, heart attack, brain injury, spinal cord injury, HIV/AIDS, leukemia, rheumatoid arthritis, multiple sclerosis, illness) and other life experiences (relationship breakdown, parental divorce, bereavement, immigration)" (p. 338). In addition, Park, Aldwin, Fenster, and Snyder (2008) examined growth in the aftermath of terrorist attacks.

The nature of growth. The growth described in this literature is characterized not by a return to premorbid functioning, or functioning prior to the triggering traumatic

event, but is an actual improvement in functioning beyond baseline. It is repeatedly theorized that the struggle itself is what catalyzes positive changes in times of adversity (Carver, 1998; Frankl, 1962; Linley & Joseph, 2004; Nolen-Hoeksema & Davis, 2004; Widows, Jacobsen, Booth-Jones, & Fields, 2005). More specifically, Park and Fenster (2004) remark, "the processes involved in confronting [negative consequences] may also promote broadened perspectives, new coping skills, and the development of personal and social resources" (p. 195). Cognitive adaptation theory holds that growth arises from a need to make sense of an event, in order to restore beliefs about the self and world (Taylor, 1983). Park and Helgeson (2006) reviewed a number of studies that together provide support for this idea, that growth is a product of inquiring, in an attempt to make sense of an event and its causes and implications. While it may seem that these phenomena likely pertain to a small subset of the population, i.e., the hardiest of individuals, recent research suggests that people are generally more resilient than earlier theories predicted (Peterson, Park, Pole, D'Andrea, Seligman, 2008; Bonanno, 2004) and that growth may be similarly commonplace.

Domains of growth. Initial research on growth following trauma and stressful life events suggests three general domains of growth: self-perceptions or self concept; social relationships; and perspective on life and priorities (Taylor, 1983). These themes bear strong similarity to domains of posstraumatic growth presented by Tedeschi and Calhoun (2004), which include an added dimension of spirituality: a greater appreciation of life and changed priorities, improved intimacy with others, an increase in personal strength, a recognition of new possibilities for one's life, and spiritual development. The most prominent themes to emerge from a meta-analysis of qualitative studies on benefits

from physical illness include "'a reappraisal of life and priorities'; 'trauma equals the development of self'; 'existential re-evaluation'; and 'a new awareness of the body'" (Hefferon, Grealy, & Mutrie, 2009).

Tedeschi and Calhoun (1995) originally hypothesized that traumatic experiences could result in a strengthening of character. Peterson, Park, Pole, D'Andrea, and Seligman (2008) offered some support for this claim, as they found that among individuals exposed to multiple traumas, the number of traumatic events experienced was positively related to a majority of character strengths assessed. Factors of character strengths include interpersonal (e.g., humor, kindness, love, leadership), fortitude (e.g., bravery, honesty, judgment, self-regulation), cognitive (e.g., beauty, curiosity, learning), transcendence (e.g., gratitude, hope, religiousness), and temperance (e.g., fairness, forgiveness, prudence, posstraumatic growth as measured by the PTGI). The authors noted, "each of the strengths was correlated with posttraumatic growth, with a slight tendency for theoretically related strengths to show stronger associations than other strengths" (pp. 215–216).

Correlates of growth. Updegraff and Taylor (2000) asserted that personal resources are strong predictors of growth: "people with a strong sense of self, who cope actively, are optimistic, and perceive more control over life events, can thrive in the face of adversity," (p. 20) as opposed to pessimistic and avoidant individuals with low perceptions of control. Several studies suggest that individuals who identify costs as well as benefits of an experience also demonstrate better adjustment and higher levels of growth than those who report only benefits (Cheng, Wong, and Tsang, 2006; Collins, Taylor, and Skokan, 1990). While much research has focused on personal characteristics

and coping strategies that predict growth, relatively fewer studies have investigated characteristics of the stressful event that might influence the likelihood of growth.

A meta-analysis conducted by Helgeson, Reynolds, and Tomich (2006) included 77 studies on adversarial growth and found the construct to be related to positive affect, depression (inversely), and intrusive thoughts (evidence of cognitive processing). They found growth to be unrelated to anxiety, global distress, quality of life, and subjective measures of physical health. However, benefit finding was linked with improved depression and positive well-being. While distress did not predict growth, perceptions of growth are found to predict better adjustment and lowered distress in some studies (Davis, Nolen Hoeksema, & Larson, 1998; Frazier, Conlon, & Glaser, 2001).

In another comprehensive review, Linley and Joseph (2004) found the following variables to be positively associated with growth: self-efficacy; hardiness; optimism; emotional social support; social support satisfaction; religious activities and intrinsic religiousness; positive affect; emotion-focused coping; ruminations, intrusions, and avoidance; and PTSD. They also noted that awareness and controllability of an event were both associated with higher levels of growth across studies in the review. Each of the "big five" personality dimensions appear to be predictors of growth, with neuroticism inversely related (Tedeschi, & Calhoun, 1996; Evers et al., 2001). Adolescent users of alcohol, tobacco, and marijuana were less likely to report posttraumatic growth (Milam, Ritt-Olson, & Unger, 2004). Linley and Joseph (2004) found quality of life, depression, anxiety, and pre-incident mental health diagnoses or prior trauma generally to be unrelated to growth.

In the resilience literature, a curvilinear relationship has been identified between adversity and growth, as well as between cumulative lifetime adversity and mental health and well-being, suggesting that *some* adversity in one's life predicts more resilient outcomes than experiencing no adversity or high levels of adversity (Seery, 2011; Seery, Holman, & Silver, 2010). Similarly, related literatures suggest that psychological benefits are reported to be greater at intermediate levels of exposure to trauma, rather than at high or low levels (Fontana & Rosenheck, 1998; Schnurr, Rosenberg, & Friedman, 1993).

Outcomes. Longitudinal studies, though limited in number, suggest that adversarial growth is relatively stable over time. Linley & Joseph (2004) acknowledge that positive affect, negative affect, and self-efficacy were the only significant correlates of growth over three years' time. After a six-month follow-up period, Park, Cohen, and Murch (1996) reported the following predictors of stress-related growth: positive reinterpretation, intervening positive life events, acceptance coping, intrinsic religiousness, initial stressfulness of the event, and social support satisfaction. A number of studies suggest that time elapsed since the stressful event occurred is associated with adversarial growth, but other studies failed to find that correlation (Linley & Joseph 2004). Resolution of a stressful event does not appear to be related to stress-related growth (Park et al., 1996). The perception of positives was related to lower levels of PTSD symptoms, depression, and anxiety at a six-month follow-up in one study of people who had been severely traumatized (Linley, Joseph, & Goodfellow, 2008). In the same study, it was noted that negative changes were not predictive, whereas positive meaning following the trauma is what led to greater adaptation. Regarding physical

outcomes, Affleck, Tennen, Croog, and Levine (1987) suggested that adversarial growth may be health protective, with perceived growth associated with lower rates of heart attack recurrence and general health at eight-year follow-up.

Gender differences have emerged in some studies, with women reporting higher levels of adversarial growth than men (Park et al., 1996; Tedeschi & Calhoun, 1996). However, other studies find no significant relationship between gender and growth (e.g., Hettler & Cohen, 1997, cited in Park, 1998; Polatinsky & Esprey, 2000).

Moderators. Park and Helgeson (2006) surmise that there are numerous moderator variables present in studies on adversarial growth and that relationships between growth and well-being may not be linear. They call attention to two studies in which optimism predicted the relationship between perceived growth and health outcomes (Rini et al., 2004; Milam, 2006). In addition, they recognized that ethnic minority status is linked to a greater likelihood of reporting growth and that a stronger link between growth and well-being has been observed among minority samples. In the Swickert and Hittner (2009) study, gender was associated with social support coping and growth, with social support coping partially mediating the relationship between gender and growth.

Mechanisms of growth. There is a lack of research exploring mechanisms of adversarial growth, so little is understood about the processes of positive change in this regard. Park (1998) claimed that personal characteristics associated with growth may be mediated by coping processes and appraisals. Indeed, Park and Fenster (2004) found positive reappraisal coping to be involved in the process of growth. They also concluded that changes in worldviews may not be necessary for growth to occur, as has been

postulated by Janoff-Bullman (1992) and others. Instead, cognitive processing was implicated as underlying the process of growth, as intrusions were more strongly related to growth than avoidance. Overall, these findings support Tedeschi and Calhoun's (1995) view that growth is likely to arise from events that require a struggle to overcome. These findings suggest it may be the *effort* in dealing with troubles that produces growth.

Inconsistency of findings. While some studies have found growth to be associated with level of distress, adjustment, mood, and well-being, many other studies have not (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Frazier, Conlon, & Glaser, 2001; Park & Fenster, 2004; Sears, Stanton, & Danoff-Burg, 2003). Likewise, sociodemographic variables (such as gender, age, education, and income) and psychological distress variables (such as depression, anxiety, and PTSD) are found to be associated with growth in some studies but not in others (Linley & Joseph, 2004). While Armeli, Gunthert, and Cohen, (2001) found threat appraisals to relate positively with growth, Park and Fenster (2004) found them to relate negatively.

It is difficult to draw clear conclusions from the studies, reviews, and meta-analyses on adversarial growth described above, given that the situations, populations, and measures vary widely from study to study. Numerous inconsistencies emerge in findings across different constructs of adversarial growth (e.g., stress-related growth, posttraumatic growth, thriving); different measures of the same construct (Park & Helgeson, 2006); clinical populations, stressors, or type of trauma or illness (e.g., Denmark-Wahnefried, Peterson, McBride, Lipkus, & Clipp, 2000; Dunkley, Bates, Foulds, & Fitzgerald, 2007; Sabiston, McDonough, & Crocker, 2007); and research methodologies. Many studies seem to lack a qualitative understanding of the domains

and processes involved in perceptions of growth in any given context. It is clear that the structure of growth in one setting does not necessarily apply to another, even using the same measures (Park & Lechner, 2006). This is not surprising, however, considering the numerous pathways of coping and the complexities of context (Park & Fenster, 2004).

Issues of validity. The validity of the construct of adversarial growth has been understandably scrutinized, as it is unclear whether perceptions of growth reflect actual, measurable change in behavior or experience (Frazier & Kaler, 2006). Park and Helgeson (2006) remarked that reports of growth often may be illusory. It is possible that reporting growth following a stressor may itself be part of one's attempts to cope (see Taylor, 1983) by imbuing the experience with some meaning or purpose, or may result from distorted recollections of one's state prior to the stressful event (McFarland and Alvaro, 2000). It also has been suggested that reports of growth may be linked to defensiveness (Cheng, Wong, & Tsang, 2006) or the playing out of social scripts and demand characteristics (Linley & Joseph, 2004; Wortman, 2004). Weinrib, Rothrock, Johnsen, and Lutgendorf (2006) found that growth was linked to indicators of cognitive processing in essays written by participants. Therefore, in the absence of cognitive processing, validity may be more of a concern. In addition, reporting benefits in the absence of costs has been suggested to reflect illusory growth (Cheng, Wong, & Tsang, 2006). Third-party reports, physiological indicators, and behavioral measures have all been suggested to avoid some of the validity concerns in adversarial growth investigations (Park et al., 1996; Park & Helgeson, 2006; Weiss, 2002).

Upon reviewing the extant literature and appreciating the methodological difficulty involved in explaining adversarial growth processes, Linley and Joseph (2004)

concluded that there is good evidence for the construct's validity. Park and Helgeson (2006) further noted that "illusory perceptions of growth may be a pathway to actual growth… people's perceptions of growth may be more important in understanding their psychological experience and quality of life than measures of actual growth" (p. 794).

Sociocultural factors. It is important to consider that the constructs and measures of adversarial growth described above have been operationalized and validated predominantly by scholars in Western, English-speaking countries. The assumptions of many of these constructs appear to be reflections of Western ideals related to coping, an internal locus of control, and the expectation of positive outcomes from struggles and hard work. Much of the empirical work on the role of cultural factors in the experience and reporting of adversarial growth can be found within the posttraumatic growth literature (e.g., Calhoun, Cann, & Tedeschi, 2010). Substantial support has emerged for the universality of growth associated with trauma across the globe, however, there are significant differences observed in various cultural contexts (Weiss & Berger, 2006; Weiss & Berger, 2010). Calhoun and his colleagues suggest that proximate (e.g., immediate social interactions) and distal (e.g., broader messages from society, media) cultural influences contribute to the narrative that determines how adversity and growth tend to be experienced and reported within a given cultural group.

