

**PUBLICATIONS OF  
THE UNIVERSITY OF EASTERN FINLAND**

*Dissertations in Social Sciences  
and Business Studies*



UNIVERSITY OF  
EASTERN FINLAND



**MERVI ISSAKAINEN**

**YOUTH DEPRESSION:  
YOUNG PEOPLE'S DISTRESS IN RELATION TO THE  
CULTURAL CONCEPTIONS OF DEPRESSION**



*Youth Depression: Young People's  
Distress in Relation to the Cultural  
Conceptions of Depression*



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Publications of the University of Eastern Finland  
Dissertations in Social Sciences and Business Studies  
No 126

Itä-Suomen yliopisto  
Yhteiskuntatieteiden ja kauppätieteiden tiedekunta  
Kuopio  
2016

Grano Oy  
Jyväskylä, 2016  
Editor-in-Chief: Kimmo Katajala  
Editor: Eija Fabritius  
Sales: University of Eastern Finland Library  
Photo (s.11): Henrik Mikander

ISBN (nid): 978-952-61-2228-1

ISSN (nid): 1798-5749

ISSN-L: 1798-5749

ISBN (PDF): 978-952-61-2229-8

ISSN (PDF): 1798-5757

Issakainen, Mervi

Youth depression: Young people's distress in relation to the cultural conceptions of depression, 91 p.

University of Eastern Finland

Faculty of Social Sciences and Business Studies, 2016

Publications of the University of Eastern Finland,

Dissertations in Social Sciences and Business Studies, no 126

ISBN (nid): 978-952-61-2228-1

ISSN (nid): 1798-5749

ISSN-L: 1798-5749

ISBN (PDF): 978-952-61-2229-8

ISSN (PDF): 1798-5757

Dissertation

## **ABSTRACT**

This dissertation study examines how young people experience depression; the focus is on how they make sense of their distress by taking into account different kinds of cultural conceptions of depression. Theoretical insights for the study were drawn from symbolic interactionism and narrative psychology. Online qualitative methods were used to gather young people's experiential knowledge about depression. The empirical data consisted of written narratives and messages sent during online group discussions as well as individual online interviews. The data were analysed by the means of thematic and narrative analysis. The participants located the sources of their distress mainly within adverse life events and setbacks in relation to the culturally expected life course. They assessed the pros and cons of talking about depression from the points of view of receiving support, becoming understood and handling distress. They pondered the different ways in which depression is responded to and hoped that it would be taken seriously but seen as normal. The young people's ways of making sense of their affliction reflected a number of *cultural story models of depression: storm and stress, moral, madness, biomedical and life stress*. The study suggests that the availability of a diverse set of story models of depression for young people and others to negotiate is vital for facilitating young people's attempts to incorporate depression into their life stories in ways that are helpful to them.

Keywords: depression, youth, narrative identity, cultural story model, online qualitative methods

Issakainen, Mervi

Nuoruusiän masennus: Nuorten kärsimys suhteessa kulttuurisiin masennuskäsityksiin, 91 s.

Itä-Suomen yliopisto

Yhteiskuntatieteiden ja kauppatieteiden tiedekunta, 2016

Publications of the University of Eastern Finland,

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ISBN (nid): 978-952-61-2228-1

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ISSN (PDF): 1798-5757

Väitöskirja

## ABSTRAKTI

Tämä väitöskirja käsittelee nuorten masennuskokemuksia. Tarkastelun keskiössä on se, kuinka nuoret tekevät kärsimystään ymmärrettäväksi erilaisten kulttuuristen masennuskäsitysten avulla. Teoreettisia aineksia tutkimukseen ammennettiin symbolisesta interaktionismista ja narratiivisesta psykologiasta. Nuorten kokemustietoa masennuksesta kerättiin laadullisilla verkkomenetelmillä. Tutkimuksen empiirinen aineisto koostui kirjoitetuista tarinoista, verkkoryhmäkeskusteluiden aikana lähetetyistä viesteistä ja verkossa toteutetuista yksilöhaastatteluista. Aineistoa analysoitiin temaattisen ja narratiivisen analyysin keinoin. Tutkimukseen osallistuneet nuoret näkivät masennuksensa juontuvan pääasiallisesti vaikeista elämäntapahtumista ja kohtaamistaan vastoinkäymisistä. He arvioivat masennuksesta puhumisen hyviä sekä huonoja puolia tuen saamisen, ymmärretyksi tulemisen ja masennuksen käsittelyn näkökulmista. He pohtivat erilaisia tapoja, joilla masennukseen suhtaudutaan ja toivoivat, että se otettaisiin vakavasti mutta nähtäisiin normaalina. Tapojen, joilla nuoret tekivät kärsimystään ymmärrettäväksi voi nähdä heijastavan useita erilaisia masennusta koskevia kulttuurisia mallitarinoita. Nämä olivat *Murrosiän kuohuntarina*, *Moraalinen tarina*, *Hulluustarina*, *Biomedikaalinen tarina* sekä *Elämän stressi –tarina*. Tutkimuksen perusteella voi todeta, että nuorten, kuten kaikkien saatavilla tulisi olla monipuolinen kirjo erilaisia tarinamalleja, joita punnita masennusta koskevia tulkintoja tehdessä. Tämä voisi helpottaa nuorten ponnistelua masennuksen liittämiseksi elämäntarinaansa tavalla, joka on heille avuksi.

