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Being depleted and being shaken: an interpretative phenomenological analysis of the experiential features of a first episode of depression

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Being depleted and being shaken: an interpretative phenomenological analysis of the experiential features of a first episode of depression

Abstract

Objectives: This paper presents a detailed idiographic analysis of patients' experience of first-episode depression.

Design: This is a qualitative interview study using interpretative phenomenological analysis (IPA).

Methods: Semi-structured interviews were carried out with a purposive sample of 7 patients presenting to a mental health service in London UK with symptoms of first-episode major depression. There were 4 males and 3 females; mean age was 44 years. Interviews were audio-recorded and subjected to IPA.

Results: Participants described a significant loss event prior to onset of depression. The depression involved a major diminishing of the life-world with relational, corporeal and temporal depletion. This depletion was accompanied in each case by occasional extreme emotions, frenzied thoughts, confused sense of self.

Conclusions: Depression can represent a major existential threat to the sufferer. We discuss how our findings can illuminate the extant literature. The study suggests the value of exploring these existential features in early therapy.

Practitioner Points:

- Offers a detailed phenomenological analysis of core experiential features of first episode depression: being alone, being empty, life is over.
- Also reveals an unstable dynamic of major psychological depletion interrupted by emotional and cognitive agitation involving confusion, lack of confidence and/or trust.
- Provides rationale and material for intensive exploration of these features in therapy.

Introduction

As a first step in describing and conceptualizing depression, texts in psychology often present a standard list of common features (see, for example, Hammen and Watkins, 2008). Depression is said to involve feelings of sadness, of being ‘empty’ and loss of interest. There are negative cognitions concerning the self, the world and the future, and there may be a sense of hopelessness. Sometimes there are distortions in thinking or difficulties in concentration. Sufferers may show behaviours of withdrawal from others and former ‘pleasurable relationships’ are said to ‘no longer hold appeal’. There may be changes in levels of appetite, sleep and energy.

While we believe this taxonomy of features is valuable in providing an overview of depression, it doesn’t really get us close to understanding the whole experience of depression in context. The standard picture mentions altered relationships, but does not describe how these might have changed or what may be distinctive. And we do not learn what the experience feels like for particular individuals or come to see the nuanced convergence and divergence in those experiences.

Some qualitative studies do get closer to the actual experience of depression. Karp (1996) and Granek (2006) suggested that transformation of the person’s relationships to others is a key feature. Karp described depression as: ‘an illness of isolation, a dis-ease of disconnection’. Granek describes the role of anger, pointing out its interpersonal nature, and how anger is not mentioned in conventional diagnostic lists such as the DSM.

We wish to build on this qualitative tradition. Our research question is: what is the first experience of depression like? We want to use a method that allows in-depth exploration of experience and meaning with minimal assumptions, that enables exploration of features perhaps not normally defined as ‘symptoms’, that is, one that consistently emphasises a

client's lived experience or phenomenology.

There has been a body of work examining the causal role of life events in depression. The classic work of Brown and Harris and associates (1978, 1995) suggested that episodes of depression for women were often precipitated by events involving loss, humiliation, and entrapment. They also described a range of factors including distal events such as the death of a parent before the age of eleven, which they argued, lead to vulnerability factors. Mazure (1998) suggested 80% of depressions were preceded by major life events. Paykel (2003) noted that depression was often preceded by 'exit' events such as separations and bereavements while Kessler (1997) described episodes of depression following sudden events such as disasters and widowhood.

Our research aims to focus on a detailed description of the immediate experience of depression in terms of core felt features, but also to explore participants' understanding of their depressive experience in the context of life events if relevant at onset, as these events unfolded, and the complex interplay of personal and interpersonal experience in the present. For this reason a phenomenological lens is required and in this study we employ interpretative phenomenological analysis (IPA) (Smith, Flowers and Larkin 2009). IPA is committed to getting as close as possible to personal lived experience in its own terms but recognises this is an interpretative endeavour on the part of the researcher. A distinctive feature of IPA is its idiographic lens- offering detailed readings of each case before moving, cautiously, to general conclusions. This means sample-sizes are relatively small- the intention is to gain in-depth understanding of the experience of each of the participants included.

