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Immobility, Battles, and the Journey of Feeling Alive: Women's Metaphors of Self-Transformation Through Depression and Recovery

Abstract

Australia like many other countries has responded to problem of depression by reorienting mental health services to emphasize early intervention and recovery. In this article we have drawn upon qualitative research conducted in Australia with 80 women, aged 20-75 years, to examine how participants invoked particular metaphors to construct meaning about the gendered experience depression and recovery. We argue that women's stories of recovery provide a rich source of interpretative material through which to consider the everyday metaphors of recovery that engage with and also move beyond clinical notions of phases, stages and linear models of personal change. Our analysis identified key metaphors that women drew upon to articulate the struggle of self-transformation through depression and recovery; the immobilizing effect of depression, recovery as a battle to control depression and recovery as a journey of self-knowledge. Our findings might be useful for mental health professionals in a range of clinical contexts to reflect upon the power of language to shape how women interpret their experience of recovery from depression.

Keywords

depression; interpretative methods; recovery; self-care; women's health

The global problem of depression has been identified as the third largest cause of disease burden in women (Commonwealth of Australia, 2006; World Health Organisation, 2000). Within both quantitative and qualitative social science research there is growing recognition of the gendered nature of depression as a social and individual problem affecting women and men in different ways (Blum & Stracuzzi, 2004; Emslie, Ridge, Ziebland, & Hunt, 2008; Everingham, Heading, & Connor, 2006; Horwitz, 2011; Jack, 1991; Keyes & Goodman, 2006). How individuals make sense of their experience of depression and find ways to describe their changing sense of (gendered) self in the process of recovery has been an emerging area in health research (Cardano, 2010; Dowrick, Kokanovic, Hegarty, Griffiths, & Gunn, 2008; Emslie, et al., 2008). Qualitative health researchers in a range of areas have also explored how patients or health consumers use a wide range of metaphorical expressions when articulating and constructing their experiences of illness, distress and disease (Aita, McIlvain, Susman, & Crabtree, 2003; Hall, 2011).

This article contributes a sociological and feminist perspective to extend the current literature by examining how women have drawn upon metaphors in their everyday narratives to make sense of their experiences of depression and recovery. Our approach offers a reflective space for mental health professionals and researchers to critically engage with the language that informs both clinical and lay explanations of depression and recovery. Although depression is widely acknowledged to result from a complex interplay of bio-psycho-social forces in contemporary Western societies, sociological debates have identified how the conceptualization of emotional or mental distress is shaped predominately by medicalized constructions of “illness” as a pathology of the mind or brain (Rose, 2007). A number of critical analyses have identified how biomedical discourses have been underpinned by a range of metaphors, such as, the body as a machine, illness as a battle within the body (Emmons, 2010; Kirmayer, 1988;

Martin 1994) and illness as a disruption to the balance of one's life/body (Gibbs & Franks, 2002). As Lakoff and Johnson (1980, p. 36) have famously argued, "[M]etaphor is principally a way of conceiving of one thing in terms of another, and its primary function is understanding abstract, emotional or other experiences".

Women's metaphorical descriptions of depression have been identified by a number of feminist researchers who have analyzed the discursive constitution of a "deficient" feminine self. This "deficient" self is constituted through biomedical or psy-metaphors that signify neurochemical or psychological deficits (Jack, 1991; Lafrance, 2009; Lafrance & Stoppard, 2006; McMullen, 2000, 2003; Scattolon & Stoppard, 1999; Schreiber, 1998; Stavropoulos, 2003; Stoppard & Gemmell, 2003). Jack (1991) and Lafrance and Stoppard (2006) have argued the diagnosis of depression works to both legitimate women's emotional distress (as a medical or personal problem) and also "silence the self" through the individualization of blame. Biomedical constructions of depression frequently rely on the notion of chemical imbalances that require rebalancing or fixing. By extension, metaphors of recovery centre on fixing the machine or rebalancing biochemistry through "magic bullets" such as anti-depressants. In addition, psy-mediated metaphors of recovery assume a linear or stage progression of the self through which personal deficits/problems are solved to recover a "true inner self" (Keane, 2000). We acknowledge that there are many clinical definitions and models of recovery which highlights the contested meaning of recovery as cure, cessation of symptoms in relation to diagnostic tools or the rediscovering of meaning. In this article we explore the complex interplay of how women mobilize biomedical and psy metaphors to make sense of their experiences as well as how they create different meanings about their recovering sense of self through mobilizing other

metaphoric constructions (such as the journey of self-knowledge which emphasizes relationality).

Feminist research with a Foucauldian focus on power and knowledge explores how medicalized language has shaped clinical and lay notions of mental illness and thus how we understand, regulate and experience our mind-body relation (Blum & Stracuzzi, 2004; Foucault 1980). We argue that an analysis of metaphor can reveal how forms of psy-expertise, pharmaceutical marketing and health care institutions perpetuate “truths” about the depressed and recovering self that can close off alternative understanding for both women and mental health clinicians (Rose, 2007; Teghtsoonian, 2009). Metaphors of mental illness and individual deficiency can serve to obscure the broader social and gendered context that has contributed to women’s depression (and impeded their recovery).