Reported levels of growth differ significantly across ethnic and racial boundaries. Non-white samples report more spiritual growth and overall growth following trauma than whites. In addition, the types of growth reported by participants in various groups and regions varies. The factor structure of posttraumatic growth in Australia is similar to that seen in North America, though the reported levels of growth are not as high as

observed in United States populations (Morris, Shakespeare-Finch, Rieck, & Newbery, 2005). In contrast, fewer dimensions of growth have been observed among more collectivist cultures such as in Latino, Kosovar, Palestinian, Israeli, and Chinese samples (Weiss & Berger, 2010). Some differences are believed to be a function of cultural norms that affect reporting, such as modesty and the appropriateness of emotional expression. Weiss and Berger (2010) note that qualitative research has revealed distinctive features of posttraumatic growth among numerous groups studied:

> For example, in the Netherlands, part of what people conceived as PTG was feeling more *pride*, whereas in the Japanese culture, which glorifies modesty, PTG was conceptualized as increased *self-awareness of one's weaknesses and limitations* and *loss of desire for possessions*. In familistic societies such as Japanese and Latino, *self-control* and *patience* related to family role and responsibilities were emphasized. In highly communal societies, (for example, Spain, Israel), a prominent aspect of PTG was greater *social cohesion*, and growth appeared in addition to the recognized micro level (that is, survivors and their immediate environments), also on a broader societal level (Kosova, Spain). (p. 191)

Future studies of adversarial growth should remain mindful of sociocultural factors in the design, implementation, and interpretation of results, as well in the application of research findings in the clinical realm.

Psychological Distress and Growth

The notion that growth may result from living with psychological disorders has received scant empirical attention. Rather, the extant literature on growth focuses largely

on physiological illness and traumatic events and views psychological disorders such as depression and anxiety as negative outcomes of the stressful experience (e.g., Updegraff & Taylor, 2000; Milam, Ritt-Olson, Unger, 2004). Few researchers have explored what positive effects may be associated with psychological distress; instead, empirical studies abound on its harmful *physiological* effects. Medical research links negative emotions to higher rates of heart disease and other illness (Frasure-Smith, Lespérance, & Talajic, 1995; Todaro, Shen, Niaura, Spiro, & Ward, 2003), and suggests that positive emotions actually can undo the harmful cardiovascular effects wrought by negative emotions (Fredrickson & Levenson, 1998; Fredrickson, Mancuso, Branigan, & Tugade, 2000). On the other hand, evolutionary psychologists speculate that negative emotions carry some survival value as they may prompt us to protect our livelihood or defend ourselves when perceiving threat (Andrews & Thompson, 2009; Keedwell, 2008).

The dearth of empirical attention to growth arising from depression is somewhat surprising, given the popularity of the idea coupled with the strong prevalence of this mental health concern. Nearly 10% of American adults suffer from a mood disorder each year (U.S. Census Bureau, 2005; Kessler, Chiu, Demler, & Walters, 2005), with major depressive disorder accounting for roughly two thirds of that number (14.8 million U.S. adults; U.S. Census Bureau, 2005; Kessler, Chiu, Demler, & Walters, 2005) and dysthymic disorder affecting approximately 1.5% of the adult population (3.3 million U.S. adults; Kessler, Chiu, Demler, & Walters, 2005). The World Health Organization reports that major depression is the leading cause of disability in the U.S. for people 14–44 years of age. Women are more likely to be diagnosed with depression (20.2% versus 8.2%) than men and non-Hispanic whites are most likely to have a diagnosis of

depression (17.2%; Centers for Disease Control and Prevention, 2009; Young Klap, Shoai, & Wells, 2008). While depression incurs significant impairment and a heavy social cost, the quality of care for mental health conditions in the U.S. is rated poorly, with the majority of sufferers not receiving treatment (Young Klap, Shoai, & Wells, 2008; Kessler et al., 2005). Depression is associated with substantial reductions in quality of life and social functioning as well as an increased vulnerability to disability and an increased incidence of suicide (Bakish, 1999).

Despite the potentially chronic and severe nature of this condition, favorable outcomes are not uncommon in cases of psychological distress and mental illness (e.g., Fournier, DeRubeis, Shelton, Hollon, Amsterdam, & Gallop, 2009; Lipsey & Wilson, 1993; Shedler, 2010). However, successful treatment outcomes of depression often refer to a return to premorbid levels of functioning. Improvement beyond that degree (considered here as growth) is typically not emphasized in traditional outcome research.

Nevertheless, reminders of the silver lining of emotional struggles exist in some literatures. For some time now it has been a commonly held view that emotional imbalance is associated with higher levels of creativity and sensitivity (Andreasen, 1987; Jamison, 1996). In perhaps one of the earliest scholarly publications on the possibility of psychological benefits of mental illness, Marshall (1970) discusses the potential link between emotional disturbances, creativity, and even high levels of competency, noting the concern that treating mental illness may extinguish artistic and creative energy. In another realm of suffering, Bonanno (2004) reminded his colleagues that individuals tend to be more resilient in the face of trauma and loss than often assumed, and that there are

various unexpected pathways to resilience. Also, Bowman (2007) observed that for some, the positive state of *thankfulness* is a meaningful part of the grief process.

Several studies investigating the experience of psychiatric patients suggest that the field's dominant approaches have underestimated or ignored the potential of patients with serious mental illness, while this population demonstrates the possibility not only for improvement, but for substantial personal growth. Reeves (2000) suggests that psychotic individuals have the ability to alter their perceptions to be more positive, and argues that this human ability to grow in the face of struggles has been present throughout time, but that it has not been acknowledged or encouraged within the profession. It is noteworthy that over a decade ago, the U. S. Surgeon General called for the mental health profession to adopt more of a recovery orientation (Satcher, 1999).

Ridgway (2001) examined recovery narratives and found that they conflict with the "decline narrative" that often characterizes the profession. In that study, four recovery themes emerged in the narratives of seriously mentally ill patients: meaning and purpose, engagement, acceptance, and social support. The participants with schizophrenia in the Barker, Lavender, and Morant (2001) study identified positive aspects of their experience, namely in the areas of self-development and identity. Dunkley, Bates, Foulds, and Fitzgerald (2007) found that a trauma and growth framework fit well with the narratives of patients who had recently experienced their first episode of psychosis, and that they evidenced posttraumatic growth. Ridge and Ziebland (2006) looked at recovery narratives of individuals diagnosed with depression and concluded that recovery from depression is a process "whereby people attribute meaning

to depression" and tell stories about depression and the self that allows them to continue living—and for some individuals, to live better than they had prior to their depression.

In a qualitative study of patients with psychosis, Roe and Chopra (2003) found that some patients not only coped with their illness and adapted, but also were able to find meaning in their experience and grow in multiple respects. The domains of growth they identified include "the acquisition of an internal sense of meaning and purpose, a re-engagement in life, the development of social engagement, the ability to self-regulate activity, cognitive improvement, and the reversal of decompensation" (p. 342). The researchers framed their findings within a recovery model that involves finding lasting meaning and a positive sense of self all while living with the symptoms and ramifications of psychiatric illness (Anthony, 1993; Davidson, Strauss, Nickou, Styron, Rowe, & Chinman, 2001; Davidson & Strauss, 1992). Roe and Chopra suggested that it appears some may use the illness itself as a "springboard for change and growth" (p. 341), to the extent that they are able to view the experience as part of a process. Moreover, they hold that illness and health can and often do occur simultaneously and are not unidimensional opposites; psychological distress and perceptions of growth may not be mutually exclusive and may co-occur for some individuals. Several other studies in the area of recovery from serious mental illness implicate the essential role of hope, for allowing growth to occur by mediating one's assessment of the situation and his or her choice of coping methods (Davidson et al., 2001; Deegan, 1994; Ridgway, 2001).

To my knowledge, there are no quantitative measures of growth in the context of depression or mental illness of any kind, and a dissertation by Dulgar-Tulloch (2009) represents the only formal investigation of perceptions of positives in the experience of

depression. Dulgar-Tulloch's dissertation surveyed depressed college students and community members across two months to assess the perception of positives in their experience of depression and the relation of those perceptions on physical and psychological outcomes. She notes that the chronic nature of depression (evidenced by the tendency for depressive episodes to recur; American Psychiatric Association, 2000) suggests that this condition may fit existing models of growth that have been utilized with patients facing chronic physical illness.

Roughly half of Dulgar-Tulloch's (2009) sample reported some positives in their experience of depression; a ratio that is consistent with early studies on growth following stressful life events (Updegraff & Taylor, 2000). Perceiving positives in depression, however, did not impact later levels of depression two months later in her study. Benefits identified in response to an open-ended question were predicted by time that had elapsed since the depression, a retrospectively-reported BDI score describing participants' depression at its worst, and level of positive affect. Neuroticism was unrelated to the perception of positives in this sample; which is inconsistent with studies on adversarial growth. Dulgar-Tulloch suggested that gender acted as a moderator of perceived positives in depression, as female participants who perceived positives in their depression scored significantly higher on an outcome measure of quality of life across all dimensions (physical, psychological, social and environmental) whereas for men, identifying benefits in their depression appeared to be unrelated to quality of life.

Dulgar-Tulloch (2009) was also interested in the role of secondary gain among the depressed participants. Secondary gain theory (Freud, 1959) supposes that benefits arising from illness will perpetuate the illness unconsciously. She assessed for this by

asking participants about financial gains and changes in others' expectations of them as a result of their depression. Results only partially supported secondary gain theory and were somewhat unclear theoretically, in that positive changes in others' expectations were related to higher levels of depression at follow-up and unrelated to changes in one's responsibilities or financial circumstances.

The factor structures of adversarial growth measures did not necessarily hold in the context of clinical depression. In open-ended items, none of Dulgar-Tulloch's (2009) 240 participants made any mention of spirituality being affected by their depression in an open-ended questionnaire item and they reported low levels of spiritual change on a quantitative measure, although spirituality is a common domain of growth in adversarial growth measures. Also, the participants cited increased creativity, which is not reflected in measures of adversarial growth. These findings suggest that the domains of growth are qualitatively different for those suffering from psychological distress, such as depression, than for those faced with physical illness, trauma, and other common stressors addressed in the adversarial growth literature. Dulgar-Tulloch calls for further qualitative investigations of growth resulting from depression, or with the use of a multidimensional measure that allows for positive and negative changes to be reported within a domain.

Summary and Rationale

Depression is a disabling condition that incurs a significant cost for individuals, families, and society. While many claims are made in the popular press regarding the potential for growth as a result of working through depression, there is a dearth of empirical literature examining this position. The current study explores those claims qualitatively by addressing the following question: *How do people experience positive*

psychological change associated with depression? The researcher elicited participants' personal descriptions of the experience of perceiving positives in depression, along with an understanding of the process by which they strive to make sense of this experience. Better understanding this process and the potential for growth involved in depression is expected to inform future research and, in turn, approaches to clinical intervention.

CHAPTER 2

METHOD

Rationale for a Qualitative Approach

It has been suggested that one of the reasons the clinical literature falls short in explaining the process of mental illness is due to its heavy reliance upon quantitative measures in explaining qualitative ideas (Williams & Collins, 1999). Accordingly, Linley and Joseph (2004) acknowledge that aggregated group results may mask individual differences in the area of adversarial growth. Qualitative data collection methods that use flexible, open-ended prompts in contrast can elicit nuanced and contextualized accounts of personal perceptions. Rather than seeking to generalize to a broader population and predict outcomes, the aim of qualitative research is to describe and better understand the "quality and texture of experience" (Willig, 2001, p. 9). With this in mind, a qualitative method was determined to be most appropriate for the current study, given the exploratory nature of the research question, the complexity of the phenomenon, and the importance of the participants' processes of meaning-making (Brocki & Weardon, 2006).

Interpretative Phenomenological Analysis

The current study sought to elucidate the experience of perceiving positive psychological change (e.g., personal growth) in the process of working through or overcoming clinical depression. Considering that extant measures of adversarial growth impose preconceived structures of growth upon individual experience, the qualitative method of interpretative phenomenological analysis (IPA; Smith, 1994, 1996) was utilized to capture rich, detailed descriptions of lived experience and to reveal an

understanding of how the participants came to make sense of, or find meaning in, their experience of depression. IPA was selected for its emphasis on systematically exploring personal meaning-making with an idiographic focus that allows the researcher to compare the perceptions and understandings of individual participants sharing the phenomenon of interest. The IPA procedures outlined by Smith, Flowers, and Larkin (2009) served as a guide for sampling, data collection, analysis and interpretation, and reporting of results.

IPA shares theoretical ground with phenomenological psychology, hermeneutics, social constructionism, discourse analysis, and social cognition research (Eatough & Smith, 2008; Larkin, Watts, & Clifton, 2006; Smith & Osborn, 2003). The method has been employed frequently in the health psychology literature over the past 15 years, given its amenability to exploring subjective experiences of illness and other significant life experiences (Johnson, Burrows, and Williamson, 2004; Eatough & Smith, 2008). More recently, IPA has begun to permeate other clinical, counseling, and social psychology literatures wherein researchers wish to gather an in-depth view of participants' personal and social worlds (Brocki & Wearden, 2006; Reid, Flowers & Larkin, 2005). It is remarkably compatible with psychological inquiry as it shares with contemporary psychology an emphasis on cognitive processes involved in individuals' experiences (Smith & Osborn, 2003). It deviates from mainstream psychology, however, in that it emphasizes phenomenological and idiographic elements, thereby prioritizing subjectivity and meaning making, which Spinelli (1989) and Eatough and Smith (2008) argue are essential to understanding human psychology. These elements are amenable to delving into the complexity of emotional life and its attendant processes, topics that are

largely neglected by prevailing psychological theories of cognition that focus more narrowly on information processing and view cognition as comprised of relatively isolated functions (Eatough & Smith, 2006, 2008; Goldie, 2002). Eatough and Smith (2008) note, "IPA questions and disputes how cognition has been conceptualized. For example, it has pointed to how emotion theorists have reduced the often messy and turbulent experience to the internal cognitive activity of hypothesized causal relationships" (p. 183). Smith and Osborn (2003) advise that "IPA is a suitable approach when one is trying to find out how individuals are perceiving the particular situations they are facing, how they are making sense of their personal and social world. IPA is especially useful when one is concerned with complexity, process, or novelty" (p. 53).