Method

The study follows the procedures of IPA as explicated in Smith et al. (2009). The protocol was approved by the relevant Research Ethics Committee.

Participants

The participants had been referred to a psychology service for therapy in London UK. All were suffering from a first onset of depression. We did not include presence or absence of recent negative life events in our selection criteria. However, it turned out that all reported having suffered negative life events at the time of onset. None had had any form of therapy before and they were interviewed before therapy started.

There were 4 males and 3 females. Mean age was 44 years. Five were unemployed and 2 were doing occasional work, but all had worked before the onset of depression for most of their adult lives. All 7 were born and educated in the UK. The assessment suggested that they had suffered depression less than 2 years. All names have been changed to protect confidentiality.

Procedure

The interview schedule focused on the experience of depression and on what had been happening to the person as they became depressed. Here are two sample questions from the schedule: a) Can you describe what it is like being depressed? Prompt: words, images, metaphors, associations; b) Can you describe the actual experiences you have on a daily basis? e.g. your activities, thoughts, feelings. Questions were open-ended and the schedule used very flexibly in the interview. We encourage participants to recount their experience

in their own terms so questions are intended to facilitate this process rather than elicit certain types of responses. All interviews were audio recorded with permission of participants and transcribed verbatim.

Each transcript was analysed first in its own terms. This involved several close readings and the documentation of emergent experiential themes and the examination of connections between those themes. A cross-case analysis then explored convergences and divergences between participants' accounts. The second author carried out this procedure first. The first author reviewed the cross-case analysis and checked the complete paper-trail from transcript, through initial coding to thematic grouping and suggested a series of amendments- for example, moving material to a better location, modifying suggested theme titles. Following agreement on the cross-case analysis, the first author then proposed a higher-order structure for the analysis and this was agreed by the second author. This is the framework presented in this paper.

The analytic process continued into writing up. This is typical of IPA (Smith et al., 2009) and means that the process of making the analysis explicit in turn modified and developed that analysis. The first author took the lead but both authors were closely involved in the write-up. Several drafts were produced before the one presented here which we believe most faithfully captures the participants' experiences of depression.

Results

When asked about events preceding onset, all participants saw these as crucial in understanding how their depression began and developed. Furthermore, the loss was reported as leading to a depletion of their lived worlds. The depletion was however mixed with a terrible agitation, a state of shock and turmoil.

Perceptions of the precipitating loss

In each case, this involves involuntary loss of something of enormous importance to the participant and is recounted in dramatic terms. Two participants have suffered acrimonious divorces and loss of access to their children:

All she said is, “the love’s worn off, I don’t want you anymore”.[] Reversing out of my drive and looking at their [children’s] faces.[] Knowing in myself that I wasn’t coming back to the house no more. (Joseph)

The divorce wasn’t very friendly. I lost my son. (Stewart)

Similarly, Sally is distressed at losing contact with her son, who has been given a long prison sentence, “I broke down when they come out and I was told he got nine years.”

Ravi is separated from his wife and loses his job in pretty quick succession. The redundancy hits him particularly hard:

For like nine months afterwards I couldn’t get a job it was just, the market just bottomed. It just felt like I’d worked so hard for something and it was all in

reach and it was just taken away. (Ravi)

Pamela has been suspended from work and believes she will lose her job, “it’s like they’ve got the upper hand and they’re going to sack me.[] I went in to panic”.

For Rose, the primary loss is of her home and this affects her badly, “To lose my home, was just, you know terrible[] I was really, really scared.” Rose also suffers a series of interpersonal difficulties around the same time: bullying boss, stalking neighbour, painful conflict with daughter, resulting in, “a feeling I was losing everybody, I suppose, that they didn’t want me.”

So for each of the participants there is a loss of something which represented a major part of their life, something especially precious and which may be irreplaceable.

Major depletion

The participants vividly describe their current depression. Life feels bleak and empty. The depletion comprises three domains: relational, corporeal and temporal. The term ‘depletion’ points to emptiness in diverse domains and also the very process of being emptied, of having something taken away.

The relational domain: being alone.