Asiasanat: masennus, nuoruus, narratiivinen identiteetti, kulttuurinen mallitarina, laadulliset verkkomenetelmät



# Acknowledgements

There are so many people I would like to thank for helping me to do this study and for being there for me when I felt excitement or lack of confidence in completing this thesis.

First I would like to thank Professor Vilma Hänninen and Dr Jukka Valkonen—I am deeply grateful for having had them both as my supervisors. Without Professor Hänninen’s help and guidance at every phase of this study, as well as her patience and wisdom, I would not have been able to sharpen my vague ideas or reach my goals regarding this dissertation. Dr Valkonen’s encouraging and perceptive comments helped me to clarify the focus of the study and to understand important aspects related to conducting qualitative research. All in all, I warmly thank Vilma and Jukka as well as MNSc Anne-Maarit Turunen, who were the members of our research project, *Coping with Depression in Social Context*; as much as I have enjoyed working independently, our inspiring meetings and the guidance I was given meant that I was never left alone with my part of the project. For funding this project, I would like to thank The Academy of Finland. My gratitude goes also to Professor Linda McMullen and Associate Professor Atte Oksanen for acting as the preliminary examiners of my dissertation; I greatly appreciate their feedback and insightful comments on my manuscript.

I would like to thank University teacher Mikko Saastamoinen, from whom I have learned so much from the very beginning when I started studying social psychology 16 years ago. He provided tips on a number of articles and books which were useful when I was writing this dissertation. I thank the other doctoral students for their peer support as well as their time and effort to comment on my work in our research seminars. I also want to express my warm thanks to all members of the guidance group of MaNu- project for their encouragement and comments, which not only were useful at the time I wrote my research report on the meaning of psychosocial working conditions for young people’s mental health and work careers (published by The Ministry of Social Affairs and Health in 2014), but also gave me new insights on the accounts of the young people who participated in the present study.

I am extremely grateful to the young people who shared their thoughts and experiences with me and thereby made this study possible. I am also indebted to the the staff members of Otava Folk High School for their technical help in preparing the data collection, as well as, to the staff members of Irc-Galleria and Tukinet for their help in recruiting participants. For the English language review, I thank Enago ([www.enago.com](http://www.enago.com)).

Finally, I would like to express my gratitude to my family and friends. Special thanks to my mother, Seija Mannermaa, for her help and support, which have been

vital, and my father, Esko Mäenpää, for all those inspiring and motivating discussions we have had. I also would like to thank Harri Viljakainen as well as Reetta Karvonen, Aino Mehtälä and Mikko Manninen – I hope they know how valuable it is for me that they have been in my life during these years. Further thanks go to Dr Salla Jokela for both her friendship and her peer support, which have been important. I owe my deep gratitude to Tommi Issakainen, who has supported me and provided his practical assistance countless times. My daughters, Sara and Siiri, are the ones to whom I want to dedicate this book. I feel entitled to be your mother – you mean the world to me.

In Mikkeli on 7 September 2016

*Mervi Issakainen*

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# 1 Introduction

Please imagine a young person, say, Noora, who has been distressed for some time already and has begun to experience difficulties in coping. Noora attempts to make sense of her affliction and ponders whether or not it falls under the kinds of depressive feelings that are normal for a young person (or for everyone) every now and then. Is it laziness or perhaps a sign of madness or a disease? Or is it only about having a hard time in life? Noora considers talking about her distress with someone but hesitates because others might not understand what she is going through; disclosing these kinds of problems might have adverse consequences and thereby make her situation even more difficult. The purpose of the present study is to examine depression from the viewpoints of afflicted young people.

## **1.1 WHY STUDY YOUTH EXPERIENCES WITH DEPRESSION?**

Depression is considered a global public health problem, and therefore, researchers worldwide are conducting an ever-increasing number of studies to solve the mysteries of what causes this debilitating affliction and how it can be defeated. Public concern over mental health problems often relates to criticism that people who suffer from these problems do not get sufficient help at the time they need it (Helén 2011, 7). In the case of Finnish young people, this concern has intensified as a consequence of, for instance, tragic incidents such as school shootings. Recently, public concern has focussed more on the risk of marginalisation among young people, some of whom are recognised as suffering from mental health problems (Aaltonen, Berg & Itäheimo 2015). At the societal level, the concern arises over the high costs of mental health problems, especially amidst the attempts to prolong citizens' contributions at work throughout their careers. Depression has been shown to be a particularly common affliction among young people, with a potentially detrimental influence on their academic and work careers (Suvisaari et al. 2009); indeed, in one study, depression was the leading cause of sick leaves and premature retirement among Finnish young people (Raitasalo & Maaniemi 2011).