Participant recruitment and selection. Purposive sampling was used to identify individuals who met the current study's participation criteria and who were able to offer rich accounts of their experience of the shared phenomenon. Participants were recruited primarily by word-of-mouth among the researcher's personal and professional contacts and a recruitment flyer (Appendix B) that were distributed through professional listservs and mental health organizations. Adults who have received a diagnosis of depression at some point in their lives from a health care professional *and* who perceive some degree of positive change (e.g., growth, benefits) in their lives that they attribute to their experience of depression were invited to participate.

The recruitment of participants was guided by Smith, Flowers, and Larkin (1999) and Smith and Osborn (2003), who suggest a sample size of five to six participants for a student project using IPA methods, in order to maintain an idiographic focus with sufficient depth. Smith and Osborn note that including more individuals in an IPA study

risks losing the ability to sufficiently focus on the detail of each case and becoming overwhelmed with the vast amount of data that interviews are apt to yield. Unlike quantitative investigations, with IPA there are no *a priori* hypotheses to be tested, and theoretical (rather than empirical) generalizability is of greatest import. A small sample size, relative to quantitative studies and some other qualitative methods, set the stage for an idiographic concentration that enabled the researcher to gain insight into what Eatough and Smith (2008) describe as the "subjective and interpersonal involvedness of human emotion, thought and action, and the messy and chaotic aspects of human life, in hopes of getting a better understanding of the phenomena under investigation" (p. 183). The sample for this study was large enough, however, to identify some convergence and divergence among participants' experiences and to distill essential themes.

Prospective participants were asked to contact the researcher by telephone or email to learn more about the study and to complete a short screening interview (Appendix D). During the screening interview, demographic information and a basic depression history (i.e., diagnosis, chronicity/duration, severity, and treatment history) was collected, along with a brief account of the positive changes the prospective participant attributed to his or her experience of depression. The screening interview also allowed the researcher to gauge the prospective participant's ability to reflect upon and verbalize a full account of his or her experience. All screened participants were selected for, and agreed to participate in, a full interview.

Ethical considerations and protection of participants. The study protocol was designed to ensure maximum protection and safety of human subjects and was approved by Arizona State University's Institutional Review Board (Appendix A). The informed

consent letter (Appendix C) and the purpose of the study was reviewed in detail and each participant consented to participate. The researcher answered any questions from participants and reminded them that they could discontinue their participation or withdraw from the study at any time without penalty. Each prospective participant was offered a list of public and private mental health resources in their local area. Every participant granted the researcher permission to audio record his or her interview. In order to protect the privacy of participants, all recordings (audio and textual) remained anonymous, linked to participants' personal contact information only by way of a de-identified participant code kept separate from the data at all times. The researcher made reasonable attempts to protect participants' identities by removing all names and other identifying information from the transcripts. Audio recordings and the master list of participants were electronically encrypted, password protected, and destroyed upon completion of data analysis.

Data collection. Semi-structured interviews were used to elicit detailed descriptions of participants' deeply personal experiences. Semi-structured interviews are commonly used by IPA researchers as they provide a degree of flexibility that allows each participant to take the lead and gives the researcher an opportunity to enter into the participant's subjective world as much as possible, as opposed to forcing the participant to fit his or her experience into the interviewer's agenda (Smith & Osborn, 2003). All but one of the interviews were conducted via telephone, owing to geographical limitations, and one was conducted in person. It has been suggested by Cachia and Millward (2011), among others, that telephonic interviewing is a valid, acceptable approach to qualitative data collection—and may be particularly useful when conducting semi-structured

interviews on sensitive emotional topics. All of the interviews were conducted directly by the researcher. A pre-determined interview schedule (Appendix E) guided discussion and was adapted subtly as needed throughout each interview. The questions comprising the interview schedule were developed according to guidelines offered by Smith and Osborn (2003) and Smith, Flowers, and Larkin (1999), who recommend beginning with general prompts related to the topic, followed by more specific questions and optional prompts. Throughout the interviews, the researcher strived to prompt the participant only as necessary. Novel areas that were unplanned with regard to the interview schedule were considered significant and enlightening to the overall research question. Questions were developed with four key subtopics in mind: the *background* of each participant's experience of depression and the positive changes perceived, his or her *conceptualizations* of the perceived changes, the *origins* of the changes, and the *personal meaning* ascribed to the changes. The full interviews, which lasted between one to two hours each, were recorded and later transcribed verbatim in preparation for data analysis.

Analysis

The researcher followed the data analysis procedures outlined by Smith, Flowers, and Larkin (2009). This process involved a deep engagement with each interview transcript that eventually yielded a thematic structure representing the experiential elements shared by the participants. Throughout analysis, the researcher's focus transitioned from particular to the shared as well as from the descriptive to the interpretative. Maintaining IPA's commitment to idiography, the researcher analyzed each participant's transcript fully before consolidating and refining emergent themes to

form a thematic structure for the group. The specific steps of the procedures followed are summarized below.

Step 1: Reading and re-reading the first transcript. The researcher followed the suggestion of Smith, Flowers, and Larkin (2009) to begin the analysis with several close readings of "the most detailed, complex, and engaging" (p. 82) interview. The researcher paid particular attention to the original words of the participant and attempted to identify and bracket any initial interpretations that came to mind related to the interpersonal process of the interview and based upon the researcher's personal biases and assumptions. Recording informal memos aided the researcher in this reflective process.

Step 2: Initial noting. As the researcher became immersed in the text through repeated readings, initial observations were noted line-by-line. These observations took the form of *descriptive comments*, focusing on the content of the participants' statements; *linguistic comments*, focusing upon the participants' use of language (e.g., metaphor, shifts in tense, pronoun use, pregnant pauses, hesitations, tone); and *conceptual comments*, focusing upon the researcher's initial interpretative ideas and often posed in the form of questions for later consideration. During this exploratory stage of analysis, the researcher freely noted anything of interest.

Step 3: Developing emergent themes. After noting the entire transcript, the researcher reviewed the notations in order to develop again a sense of the overall context of the participant's reports. With this new, expanded data set, the researcher developed labels that characterized significant portions of the data. This step marked the transition to a more interpretative role of the researcher, as the participant's original words were

used to produce conceptual labels. These labels were then extracted and listed chronologically along with line numbers that referenced specific evidence in the text associated with each theme.

Step 4: Searching for connections across emergent themes. While examining the set of emergent themes for the first participant, the researcher noted any interconnections and began to cluster themes that appeared related to one another theoretically. During this process, a number of data reduction strategies were employed as suggested by Smith, Flowers, and Larkin (2009): e.g., a process of *abstraction* resulted in the formation of "superordinate themes," which served to group closely related themes; *subsumption* was used when one thematic label better accounted for another. Once the themes and their connections were identified, the researcher confirmed these connections with the text to be sure that they were consistent with the participant's original firsthand account.

Step 5: Moving to the next case. The process described above was repeated with each of the remaining five transcripts. Throughout the analysis of each transcript, the researcher strived to bracket the themes and conceptualizations from previous analyses, allowing new ideas to emerge from each transcript.

Step 6: Looking for patterns across cases. Once each transcript had been analyzed and a set of emergent themes were extracted and clustered, the researcher searched for patterns across the cases. This process involved the formation of new super-ordinate themes that reflected higher order concepts and a reconfiguring of some themes, as encouraged by Smith, Flowers, and Larkin (2009). Several themes that were notably interesting were determined to be less relevant to the research question and were omitted

from the final analysis. This stage of analysis was perhaps the most creative, interpretative, and therefore challenging. It highlighted the researcher's role in the "double hermeneutic" of IPA; that is, making sense of the participants' collective process of making sense of the phenomenon, while maintaining the integrity of the participants' original accounts. The result of this process is a series of superordinate themes and nested subthemes, which are presented in Table 1. Excerpts illustrating each of the final themes are presented and discussed in the next chapter.

Interpretative Activity and Researcher Bias

In any research activity—certainly any that purports to explain participants' inner experience and meaning-making process—a researcher's presence is inseparable. In this study there exists multiple spheres of meaning-making; at the very least, there are two: that of the participant and that of the researcher (Smith, Flowers, & Larkin, 2009). Within IPA, the analysis unfolds on a continuum from the descriptive to the interpretative, as the researcher extracts themes and meanings from the participants' original words. The concept of the *double hermeneutic* in IPA refers to this dual process of interpretation that occurs as the researcher makes sense of the participants' process of making sense of a phenomenon (Smith & Osborn, 2003). Throughout the data analysis stages of the current study, the researcher frequently recorded reflective memos regarding his observations and the origins of his interpretations, in part to promote an awareness of personal values, experiences, and presuppositions as the research unfolded. Ortlipp (2008) notes that qualitative research is anything but "neat and linear" and suggests that reflective journaling is a useful method of making the messiness visible to the researcher—and, in turn, the reader.

In addition to the researcher's use of reflective memos, member checking was utilized to verify the researcher's interpretation of participants' reports. Member checking is a research technique that involves the participants in the analysis process by soliciting their feedback in regard to how well their experience fits the description and interpretations that the researcher has presented (Lincoln & Guba, 1985). Member checking was used at two points in the research process: during each participant interview and after data analysis was completed. While interviewing each participant, the researcher frequently paraphrased his or her statements to check for accuracy in interpretation as well as to probe for elaboration. Upon completion of data analysis, each participant was contacted for a brief follow-up interview, at which time the researcher presented the participant with the emergent thematic analysis and offered an opportunity for clarification or revision. Four of the six participants responded to the researcher's request for a member checking interview and all of those who responded affirmed the validity of the analysis as a full and accurate portrayal of their experience of positive changes associated with their depression.

Lastly, *peer debriefing* was used throughout analysis and interpretation. The researcher consulted with a disinterested colleague who was familiar with the methods employed in this study and actively involved in qualitative research of her own within a separate domain. This colleague reviewed the interview analyses and often posed critical questions and offered alternative perspectives. Her involvement served to strengthen the credibility of the interpretations in the current study.

CHAPTER 3

RESULTS

Participant Demographics

The interviewees were six adults who expressed interest in participating after hearing about the study. All participants were referred by professional and personal contacts of the researcher; none was well known personally to the researcher. Each had been diagnosed with clinical depression and perceived positive changes associated with his or her experience of depression. Four of the six participants were women and two were men. Their ages ranged from to 27 to 75 years, with a mean of 44 and a median of 37 years. Four participants identified as Caucasian, one identified as African American, and one identified as Asian American. All six participants were from the United States; four resided in the Southwest and two in the Pacific Northwest. Two were married, three were divorced or separated, and one was widowed. Two participants held masters degrees and were enrolled in doctoral programs at the time of participation, one held a bachelors degree, one held an associates degree, and two held high school diplomas. Three participants had been diagnosed with Major Depressive Disorder and three were unsure of their exact depression diagnosis but described symptoms consistent with major depression. Three participants were first diagnosed by psychologists, two by counselors, and one by a primary care physician. The time since initial diagnosis ranged from 4 to 28 years, with a mean of 12 years and median of 8.5 years. All participants described their depression as “severe” and accompanied by suicidal ideation at its worst point; two participants reported being hospitalized psychiatrically. All had been prescribed psychotropic medication. While none of the six participants considered him or herself to

be clinically depressed at the time of participation, each participant described the importance of emotion regulation strategies and active self-management of depressive symptoms.

Emergent Themes

The purpose of this research study was to investigate the experience of individuals who perceive positives associated with their course of clinical depression. The analysis yielded six superordinate themes and twenty subthemes. These emergent themes are presented in Table 1 and described below. Many of the themes took variant forms between participants' accounts. For some, the thematic elements represented *precipitants* of positive change; whereas for others, the same elements represented the positive change itself, or *outcomes* of the process of working through depression. Following the description of individual themes is a discussion of participants' personal conceptualizations of change, the timing of their perceptions of positive changes, clinical interventions they utilized, and their advice for others with clinical depression.