The precipitating events meant that a number of participants had lost access to key people in their lives. The resulting aloneness is conveyed in powerful existential terms. Stewart describes the devastating impact of losing contact with his son:

I don't know if he's alive.[] I lost the most important thing in my world. There would be times when you'd feel low, you'd feel sad but you'd see your son and it all made sense. There was a reason because err he, he was pure. He didn't lie. What he'd give me was, was pure, there was no angle, he didn't want anything, he was genuine. And that's gone.

The loss for Stewart is categorical. His son is the centre of his world and therefore he has lost elemental bearings. There may be some retrospective idealization, the purity of his son, in part, perhaps generated in response to/and in order to highlight a demonizing of his wife. However the psychological impact is palpable. His son offered a bed-rock of certainty and trust which has now disappeared. Implicitly Stewart seems to be saying that the very thing which gave his life meaning has been taken, and this is captured in the stark totality of the final sentence 'And that's gone'.

Being alone is also the primary feature of depression for Ravi and he emphasizes the barrier he feels between himself and his family:

Even though you are not alone physically, like you may have family around you or may have your friends around you, you get into a state I think mentally where, you're just like out on an island. And basically you've got, you can see from that island another shore and all these people are there, but there's no way that you can get across or[] there is no way that you want to go across. So, even though people may be trying to get in, you're just in this bubble.[] Half of you feels safe in this aloneness, but half of you wants to get out because it knows that it's bad for you.

Ravi's account is complex and manages to capture beautifully his predicament. He feels isolated but can see the connections that are available to him. Ravi speaks of depression as simultaneously preventing him from *being able* to get across and preventing him from *wanting to be able* to get across to shore, even though he possibly could. The metaphorical direction is then changed. As people try to pierce Ravi's bubble, he is torn between wanting to be connected and wanting to be alone. Ravi knows the damage inflicted by enforced isolation but finds it hard to exercise the trust to spark those meaningful relationships. So Ravi's mental bubble has many layers. He is disconnected; he knows he is disconnected; he knows being disconnected is harmful; he both wants and doesn't want to be connected; he is both able and not able to be connected.

Sally, who has lost a key significant other, her son, describes a similarly complex process of subsequent disconnection from other people:

I didn't shut people, close to me, out on purpose. I don't know how that came about. I didn't row with people, I just shut myself away, I didn't want to. I just felt it was me to deal with it.

There is a similarly confusing account of agency here. Sally describes a strong action which would normally imply volition. However, she then denies both having willed the consequence and of causing it. While Sally is unable to articulate an understanding of all that is happening, at the end she alludes to one reason for self imposed isolation- a judgement that the sufferer must face the problem alone.

Stewart expands on this, “You don’t want to burden people, you don’t want to put your worries on to them.” Stewart implicitly realizes he could gain support from others but he is wary of somehow harming them. Interestingly in each case, while the person expresses dissatisfaction with being alone, each also expresses some degree of choosing to be.

The corporeal domain: being empty.

After losing what may be the most important thing in their life, many participants stated that they felt a sense of emptiness. For some this was couched in generic terms, “It’s this emptiness I can’t stand[] there doesn’t seem to be anything there that I really feel good about”. (Rose) and “It’s just a complete nothingness”(Paul).

Two of the participants describe in considerable detail a more concrete, corporeal emptiness:

It’s emptiness, it’s nothing don’t matter, it’s being locked away, you just don’t care about yourself.[] It’s like part of you gone, your heart, I don’t know.

Perhaps half my heart has gone away. (Sally)

The metaphors are powerful here. First, being depressed is like being in prison- dishevelled and devoid of freedom, Ironically, it may be that here Sally finds an empathic, imaged connection with the person she has lost, her psychological experience of depression mirroring her son’s physical endurance of imprisonment.

The account then becomes even more embodied and the imagery is dense with meaning. The loss of her beloved son leaves her feeling she has lost part of herself. This is realized

particularly strongly by describing the loss of her heart. Literally losing her heart would mean losing a vital physical organ, so this depression is like not being alive. At a symbolic level, it points to her having lost an affective base, a joie de vivre because she no longer has the heart for life. But the metaphor also directly speaks to the relational component in her depression; reminding us of a previous heart being given away representing her love for her son. Finally, the anguish of what has happened is captured in the final sentence. It is as though she is left, just alive, but missing her other half, the half that gives her life its meaning, its pulse.