Studies on youth depression have shown how severely depression can harm young people's emotional, physical and social well-being, for instance by increasing their risk for social isolation, self-harm and, at worst, suicide (e.g. Mahon & Yarcheski 2001; Pelkonen & Marttunen 2003). Earlier research has repeatedly revealed young people's reluctance to disclose their mental health concerns in different contexts, especially their tendency not to seek professional help (e.g. Aalto-Setälä et al. 2002a; Wilson, Rickwood & Deane 2007) and how they may

conceal their distress even from their closest loved ones (e.g. McCann, Lubman & Clark 2011). Hence, the word '*Puhukaa!*' ('*Speak!*' in English) in the picture above is a message that, in the context of depression, is easy to agree with and important to pass on to encourage young people to disclose their difficulties. However, as both the existing literature and the findings of the present study illuminate, the outcomes of being open about depression can very well be anything but helpful. In his absorbing book *Speaking of Sadness*, David Karp (1996) notes that the isolation which so often characterises depression stems largely from the real or imagined responses of others. A robust finding is indeed that young people avoid revealing their mental health concerns because of the stigma attached to these kinds of problems (e.g. Gulliver, Griffiths & Christensen 2010). Therefore, it is important to find ways to understand and respond to young people's experiences that have the potential to do more good than harm.

In spite of our knowledge on the potentially adverse outcomes of seeking and receiving help, the disruption that depression may cause in a young person's life and the impact of depression on the whole society, relatively few qualitative studies have been conducted on the perspectives of the young people who have first-hand knowledge on depression. Qualitative research is often presented as a means of revealing people's life circumstances that are in some way counterproductive (Squire et al. 2014, 74). This study is no exception: the aim was to conduct critical social psychological research (e.g. Gough, McFadden & McDonald 2013) on young people's mental health by shedding light on different cultural conceptions of depression and young people's experiences in relation to them; already when I was planning this study, I expected that some of these conceptions might not be seen as very helpful among young people who were struggling with depression.

The roots of my interest in depression, particularly young people's depression, can be traced back to my master's thesis, in which I studied the characteristics of online peer support among young people who suffered from depression (Mäenpää 2006). I ultimately chose the discussions that focused on depression largely by chance; depression happened to be the most popular thread on the discussion board I utilised to collect data. However, during the research process, I became increasingly absorbed by the topic itself; I was intrigued by the writers' notions of the conceptions of depression, which seemed to be in stark contrast to their experiences, making them feel that their suffering was not always taken seriously, and these observations led me to begin this study.

During the research process, I have more than once been asked how I can know that the participants in my study suffered from *real depression*; at times, I have felt overwhelmed by my aim of showing that we should not evaluate young people's depression solely by leaning on conceptions that, for example, could dismiss their suffering but at the same time justify my methodological choices instead. However, hearing these doubts was exactly what I needed to communicate the standpoint I chose regarding young people's (online) accounts of their depression. Even more importantly, they guided me to return to where this all started: seeking to understand the interpretations young people face and negotiate when they experience depression.



## 1.2 THE CONTEXT OF THE STUDY AND DEVELOPING THE FOCUS

My disciplinary background in *social psychology* has certainly influenced the way I have approached this topic. In this study, I have attempted to utilise studies from different disciplines (e.g. social psychology, clinical psychology, and nursing sciences) and research traditions (qualitative and quantitative); drawing from different perspectives to gain insight into social psychological phenomena is indeed rather common among scholars in this field of study. Social psychology can be located at the intersection of a number of different disciplines including for example individual psychology, social anthropology and sociolinguistics (Hogg & Vaughan 1995, 3–5). Often, social psychology is defined as a field that bridges psychology and sociology and can thus be divided into two different perspectives: whereas psychological social psychologists focus on how the immediate setting influences individuals' perceptions and behaviours, sociological social psychologists attempt to understand people's thoughts, feelings and behaviours by placing individuals within 'a broad historical and social context' (Crawford & Novak 2014, 24). The present study can be located in the latter perspective.

Contributing to knowledge on young people's depression from their own standpoint has been the purpose of this study from the very beginning; the research questions have evolved as I have examined young people's accounts and little by little understood more about them. The initial research questions of this study were rather different from the final ones; when I started this study, the working title of my doctoral thesis was *The Experience of Social Interaction among Depressed Young People*. First, the focus shifted from the ways in which depression influences young people's experiences of social interaction to the different meanings the participants attached to social interaction. The findings of the sub-studies then suggested that illuminating the conceptions (anticipated or learned through social interactions) young people draw from to voice their perspectives and other people's ways of making sense of their depression would be important.