We have extended this line of post-structuralist thinking to analyze how metaphors of recovery were articulated by Australian women, aged 20-75 years, as they spoke to us about the transition or transformation of self (Barker, 2000; Lakoff & Johnson, 1980; McIntosh & McKeganey, 2000). In particular we have focused on how women recovering from depression have negotiated the gendered discourses that govern the performance and articulation of womanhood in advanced liberal societies (Butler, 2004; Ussher, 1997). We also want to be cautious in relation to the way that depression is at times used as a popular metaphor for women’s disempowerment in advanced liberal societies. Women’s performance of normative femininity through the subject positions of wives, mothers, daughters and workers is bound up in the experience of depression as an effect of gender inequity. Even though the relations between gender, power and depression are vital in feminist analyses, without a focus on recovery, resistance and change there is a danger of closing off other ways of thinking about women’s

agency and selfhood (Blum & Stracuzzi, 2004; Crowe, 2002; Lafrance, 2009). Our analysis of metaphor aims to contribute to a more gender sensitive understanding of recovery from depression for both health researchers and clinicians. Next we outline the research project and the analytical methods that were used to explore the metaphors that women drew on to articulate their experience of self in depression and recovery (Lakoff & Johnson, 1980).

The Women's Recovery from Depression Project

Sample

The qualitative study was conducted in two eastern states of Australia with 80 women aged from 20 to 75 years who self-identified as recovering or recovered from an experience of depression. The sample included women from two Australian cities and two rural areas that resulted in 22 rural and 58 urban participants. The recruitment notices that were distributed in community newspapers, health centers, email lists and radio interviews asked for participants who considered themselves to have recovered from depression. We did not specifically ask for participants who had been diagnosed by a medical professional, although the majority (90%) had seen a GP and subsequently been diagnosed as depressed. Many also self-diagnosed their depression through reading self-help books, women's magazines, the Internet and from talking with friends and family members. Psychologists, psychiatrists, counselors and allied health services were also a key source for self-understanding with 81% of participants having seen one or more of these clinicians at some point in their recovery. The age at which participants felt they had first experienced depression also reflects statistics on depression that identifies young women aged between 18-25 as having the highest rates of depression in Australia (Commonwealth of Australia, 2006). Within the sample some women felt that they had been depressed for their whole lives and these participants identified the undermining effect of

childhood abuse and family disruption on their sense of self. Saturation was reached in the sample with participants having extensive experience of depression: two thirds experienced depression 3 times or more, one quarter experienced 2-3 episodes and one fifth had depression once in their lives (4 were unknown).

Method

In-depth interviews with a semi-structured format were conducted by both researchers within women's homes or preferred locations and then fully transcribed. In addition the women were given a short questionnaire to complete that asked about demographic details such as their age, the types of health care providers consulted, and the number of times they had experienced depression. Ethical approval for the study was granted by X University. Women were asked a range of questions about their experience of moving through depression, including what metaphors they used to describe depression and recovery at the time of the interview as they reflected back over their experience. We also asked what helped or hindered their recovery, how their sense of self changed in recovery and what gender issues they felt affected women.

Participants came from middle and working class backgrounds, were predominantly Anglo-Celtic and heterosexual, with a mix of mothers and non-mothers. Participants had a range of diagnoses from mild, moderate, major, bipolar and post-natal depression. Often there were other issues such as anxiety, eating disorders, panic attacks and sometimes psychosis.

Analysis

The key metaphors women drew on to describe their experiences of depression and recovery were identified through our collaborative analysis of the 80 transcripts. The collaboration commenced during the interview stage as we discussed commonalities that were occurring in the women's accounts of their experiences of depression and recovery. Each individual transcript

was also summarized into a short narrative to capture the biographical context. We then deepened our analysis through reading and re-reading and moving between the biographical context, our theoretical understandings, and discussing at length and in detail the meanings of the prominent metaphors that women drew on across the sample to articulate their experiences of depression and recovery. A coding framework was piloted using the NVivo qualitative software program that incorporated women's responses to a specific question about what metaphors they used to describe their experiences of depression and recovery. Many women drew on a range of metaphorical expressions to articulate the inchoate experience of depression and recovery and we identified three key metaphoric constructions.