She continues:

People used to say to me, “you’ve got to have something to eat”. I could go days without nothing to eat. “Why? Why are you telling me I’ve got to have something to eat?” It is just, you know, you can talk, you know you can touch, you know you can move yourself, but there’s nothing in you. There’s just nothing to make you smile, there’s nothing to make you want to get up and go and have something to eat.

The extract begins with a familiar account of the lack of appetite commonly found in depression. However, Sally takes the analysis one step further. While some almost reflex activities remain, the agent responsible for higher level functions of motivation and affective engagement has gone missing, ‘there’s nothing in you’. Sally continues, “I don’t feel like I’m part of my body when I’m down.[] It’s like something’s gone inside me and swept my happiness away”.

Thus there is also a dissociative element to the experience. Sally feels separate from her

body and can therefore bear witness to what is either an external agent entering the body and stripping away its life force or to a physical mal-function leading to loss of vivacity.

Now let's hear Pamela discussing the impact of the treatment by her employers:

I felt as though I was being stripped of my personality[] It's like they don't want me to be that person anymore.[] I'm meaningless, like, there's no need for me to exist because I'm not really contributing, you know? It's as if to say, if I was never around, nobody would know the difference.

Pamela feels her contribution is being systematically erased; it as though the company is trying to obliterate her from the record completely, to make her a non-person. This culminates in the stark first-person, expression 'I'm meaningless', as she contemplates her existential annihilation.

The temporal domain: losing one's life.

Participants reflect on how the losses and their consequences affect their life as a whole, with impact on the present and the future, as well as perceptions of the past:

There's nothing going on in my life, I've got no work, I've got no partner. I'm in a rented accommodation, where I used to have my house and obviously everything else.[] I have got nothing to look forward to.(Joseph)

The life that was is no more and furthermore this feels irrevocable- the emptiness continues into the future.

While Joseph focuses on what he has not got now, for Ravi and Paul, there is a revisioning of the whole life before as well, “You think my whole life is kind of like, I’ve just screwed myself up. So everything that’s happened is your fault kind of thing” (Ravi). Ravi is engaging in self-criticism for what happened but this then leads to a reflection across the life-course and a sense in which the whole life is now tarnished. So ‘logically’ it appears to follow that Ravi is to blame for everything that has gone wrong. Paul’s account is even more emphatic, ‘I feel that everything I do, everything I’ve done has been a waste’.

Sally and Pamela are particularly engaged with the idea of life being stopped. Sally begins by commenting on how the loss of her son fundamentally changes her life:

I just feel everything come to a stop. When he got nine years my whole life, I wasn’t. My life’s never going to be the same again, I know it’s not. Not until he comes out. And the worry was, supposing in nine years I’m not, I’m, I’m dead. I need to be alive.

Interestingly there is equivocation over whether life is changed irrevocably or for the decade where he is incarcerated. And ironically, in one sense, her son’s imprisonment gives a purpose to her life. She needs to be alive when he comes out for multiple reasons: to re-establish connection with the cherished one, to preserve continuity in his life but also to create a meaningful continuity in her own.

Pamela’s conflict with her employers leaves her in a similar limbo:

I feel sometimes like my life is on hold.[] I'm going to be out of a job and that's my life over because[] [the company] has been my life for twenty years, you know, I've, I don't know anything else.

If she is sacked then, for Pamela, life will be over. It is as if she is standing back and making a sweeping overview, one great summary. The great project, what she has wanted and worked hard for, is over, it's finished.

It is perhaps not surprising that those for whom a meaningful life appears to have ended contemplate suicide, 'I was driving and I felt like I didn't want to stop. I felt like just ending it sort of thing, killing myself' (Joseph), and 'I started to fantasise about taking my life' (Rose).