It is necessary to note that the support I received and the new perspectives I gained on this topic as a member of the research project called 'Coping with depression in social context' also increased my understanding in important ways. The research project focussed on examining how different groups of people cope with depression in present-day Finland; our aim was to reveal the interplay between individual experiences and cultural meanings related to depression. Therefore, we did not approach the concept of depression from the perspective of psychiatry but more from the ways in which laypeople themselves use it. The project was conducted at the department of social sciences at the University of Eastern Finland; it was funded by The Academy of Finland between the years 2009 and 2013 (grant 126951) and led by Professor Vilma Hänninen. Other members of the research team were Dr.Soc.Sci Jukka Valkonen and MNSc Anne-Maarit Turunen; Jukka Valkonen examined the experiences of depression among men, and Anne-Maarit Turunen's part of the research project focussed on women's depression.

Owing to the fact that I was able to observe how the researchers in our team explored the ways in which traditional gender ideals shaped middle-aged women's and men's ways of understanding and managing their depression, I wanted to understand how dominant cultural conceptions appeared in young people's accounts of their depression. In the first sub-study, I attempted to capture young people's own interpretations of the origins and consequences of their depression; rather than gendered expectations, the expectations regarding youth were central in this study. I also became aware that young people's willingness to be open about their depression quite often depended on the ways they expected others to respond or had learned that others would respond (sub-study II). Therefore, I wanted to explore young people's experiences of and their thoughts about the stigmatising conceptions of depression (sub-study III).

### **1.3 THE AIM AND STRUCTURE OF THE STUDY**

The purpose of this study was to increase understanding of young people's experiences of depression – how they make sense of it and see communicating it to other people, as well as their experiences with and views of how others might respond to it

In this summary, in addition to summing up the findings of the sub-studies, I reflect them in the light of the different cultural conceptions of depression that young people can use to make sense of their distress. In this summary, I address the following two research questions:

- 1) What cultural conceptions of depression do young people take into account to make sense of their distress?
- 2) What conceptions of depression do young people utilise to describe the unhelpful ways of understanding their distress and what conceptions do they use to challenge them?

Cultural conceptions of depression could have been approached from a number of social constructionist perspectives ranging from discourse-analytic approaches (e.g. Foucault 1969/2010) to social representations theory (Moscovici 2000) and frame analysis (Goffman 1974); all of them would have provided their own emphasis on studying the cultural conceptions of depression that were present in the young people's accounts. However, I utilised *the model of narrative circulation* (Hänninen 1999; 2004) because it served as a loose conceptual model in our research project (see chapter 1.2) and because it offers a framework for understanding the connections between different dimensions of a young person's depression. According to this model, different conceptions can be seen as cultural story models of depression that young people can use (adopt, modify or reject) to make sense of their experiences (see chapter 3.2).

In Habermas' (1968) terms, this study is guided by an emancipatory research interest in that the aim is to produce knowledge that young people can use to re-

flect on and free themselves from the understandings which do not help them to find ways to cope with and recover from depression. Thus, I hope that this study will raise critical awareness (Suoranta & Ryyänen 2014) of the various ways in which youth depression tends to be or can be interpreted and also increase understanding of young people's own perspectives in relation to them.

This summary proceeds in the following way: in Chapter 2, I describe how youth can and tend to be defined and seen, as well as review earlier studies on young people's depression; I conclude the chapter by defining how youth and depression are approached in the present study. In Chapter 3, I focus on the theoretical foundations of the study. In Chapter 4, I present the methods of gathering and analysing the data as well as reflect on the ethical questions related to the study. The findings of the sub-studies can be found in Chapter 5, and Chapter 6 is an attempt to make visible the cultural stock of stories concerning depression that young people may utilise to make sense of their distress. In Chapter 7, I discuss young people's perspectives and responses in relation to the different story models of depression, draw conclusions as well as implications for practice, evaluate the study and finally make suggestions for future research.

# 2 Youth and Depression

In this chapter, I first briefly describe how youth can and tend to be defined and seen; after that, I present the existing literature on youth depression. I sought information about the earlier studies on young people's depression from different sources (e.g. databases, research reports) and reviewed both domestic and international research that used both quantitative or qualitative methods and that fell within a range of disciplines including, for example medicine, nursing sciences, clinical psychology, and sociology. I describe research findings which shed light on how depression manifests itself in the lives of young people, present the various possible causes of their depression and illuminate young people's views on seeking formal and informal help for their distress. Finally, I elucidate how *youth* and *depression* (the first and second key concepts of this study) are defined in this study.

## 2.1 YOUTH

The ways in which the youth part of the life course is defined and seen vary over place and time (Côté 2014, 9) and are affected by, for example, different disciplinary backgrounds or research interests among scholars (Cieslik & Simpson 2013). Nivala and Saastamoinen (2007, 10–12) discerned different starting points for defining youth: it can be based on *chronological age* (age before which a young person is defined as a child and after which he or she is defined as an adult), *biological or psychological stages of development* (youth as a time of reaching biological maturity or accomplishing psychosocial tasks such as identity formation), *institutional 'location'* (e.g. youth as a time of being in school rather than working), *juridical position* (young people's legal rights and responsibilities change as they age), *societal tasks* (youth as a time of preparing oneself for working life, parenthood and other tasks), *social life* (youth as a time of spending time with friends in particular), *the nature of activities* (youth as a time for exploration, short-term commitments and breaking boundaries), and *cultural characteristics* (youth as a time of separating oneself from both childhood and adulthood and joining youth culture), as well as *experience* (youth is not a matter of age).