We did not assume that women's stories were a transparent account of their lives, rather we acknowledged the complexity of each narrative and the multiplicity of subjectivity as embodied, becoming and relational (Ussher, 1997). In our analysis we also reflexively acknowledge our own role as researchers as we interpret and write a sociological story about our conversations with women during the interview context (Mauthner & Doucet, 2003; Ussher, 1999). Each interview created different points of connection and differentiation as we endeavored to understand how women made sense of their lives through language. Each researcher was also positioned differently in these research relationships, as the second author had first hand experience with depression and recovery, whereas the first author did not. Asking women to describe the complexity of their experiences through metaphors was often a turning point in the interview where new insights or reflections emerged. We acknowledge that all research is partial and we do not claim to fully represent women's experiences here nor do we claim to have discovered some definitive "truth" (Richardson, 2000). Next we present our key

findings and analysis of significant metaphors in women's accounts of depression and recovery. All participant identifiers have been removed to preserve anonymity.

Findings and Discussion: Metaphors of Depression and Recovery

Women identified a complex range of reasons for their depression which provided an important context for the analysis of metaphor. Explanations drew on different metaphors and discursive constructions such as medical-genetic (an inherited chemical imbalance in the brain), psychological (personality, inability to cope), family (histories of childhood abuse), social (work-life-family pressures, relationship breakdowns, stigma around mental health and gender discrimination). It was not unusual for a participant to draw on several different discourses and metaphors about depression to question or firmly hold onto one explanation in relation to the circumstances of their lives. The majority of women in the study identified the effects of gendered power relations on them as children and/or adults in the spheres of family, work, leisure and relationships. Many women also connected their depression to the enormous pressure to perform an idealized self-sacrificing identity and ethic of care; as mothers, wives, or workers, that valued the needs of others first (Lafrance & Stoppard, 2006). In the following sections we interweave our research findings and discussion to explore the conceptual and empirical dimensions of the three key metaphors; the immobilizing effect of depression, recovery as a battle to control depression and recovery as a journey of self-knowledge.

Immobilizing the Self

A trap, you're in trap, and it's just a spiral, the more you try, the more you get stuck in it, and it's just black, the whole cloud thing, you can't shift the cloud. You wake up and it's there. When you go to bed it's still there.

This theme explores the common metaphors that were used by women to articulate the immobilizing effects of depression on their sense of self and hence the challenge of moving into recovery. In the quotation above, the participant spoke of spiraling into depression, evoking the loss of control and sense of stasis that characterized many women's depressive experience. Participants drew on metaphors such as being trapped in a "hole", "pit", "cave", "well", "forest", "hell" or a "dark room". Others evoked metaphors of descent or loss of control that precipitated their depression. Women described "falling", "going downhill", "crashing" or "descending" into a state of depression. Depression posed an interpretive challenge to all participants as they endeavored to develop self-knowledge about their feelings, thinking processes, embodied changes, relationships with others and expert discourses that emphasized etiology as well as psychological/ anti-depressant treatments. Being immobilized also signified a loss of a sense of identity and direction in their lives, as well as the degree to which their attempts to meet gendered expectations of successful womanhood had failed. This loss of identity and sense of self is clearly captured the comment below,

I couldn't even find myself. It was like being locked in a dark room and just not being able to identify yourself anymore, so you just weren't there. I wasn't there. So I had no compass bearing to go back to myself to.

The experience of depression was also described by many participants through related metaphors of an invisible self; "blackness" or "darkness", which often covered or weighed them down (in cloud or fog). Other women employed a more morally laden language to describe the feeling of stasis as a form of "imbalance" or "abnormality" that signified deficit or lack of control within themselves. Depression was described in terms of feeling "a little bit crazy",

having a “genetic predisposition”, “part of my make-up”, being “in deficit”, “not on a level playing field”, “off balance” or “something wasn’t right”. One participant spoke of this feeling of deficiency; “I’m already in deficit because my mind’s not working properly and my brain’s not working properly”. The immobilizing metaphors of depression powerfully described women’s embodied feeling of being stuck and lacking agency. They also drew on biomedical and psy language and imagery about deficiency and failure that was located somewhere “within” the self.

Understanding the everyday metaphors mobilized by women to interpret their emotional distress can help mental health professionals critically reflect on the nature of their conversations with patients/consumers; are medical explanations privileged over a range of meanings that women might construct? How might a medical or psychological emphasis on depression as an “internal problem” preclude understanding how women experience the complexity of their emotional lives and gendered constraints? (Blackman, 2007). Paying attention to the metaphoric construction of meaning might enable the co-authoring of different interpretations that could assist women’s recovery through greater self-understanding (about gendered expectations of themselves for example) rather than self-blame (Chrisler & Lamont, 2002; Crowe, 2002; Schreiber, 1998). Next we turn to analyze how recovery is described in women’s stories through the metaphor of a “battle” to overcome depression.

Recovery as a Battle to Control Depression

I’m probably charging a little bit better than I was say even two months ago. It’s like the up-hill battle, but its like “oh I’m at the top”, I’m tentatively looking around and saying, “I don’t want to go down the other side, but then again I don’t want to go up another one either”.