Table 1

Structure of Emergent Themes

Superordinate themes and subthemes	Participants endorsing theme
Catalysis	(*n* = 5)
Creative development	P4, P5, P6
Intellectual and philosophical development	P4, P5, P6
Spiritual development	P4, P5
Professional development as a therapist	P1
Development as a parent	P3
Connectedness	(*n* = 6)
Improvement in interpersonal function	P1, P6
Support of others	P1, P2, P5, P6
Self as similar to others	P1, P6
Shared suffering	P1, P3, P4, P5, P6
Intrapsychic or spiritual connection	P5
Presence	(*n = 6)*
Self-Realization	(*n* = 5)
Achievement of a more authentic self	P1, P6
Embraced imperfection	P1, P6
Discovery of psychological assets	P2
Cultivation of resilience	P3, P5, P6
Gratitude	(*n* = 4)
Appreciation of life	P3, P4, P6
Gratitude counteracts depressive thoughts	P5
Temporality	(*n* = 5)
Depression as lifelong	P5, P6
Depression as temporary	P3, P4
Time is limited	P4, P6
Right timing for growth	P2, P5, P6

Catalysis. All but one participant described their struggles with depression as a catalyst of some sort, provoking development in one or more domains of functioning. These domains included creativity, spirituality, intellectual and philosophical pursuits, parenting, and professional development. Participant #4 suggested that depression evokes growth or development in general, such that it "forces" one to find ways of dealing with it:

> Well, you know, it forces you to find ways to deal with it… It's a growing process, I guess. It's a learning and growing process. You learn, I think -- you learn some rules of the universe, I think… what works, what doesn't work, what leads to what, you know. Which is better than I think, you know, depression. Again, like a catalyst, it forced me to look at these things, where if I weren't depressed, I wouldn't have to look at these things, you know.

This participant later remarked that her greatest growth came from her deepest depression, suggesting that for her there seemed to be a positive relationship between the severity of depression and the level of growth or development she experienced.

Creative development. In several participants' accounts, creative expression was prominent during or subsequent to depressive episodes. While suffering from a severe recurrent depression, Participant #6 was encouraged by a cousin to pursue art and found that painting was not only an outlet for her difficult emotions, but that it cultivated self-efficacy and, eventually, connection with others:

> I got to something I was good at, and it was a wonderful feeling…[Painting] gave me a little bit of credibility. I could be with this art group and feel like I

belonged, like I had a place there. And I kind of didn't before. Now, this art thing, I started off with watercolor, and one of the art shows I sold 14 out of 20 of my watercolors… so that gave me the confidence to kind of go on and do some more… When I'm in [a state of creative flow], and it doesn't happen very often, but it's like – well, I even felt that way with the conversations I was having yesterday, when I went to the art group. Like I'm saying what I mean, what I should say. I'm in the right place. I'm connecting. And that's the way the art is when I'm doing it.

Participant #4 found creative arts to be a solitary coping technique that developed into a career:

> I picked up skills on how to deal with that over time on my own, too. Like I painted a lot, I drew a lot. That's how I got in my profession. It requires a lot of time alone, time to develop. That was part of my therapy, I guess.

Participant #5 found creative writing, such as poetry and journaling, to be a powerfully cathartic outlet that encouraged him to face his emotions directly:

> I think I really believe in – well, it's kind of a cliché in the 12-step rooms, but they say the "power of the pen," and it's really true. I believe that something happens when you stick that pen to the paper and you just start writing from your heart, for me at least. Because when I'm able to write something down and then stand back and look at it, it's right there in front of me. I can't ignore the fact that this is how I was feeling. It's right there.

At times, Participant #5 focused his writing on not only his sorrow but also positivity and gratitude, a practice he found to counteract depressive thoughts and feelings. It appears

that Participant #5's writing may continue to serve as an emotion regulation tool, perhaps preventing subsequent negative thought content from developing into depressive states:

> And then I'll usually counteract it by writing something positive. Like, maybe I'll do a gratitude list, you know, all the things that I'm grateful for. Maybe I will write a poem that – you know, one of the thing I did recently, I wrote a poem that started – the whole first half of it is all about the dark place that I was in … and then the whole second half is about all the beautiful, wonderful things that have happened to me since then. So, for me as a writer and as a creative sort, it's really healing for me to see that duality on paper.

Intellectual and philosophical development. Throughout her depression, Participant #6 found herself withdrawing from others and pursuing solitary intellectual and creative activities. In her isolation, she explored painting and reading vast amounts of nonfiction in the sciences and humanities. She described having believed initially that her accumulation of knowledge from all of her reading was irrelevant to her life and career, and later she came to the realization that these intellectual pursuits may well have provided fodder for the meaningful and spontaneous connections she later developed with others, as described below within the theme of Connectedness. Participant #6 repeatedly remarked that her thirst for science and art satisfies a need for connecting ideas in her own mind as well as it builds common ground for her to connect with other people through the sharing of ideas:

> I don't know if I would have gotten into some of the things that I did if I hadn't have been depressed and did these things on my own, withdrawn into myself. And allowed myself to go off on these crazy tangents that I did, which did me no

good. Carl Sagan did me no good in nursing, and that's where I was. It did me no good – well, yes, it did do me good in art.

Participant #4 similarly described a search for meaningful perspectives and philosophies and was motivated to read about the science of depression and its biochemical components.

Spiritual development. Participant #5 spoke of his severe depression as motivating him to cultivate a nonreligious spirituality:

> I've definitely tapped a lot into Buddhism and Zen, and sort of this tranquil spirituality over time, and that has really helped me a lot. And so I'm sure where analogies like the lotus flower come from for me, because I have read quite a few books on Buddhism in my quest for meditation and to find peace and calm. That particular spiritual path just – I really resonate with it… For me, spirituality is kind of what I said earlier, just a mind, body and spirit, everything being balanced, everything being intact, feeling connected with the universe. But it doesn't just happen. It has to – I have sort of a spiritual practice, but it's just kind of eccentric, it's kind of eclectic. There is no real format to it or anything. It's just kind of like, you know, meditation, candles, incense, just kind of tapping into the universe. Stepping outside of myself… It was my depression that motivated it, absolutely. I mean, I think that I kind of have a tendency to believe that I've always been spiritual. I mean, I remember being a little kid, little, little, and asking my mom questions about spirituality… And I think when I hit the really dark, heavy, deep place, I think that's absolutely what propelled me to investigate further into spirituality.

Participant #4 also turned to Buddhist writings in an attempt to cope with her depression. She explains the relationship between her study of Buddhist literature, mindfulness, and her depression:

> Well, I think the depression is the catalyst for it. I think the philosophies of the Buddhist stuff, I think they're bigger than depression. I think it's just a way of dealing, a perspective on life, a philosophy that goes beyond just depression. It goes into the meaning, meaningfulness of life and stuff. But the depression I think makes it that much more urgent because, for me, the paralyzing effect of it.

Professional development as a therapist. Participant #1 found that treating her depression involved becoming comfortable with herself. For her, this not only promoted more engagement and development in her personal life, but her professional development as a counselor in training. She described holding the belief that accepting herself influenced her to become a better therapist. Specifically, she experienced being more spontaneous, authentic, and present in her work with clients:

> I can still see in my professional role that authenticity and bringing myself to the therapeutic relationship is still the hardest part of being a therapist for me. But it's a lot better than it used to be and it's getting better all the time, which is good… now I can be much more spontaneous. I don't really go in saying, all right, this is what we're going to talk about first and this is what we're going to talk about next; I want to make sure I wrap up with this. I might go in thinking, all right, this is something that you had last week, maybe you should throw in that at some point, but it's definitely not like it was… So, that, yeah, just being able to be more authentic. Even though it's still not my strong suit, I'm definitely better at it. But

> being able to be spontaneous and make jokes and talk about myself, rather than saying, "You know, some people say that this might be effective," saying, "You know that's something I tried that really helped me," just makes a huge difference.

Her development as a therapist trainee was not only experienced subjectively; her marked performance improvement was validated by her supervisors' evaluations.

> If you look at my early clinical evaluations, like, my clinical supervisors, where I was was not developmentally appropriate. It was beyond what you typically see with new counselors. Like, to the point that one recommended like switching careers, like this is not for you, you know? So, yeah, it was definitely beyond what the other people in my program were going through at the same time…
> Well, at the end of my first semester I had gotten that feedback from my clinical supervisor of my master's internship about maybe being in the wrong field, or at least in the wrong field at that time. But then in the second semester, once I was on the medication that was working really well and I had been in therapy for a while, like a month into the second semester, that same supervisor came up to me and said, "I've seen this huge difference in you and you're doing a really good job, especially with this group, and it's wonderful to see this growth." So, that was just really validating. Like, this person who a couple months earlier had said, "You're in the wrong field," saying, "You're actually doing a really good job."

Development as a parent. In coping with depression, Participant #3 believes he became more present and gained an appreciation for life and for time with his daughter. He described becoming a better parent as a function of these fundamental changes in his

outlook on life and he reported that his development as a parent is the ultimate meaning he attributes to his overall experience of depression:

> You know, it's allowed me to become a much better parent and the most meaningful thing I can do in my life is to mold [my daughter] into a good person that has integrity, that keeps her word, is honest, is kind, has compassion. So, that's been the meaning for me.

Connectedness. Interpersonal connection pervaded the accounts of every study participant. One participant (Participant #4) noted that depression and loss share the common characteristic of loneliness or lack of human contact, which then compels one to find coping strategies and become more independent. For other participants, reaching out and learning to depend on others was an important element of their growth. Some described the support elicited from interpersonal relationships as an important ingredient in their recovery from depression while others discovered that the quality of their interpersonal interactions markedly improved after working through their depressive illness. The increased awareness of self and greater presence experienced by many of the study participants appeared to contribute to the improved interpersonal interactions they described.

Improvement in interpersonal function. While severe depression resulted in Participant #6 withdrawing from others, she explained that her creative and intellectual pursuits undertaken during her isolation later led to connection and provided her with a meaningful sense of community. In explaining her interpersonal connectedness, she noted several examples of fulfilling interactions with people such as her physician, strangers in public, and the community of artists she eventually joined:

I feel more connected with people and with everything… Now this is something, this is interesting. I never thought of this. But I did a lot of things and I got into—you know I kept saying why in the world are you reading this, and the whole thing would be, it interests me. I don't know why. And then these crazy little things that would come up later on, [spontaneous social connections], which maybe I would not have had and maybe I could not have related to so many people if I hadn't have had that time alone, and that time that I concentrated more on myself and my interests.

The same participant also spoke of developing tolerance and appreciation for the different perspectives and life experiences of others:

I think with the depression and with my anxiety and the fact that I felt that I didn't have as much going for me as others -- that I wasn't there, that I was a little different, I was kind of strange. And I was able to step out of that way of judging and look at other people and see how their experiences had affected them and how they were unique, each one of them… It was kind of me and them always, and now it's -- I can relate in different ways to different people. And I can see that they won't understand such-and-such the way I would, but that's fine; I have something different and that it's purely all right and it's interesting to hear.

Participant #1 recounted her lifelong difficulty connecting with others, which markedly improved as she addressed her depression and realized that she could accept herself for who she is and not interpret others' actions as reflections of her own personal deficits:

> Well, I guess through the process of going to therapy and working through a lot of that stuff, I'm a lot more comfortable interacting with other people. A lot of those negative things that I believed about myself that made me feel crappy around other people kind of went away. So, just interpersonally things have gotten so much better. And, too, whenever I would have those problems with other people, I would always assume that it was my fault, because I was a horrible person. And just the realization that sometimes when other people are mean to you it's because of their issues and not me made a huge difference.

Participant #1 also believed that her improved interpersonal abilities and greater authenticity, the two most salient changes she experienced, favorably impacted her marriage:

> When we first got married, I still wanted him to think that things were better than they were. And as I got into my master's program and started getting really overwhelmed, that's when I first started actually getting help. It was just so hard at that time that the whole façade came crumbling down whether I wanted it to or not, you know what I mean? But since that time things have been so much better between us. Just being able to tell him what's going on with me. I found out that we actually have a lot more in common than I realized even when we got married. We ended up talking about our religious beliefs, which we had never really discussed prior to that, which is not a good idea, but it wound up working out.

Support of others. Several participants noted the support of family, friends, and professionals to be essential in overcoming depression and realizing positive change:

Participant #1: I think having supportive people around. Like, the faculty at -----, or at least my advisor. I don't want to say the faculty as a whole, but my advisor and the doc students who are kind of our clinical supervisors. They knew what was going on and they were very supportive. And there were people in my cohort who were really supportive at the time. My husband and all of the clinicians I worked with just -- I definitely could not have done it alone… Letting me make those mistakes and not letting anything really bad happen, I guess. You know, like I could put my foot in my mouth and lop it off. Like, I was so afraid that it would be another incident like with my roommate with my good friend in high school where all of a sudden everybody would turn on me and nobody would like me, and I would have no idea what I did wrong and nobody would tell me. Instead, they would be like, "Do you want to come over to my house?" You know, "It's okay." I think part it was the fact that they were in an adult field themselves and pretty much everyone in my cohort had been diagnosed with depression at some point. Like everybody had been on psych meds at some point, so I was just kind of the late person to the game, just going through it for the first time. So, the fact that everybody was like, "It's okay, I get it," was really helpful. I'm still married, like none of that horrifically fell apart.