Youth is typically defined in relation to adulthood (Hoikkala 1989, 186), specifically in terms of the expectations a person should meet to reach adulthood. Such expectations include participating in education, completing school, gaining stable employment and financial independence, leaving the parental home, marrying, and becoming a parent (Cotterell 2007, 14; Mary 2014). The expectations related to normative life transitions shape the ways in which young people construct and modify their personal goals (Salmela-Aro 2010; Salmela-Aro, Aunola & Nurmi

2007). Young people's lives in contemporary society often do not follow the pattern of linear transitions that tended to characterise the life courses of their parents' generation (e.g. Furlong 2009; Woodman & Wyn 2015); boundaries between all phases in the life course have blurred (Heinz 2009, 3), and transitions have become extended, less linear and more uncertain (Cotterell 2007, 14; Furlong 2009, 1; Jones 2009, 175). Although some scholars have emphasised the weakened normative power of social expectations (and thus a young person's increased opportunities to make individual choices (e.g. Heinz 2009, 3), others have addressed how the recent changes in social conditions may weaken a young person's possibilities to achieve valued life goals (e.g. Silva 2014) and thereby have a negative impact on, for example, their subjective well-being (e.g. Woodman & Wyn 2015).

## **2.2 RESEARCH ON YOUTH DEPRESSION**

Depression among people of all ages has been assessed as constituting a major disease burden worldwide because of the enormous suffering it tends to cause and its associations with, for example, functional impairment and a risk of premature death (WHO 2012). Epidemiological studies have shown that depression is a common affliction among Finnish young people as well (Haarasilta et al. 2003; Suvisaari et al., 2009); for example, Suvisaari and colleagues (2009) reported that depression is the most common mental health problem among Finns aged 19 to 34. The likelihood that a young person will seek professional help for depressive feelings has increased during the past decade, particularly among girls (Luopa et al. 2014); young women (in Finland and in general) have been approximately twice as likely to suffer from depression as young men (Aalto-Setälä et al. 2002a; Nolen-Hoeksema & Girgus 1994). Torikka and colleagues (2014) detected an increasing trend in self-reported depression over time among both adolescent boys and girls from socio-economically disadvantaged backgrounds. Depressive experiences in adolescence can predict depression, other mental health problems, psychosocial impairment and problem drinking in early adulthood (Aalto-Setälä et al. 2002b).

Depression manifests itself in many ways in young people's lives. In adolescence, it includes such characteristics as irritability, decreased ability to concentrate, social withdrawal, fatigue, psychomotor retardation, depressed mood, hopelessness and helplessness as well as insomnia (Crowe et al. 2006). Dundon (2006) conducted a meta-synthesis of qualitative studies which focussed on adolescent depression; she found that in addition to pessimism, decreased self-esteem, fatigue, anger, and sadness, adolescents who suffered from depression tended to have a feeling of losing touch with both themselves and those close to them. Granek (2006) examined the experiences of depression among young adults and noticed that it was always in some way connected to a relationship with another person; this could mean, for example, feeling lonely or having difficulties in finding social support, and disconnection from others was also a key theme in adolescent girls' accounts in the study conducted by Hetherington and Stoppard (2002).

Features of adolescents' and young adults' depression have also been described in qualitative studies which have aimed at gaining insight into how young people understand and respond to their depressive experiences and into the impact of depression on their lives; young people often appear to experience difficulties in making sense of their mental distress. Teenagers in Wisdom and Green's (2004) study described experiences of mental distress that grew over time. They disclosed their continuous efforts to understand their predicament by considering the differences between the time before the distress and their present situations. They often had been able to normalise their feelings because many of their peers seemed to have similar kinds of experiences, but continuing to see their feelings as normal was not possible if their 'funks' had lasted a long time or the distress had manifested itself in, for example, suicidal thoughts. The young people in Woodgate's (2006) study used metaphors such as *nightmare*, *tornado*, and *devil* to describe distress that had a negative influence on their everyday lives. McCann and colleagues (2011) also describe in their report how young people in their study came to feel, that their quality of life was spiralling down. The participants told about their difficulties in managing their daily lives and their suffering from both physical and mental fatigue as well as from low confidence and self-esteem. As a consequence of this downward spiral, young people could also withdraw from social contacts with their families and friends and sometimes consider or attempt self-harm or suicide.