In this theme we explore how women articulated the difficulty of moving through depression towards recovery. As the quotation illustrates, recovery from depression was often a “battle” and not a straightforward matter despite the range of treatments and recovery practices employed (particularly medication, therapy, changing work-leisure patterns, seeking social support and time out from the emotional labor of care). Hence, the challenge of recovery was finding a different way to live with depression’s effects and to change some of the patterns and relationships that enabled it to flourish. This was an extremely difficult undertaking, as evidenced by the numbers of women who had several recurrences of depression in their lives. Women “battled”, “worked”, “fought”, and “slipped” as they tried to change aspects of their lives and transform their emotional selves. The battle was often with the normalized expectations of recovery. Women had expectations that they would follow a linear trajectory toward becoming “fully” recovered. This battle was often as much with themselves, as someone with depression, as it was to overcome its effects of depression on their lives. The battle metaphor was in part related to the difficulty of fitting into clinical notions of recovery as a linear process of moving through stages or phases of improvement toward “normality”.

These findings raise critical questions about power and language that have been raised by other social researchers, such as Blum and Stracuzzi (2004). Biomedical constructions of depression as a chemical imbalance encourages women to invest hope primarily in pharmacological treatments that promise to restore normal functioning. While women drew upon the authority of biomedicine in their use of metaphors there was also a sense of ambivalence about the possibility of achieving a successful recovery. Elsewhere (Authors, 2009) we have examined the complex range of meanings associated with medication use and how beneficial or disruptive it was to women’s recovery. In relation to the use of metaphor what is important to

highlight is how women often described themselves as “flawed or weak” because of their reliance on medication to feel normal. A number of older women who had been prescribed anti-depressants for many years had been told they would always be taking them for the rest of their lives in order to function. Women not only battled to control their depression they also battled with their reliance on medication to help them feel “on a level playing field” with other non-depressed women.

Women’s reliance on medication thus generated fears of dependence and stigma that tended to undermine their wish to recover a self free from depression and therefore not dependent on medication to be “normal”. One woman, who had stopped taking anti-depressant medication and then recommenced it after subsequent episode of depression, evokes the battle she engaged in to manage her fear that she was unable to control her depression.

I think I still get afraid of depression, so it’s probably like a, I don’t know a monster sort of thing that lurks, a black cloud. I know that’s a pretty regular one that people say, but it’s like that sort of lurking thing because you’re afraid of it. Yeah, you do get worried it will come back and take over your life I do look at it as like a weakness in myself. I mean I do look at like an illness and yeah, I’m mostly afraid of it because I don’t think I can control it, I can’t help it. I don’t like it.

This participant was not only trying to battle her immediate experience of depression, but also the constructed illness “monster” that lurked within and threatened to overwhelm her again. This metaphor of illness also positioned depression as something beyond the woman’s “control” or agency, rather than as an experience of self to be understood.

For many of the older women who had been on a variety of anti-depressants for many years, medication had become very much part of the language of their depressed-recovering identity. For example, one woman had been taking medication for 34 years and she described depression as an ongoing “personal war” requiring a prescription which was double the recommended dosage. Having been told by two doctors that she would always need to take medication, the participant considered anti-depressants to be an expensive part of her lifelong recovery “battle”. The power of biochemical metaphors was evident as women complied with expert advice and were thus valued as “good, responsible women” (Stoppard, 2000). In this way brain chemistry is positioned as the problem and not social norms or the organization of gender relations. Recovery as a battle with depression signified women’s agency and resistance against norms that are deeply gendered (for example, caring for others before oneself). Understanding the gendered language of battle could enable mental health clinicians to better acknowledge and support the emotional transition of self that women negotiated in relation to the demands/desires of others, such as children, partners, bosses and parents (Lafrance & Stoppard, 2006; Lloyd & Hawe, 2003). Women identified many everyday actions that were essential in their recovery, such as, saying no, creating time and space for relaxation and reflection, finding pleasurable activities and purpose in life. Next we turn to the metaphor of recovery as a journey of self-knowledge that varied from a quest for inner psychological truth or biomedical cure, to a more relational construction of the self akin to a state of becoming.

The Journey of Feeling Alive

Each year there are times when you actually have to hike quite solidly through thick forest, but you might find yourself in an open field for a little while. And then, at some point you are going to have to climb up the other side of the valley to get to the next

valley, and you have to work your arse off to do that. At some point you come to a peak, [I am] perpetually surprised at myself, at my capacity. I can push myself so much further than I do, and I'm capable of so much more.

This theme emphasized how women articulated recovery from depression as an ongoing process of developing self-knowledge in the context of everyday life challenges, past history and desires for a different future. The quotation above invoked the metaphor of an undulating journey that is also a transformative experience where recovery is experienced as an "aliveness". A number of women employed transformational metaphors of active movement and even pleasure in overcoming limits as they described their changing sense of self. These metaphors of recovery stood in stark contrast to the death-like stasis of depression; "sun shining", "climbing", or "moving out" of the "blackness", "hole" or "pit". Instead of being "weighed down" or "battling to control" both depression and the expectations that contributed to it, one woman emphasized how her depressive symptoms "lifted" as she developed her knowledge of "tactics" to help prevent recurrences.