Participant #2: But I think that what I learned through the whole thing was even though I thought of myself as a self-sufficient person or whatever beforehand… I learned that it's okay to be dependent on other people… I was dependent on my family and it was great that they were there, and I'm really grateful for that. But I also remember during the period that I often kept trying to push them away,

because it was, like I said, I just felt like such a black hole that I felt like I was trying to shove everybody away. Because it was just—I often just felt raw and I just didn't want—I couldn't cope with anything because everything seemed to just rub salt into the raw wound. But, anyway, I found out that it was okay to be dependent on people and that doesn't necessarily mean you're a total reject, or anything like that; it just means that we all need other people. So, that was good.

Participant #5: I met my, what is now my best friend -----, and he was very spiritual. When I met him I was -- well, 2004, it wasn't very long after a lot of my deep depression issues. It wasn't very long after I tried to slit my wrist. So, when I met him, he is a very positive mentality person. He was pretty spiritual in his own way, and he taught me a lot about spirituality and about overcoming negative thought patterns. And I've learned a lot since then. At that time it was kind of scratching the surface, but he was the initial teacher for me. He was the initial person that helped me to start shifting my thought patterns, which was huge to me at the time. Because all I wanted to do was shift my thought patterns. I didn't want to feel the way I had been feeling for so long.

Participant #5 felt a sense of community not only in facing depression, but also as he addressed his struggles of self-medication through an AA group and sponsor:

You know, I carried around all this guilt and distorted view of myself for so long. And then when I started nurturing these relationships with people that I met after I got sober, and I saw how much people genuinely were loving on me that didn't even know me that well. They didn't even know my whole story. They didn't care. They just loved me and they were glad that I was there. And every time

> that another month went by or whatever and I hit another milestone in my recovery journey, they were there cheering me on. And somehow in that process, a transformation started to happen for me where I did start to love myself and accept things that have happened in my life as things that simply happened. That I didn't make them happen, I didn't have any control over it. I was completely powerless over these situations.

Participant #6 connected with an estranged cousin who became “like a sister” and influenced her to become more active socially: “She is very outgoing and she got me more into being able to be with people more and to start making friends.”

Self as similar to others. Two participants repeatedly referred to a shift that occurred in their perceptions of themselves. Whereas initially they conceived of themselves as different from others and fundamentally inferior, working through their depression involved successfully challenging and overcoming these assumptions.

> Participant #1: I think one of my biggest fears in going to therapy was that I would be told there really isn't anything wrong with you and that I was just going to feel like crap forever… Yeah, or maybe that's just life and I'm not cut out for it, you know. I think that was my biggest fear, no, you're not depressed, you just suck at life.

Participant #6 repeatedly referred to improvements in her daily functioning as being more “like other people” or “everyone else.” Upon reflection, she appears to have come to the realization that she is much more similar to other people, challenging her prior assumptions that she was fundamentally different and inferior, eventually leading to a felt

sense of belonging and connection with others. Through a community of artists, she eventually forged meaningful connections where she felt validated and understood:

> And all of a sudden there are people that actually feel the way I feel, and I always felt a little odd… And it just -- I mean, I felt very definitely, even though I didn't enter this year, a part, and I felt that I was known and recognized, and that's something for me. And they recognize me for someone that they could count on, call and talk to."

Shared suffering. In describing what led to the positive changes he has experienced, Participant #5 cited having others around him who are facing similar challenges was particularly supportive:

> Surrounding myself with people who have similar issues but have also overcome a lot of obstacles, because then you have people to relate to. You have people who have experienced what you've experienced and there's a definite, definite calming and centering effect created by that… There's a certain comfort in it, to know that you have something in common with people. And I believe that we all have a lot in common with each other. We all have different backgrounds, we all have different life experiences, different stories, but we're also having the human experience here. And life with all its twists and turns, I mean, how can we not all have some serious similarities in our stories?

The following two accounts suggest that connecting to others by giving back was a component of realizing positive change in their recovery from depression:

> Participant #5: I am of service, so I have -- I step up and I do service work when needed, and so in that way I'm giving something back to the people that have been

> helping me. It makes me feel good, too, because I know that I'm contributing to the whole. So, I think that's been huge for me, too, is just that ability to give back and not expect anything in return. But in return you do feel better, or I do, because I know that I'm helping people.
>
> Participant #3: I know because of what I went through, especially with -- in regard to my experience in the navy, I actually wanted to do something involving therapy to help other people out that were experiencing what I felt…

Participant #3 proceeded to talk about friends and others in his life confiding in him, and how good it felt to be able to be there, as a listener: "[Depression] allowed me to really like enjoy life and just to be more present, to include like what's in other people, you know, if that makes sense."

Beyond managing her depression, Participant #4 described that learning how to deal with her depression has led her to a deeper understanding of others:

> Well, I think it has, if anything, learning—having more understanding of human nature in general, of myself, of other people, life. So, I guess qualitatively, I think I have more depth than I did in the past, you know, through learning. Through the learning process, I guess…

Similar to Participant #1 above, Participant #4 explained that becoming more attuned to others enabled her to more accurately appraise others' actions and not personalize them as she had done in the past:

> I'm more skilled, I think, in dealing with [depression]. I am more aware of me and my surroundings. And I think in a way I'm more sensitive to other people's – what do you call it? I think the depression has helped me be more sensitive to

> other people's moods and whatnot… When somebody is being crappy, instead of taking it personally, why are they so crappy to me, you know, the skills I've learned in trying to deal with my depression has shown me that maybe they're crappy because they need a Midol. And lo and behold, you know, sometimes especially -- and you see patterns in other people as well, you know. And instead of taking that into part of my story, why is everybody so crappy to me, no, they're not being crappy to you; they're just being crappy because they feel crappy right now. Like that, something like that, you know.

Similarly, Participant #6 described a process of relating better to others and of realizing, through deeper interpersonal connection, that she was not as alone in her suffering as she had once thought:

> I talk to friends lately, now that I have friends that have talked more deeply, and I found out they've had traumas in their lives and I can see why they see things the way they are. And I have one younger friend now that keeps trying to get out of her depression and I can oh, so understand. I can be more of a -- I don't want to exactly say a help, but I can make suggestions that I could not have before… But it's been so much easier to be open and to really understand and to see other people for what they are instead of coming back and kind of putting myself down and seeing that they all have more -- they have more going for them. I don't know, I'm just able to get in and understand more that they are, you might say suffering or whatever. But also I can enjoy the good parts of other people's lives, too. It's a thing I guess that I can more relate to, this maybe would be a good term.

Intrapsychic or spiritual connection. Participant #5 emphasized the role of spirituality in his process of coping with depression. Specifically, he described encountering a feeling of oneness and connection to a higher power through formal meditation. For him, this connectedness produces feelings of comfort and reassurance:

> I do regular meditation practice. I feel very connected to, I don't know, whatever you want to call it, God, higher power, spirit, whatever. I feel very connected with the universe, I should say. And I think that – well, I know actually, that that really helps me a lot, especially when I'm starting to give into negative thoughts and depression… It's a feeling of wholeness, bliss, not alone, because I know what it feels like to feel alone, and I did for a long time feel alone. And when I feel connected, when I feel tapped in, I don't feel alone. I know that there is something bigger around me, there is something happening around me that's bigger than me. That's very comforting, for me at least, to not feel alone, and to just feel – it's a sense of wholeness. It's a sense of I'm going to be okay. And so I know when I'm not feeling connected to the universe because then I just feel completely disconnected, completely cut off, completely drained, and I'm learning to recognize what the duality feels like. The precious connection and the disconnected muck, if you will… That's kind of my ultimate quest, it's like self-inquiry and feeling of oneness… Just sort of understanding that oneness, that we are all one, that we all -- that's one thing that my eyes have really been opened to the past couple of years is that we are all one. Like I mentioned earlier, we all experience the same familiar pains in life, we all have -- we're all very different, but we all have blood running through us, we all have similar cell makeup, you

> know. We're all kind of experiencing the same experience here, just in different levels. And so that's kind of what I strive -- that's one of the things I strive to understand more through my spiritual practice.

Presence. All of the participants in the study spoke of becoming more present—with themselves, with significant others in their lives, or with their surroundings. This presence was commonly described in terms of an awareness or appreciation of the moment, a relinquishing of the past, or directly facing and accepting one's struggles. For some participants, becoming more present-centered was a coping technique; for others, it appeared to be a natural byproduct of awakening from the persistent rumination that they experienced while depressed.

Paying attention to emotional states and facing struggles directly are important facets of Participant #5's spiritual and emotional practice:

> It's just kind of retreating within, looking for self-inquiry. Kind of just checking in with myself. How are you feeling, -----? What's happening for you? Why are you feeling so frazzled? Why are you feeling so down? Just kind of -- I think it really feels like just being a friend to myself. You know, like any friend that I would care about, I would check in on them and I would say how are you doing? It's what I try to do with myself. It's just -- but I need generally, in order to do that, I need to kind of be in a quiet, happy place for me. You know, sort of -- I have to take myself away from people and situations, and really have it just be me and me. And that's really what it is for me. It's that simple. It's just retreating within and then kind of checking in on myself and making myself breathe, and making myself recognize what a situation feels like.

This same participant suggested that being open and present to the bad in life is necessary in order to experience the good. For him, the darkness makes the light visible:

> I think to -- well, I think to appreciate the positive side of life and to come to understand the healthy parts of life you have to have experienced the dark side. So, I think my experience with depression has taken me to some really dark, low points that have helped me to appreciate the good stuff that's going on in my life today, which in turn helps me to be less depressed, if that makes any sense.

Participant #5 went on to explain that it was being present and open with his emotional pain that allowed him to heal:

> I think it's just really facing the difficult, hard moments that we've had in our lives and being willing to accept it, accept that it happened, you know. There is a lot of acceptance there, because I wasn't willing to accept for years that horrible things did happen to me. I just wanted to forget about it… I accepted that there were all these things that happened to me that contributed to my depression, to my anxiety, to my PTSD, to my, at one point undoing as a person; when I accepted that, that was very freeing in that it gave me the ability to become completely willing and open to heal. And that brought me to where I am today. So, in that way, that all makes perfect sense to me.

Participant #4 mentioned that re-focusing to the present helps her to distinguish reality from cognitive distortions: "There are ways to manage [depression] through behavior and thought, and sometimes it's just what may seem devastatingly real is just a thought. And if you can pull yourself into the present, that will also give perspective."

Participant #3 found that staying present served as an antidote to his pattern of depressive rumination and allowed him to relinquish his difficult past. He also described a greater ability to be patient and to enjoy life upon recovering from depression, which had a significant impact on his role as a father:

> I'd dwell on the past a lot, you know. That was something I did, but I don't do it anymore, it's all in the past. That's a huge thing. I'm like, I made my life a lot more difficult than it ever had to be and, like, that is what it is. There's nothing I can do about it… Depression allowed me to really like enjoy life and just to be more present… I just like—I don't think I can overstate the importance of me being present, so that I would say—yeah, and appreciate the moment and to forget about the past. Because I used to—actually I have to talk about how much I would regret everything in the past and I don't do it anymore… I'm a lot more patient. Because kids will really try our patience, like not intending to. And if you've had like a rough day or something else is unnerving you and a kid like keeps saying something like keeps asking something, it can really wear on your nerves. But, yeah, no, I'm just like, you know, incredibly present. You know, I just live for our time together and [my daughter] realizes that, because I'm incredibly patient with her and present.

Along that same line, Participant #6 also described a "freedom" that goes along with moving on from the past and letting go, of "not being so tied down with things."

Though she does not practice formal meditation, Participant #4 discovered the importance of being present mainly through her reading of Buddhist literature on mindfulness:

> I read a lot of Buddhist literature and how -- right now I'm working on being present, being aware of my thoughts and feeling connections, and feeling body connections and how they affect each other. And trying to learn how that works and how to some degree have some control over it… I think the most useful thing for me right now is when I'm in the midst of something and somebody says something, and something comes up for me to take myself out of being instantly sucked into that, to watch myself. To react, but also to watch myself react. You know, what they call presence. So, I don't go into the loop automatically that will drag me down sometimes for hours, sometimes for days.

Participant #4 added that she is now more aware of not only herself and her surroundings, but of others: "And I think in a way I'm more sensitive to other people's -- what do you call it? I think the depression has helped me be more sensitive to other people's moods and whatnot."

Participant #1 described a dramatic shift in her ability to be present in interpersonal interactions, a change she explains was jumpstarted by starting a psychotropic medication: "I was more engaged in what was going on around me. It was easier to interact with people… Now I can be much more spontaneous." This overall improvement in the quality of her interpersonal interactions, she explained, was critical to taking the behavioral risks necessary to be herself.

In describing the meaning she found in her experience of depression, Participant #6 explained that part of becoming fully herself is to be more present in her interactions with others:

> I feel like I have this chance now, from what I've come out, that I can be the person I want to be. I can -- I mean, even if it's just listening to people talk, and being a listener or whatever, then I'm more able to be more fully here, I guess is what I want to say… If I'm talking to someone, I'm talking to them. I'm not second-guessing in my mind, I wonder if they're thinking so-and-so; maybe I should say -- and then I can fully more hear and understand what they're telling me, and I can reflect on it and I can maybe say something back that might be helpful or just acknowledging the fact that I've heard. I'm here that way.