Other people's responses appear to play an important role in shaping both how young people understand their depressive experiences and their willingness to disclose their experiences to others; they may conceal their distress if they feel that no one will listen to them (Shaw, Dallos & Shoebridge 2009) or if other people do not appear to take them seriously (Kuwabara et al. 2007). Hetherington and Stoppard (2002) observe that the close relations between depression and interactions or connections with others suggest that in order to conclude that one is in fact suffering from depression, another person is needed to validate the experience. McCann and colleagues (2012) found that young people see family and significant others as being unsupportive when they criticise them or express lack of understanding by denying their depression. Thus, concealing one's own thoughts and feelings may in fact be a 'rational and strategic' decision when the young person has past experiences of hurtful reactions (Laine 2005). According to the young people in McCann's and colleagues' (2012) study, being supportive means accepting their distress, being tolerant, building trustworthy connections with them and being there for them when they need support. However, young people see expressing too much concern as unhelpful (McCann, Lubman & Clark 2012), and one reason for their concealing their distress may be their unwillingness to burden others with their problems (Denmark, Hess & Becker 2012; Draucker 2005a). Young people often feel a need to discuss their feelings with people other than their parents such as relatives, friends and boyfriends or girlfriends (Danielsson et al. 2011). In particular, peers with their own experiences with depression appear to be an important source of information for young people in terms of recognising

depression, managing stigma and seeking professional help (Wisdom & Agnor 2007).

Research has shown that young people are often reluctant to seek professional help for their depression. In a study conducted by Aalto-Setälä and colleagues (2002a), fewer than half of the young people who were experiencing depression had ever sought help from mental health services. Some studies illuminate how young people may seek help only after they reach the point at which they can no longer ignore the severity of their situations (Biddle et al. 2007; Wisdom & Green 2004). Other studies address how young people may not tell anyone about their distress even when they have suicidal thoughts (e.g. Denmark, Hess & Becker 2012; Wilson, Rickwood & Deane 2007); the findings from Wilson and colleagues' (2007) study indicate that the more serious young people's depression, the more unlikely it is that they will seek help from their parents or in fact anyone.

A vast number of studies have attempted to increase understanding of why young people refrain from seeking formal help for their depression or mental health concerns in general (e.g. Biddle et al. 2006; Gulliver, Griffiths & Christensen 2010); often they do so because of the stigma attached to mental health problems (e.g. Curtis 2010; Draucker 2005b; Freedenthal & Stiffman 2007). Poor mental health literacy and a preference for self-reliance (Gulliver, Griffiths & Christensen 2010), a lack of awareness of services (Timlin-Scalera et al. 2003) and concerns about confidentiality (Draucker 2005b; Timlin-Scalera et al. 2003), as well as not believing that seeking help is beneficial (Rughani, Deane & Wilson 2011), have also been identified as reasons young people might not seek help for their distress. Biddle and colleagues (2006) conducted an interview study to examine young people's views on seeking help for mental distress from their general practitioners (GPs); most of the participants were unwilling to use GPs as a source of help because they did not believe them to understand the essence of their distress and thought that instead of receiving talking therapy, they would merely be given a prescription for antidepressants. Research has shown that young people view interactions with professionals as helpful when the professionals listen to their stories of depression (Woodgate 2006), express compassion and understanding (Buston 2002) and respect their views concerning treatment (Wisdom, Clarke & Green 2006).

A large number of studies on youth depression address the causes of this affliction. These studies have suggested explanations for young people's depression ranging from chronic illness (Kiviruusu, Huurre & Aro 2007), education transitions (Salmela-Aro 2012) and avoidant coping styles (Seiffge-Krenke & Klessinger 2000) to their involvement in risky behaviours such as drinking or smoking (Hallfors et al. 2004; Steuber & Danner 2006). The features of certain subcultures have also been reported as being risk factors for depression and self-harm in early adulthood (Bowes et al. 2015). Many studies reveal parental depression and alcohol abuse as risks for severe emotional and behavioural problems in adolescence (e.g. Peiponen et al. 2006), and Bowes and colleagues (2014) found that being bullied by a sibling may lead to depression and self-harm in early adulthood. A number of other studies have also drawn attention to the associations between youth depres-

sion and interpersonal difficulties (such as conflict and emotional neglect) in not only family but also in peer contexts (e.g. Bowes et al. 2014; Wickrama & Vazsonyi 2011). Wickrama & Vazsonyi (2011) examined the impact of adverse school experiences in adolescence on subsequent depressive symptoms; according to their results, experiences with maltreatment (for example, unfair treatment based on racial prejudice) are associated with changes in depressive symptoms among adolescents. Longitudinal studies have also shown the association between being bullied by peers in adolescence and the risk of becoming depressed later in life (e.g. Bowes et al. 2016). Furthermore, findings from earlier studies indicate that both traditional and cyber victimisation contribute to youth depression (e.g. Tennant et al. 2015) and that both roles – being bullied and being a bully – increase the risk for depression and suicidal ideation (Kaltiala-Heino et al. 1999). For example, Klomek and colleagues' (2008) study showed that bullying behaviour during childhood predicted later depression among boys.