Now I can actually say "Whoa" and pull up the reins or use all the tactics they give you that, when you're really bad, don't seem to work. Now I feel that enough of it's lifted for me to be able to take deep breaths, take time out, go for a walk all those sorts of things.

Even though recovery metaphors signified hope and change this certainly did not mean that the movement of self through depression was easy, nor did it mean that it was a linear process. Women often tried many things to "get to the other side" of depression and to feel as if their "head was above water" or to simply feel "happy" or "normal". Nevertheless, the self-

knowledge that women acquired through these negotiations meant that many recognized that their recovery was not a linear progression of self to an arrival point of cure, but often was a “long, long, slow journey”. Part of the journey involved a sense of mindfulness about the temporal reality of “good” days and “bad” days. This position is typified by one woman who had struggled with depression most of her life. She described recovery as still:

feeling shaky, because it is such a long road to come you can't say “Wow!! I'm all better!!” It's not like that. It's not that cut and dried and it's hard to see things when they happen over a very long time.

Knowing they had moved through depression and come out the other side with new self-knowledge, had given women a felt sense of resilience to pursue their own desires (see also Dowrick, Kokanovic, Hegarty, Griffiths & Gunn, 2008). Participants talked about developing insight and a better understanding of themselves in relation to their immediate, and often broader, social world. This sentiment is captured by one woman who said that her journey through depression was “slow and challenging, but very rewarding, and the reward is [that] you've dealt with this personal challenge”. In this way recovery invoked for many women a sense of their identity as multiple, including feelings of failure and weakness, and significantly also strength and courage. In describing the emotional experience of transformation women spoke of recovery as far more complex than a search for a cured or fixed self. The journey of self-knowledge was a process of becoming alive and recognizing oneself as a woman with a range of capacities and desires; someone who could question dominant illness narratives about depression and failure. These metaphors are particular important in relation to the potential for mental health clinicians to listen for the changes in identity that women begin to articulate as

they imagine what recovery might feel like and how they might make sense of the ups and downs.

Often women's self-knowledge was described in relation to greater self-acceptance of who they were regardless of their previous worries about age, weight or sexuality/marital status. This was expressed through embodied metaphors, and one woman described this as feeling like she "grew into her own skin". This change in embodied self-knowledge was also expressed through metaphors such feeling more "in tune" with their body, their sense of self and their emotions. For many women this self-knowledge meant they recognized that "taking on" all the emotional labor in a relationship or in their family (see also Strazdins & Broom, 2004) was a significant contributor to their depression. This included refusing to be responsible for everyone's happiness and acknowledging the limits of their own emotional reserves. Others felt that they now had the capacity to better cope with their own emotions and had allowed themselves to express emotions such as sadness and anger rather than ignore them. It also meant that women felt they could ask for help when feeling overwhelmed without viewing themselves primarily as "weak" women. One woman spoke of how she felt at "peace" with her self, rather than feeling the constant turmoil of trying to "fit into" a particular type recovery trajectory.

For many women the transformative experiences of "peace", "contentment" or "calmness" also meant finding their identity beyond conventional gender roles (I am not solely a mother, wife, daughter), knowing who they wanted to become, or for others regaining their previous sense of self that had disappeared. For several women revaluing their identity meant that they resisted devaluing their roles because they were "just" mothers. A renewed feeling of trust or faith in women's own capacities, abilities and potential was also a significant shift from the inadequacy and failure felt through depression. Several women also said that they had been

able to ignore what people thought of them, and recognized that they were not going to please everyone. Others were able to change their expectations of themselves, and recognized that they didn't have to be "perfect" and had adopted a less punitive, less critical, less judgmental and kinder relationship with themselves.

Equally other women became aware of what values they wanted to embrace as part of their lives. This often meant that they had found "purpose" and "meaning" through changes in the home or work environment or through engaging in meaningful and enlivening leisure experiences. These leisure activities (yoga, art, walking, choir, travel) helped women change how they were feeling. The importance of these everyday activities was expressed succinctly by one woman who said that she would search for things "that would allow you to experience existence in another way". For some women this meant they had developed a deeper spiritual connection with themselves and/or the natural world. Other women had decided that their emotional well-being or "feeling alive" in the present moment was more important than getting stuck on materialistic or career treadmills.

Several women emphasized the importance of the journey in terms of the ongoing process of learning about what worked for them and seeking different paths through depression. Often the self-care strategies that worked for women were not initially self-evident. As one woman said:

it was almost disappointing when you did get better, because it was just like, it's not a magical cure. There is nothing you can tell the person next to you "Hey go do this and you'll feel better" and it's not like that, you don't notice the change is happening and it's not until you look back.

Self-knowledge developed when women created time and space to reflect on the whole range of changes being made in their lives beyond the immediacy of treatment regimes.