It may well be that the feeling of life being empty or over is one major contribution to deciding to commit suicide because, if life is empty or ended psychologically, it could appear that it might as well be ended literally. Given Rose's multiple distresses it is perhaps not surprising that she begins to have this global experience of life being over and experiences ideas of leaving life altogether.

Being shaken

Up till now we have witnessed an experience of depletion and emptiness. Interestingly, for all participants, this was accompanied by something very different, an experience of excessive mental and affective activity.

Overwhelming emotions

Participants suffered from a wide range of extremely strong negative emotional states. Whilst there was a general increase in emotional reactions, it was clear that the most intense reactions revolved around the loss events of the past and their continuation into the present. The experience seems to be one of moments of feeling overwhelmed by outbreaks of extreme emotion which punctuate the emptiness described earlier:

During the middle of the day it just got too bad and I just started crying.[] It was so extreme.[] I couldn't hold it anymore. (Ravi)

I'm waiting for that that fearfulness to come on like a wave.[] My head was throbbing, I was sweating, I was shaking. (Paul)

Several speak of anger:

If I go out to my brothers, he's happily married with four children. And, I don't know if you'd call it jealousy but when they're sitting together or they have a quick cuddle[] I feel jealous and angry but I feel alone at the same time. (Joseph).

I lose my temper and I've no patience. And I used to be the most laid back person. (Pamela)

Participants are very aware of extreme changes in themselves: their emotions are not as they were before depression.

Frenzied thinking

All participants stated that they spent long periods of time thinking about their current problems and/or what had got them to here. But ‘thinking’ seems too calm a description: the process is intense, frenzied, desperate, and out of control:

It’s just whirling round, what do these people want from me? What are they hoping to get from me? You know, are they trying, are they trying to break my spirit? Are they trying to make an example of me? Do they want to sack me? []
What can I do to make them leave me alone? (Pamela)

Pamela gets caught up in a spiral of questions she can’t answer. She continues:

I feel like my employers are in my head. They’re just playing mind games with me and sending me over the edge, because I’m just so depressed and I just want them out.

So one can imagine that the relentless questioning she is engaged in has become more concrete or personalized as the employers take up the role of inquisitors or of witnesses to her internal turmoil. And it is as if they have the power to finally break her.

The giddy, speedy mental activity is similar in Joseph, “It feels like my brain is just racing all the time and I’m trying to think all the time, ‘Why has this happened; why me?’” Joseph reports that despite repeatedly asking his ex-wife what had gone wrong she did not offer any explanation except ‘the love has worn off’. The lack of a concrete reason seemed to lead to his unending self-torment.

For Ravi, the frenzied thinking often occurs in the evening:

If I am alone watching TV, that's when the brain starts to kick in about what problems I'm having and how I'm going to sort them out. [] You may see an ad on loans and you realize like, 'oh money', and that leads to 'how am I going to do this and I need to pay this. When am I going to get money for that?'

Note how Ravi describes this as a process that is happening to him, is involuntary, and that drags him down.

The uncertain self

Many of the participants link the affective and cognitive turmoil to a doubting of the self:

The inside of you just churns and churns you up. And you just don't know where you are, what you're doing, why has it happened? [] I just feel bad all the time. I feel like I've been punished for something I haven't done. I don't like facing people [] And then I think oh my age and I'd just look in the mirror and I'd feel ugly and I'd feel like I haven't got the looks like I had when I was younger to find another girlfriend now. (Joseph)

The isolation is experienced physically and the questioning becomes embodied. It is as if Joseph is subjected to the destructive gyrating of out of control processes. His body and self have been left bruised, exhausted, and disoriented. And while he doubts himself and questions why he has lost his family, for Joseph the consequences are becoming very real

and physical; his face displays the shame and blame. It feels as though part of his punishment for failing in his marriage is that he will not be allowed to have another successful relationship.

For Stewart the questioning of self is even more palpable:

Depression is waking up in the morning and hoping. 'Is it going to be a good day or a bad day?' Depression for me is not liking yourself, having no confidence in yourself, seeking reassurance, hanging on to anything that you can, pretty much anything emotionally, get your hands on. Lacking courage. Each day is different, you never know, are you going to eat? Are you going to feel hungry that day? Are you going to sleep that day? Are you going to just cry for no reason? Are you going to be angry today? It's just total, total unknown.