Finally, Participant #2 alluded to the theme of presence when she described noticing her absence of depression and savoring it: "I periodically think to myself, you know what? I'm not depressed anymore! Life is great!"

Self-realization. Working through depression prompted significant psychosocial development, according to the narratives of the six participants. Nearly every interviewee described coming to know some part of themselves that was positive. In some cases, this meant feeling enabled to act with greater authenticity or to be more of one's true self, embracing the less desirable aspects of their identities. Others discovered personal qualities and strengths that were previously unknown. And finally, depression was described as strengthening or a promoter of resilience, as it prepared these participants for other life challenges.

Achieving a more authentic self. Participant #1 spoke of being a more authentic version of herself as one of the foremost, salient changes to come out of working through her depression, along with her improved interpersonal abilities.

> Getting out of my head a bit, because I think that whole process when I was younger of wanting everybody to think that I was okay, that huge distance between what I actually felt to what I was presenting on the outside. I spent a lot of time just in my head and not letting anybody know what was going on, and getting all of that stuff out and being a more authentic person was huge for me. Not having to play that game, not having to wear that mask… I think those are really the two biggest things. Just interacting with other people and being more authentically myself, which are probably pretty closely related.

Through one of her primary coping techniques, creative expression (and the art community), Participant #6 described having discovered a more authentic self, a point where she felt "like I am having the chance now at my age to be more *me* than I ever was." She also described this as, "a feeling of wholeness. I was always just fragmented, never together," and later concluded that the growth she experienced in working through her depression was necessary and offered a sense of fulfillment with life:

> I guess I have to just think that it was just time. I'm grateful to have this before I'm any farther down the road, but this was something that needed to happen, to make me a more complete person, I feel. And I might have died without it. I mean, not that everything is perfect, not that I'm totally on top of the world, or anything like that, but that I can see and feel and be and everything, more than what I was before… I feel now, more or less, that if anything -- like, if I were to die in the next minute or something it's a comfortable feeling that my life wasn't a waste or whatever, I guess.

Embracing imperfection. Two participants spoke of accepting their own fallibility, particularly in social situations:

> Participant #1: I guess it's that it's okay to make those mistakes. Like, if I had taken those risks and made those mistakes earlier, it wouldn't have been so rough or so abrupt later on, but I was just so terrified of making those mistakes. Like, I was always such a perfectionist. And I also think, you know, being yourself and surrounding yourself with people who like you is better than being the person -- you're pretending to be something you're not and surrounding yourself with people you want to like you. You know what I mean? So, I guess those are probably the biggest lessons that I've gotten out of it. Like, it's okay to make mistakes and just surround yourself with people who are okay with those mistakes.
>
> Participant #6: But I think in a lot of ways, especially now, it lets me realize that people are not pristine and they're not all good, they're not all bad. Their life was not all good and all bad. People have their little foibles that I think they wish wouldn't have happened, but it -- that's what we are. And I think in a lot of ways maybe that has come from out of that, too, that I'm able to see the dark -- some of the dark sides and so on. I wasn't where anybody wanted to go or wanted to do, or wanted anything, but that we're all -- none of us are pristine or perfect, or anything like that. If we are, we're pretty hard to be around, I think.

Discovering psychological assets. Among the many "lessons" learned from her depression, Participant #2 realized the magnitude of her psychological assets.

Specifically, she learned that she possessed greater resilience, strength, and optimism than she had previously known:

> I would say those are lessons that I learned because I was depressed. I mean, I may have been resilient before that, and maybe I had learned that I was hopeful before that, but the depression certainly brought those things to the forefront. They highlighted them or whatever, and I'm not sure I would have learned those lessons, certainly not in the same way… And I learned I was more resilient. I always think of that little Winnie the Pooh thing, which I can't exactly get right, but it's something about you're smarter than you think and stronger than you thought, or whatever, you know, that sort of thing. It's a really cute little saying. And that proved, I think, to be true. I mean, the fact that I could get through that and not come out like a paraplegic or a dead person, or having hacked up my own limbs or something I think was -- is proof that you can be more resilient than you think. I mean, I just kept living through it, kept trying to deal with it, kept getting up every day, kept moving, kept exercising, kept -- just kept going. And I thought, when I was thinking about this, I see that as a real achievement. Because in lots of cases -- I don't even know why I did that, I just did. And I think that that's really kind of remarkable, because I really -- I mean, seriously, it was like I didn't want to do that sort of stuff, I just did… I think that it taught me that I really was more resilient than I might have assumed that I was. At least during that stage of my life I wouldn't have assumed I was resilient… And I guess I also learned that -- so, I guess I learned I was stronger, or whatever, or more capable. But I also think that, I guess I learned that I'm more optimistic and hopeful than I

> thought I was, because I made it through and I can look at each day now and think to myself, you know, tomorrow will be a better day. Or it doesn't even necessarily matter that it's a better day; it's like I can wake up every morning and go it's a new day, you know, and that's okay. It's a good thing.

Cultivating resilience. Participant #5 explained that in learning to manage the psychic pain of his depression, he acquired a number of strategies that would only benefit him for life's subsequent challenges:

> I think just kind of an understanding of how to deal with situations that are difficult. Because when I went through a lot of those earlier situations in my life, I had no clue how to get through it. I mean, I was 17 when my mom died. I was 20 when my best friend died. I didn't have any of the tools that I have today. I didn't know how to get through that situation or how to survive that. Or even at 14, crying in a corner, I had absolutely no clue. So, I think just an understanding of it, you know, has been huge for me. This coming to understanding the nature of depression and how it affects me, and being able to pay attention to how it affects me propels me to be able to then kick in some of my other tools to turn it around and bring myself back in to a positive place.

Similarly, Participant #3 pondered the idea that perhaps his depression served as preparation for life difficulties that were to come later in his life, such as a painful divorce:

> You know, they say things happen for a reason, right? Well, I just, like I -- you know, if that's indeed true, I think that was the reason for me feeling so low all the time before was that it prepared me for this. So -- yeah. Because I don't think I

would have been able to like survive these couple of years since my divorce if I hadn't done that, for me, you know, having experienced those feelings before. If that makes any sense.

Participant #6 described becoming more resilient to occasional misfortunes, such as a recent car accident, whereas similar events previously would plunge her back into depression:

> So, I just had the car accident, and ordinarily -- I had one about five years ago and that put me right back down. And I got to the point where I was forgetting things and I lost my wallet in a movie theater. All this just seemed like, oh, no, here we go again, I'm really getting down. And so when this one happened… I did get distracted and a little forgetful, but it didn't put me all the way back down. I got anxious and a little depressed when I had to deal -- I knew my car was going to be totaled and that was sad, because the car just absolutely worked for me. It was perfect. And I wasn't able to find a car exactly like that, but I think it's going to be all right. But I'm through it and I'm not going to stay there. Something is just a whole lot better.

Gratitude. Several participants acknowledged the role of gratitude in their experiences of depression. This theme emerged in two forms: a greater appreciation of life and the use of gratitude as an intentional emotional regulation strategy.

Appreciation of life. Having worked through depression and achieved some significant remission, three participants expressed being thankful for life:

> Participant #3: To be alive is a gift in itself… and if it hadn't been for my depression, I wouldn't be able to enjoy life the way that I do now. Just in general,

> I appreciate life a lot more… I like, started to appreciate being around my daughter, started to appreciate life. I remember it would always be whenever I take out the garbage or recycling in the neighborhood in San Diego, I'd like walk past our place, I'd always like feel so thankful to like God, whoever it is that put us on earth, you know. I felt so thankful that I was still alive.

For Participant #4, appreciation appears to be more of an intentional philosophy that she has adopted:

> Where depression will make me like not engage in life, and the philosophy of appreciation kind of helps me come out of the myopic view I have when I'm depressed. Like, for instance, the universe is against me, it makes me depressed, whereas the philosophy of appreciation – look, there's a hummingbird. It's not against you. It takes me out of that one perspective that I have that drags me into everybody is wanting to shit on me, you know, and it just drills a hole. And appreciation opens up to look more than that perspective and it pulls me out of it… Life is precious. I don't know where I'm going. I probably just won't exist afterwards. Just being grateful, being grateful that, wow, here is my shot. Wow, it's a gift, you know. It's a gift, and the things that bring me down really doesn't do anything other than -- you know, the thoughts and stuff that really don't do anything other than bring me down. You know what I mean? It just brings me down and I wind up -- that's how I spend my life. And I kind of -- I don't want that, you know. I can sleep when I'm dead, you know. So, that's kind of the philosophy I have right now.

Participant #6 expressed gratitude when she described her depression as an experience that made her "a more complete person." She also noted a greater appreciation of life now, recognizing its finitude:

> There is much, much more now enjoyment of life, I guess, that appreciating the moments. Of course, too, I'm at an age where you think, huh, you're looking down. I mean, there's 'x' number of years now instead of infinity, which we all had, you know, younger. But, you know, in a way that's kind of good, too.

Gratitude counteracts depressive thoughts. Participant #5 expressed his gratitude in writing to counteract negative thought content in his journals and poetry:

> Like, maybe I'll do a gratitude list, you know, all the things that I'm grateful for. Maybe I will write a poem that -- you know, one of the things I did recently, I wrote a poem that started -- the whole first half of it is all about the dark place that I was in last September, before I got sober. And then the whole second half is about all the beautiful, wonderful things that have happened to me since then. So, for me as a writer and as a creative sort, it's really healing for me to see that duality on paper."

During the interview, Participant #5 decided to share his poem, which began by describing his pain and desperation, his unlived life and then segueing into a grateful ode to those who stood by and supported him, loved him. The poem concluded with an acknowledgement of his own awakening and presence.

Temporality. In recounting their experiences of depression and positive change, nearly all participants remarked upon time in some way. Some acknowledged the enduring nature of depression; that one must actively self-manage his or her emotional

health or well being indefinitely. In contrast, two participants suggested that their depression, like anything else in life, is transitory and eventually will pass with time.

Depression as lifelong. While depression may fluctuate in severity, change form, or remit to some degree, for several participants depression has an enduring presence in their lives despite the positive changes they experienced. Participant #6 described her depression and anxiety as "a lifelong thing," with which she expects to contend for the rest of her life to some degree. Participant #5 voiced a similar sentiment:

> I mean, the depression has kind of never gone away. It's always been there hanging out, kind of underlying everything, but it's easy for me to at least point out the major milestones along the way… I believe that depression is a very real and very ongoing thing for me. I believe that I will probably deal with depression for the rest of my life on some level. But I do believe that I have choices and opportunities to change my focus, to not just dwell on it, to not focus on the depression, but actually focus on getting better…
>
> I don't think it ever fully goes away. I would love to believe that it does and maybe it does. I could be wrong, but I do think that -- I mean, I know it's a lot less, and I know that some days it's fairly recognizable. I mean, I don't walk around feeling depressed all day, every day anymore, like I once did.

Depression as temporary. In contrast to the above perspectives on the enduring nature of depression, two participants instead focused on their notion of the temporary nature of depressive episodes:

> Participant #3: I just kind of let the depression take its course. Well, that it -- just got over it, because nothing, good times, bad times, nothing in life lasts forever, you know.

When asked about how he conceptualized or characterized the changes he experienced, he described them as "weathering the storm, moving forward," suggesting that for him, depression was a passing affliction that he endured.

In a similar vein, Participant #4 viewed depression as impermanent, having a place in the natural ebb and flow of life:

> You know, people go through life and there are mountains and there are valleys, and I'm just in a valley right now… I don't know if I'll be on the mountain at some point. I don't know if it's that bad to be in the valley. There is obviously bad points of it. Not bad on the surface bad points, it's like, you know, gee, all my life plans like shoved away, just collapsed. That's the obvious bad part about it. But I take the philosophy that everything changes anyway, and I'm still, I'm kind of in a weird midlife crisis. I'm trying to figure out what mountain to climb, if there is a mountain to climb.

Time is limited. Participant #6 had acknowledged the limited time she has left in her life. This awareness of time led to a sense of appreciation for the life that remains. For Participant #4, recognizing life's finitude was mentioned as a component of the philosophical outlook she intentionally strives to cultivate:

> Ultimately, I'm just wasting my time. Depression makes me waste time. I try to-- and also develop a philosophical outlook on life and try to remind myself that I'm here temporarily anyway, you know, and that this is what I got. And to spend a

lot of time mulling over things that bring me down is just spending what little time I got doing that. That's all I'm doing, so that's a philosophical adaptive thing I've developed with regards to depression.

Right timing for growth. For Participant #2, chronological distance was essential to realizing the growth she experienced:

> It was like the right time… yeah, the right time, the right timing. I think a lot of things in life are like that. Sometimes I think we can't really recognize our growth or our learning, or whatever, until you get far enough away from it.

Participant #5's narrative, throughout, suggested that gaining an understanding of his emotions took considerable time and that understanding was critical to feeling better and realizing growth.