Recovery as a journey of self-knowledge also invoked experiences of resistance to gender norms and assumptions that had generated conditions for depression to flourish and impeded recovery (see also Lafrance, 2009). The changes that women had been able to enact were again reflected in women's reference to "freedom" as a feeling state in recovery. This was both "freedom" from their depressed selves and "freedom" from the expectations about successful femininity that they felt had contributed to depression. One woman discussed this notion, referring to it as "freedom from fear, and that's fear of the depression too, freedom to be who you are, and not live up to other people's expectations". Similarly the metaphors of "balance", "steady ship", "calm" and "peace" also signaled freedom from fearful and disquieting emotions that had dominated their sense of self. In this way recovery as a journey of self-knowledge encapsulated a range of transformational metaphors that involved resistance to gender norms and the desire to seek out different experiences and ways of valuing of womanhood.

Limitations

We acknowledge the limitations of the study in relation to our specific sample being largely Anglo-celtic and the need for more research into the interplay of culture and metaphoric constructions of recovery. In addition, we interviewed women who identified as "recovered" from depression, although the majority of participants did not equate recovery with the total absence of depression in their lives. The metaphors of recovery that we explored were constructed in the interview context as part of women's reflection on their past experience, hence, we did not focus specifically on the metaphors they may have used at different times.

Interviewing women who were at very different points on the depression-recovery continuum of experience could also reveal a range of other metaphors.

Concluding Remarks

This research has relevance for mental health practice in a variety of clinical and community settings as women identify a language of recovery that speaks of their desire to move beyond the personal, emotional and gendered binds of depression. There is a danger that the meanings women create and narrate about their recovery will remain unheard because of the authority invested in clinical knowledge and biomedical discourses that rely upon specified treatment regimes and normalized ideas about recovery pathways. Metaphor can be a powerful resource that enables different ways of thinking about issues of health and illness through imaginative leaps and associative connections in the play of language (Barker, 2000; Frank, 1998). The growing body of qualitative health research that explores the significance of metaphor, narrative and discourse opens up possibilities for understanding different ways of knowing how to move through depression.

Our research aimed to make visible the dominant, and less well known, metaphors that shaped women's interpretive relation to depression and recovery in ways that might be useful for mental health professionals who are thinking beyond the language of treatment, compliance and self-management (see also Lee, 1997; White, 2007). Women's metaphor of the journey of self-knowledge highlights the importance of understanding recovery from depression as an embodied and emotional experience that is intertwined with their changing identity (Blackman, 2007; Phillips, 2006). Through a Foucauldian feminist interpretation we argue that the insights created by women's different metaphoric constructions of recovery constitute a form of "subjugated knowledge" that brings into question and exceeds dominant knowledge claims about women's

minds and bodies (Foucault, 1980; Ussher, 1999). For many women in our study recovering from depression involved a significant change in their relationship to self as they overcame feelings of being immobilized or battling to develop self-knowledge on the journey to becoming “more than” a depressed self. Foucault (1988) highlights how becoming is an ongoing process of continual self-reflection on the normalized conditions of social life through which one acquires the self-knowledge to transform possibilities for thinking and being.

The social science literature on the gendered experience of women’s recovery from depression has begun to examine how language works to mediate self-understanding and broader cultural norms about mental illness and health (Aita, et al., 2003; Giles & Newbold, 2011; Lafrance & Stoppard, 2006; McMullen & Herman, 2009; Ridge & Ziebland, 2006). We have endeavored to further understanding of the gendered construction of identity in the process of recovery by considering how metaphor can work as an interpretative resource for women who are making sense of complex experiences of emotional distress and self-transformation (Johnston & Barcan, 2006). Our qualitative analysis examined how Australian women mobilized particular metaphors in the context of broader biomedical and psy discourses that govern “mental disorders” within advanced liberal societies. Acknowledging how individual women negotiate the biopolitical forces shaping contemporary thinking and practice (diagnosis, treatment, policy and service provision) offers a critical alternative with potentially different ways of thinking and responding to depression.

Our analysis identified three key metaphors that women drew on to construct narratives about their recovering identities; the immobilizing effects of depression, recovery as a battle to control depression and recovery as a journey of feeling alive. Being weighed down by gendered expectations that put the needs of others first, along with the emotional burden of inequities at

work, home and in accessing leisure time was a significant contributor to the descent into depression. Biomedical knowledge significantly informed how women thought about themselves as failing or chemically deficient selves. Even though some women found medication and or a range of therapies helpful, the continued reliance on medication to prevent relapse left many women feeling ambivalent about the possibility of recovery. For women who interpreted recovery as a journey the experience was less focused on searching for an external or internal cure. Instead the process of recovery was articulated in terms of developing self-knowledge and becoming someone different as women renegotiated gender relations and norms about who they “should be”. The journey of recovery signified new embodied practices and emotional experiences, such as pleasure, joy and satisfaction in achievement that enabled the transformation of women’s subjectivities.