Earlier we heard how the loss of his son means Stewart has lost his grounding. Here the way in which that loss has led to a comprehensive rocking of the foundations of self becomes apparent. Overwhelmed by the emotional and cognitive turmoil, he looks desperately for anything to try and keep him steady and solid. And as with Joseph and as with Pamela, a major part of the process involves an unrelenting litany of literal questionings of self.

Sometimes the doubt involves not knowing if to trust others:

I used to take people at face value.[] I genuinely trusted them. And never read

in between the lines. Now I'm doubting everything everybody is saying.

(Pamela)

And the confusion and doubt can turn to a judgement on the self:

I can't understand why I've lost my children and my home. And to do that, I feel as though you have to have done something wrong or bad to have lost that.

And I don't know what I've done. (Joseph)

The person is confused and not sure what is real, both outside and inside. Former certainties and things taken for granted are suspended or lost. The transformation of these important things in their lives leads to major existential questioning and the self itself is not immune from that questioning.

Discussion

We have documented the devastating experiential transformations associated with depression for our participants. Participants feel themselves to be alone, empty and that their lives are over. The implications of these experiences are highlighted when seen through an existential phenomenological lens. Van Manen (1990) describes the four existential dimensions of the life-world: sociality, corporeality, temporality and spatiality. These four represent the elemental underpinnings of our everyday lived experience, usually pre-reflective and taken for granted. Van Manen would argue that the content of each *existential* will vary from individual to individual but that the structural nexus afforded by them makes life meaningful. That is, we as human beings understand ourselves as in relation to others, as having an embodied presence, as having a biography behind us

and a life unfolding ahead of us.

In *Major Depletion*, we show how, for our participants, depression involves a severe undermining of three of these core existentials. To feel oneself as not in relation, as not having a body and as not having a life or a future means that one is either lacking or one is questioning the very taken for granted qualities of human experience. This helps illuminate depression as a very powerful phenomenon which makes aberrant the most basic existential features of life.

As stated above, these core qualities of human experience are usually taken for granted, lived and experienced but not self-consciously thought about. We busily take part in our lives, with our bodies, and in our relations with others. Occasionally we may engage in a fleeting recognition of, or fuller reflection on, the life and body and relations that give our life meaning, but on the whole we are doing life rather than thinking about it. It is precisely when things go wrong, when the natural order is breached, that we face, or are forced to face, what we have taken for granted.

And that is what we witness happening in the accounts of our participants as they examine what has been lost. Our work as analysts is to take one further analytic step by carefully looking at the patterning of themes in the accounts of our participants and then presenting them in a conceptual framework which simultaneously stays grounded in, and connected to, the personal experience and also reaches out to reflective, theoretical, scholarship.

We have chosen to leave introducing reference to the existentials of the life-world until here in the discussion as this is truer to our methodology. While these concepts and others

had a presence in our fore-understanding, it is important to realize that the analytic process we engaged in was inductive not deductive. Our close reading and meditation on the accounts of our participants led us to organizing our analytic results in the way we have. What we did not do was to set out to search for evidence of depression as a threat to the core existentials.

Interestingly and consonant with that, we are grateful to one of our reviewers who noted that our participants' accounts also show changed *spatial* relations, the fourth life-world existential mentioned by Van Manen. And this is indeed the case. Thus, peering through a different lens, one can see the participants powerfully describing a diminution or breaching of their previously taken for granted spatial place in the world. Consider again three slightly contracted extracts from our participants:

Reversing out of my drive, knowing that I wasn't coming back to the house.

(Joseph)

You can see from that island another shore and all these people but there's no way that you can get across.(Ravi)

Perhaps half my heart has gone away.(Sally)

These three extracts each come from a different section of the results: *perceptions of the precipitating loss, being alone, being empty* and were, initially, presented within those analytic frames. At the same time, one can see that they are also powerful descriptions of damaged spatial relations, spoliations of the topography of the life-world. Through this conceptual lens, the extracts can be described as illustrating, in turn: contraction of,

difficulty of extension in, dismemberment and dispersal of the life-world.