At several points of her interview, Participant #6 alluded to there being a time for change. When reflecting upon sense she has made of her experience with depression and the positive changes that eventually resulted, she noted:

> I guess I have to just think that it was just time. I'm grateful to have this before I'm any farther down the road, but this was something that needed to happen, to make me a more complete person, I feel.

Conceptualizations of Change

Participants characterized the positive changes they experienced in a variety of terms. "Growth" was unanimously endorsed by the six study participants. Participant #1 viewed her newfound authenticity and significant interpersonal growth as a "catching up" process, referring to the considerable amount of social development that she believes was stunted by her depression throughout childhood and adolescence. Participants #2 and #4

spoke of their changes largely in terms of lessons learned—about themselves and about life. Participant #2 also explained that the process of reflection was necessary for learning the lessons that are inherent in life experiences. Participant 3 perceived growth as a process of evolving and strengthening. In a similar vein, Participant #5 viewed growth as a healing process and made metaphorical references to a lotus flower that begins as a "dead little bud of a flower" that eventually "turns into this beautiful, very open, very loving, very receiving flower." Participant #6 made several references to "maturing," implying that her positive changes were shifts in perspective and behavior acquired through lived experience.

Timing of Perceptions of Change

Participants recalled noticing positive change at various points of their depression. While Participant #2 required great distance from her depression—years into recovery—many others acknowledged finding positives even while depressed, at least mildly. Most, if not all, agreed that positives were impossible to perceive in the most severe throes of their depression. Participant #1 found external feedback to be meaningful validation that she had achieved positive change in her functioning, leading to her own internal awareness that significant change had occurred. Participant #4 noticed positive changes related to her depression initially in her teenage years, when she began reading Camus and other existentialist writings that introduced her to new ways of seeing the world. Participant #4 also noted that she tends to notice growth after she has emerged from "the valleys" of her depression. Participant #5 claimed that some degree of goodness is evident for him "all the time" throughout his journals, even at times when he is simultaneously depressed. Participant #6 noted that she recently perceived positive

changes while practicing yoga and physical exercise; and also when she experienced challenges and daily hassles, only to realize that her mood is impacted less and she is better able to handle the difficulties without being dragged down into feelings of depression. Interestingly, Participants #2 and #6 noted reactive effects, as they remarked that learning of this study's call for participants and engaging in the interview itself led to deeper self-reflection that yielded additional realizations of growth.

Clinical Interventions

Each participant utilized at least one form of clinical intervention (e.g., pharmacotherapy, psychotherapy) at some point of their depression, with varying degrees of satisfaction or success. Participant #1 attributes her successful depression recovery and growth to a combination of medication and psychotherapy. For her, medication played an essential role, allowing her to begin the process of psychotherapy where she felt validated and safe to take risks behaviorally. Participant #2, on the other hand, was markedly critical of psychiatry and her experience of medication, and found counseling only modestly beneficial. For her, formal intervention played a minimal role in her learning process. Participant #3 was similarly jaded by his experience with psychiatry. Having tried several psychotropic medications, he claims they "only made things worse," citing cognitive disruption. He emphasized that the positive changes he experienced were felt soon after making the personal decision to put an end to what had become a series of medication trials. Participant #4 found the new perspectives offered by a psychotherapist to be useful, satisfying her thirst for knowledge that fueled her coping and development. Similar to Participant #1, Participant #5 found medication to be essential in the early stages of therapy that led to what he described as "more internal

work" that he began with a therapist and continued to pursue with spiritual practice. Both he and Participant #6 were hospitalized psychiatrically at the most severe stage of their depression. Participant #6 described trying multiple formal treatment strategies, including psychotherapy and multiple medications, and found each to be modestly effective.

Advice for Others

Before the interviews concluded, each participant was asked what advice he or she might give to others struggling with depression. One prominent theme emerged: Persistence. Unanimously, every participant emphasized the importance of not giving up:

> Participant #1: I guess to get help and to find the help that you need. Like if you find a therapist that's not working, that's okay, too; just keep trying until you find one that fits, and to not be afraid to try medication. Like there are so many people who are just like, I'll do whatever it takes as long as it's not meds, but if meds is what it takes, then that's what it is.
>
> Participant #2: I guess I would tell them to just keep going and don't do things like end your life or whatever… But the problem is, I think often when people are depressed, they don't want your advice and they can't take your advice, you know what I mean? They're just not in the position where they can take it. But if they could take it, that would be -- I would say that, and I would say just keep going and keep trying to find ways to get out of it. Because if you're in a big deep hole and you just sit down in the corner and never move, you're probably not going to be able to get out of it. But if you keep searching for the psychiatrist or the

medicine or the exercise that helps you, or the food that maybe makes you -- I don't know, maybe proper nutrition helps. I mean, I don't know, but I would say don't end your life and don't quit searching for the thing that resolves it for you.

Participant #3: Well, it's funny, because that campaign like against bullying, I think it's specifically like, for like gay kids, the slogan is "It gets better." I think that's like a great slogan. Because I remember, especially when I was a lot younger, it was like, I felt like life was shitty, I felt like life was always going to be shitty. You know, when people are younger they don't realize how long life -- I mean, life is long. I mean, it's short, but it also is long, and it's just like things change, things improve. That's the thing, like that would be my advice; that it gets better.

Participant #4: It doesn't have to be permanent. There are ways to get out of it. It's just a lot of times learning how to broaden your view. A lot of times it's just thought patterns.

Participant #5: Yeah. You know, I would just say don't give up. I wanted to give up so many times and really being in a much better place now in my life, I'm really, really grateful that I didn't just give up and end everything. I would say just don't give up. There's a lot of resources out there, there's a lot of help out there. There's a lot of people out there who care. And eventually, if you seek out your resources, you're going to find at least someone that can relate to where you've been and that can walk you through it and help you.

Participant #6: I think kind of making up your mind to get it over with and going to finding a counselor and really deciding this is the time. I think maybe I finally

-- I think it was kind of Custer's last stand. I think I kind of decided that I had, for me, that I had gotten to my place. I didn't want to go back on medication and so I realized I had to do something. And you can't always -- believe me, I know you can't always do this -- you can't pull yourself up by the bootstraps when you're in depression, I do know this.

CHAPTER 4

DISCUSSION

As described in the previous chapter, several shared elements were found among participants' accounts of the positive changes they perceived to be associated with their depression. In this final chapter, I review the findings that emerged from the analysis and discusses them in light of existing research in the field. Lastly, I discuss the study's limitations and implications for future research and clinical practice.

Each of the participants described multiple aspects of positive change that occurred during and/or subsequent to their experiences of clinical depression. They unanimously conceptualized their experiences of positive change to be various forms of "growth" and their reports share several salient themes: depression as a catalyst for development; social support and connection; greater presence or engagement in life; a more adaptive and realized sense of self; feelings of gratitude and appreciation; and a recognition of the timing of depression. These broad categories took multiple forms: dimensions of growth as well as precursors and processes of growth. In some cases, a single theme represented each of these forms. For example, some participants described creative development as both a precursor to recovery as well as a positive outcome of their experience of depression. In other cases, social support was an essential component of navigating their way out of depression; whereas for some, improved social function was a consequence of their process of working through a depressive episode.

The dynamic quality of these themes may be considered a reflection of the complex, nonlinear, and nebulous nature of depression, observable in most any account of it (e.g., Solomon, 2002; Styron, 1992). Participants did not report growth uniformly as

a result of their depression or in tandem with it. Instead, each individual's account revealed a nuanced, sometimes indistinct process in which precursors of positive change became entangled with the outcome of positive change itself. This is consistent with Ridge and Zeibland's (2006) suggestion that the narratives of depressed individuals portray recovery from depression as a process of imbuing their experience of depression with personal meaning and gaining insight into oneself and others. Interestingly, some participants' descriptions implied that growth may have occurred as a process that was distinct from symptom resolution or recovery. This is suggested in the accounts of those participants who experienced positive change while still experiencing depressive symptoms, or those who continued to perceive growth despite the return or worsening of symptoms. Further research investigating the trajectories of adversarial growth in depression can shed light on this process and its relationship to recovery.

The findings of the current study are broadly compatible with the dimensions of posttraumatic growth identified by Tedeschi and Calhoun (2004), which include a greater appreciation of life and changed priorities, improved intimacy with others, an increase in personal strength, a recognition of new possibilities for one's life, and spiritual development. Interestingly, spirituality, a prominent theme in many accounts of posttraumatic growth, was present in the narratives of at least three of the six participants in the current study, despite its stark absence from Dulgar-Tulloch's (2009) relatively large sample of 240 college students and community members with a history of depression. Dulgar-Tulloch notes that her sample made no mention of spiritual change in open-ended assessments and rated spiritual change very low on quantitative measures of growth. Her participants did report increased creativity as positive aspects of their

depression, which is a dimension that is lacking in measures of adversarial growth but also emerged in the current study.

Nearly every participant in the current study described his or her depression as promoting activities that resulted in some form of development, whether it be creative, spiritual, intellectual, professional, or even development as a parent. Similar to this study's theme of depression as a catalyst for development, Roe and Chopra (2003) suggested in their study of individuals recovering from schizophrenia that the struggle of mental illness itself may be a "springboard" for positive change and growth in some individuals. This idea is especially vivid in the case of one participant who withdrew from others, filled her time with intellectual and artistic pursuits, then emerged later, upon some improvement in her depression, to establish more meaningful interpersonal connections by way of an art community and impromptu intellectual discussions with new acquaintances. The notion of personal development in depression may be illuminated by evolutionary perspectives. In an attempt to solve the paradox of depression—that mental dysfunction continues to plague a significant portion of the human population despite its negative impact on survival and reproduction—evolutionary psychologists surmise that perhaps depression is not entirely dysfunctional. Some suggest that despite its disadvantages, depression involves processes of introspection and focused rumination that may actually carry the advantage of aiding in problem solving and lead to insights and understandings of the self and social relationships (Andrews & Thompson, 2009; Keedwell, 2008). Interestingly, Darwin himself posited that sadness sometimes "leads an animal to pursue that course of action which is most beneficial" and it has been suggested that depression enabled his isolation and remarkably focused

scientific productivity (Lehrer, 2010). Rumination was noted by several participants in the current study as they recounted the unpleasant cognitive processes and symptoms involved in their depression. Certainly, rumination is thought by most experts and laypersons alike to be a futile, if not depressogenic, element of mental illness. Not one participant recognized rumination as playing a role in leading to positive change, though evolutionary and cognitive processing models do not suggest that this is likely a conscious or intentional process. Andrews and Thompson acknowledge that creative expression (e.g., journaling) is a useful intervention that harnesses rumination and often leads to insight. In addition, they note several lines of research that suggest depressed people are better able to solve social problems and make decisions that require focused, analytical abilities to assess costs and benefits in complex situations. Keedwell also highlights a large, longitudinal mental health study conducted in the Netherlands that suggests those who recovered from depression demonstrated coping abilities that were actually improved *beyond* premorbid functioning. That finding is consistent with reports in the current study pertaining to increased resilience and the discovery of personal strengths associated with working through depression. Other evolutionary models of depression suggest the illness may serve to foster social connection through pleas for help from loved ones and the community (see Nettle [2004] for a review).

Interpersonal connectedness was a prominent theme among all participants in the current study and social support, or improved social connection, are recurrent domains in models of adversarial growth. Participants in the current study described the important roles of others in their recovery as well as improved interpersonal functioning subsequent to bouts of depression. Additionally, all but one participant noted that living with

depression enabled them to understand others' struggles better as they connected with others through a sense of shared suffering. This finding is consistent with previous research suggesting that individuals recovered from depression may exhibit greater empathy and be more attuned to others' suffering (see Keedwell, 2008). Research suggests that feeling a sense of belonging is associated with finding life more meaningful (Lambert, Stillman, Hicks, Kamble, Baumeister, & Fincham, 2013), which is consistent with some participants' reports of social connection providing a sense of belonging that contributed to their experience of personal growth.

Each participant spoke of the importance of being present. For several participants, this presence meant being more aware or meaningfully engaged in life. Being aware of oneself, others, and the environment was a coping strategy for some, and for others the presence was described as less intentional and seemed to be related to their reports of an appreciation of life in the absence of despair. These findings appear consistent with the practice of mindfulness meditation, which is based upon maintaining a present-moment focus that is incompatible with depressive rumination, along with other core features such as non-judgmental acceptance of oneself and others (Kabat-Zinn, 1994). Components of mindfulness appear to play an important role in emotion regulation (Farb, Anderson, Mayberg, Bean, McKeon, & Segal, 2010) and mindfulness-based therapeutic interventions have been shown to be effective for alleviating and preventing depressive symptoms in a variety of clinical settings (Hofmann, Sawyer, Witt, & Oh, 2010).

Realizing a more authentic, stronger, or more resilient self emerged as an important characteristic of participants' experience of growth. One participant in

particular spoke explicitly of the many strengths and personal attributes (e.g., optimism, resilience) she noticed in herself after having gotten through her debilitating depression. She described never having surmised that she possessed any of those qualities. This finding supports previous research suggesting that adversity is associated with the development of character strengths (Peterson, Park, Pole, D'Andrea, & Seligman, 2008). In addition, Park and Fenster (2004) posited that the process of struggling with adversity may promote the development of personal and social resources, along with coping strategies and new perspectives on life. Several participants in the current study spoke of the resilience-building quality of their depression, suggesting that enduring depression prepared them for subsequent life challenges.