The findings from this study offer a critical perspective on clinical language that focuses on the treatment of “deficits” (chemical or psychological) and open up a space for thinking differently about what women identify as helpful in their long term recovery. This might be particularly important for health care professionals who are seeking to develop a deeper understanding of the gendered dimension of depression and recovery within the context of a growing public health problem. In this way the findings complement related work in narrative psychology, which emphasizes the important role of language in shaping identity and the co-creation of narratives of depression and recovery that clinicians are engaged in (White, 2007). There are also potential practice implications for professionals that flow from a better understanding of how women speak about the meaning of their recovery as it is intertwined with the narrative of their changing identities (Dowrick, 2004; Frank, 1998).

References

- Aita, V., McIlvain, H., Susman, J., & Crabtree, B. (2003). Using metaphor as a qualitative analytic approach to understand complexity in primary care research. *Qualitative Health Research, 13*(10), 1419-1431. doi: 0.1177/1049732303255999
- Barker, P. (2000). Working with the metaphor of life and death. *Journal of Medical Ethics: Medical Humanities, 26*, 97-102. Retrieved from <http://mh.bmj.com/content/26/2/97.full.pdf>
- Blackman, L. (2007). Psychiatric culture and bodies of resistance. *Body and Society, 13*(2), 1-23. doi:10.1177/1357034X07077770
- Blum, L., & Stracuzzi, N. (2004). Gender in the Prozac nation: Popular discourse and productive femininity. *Gender and Society, 18*(3), 269-286. Retrieved from <http://www.jstor.org/stable/4149402>
- Butler, J. (2004). *Undoing gender*. New York: Routledge.
- Cardano, M. (2010). Mental distress: Strategies of sense-making. *Health, 14*(3), 253-271. doi: 10.1177/1363459309359719
- Chrisler, J., & Lamont, J. (2002). Can exercise contribute to the goals of feminist therapy? *Women and Therapy, 25*(2), 9-22. Retrieved from <http://search.proquest.com.libraryproxy.griffith.edu.au/docview/216241781?accountid=14543>
- Commonwealth of Australia. (2006). *Select Committee on Mental Health: A national approach to mental health - from crisis to community* (No. First Report). Canberra: Senate Select Committee. Retrieved from http://www.aph.gov.au/senate/committee/mentalhealth_ctte/report02/index.htm

- Crowe, M. (2002). Reflexivity and detachment: A discursive approach to women's depression. *Nursing Inquiry*, 9(2), 126-132. doi: 10.1046/j.1440-1800.2002.00141.x
- Dowrick, C. (2004). *Beyond depression: A new approach to understanding and management*. Oxford: Oxford University Press.
- Dowrick, C., Kokanovic, R., Hegarty, K., Griffiths, F., & Gunn, J. (2008). Resilience and depression: Perspectives from primary care. *Health*, 12(4), 439-452.
doi:10.1177/1363459308094419
- Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science and Medicine*, 62(9), 2246-2257. doi:10.1016/j.socscimed.2005.10.017
- Emmons, K. K. (2010). *Black dogs and blue words: Depression and gender in the age of self-care*, New Brunswick: Rutgers University Press.
- Everingham, C., Heading, G., & Connor, L. (2006). Couples' experiences of postnatal depression: A framing analysis of cultural identity, gender and communication. *Social Science and Medicine*, 62(7), 1745-1756. doi:10.1016/j.socscimed.2005.08.039
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings 1972-1977*. Hemel Hempstead: Harvester Wheatsheaf.
- Foucault, M. (1988). Technologies of the self. In L. Martin, H. Gutman & P. Hutton (Eds.), *Technologies of the self: A seminar with Michel Foucault* (pp.16-49) . London: Tavistock.
- Frank, A. (1998). Stories of illness as care of the self: A Foucauldian dialogue. *Health*, 2(3), 329-348. doi:10.1177/136345939800200304

- Gibbs, R. W., & Franks, H. (2002). Embodied metaphors in women's narratives about their experiences with cancer. *Health Communication, 14*(2), 139-165. doi: 10.1207/S15327027HC1402_1
- Giles, D. C., & Newbold, J. (2011). Self- and other-diagnosis in user-led mental health online communities. *Qualitative Health Research, 21*(3), 419-428. doi: 10.1177/1049732310381388
- Hall, J. M. (2011). Narrative methods in a study of trauma recovery. *Qualitative Health Research, 21*(1), 3-13. doi: 10.1177/1049732310377181
- Horwitz, A. V. (2011). Creating an age of depression. *Society and Mental Health, 1*(1), 41-54. doi: 10.1177/2156869310393986
- Jack, D. C. (1991). *Silencing the self: Women and depression*. New York: Harper Collins.
- Johnston, J., & Barcan, R. (2006). Subtle transformations: Imagining the body in alternative health practices. *International Journal of Cultural Studies, 9*(1), 25-44. doi:10.1177/1367877906061163
- Keane, H. (2000). Setting yourself free: Techniques of recovery. *Health, 4*, 324-346. doi:10.1177/136345930000400305
- Keyes, C., & Goodman, S. (Eds.). (2006). *Women and depression*. New York: Cambridge University Press.
- Kirmayer, L. J. (1988). Mind and body as metaphors: Hidden values in biomedicine. In M. Lock & D. Gordon (Eds.), *Biomedicine examined* (pp. 57-94). Dordrecht: Kluwer.
- Lafrance, M. (2009). *Women and depression: Recovery and resistance*. New York: Taylor & Francis.