These are of course just illustrations; there are many other instances in participants' extracts pointing to how depression also marks a significant undermining of the person's taken for granted space and place in the life-world. This is also a helpful reminder, therefore, that while analytically we were drawn to read the participant's life-world in the way we have, in the actual experience of participants, these core existentials (and their shadow depletions) are intricately entwined.

We have described depletion co-occurring with a seemingly very different phenomenon-being shaken. These are different yet part of the whole interconnected experience of depression. Our picture of depression is not one of a steady, flat, fixed-state but rather a fluctuating see-saw between long periods of descents into emptiness and moments of explosive emotion. There is no equilibrium or peace. This notion of a holistic but unstable dynamic unfolding of experience is also one distinctive contribution, we believe, of our phenomenological analysis.

While frenzied thinking seems connected to rumination (Nolen-Hoeksema,2000), the latter term suggests an almost calm and deliberate process of thought, while we observed a driven, compulsive, unstoppable sort of thinking shot through with extreme feelings of pain and desperation. The type of profound confusion or doubt we described is not well articulated in the literature, though some writers mention the loss of confidence (Ridge, 2009).

The participants all reported having lost something or somebody they deeply cared about.

Much work has successfully shown how a major personal loss can contribute to depression. What we have done in this paper, however, is to analyse the accounts of loss by participants and link these to the core existential features of the experience of depression itself. What we have lost, what we really care about, might in fact contribute to who we are, be part of our identity (Frankfurt, 1988). If what a person most cares for is taken away, then that person might feel their very identity is undermined. Ridge and Ziebland (2006) also reported many perceived difficult events and losses before the onset of depression and emphasised how many sufferers mentioned the need for rethinking what was important in their lives to make recovery possible.

Our work converges with the qualitative findings of Karp and Granek who found participants to be having relational problems. Karp suggested that disconnection is a central feature of depression, and this is consistent with the many comments made by our participants on interpersonal problems and feeling a distance between self and others. Ridge (2009) also noted the feeling of being ‘cut off’ from others and how participants used metaphors of being in a ‘bubble’ or ‘balloon’. Our study, however, builds on previous work in several ways. First, our group was a homogeneous sample of first onset depression. More importantly, our set of themes presents an integrated picture of what depression is like for participants- a set of core, experiential features found in participants’ first onset depression. Finally, our analysis is idiographic and existential in that we have prioritized how these features are interrelated in the unique lived worlds of our participants.

Our findings suggest a range of implications for the therapy of first episode depression. In conducting an initial assessment, we should not assume we know what depression is for this

person, but rather, take a more phenomenological stance, exploring the full range of experiences of the person and allow the client to struggle to put their experiences into words. An in-depth discussion of the nature of a person's actual experience leads to a more integrated and holistic picture of what is happening for the person.

Given an initial exploration, it may then be useful to ask if clients experience variations of the key features we described such as emptiness, extreme emotions and thinking, lack of confidence. All of these are troubling features for clients. An open discussion can reassure clients that these are indeed features of depression shared by others. In such discussions, one can also validate clients' attempts to make links between what is being felt now and what has happened to the person.

The specific features we explored may well be fruitful areas for specific therapeutic intervention in themselves. Clients suffering outbursts of extreme emotions and frenzied thinking may profit from 'emotion regulation skills' (Berking, et al, 2008). These skills help clients to understand and solve distressing problems, but also have an emphasis on focusing and calming body states via deep breathing, progressive muscle relaxation and verbalisation of felt states.

A core finding was that clients struggled with the ongoing ramifications and complex meanings of severe losses. This indicates the importance of helping clients rethink and review aspects of their lived-world, to explore the texture of their relational world, to grasp the meaningfulness of their suffering, and eventually, over time help the person to consider change if needed.

In terms of future research, it would be valuable to assess, with a larger sample, the

prevalence of reported loss in accounts of first episode of depression. It would also be useful to focus on the process through which participants attempt to represent their depression, how metaphors employed link to symptomology, and the implications for individually tailored intervention.

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Appendix: Transcript notation

[] editorial elision of unnecessary material

[text] explanatory material

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