Finally, the timing of depression and growth was an important component of participants' narratives, as they either commented upon the lifelong nature of depression, as something that required continuous effort to keep it at bay, or the impermanent nature of depression, meaning that it would eventually subside—at least temporarily. Other participants found that the reflective process that depression provoked led them to appreciate (in their recovery) the limited amount of time afforded them in this life. Still others found that they reached a point in their depression that it simply was time for change to occur, suggesting either a spontaneous quality to their recovery and growth or a readiness for change that had built up within them. Every participant suggested that others suffering from depression persist in their attempts to get through depression, implying that depression will not last forever. This message is not only consistent among all of the participants in this study, but it emerged as a central theme in a study by

Kinnier, Hofsess, Pongratz, and Lambert (2009), in which individuals who had recovered from anxiety and depression were solicited for their advice on the subject.

Limitations

The current study sampled a relatively small number of individuals (n = 6), which is considered to be ideal for an IPA investigation (Smith, Flowers, & Larkin, 2009). This enabled the researcher to spend significant amounts of time becoming immersed in the interview data and focusing on each individual's process of the experience under investigation. Along with the benefits of an idiographic focus, however, comes the inability to generalize findings to a population. Given that this study examined the experiences of a small group of individuals, the facets of their experience may not be typical among other individuals who have experienced depression, or even among those who have perceived growth associated with depression (i.e., there is an inherent selection bias in the chosen methodology). It is possible that these participants may be exceptionally "hardy" individuals. It is worth noting that the positive changes described in this study do not appear to be limited to mild cases of depression; each of the participants reported experiencing severe depression with suicidal ideation in the past, and two reported that they had been hospitalized. However, the participants' depression histories were provided by retrospective self-report, which may not be considered reliable.

Another limitation of this study regards the trustworthiness of the findings. While efforts were made to monitor and bracket personal biases and assumptions through journaling, consultation, and the use of member-checking interviews as a validation technique, this qualitative method involves a significant amount of interpretation.

Furthermore, aside from informal peer consultations with another qualitative researcher, the researcher collected and analyzed the data individually. This is commonplace in IPA research, in which the researcher plays such a prominent role in the interpretation of findings; however, having others involved in the analysis of the data could have presented opportunities to draw upon other perspectives and perhaps strengthen the trustworthiness of the findings.

It is possible that the prompt of the study may have presented significant demand characteristics, perhaps eliciting responses of exaggerated experiences of growth. Future studies might consider a more general prompt for screening purposes—e.g., a call for participants for a study on depression without any mention of positive changes—and then select for a full interview those participants who report some form of positive change.

Implications for Future Research

The findings of this qualitative investigation add to the existing depression literature as well as the preliminary foundation of work on adversarial growth in depression. Future empirical work, including additional qualitative as well as quantitative studies, is needed to test the assumptions made here and further explicate the phenomenon of growth from the experience of depression. The qualitative analysis of these six, in-depth accounts of depression help to pave the way to a more nuanced understanding of the experience of positive changes associated with clinical depression, which appears in these cases to be both similar to and yet also distinct from other models of adversarial growth. For instance, the salience of creativity supports recent work on positives in depression and suggests that prospective models of adversarial growth should investigate the validity of this dimension. In addition, spirituality, which is present in

some models of adversarial growth but was unsupported in the one empirical investigation of depression and growth (Dulgar-Tulloch, 2009), was found to be a prominent component of growth in this sample and should be considered for inclusion in future empirical studies on this construct. Additionally, the dimensions and antecedents of adversarial growth in the context of depression may be further elucidated by additional qualitative and quantitative work aimed at the mechanisms and pathways of growth in depression. Lastly, while personal context was considered throughout the process of analysis, it was not within the scope of the current study to explore the role of culture explicitly in the participants' experiences of growth. Studies focusing upon cultural conceptions of depression and their relation to the perception of positive changes will shed additional light on the intricacies of the construct of adversarial growth in depression.

Implications for Clinical Practice

Linley and Joseph (2002) suggest that facilitating growth may be a worthwhile therapeutic undertaking with clients exposed to adversity. The question remains if encouraging explorations of growth among depressed individuals at some stage of therapy is beneficial. Interestingly, a few participants in this study remarked that reflecting upon the positive changes they perceived in their experience of depression led to the realization of additional positive changes and offered a greater sense of meaning and closure to their otherwise painful experience. Given these anecdotal accounts, it is tempting to assume some therapeutic value in this endeavor. Further research specifically investigating the therapeutic potential of such interventions is warranted. However, the appropriate timing and placement of such as intervention in a course of

therapy has not been investigated systematically with various populations of depressed individuals.

Finally, it must be noted that this work is not meant to minimize the devastating toll of depression on individuals, families, and societies. Some participants noted that the gains they have experienced are no consolation for the struggle of depression. While the growth they perceived may be a silver lining, it may well not be worth the turmoil for sufferers. Depression remains a serious mental illness with potentially deleterious effects, particularly if untreated. The courage and generosity of those who share their experiences in clinical and research settings continue to aid the therapeutic community in honing its understanding of the potential for positive outcomes that constitute growth.

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APPENDIX A

IRB APPROVAL LETTER

ASU Knowledge Enterprise Development

Office of Research Integrity and Assurance

To:	Richard Kinnier EDB
From:	Mark Roosa, Chair Soc Beh IRB
Date:	07/20/2012
Committee Action:	**Expedited Approval**
Approval Date:	07/20/2012
Review Type:	Expedited F7
IRB Protocol #:	1207008001
Study Title:	Perceptions of Growth in Depression
Expiration Date:	07/19/2013

The above-referenced protocol was approved following expedited review by the Institutional Review Board.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date. You may not continue any research activity beyond the expiration date without approval by the Institutional Review Board.

Adverse Reactions: If any untoward incidents or severe reactions should develop as a result of this study, you are required to notify the Soc Beh IRB immediately. If necessary a member of the IRB will be assigned to look into the matter. If the problem is serious, approval may be withdrawn pending IRB review.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, or the investigators, please communicate your requested changes to the Soc Beh IRB. The new procedure is not to be initiated until the IRB approval has been given.

Please retain a copy of this letter with your approved protocol.

APPENDIX B

RECRUITMENT FLYER

PARTICIPANTS NEEDED FOR RESEARCH ON POSITIVE ASPECTS OF DEPRESSION

Have you ever been diagnosed with **depression**?

Despite the struggles, have you noticed
any positive changes in your life
associated with your experience of depression?

Are you willing to **share your story confidentially**
as part of a research study?

Your participation would involve
responding to a brief interview that will take approximately 15 minutes.
Some participants may be invited for a more in-depth interview that could last anywhere from approximately 1-3 hours, depending upon the level of detail you are able or willing to provide, as well as a shorter follow-up interview.

Your participation is entirely voluntary and you must be
at least 18 years of age to participate.

For more information or to volunteer for the study,
please contact me directly:

Tyler Barratt, M.Ed.
Counseling Psychology Ph.D. Candidate
Arizona State University
480-213-9359
tmb@asu.edu

This study has been reviewed by, and received ethics clearance through, the Office of Research Integrity and Assurance at Arizona State University (Protocol #1207008001).

APPENDIX C

INFORMED CONSENT LETTER

July 20, 2012

Dear ______________________:

I am a graduate student under the direction of Professor Richard Kinnier in the Counseling Psychology program within the School of Letters & Sciences at Arizona State University. I am conducting a research study in order to better understand the positive changes that some people associate with their experience of depression.

I am inviting your participation, which involves responding to a brief screening interview lasting about 15 to 20 minutes over the telephone or in person. In this short interview I will ask some basic questions about your depression history and the types of positive changes you may have experienced that you associate with your depression. Then, some participants will be invited for a full interview which can last anywhere between 1 to 3 hours in length, depending on how much you are willing and able to share with me about your experiences. After the full interview, we will also schedule a brief follow-up meeting (approximately 20 minutes to 1 hour) where you would have the opportunity to review your interview notes and make any clarifications. You have the right not to answer any interview questions, and to stop the interviews at any time.

You must be at least 18 years of age to participate in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty.

There are no direct benefits to you from participating in this study. However, your story will be contributing to a body of research on depression and may help psychologists and other mental health professionals better understand the experiences of the people they serve.

Participating in this study could involve some risk or discomfort. Although the topic of the study regards *positive* aspects of depression, it is possible that talking about one's experience of depression may bring up difficult emotions or memories of a painful nature for some individuals. If you have any concerns before or after participating, please do not hesitate to contact the researcher at the phone number or email address below. A list of mental health resources will be available to you from the beginning of the study. If your interviews are conducted in person, that list will be provided in hard copy. If your interviews are conducted via telephone, that information will be offered to you over the telephone.

Should you choose to participate, all of your responses to interview questions will remain anonymous. In order to maintain anonymity of your records, all data will be secured in password-protected, encrypted computer files. No one other than the researcher(s) will have access to your interview responses or your contact information. If you participate in the full interview, I would like to audio record your responses anonymously. The interview will not be recorded without your permission. Please let me know if you do <u>not</u>

want the interview to be recorded. You also can change your mind after the interview starts; just let me know. The anonymous recordings will be transcribed in order to closely examine them to get a better understanding of your experience. Your name will not be stored anywhere and your contact information (either a phone number or an email address) would be stored separate from the audio recording and transcript, in a password-protected computer file, linked only by a participant code number. Transcriptionists will not have access to your name or contact information. Audio recordings will be securely erased upon completion of the study, within one year's time.

The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you. In any final reports, which will be publicly available but mainly read by scientists and health professionals, we may quote from your interview and from other interviews that we have conducted. People will be able to see *what* was said, but they won't know that it was you who said it. We will give you a false name and will change any references that you make to other people's real names or other potentially identifying details.

It is important for you to know that there are some limits to the confidentiality of our interview. For instance, if during our interactions you indicate to me that you are at serious risk of harming yourself or others, I am obligated to ensure everyone's safety and therefore will seek professional assistance for you.

If you have any questions concerning the research study, please contact the research team by calling 480-213-9359 or emailing tmb@asu.edu. (Note that email is not a secure medium and third parties could intercept messages.) If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788. Please let me know if you wish to be part of the study.

APPENDIX D

SCREENING INTERVIEW SCRIPT

Before we begin, I would like to review some information about this study and your rights as a prospective participant. [Read consent letter.]

Now I am going to ask you some questions. You may answer as few or as many as you like. Remember that your participation is voluntary.

1. How old are you?

2. What is your gender?

3. What is your marital/relationship status?

4. How do you describe your ethnicity?

In order to participate in this study, you must meet two criteria:

A. You have been diagnosed (currently or in the past) with depression by a physician or mental health professional, and
B. You believe you have experienced some positive change or benefit in yourself and/or others with whom you interact as a result of your depression.

5. Please specify your diagnosis:

6. In what year was the diagnosis first made? *(If you are not certain, a best guess is fine.)*

7. What type of professional diagnosed you (e.g., physician, psychiatrist, psychologist, counselor)?

8. How many bouts of depression have you had and how long did they last?

9. How would you describe the severity of your depression overall (on average)?

10. How would you describe the severity of your depression at its worst (or most severe) point?

11. Do you consider yourself to be depressed currently? If so, how severe is the depression you are currently experiencing?

12. To what extent do you believe you have recovered from depression?

13. Briefly describe the type(s) of positive changes or benefits that have resulted from your depression.

14. May I contact you for a full interview? *(Approximately 1-3 hours)*

APPENDIX E

INTERVIEW SCHEDULE

Introduction

1) Please tell me a little bit about your experience with depression.

2) Please tell me about the positive changes *(or "good things")* associated with your depression, and what these have been like for you.

Conceptualization

3) How would you characterize or describe these positive changes? *(e.g., if interviewee says "growth," then ask "What does 'growth' mean to you?"; clarify the relationship between their depression and the positives)*

4) Please explain to me *how* your experiences were positive or beneficial.

Origins

5) Tell me about a time when you first noticed these *positive changes / growth / benefits / lessons (use participant's words).*

6) How often did you feel this way?

7) Where were you in your course of depression when you first gained this insight?
    a. How long did you continue to be depressed after noticing the *change / growth / benefit / lesson*?
    b. When did you feel that you had *learned / grown / benefitted* the most? *(For example, during the course of depression or after?)*

8) What brought about *(or influenced / contributed to)* these changes *(growth / benefits / lessons)* that you experienced? In other words, what do you think helped you reach the positive changes you have noticed? *(Was it something about yourself or someone or something that helped you?)*

Meaning

9) How do you make sense of this experience *(of positive change / growth)*? Why do you think this happened to you?

Closing

10) Do you have any wisdom, advice, or lessons that you would pass onto others who are struggling with depression?

11) Is there anything else that you would like to share with me about this experience and its impact on you—positively or negatively?