- Lafrance, M., & Stoppard, J. (2006). Constructing a non-depressed self: Women's accounts of recovery from depression. *Feminism and Psychology, 16*(3), 307-325.
doi:10.1177/0959353506067849
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: The University of Chicago Press.
- Lee, J. (1997). Women re-authoring their lives through feminist narrative therapy. *Women & Therapy, 20*(3), 1-22. doi: 10.1300/J015v20n03_01
- Lloyd, B., & Hawe, P. (2003). Solutions forgone? How health professionals frame the problem of postnatal depression. *Social Science and Medicine, 57*(10), 1783-1795.
doi:10.1016/S0277-9536(03)00061-3
- Martin, E. (1994). *Flexible bodies: Tracking immunity in American culture-from the days of polio to the age of AIDS*. Boston:Beacon.
- Mauthner, N., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology, 37*(3), 413-431. doi:10.1177/00380385030373002
- McIntosh, J., & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: Constructing a non-addict identity. *Social Science and Medicine, 50*(10), 1501-1510.
doi:10.1016/S0277-9536(99)00409-8
- McMullen, L. (2000). Metaphors in the talk of "depressed" women in psychotherapy. *Canadian Psychology, 40*(2), 102-111. doi: 10.1037/h0086830
- McMullen, L. (2003). "Depressed" women's constructions of the deficient self. In J. Stoppard & L. McMullen (Eds.), *Situating sadness: Women and depression in social context* (pp. 17-38). New York: New York University Press.

- McMullen, L., & Herman, J. (2009). Women's accounts of their decision to quit taking antidepressants. *Qualitative Health Research, 19*(11), 1569-1579.
doi:10.1177/1049732309349936
- Phillips, L. (2006). *Mental illness and the body: Beyond diagnosis*. London: Routledge.
- Richardson, L. (2000). New writing practices in qualitative sociology. *Sociology of Sport Journal, 17*(1), 5-20. Retrieved from
<http://journals.humankinetics.com.libraryproxy.griffith.edu.au/ssj-pdf-articles?DocumentScreen=Detail&ccs=6422&cl=12110>
- Ridge, D., & Ziebland, S. (2006). "The old me could never have done that": How people give meaning to recovery following depression. *Qualitative Health Research, 16*(8), 1038-1053. doi:10.1177/1049732306292132
- Rose, N. (2007). *The politics of life itself: Biomedicine, power and subjectivity in the twenty-first century*. Princeton and Oxford: Princeton University Press.
- Scattolon, C., & Stoppard, J. (1999). "Getting on with life": Women's experiences and ways of coping with depression. *Canadian Psychology, 40*(2), 205-219. doi: 10.1037/h0086837
- Schreiber, R. (1998). Clueing in: A guide to solving the puzzle of self for women recovering from depression. *Health Care for Women International, 19*(4), 269-288. doi: 10.1080/073993398246269
- Stavropoulos, P. (2003). *Healing depression: The holistic treatment approach of a women's health setting*. Sydney: Leichhardt Women's Community Health Centre Inc.
- Stoppard, J. (2000). *Understanding depression: Feminist social constructionist approaches*. London: Routledge.

- Stoppard, J., & Gammell, J. (2003). Depressed women's treatment experiences. In L. McMullen & J. Stoppard (Eds.), *Situating Sadness* (pp. 39-61). New York: New York University Press.
- Strazdins, L., & Broom, D. (2004). Acts of love (and work): Gender imbalance in emotional work and women's psychological distress. *Journal of Family Issues*, 25(3), 356-378.
doi:10.1177/0192513X03257413
- Teghtsoonian, K. (2009). Depression and mental health in neoliberal times: A critical analysis of policy and discourse. *Social Science and Medicine*, 69, 28-35.
doi:10.1016/j.socscimed.2009.03.037
- Ussher, J. (1999). Feminist approaches to qualitative health research. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and method* (pp. 98-114). London: Sage.
- Ussher, J. (Ed.). (1997). *Body talk: The material and discursive regulation of sexuality, madness and reproduction*. London: Routledge.
- White, M. (2007). *Maps of Narrative Practice*. New York: W.W. Norton.
- World Health Organisation. (2000). *Women's mental health: an evidence based review*. Geneva: Department of Mental Health and Substance Dependence, World Health Organisation.
- Author. (2009).