A growing number of qualitative studies on young people's viewpoints on the causes of their depression have also been conducted since the beginning of the 21<sup>st</sup> century. These studies have shed light especially on how young people themselves often attach depression to interpersonal experiences (e.g. Farmer 2002; Granek 2006; Hetherington & Stoppard 2002; Shaw, Dallos & Shoebridge 2009). Granek (2006) interviewed six young adults who all narrated the breakup of a significant relationship as being the reason for their depression, and the adolescent girls in the study conducted by Hetherington and Stoppard (2002) viewed relationship problems, including the desire for a relationship, as the main reasons for depression. In Danielsson and colleagues' (2011) study, both young women and young men described hurtful events in school and failures in friendships as experiences which had influenced the development of their depressive feelings. Karp (2006), who has examined teenagers' perspectives on their depression, noted how extremely difficult feeling lonely and being rejected by peers can be for them; he stated, 'school can become a torturous place for teenagers who do not fit in' (167).

Problems related to meeting different expectations appear to be one key element in young people's experiences of depression. For example, Danielsson and colleagues (2011) analysed the interviews with 23 Swedish young people aged 17 to 25 years in order to understand the effects of gender on depression in young men and women; the researchers found that the participants often hoped that they would be normal rather than challenge the prevailing gender norms. The young women disclosed their discontent with their outward appearance and related feelings of shame, and the young men described, for example, their attempts to meet expectations of being tough and of not revealing their emotions to others. This finding is in line with the patterns described by Oliffe and colleagues (2010a), whose study demonstrated how masculine ideals influence young men's experiences of depression.

Findings from both quantitative and qualitative studies have addressed young people's experiences with and fears of failing in fulfilling personal standards or generally valued life goals (Gjerustad & von Soest 2012; Kuwabara et al. 2007;



Mossakowski 2011; Oliffe et al. 2010b). Often these kinds of pressures have been reported to emerge in the context of expectations regarding education and employment. For example, school burnout may eventually lead a young person to suffer from depression: two longitudinal studies conducted by Salmela-Aro and colleagues (2009) revealed that school burnout predicted subsequent depressive feelings among young people more strongly than vice versa. Furthermore, failure to meet education expectations and becoming unemployed unexpectedly can predict depression among young people (Mossakowski 2011). A qualitative interview study conducted by Kuwabara and colleagues (2007) also elucidated the significant role of young people's life goals in their depression; the researchers stated that, 'the clash between current depressed mood, past *failures*, and future expectations could coalesce into profound discouragement, with an adverse impact on their abilities pursue the very goals they sought' (2007, 6; also Salmela-Aro et al. 2014). This suggests that being unable to attain valued life goals may not only be a consequence of a young person's depression but also the reason for it. Laine (2005) reported that difficulties with life management such as pressures and stress situations in the workplace, home or relationships were the most common explanations for depression given by the young adults in her study. She noted that rather than bio-psycho-chemical reasons, young people themselves appeared to attribute their affliction to societal and even global factors.

### **2.3 YOUTH AND DEPRESSION IN THIS STUDY**

In this study, I approached the concepts of *youth* and *depression* from the perspective of the people who participated; this meant letting the potential participants evaluate whether or not they belonged to this age group or had experienced something they defined as depression.

As I described in chapter 2.1, there are a number of different starting points for defining youth including chronological age (Nivala & Saastamoinen 2007, 10–12); for example, from the legislative point of view, persons who are under 29 years old are considered as young people (Nuorisolaki 2006/72). Contemporary youth researchers address that the life courses of today's young people no longer follows a straightforward path from childhood to adulthood based on which the end of youth and the beginning of adulthood can be easily defined (e.g. Cieslik & Simpson 2013; Hoikkala 1989). Therefore, rather than setting strict age criteria for participation, I welcomed all who considered themselves as young people (cf. Nivala & Saastamoinen 2007, 12) to tell about their experiences with depression.

Stoppard (2000) notes that the word *depression* has different kinds of meanings depending largely on who is using it; researchers and mental health professionals often use the term to refer to an *illness* or *disorder* that can be diagnosed based on a constellation of *symptoms* (such as feelings of sadness and/or hopelessness, lack of interest or pleasure in activities and/or fatigue) which occur over a prolonged period of time. Experts may thus use this term in a categorical sense (depression

is either present or absent) or conceptualise it as a dimension or continuum (a person is more or less depressed). (6–9.) However, the two main psychiatric classification systems (DSM-5 and ICD-10) that are currently used to diagnose mental disorders do not provide the same threshold for the diagnosis of depression (Maj 2016, 35). Stoppard makes a distinction between how experts use the word depression and how laypeople understand it (although over time, the knowledge produced by experts has become also a part of laypeople’s understandings), and draws attention to depression as it is subjectively experienced by people in the contexts of their daily lives (Stoppard 2000, 10). In a similar vein, the focus of this study is on how young people themselves make sense of the experiences that they call depression; thus, the criterion for participating was self-identifying as having experiences with depression (also e.g. Oliffe et al. 2010b). I use the terms *depression* and *depressive experiences* as well as *distress* and *affliction* to refer to young people’s subjective experiences.

# 3 Theoretical Foundations of the Study

The two theoretical perspectives I used in this study to examine young people's experiences with depression were *symbolic interactionism* and *narrative psychology*. *Symbolic interactionism* emphasizes social interactions through which individuals acquire knowledge of, negotiate and thereby also modify meanings (e.g. the meanings that define their identities). *Narrative psychology* addresses storytelling as the key means through which individuals communicate and make sense of the events and experiences in their lives and in so doing also fashion their identities.

Both of these perspectives draw attention to the key role language and social interaction play in shaping the meanings individuals give to their life events and experiences. Both of them also underline that rather than merely passively accepting these meanings, people often select and modify them to their own use.

## 3.1 SYMBOLIC INTERACTIONISM

One perspective from which I drew theoretical insights for the study was symbolic interactionism. This theoretical tradition emphasises interactions with others as an important link between society and individuals' inner experiences (Rohall, Milkie & Lucas 2007, 13). Firstly, I used Erving Goffman's frame analysis (1974) to study how young people view communicating their depression in different contexts (sub-study II). Secondly, I drew insights from the works of Herbert Blumer (1969), George Herbert Mead (1934/1967), and Erving Goffman (1963) to examine how young people negotiate the stigma attached to depression (sub-study III). In other words, I utilised symbolic interactionism to gain an understanding of how everyday social interactions, both real and imagined, contributed to young people's depressive experiences and influenced their decisions to disclose or concealing their distress.

Symbolic interactionism draws attention to meanings that are created through social interactions and to language as a key means of conveying and negotiating these meanings. In the light of this perspective, our behaviour as well as the meanings we give ourselves can be seen as being shaped by our everyday interactions with others (Mead 1934/1967). According to Mead, we are able to imagine how other people see us, to take the *attitude of the generalized other* (i.e. the attitude of the whole community) toward ourselves, and this in turn influences our feelings, thoughts and actions (68–69, 154–156).

Blumer (1969) formulated the three premises of symbolic interactionism, the first one of which is that human beings act towards things based on the meanings

these things have for them. Such things encompass 'everything that the human being may note in his world – physical objects, other human beings, categories of human beings, institutions, guiding ideals, activities of others, and such situations as an individual encounters in his daily life' (2).

The second premise of symbolic interactionism is that the meaning of these things derives from the social interactions a person has with people around them. It is important to note that by addressing meanings as social products, Blumer argued that the meaning of a thing does not emerge from the intrinsic nature of the thing, or from individual psychological factors, but from interactions. In this way, other persons' actions can be seen to play a fundamental role in how people come to define objects, including objects of themselves. (2–5.)

The third basic principle of symbolic interactionism is that meanings are handled in, and modified through, an interpretative process: a person does not merely adopt the meanings but rather selects, checks, suspends, regroups, and transforms the meanings for their own use in different situations. The meaning of an object may thus very well be different for different individuals (ibid. 2–5, 11) and different interpretations may then cause problems in communication and even become obstacles to further interaction (Rohall, Milkie & Lucas 2007, 35).

As the third premise of symbolic interactionism implies, advocates of this perspective tend to address agency over constraint by emphasising individuals' capacity to make choices and create meanings through interactions with others (Crawford & Novak 2014, 75; Rohall, Milkie & Lucas 2007, 37). Blumer in fact stated that meanings should not be seen as fixed but as amenable to change. In light of his idea, human group living is a process in which the meanings attached to depression have been created, affirmed, transformed and sometimes abandoned through the ages (1969, 12).

Erving Goffman has been seen as one of the leading figures of symbolic interactionism. In his book *Frame Analysis: An Essay on the Organization of Experience* (1974), Goffman represented a perspective on understanding how people come to define situations in their everyday lives. His view of individuals' ability to create meanings and definitions of situations can be seen as varying somewhat from, for example, Blumer's perception, in that Goffman stated, 'All they do is to assess correctly what the situation ought to be for them and then act accordingly' (1974, 1–2). However, Goffman also noted individuals' tendency to apply multiple different perspectives when defining situations in their daily lives as well as their motives and intents that influence which perspectives they apply (ibid. 8).

Goffman saw that when individuals attend to any given situation, they attempt to come to a conclusion about 'what is it that's going on here?' (ibid. 8), and the answer in turn guides their actions both verbal and physical. When individuals attempt to interpret what is going on, they apply different perspectives or, following Goffman's terminology, *primary frameworks* that they see as 'rendering what would otherwise be a meaningless aspect of the scene into something that is meaningful', primary frameworks enable individuals to identify, locate and label events and incidents they face in their daily lives (ibid. 21–24). Thus, the types of frameworks people apply also provide with ways to describe particular events to others.

In the second sub-study, I used the frame analytic perspective to examine young people's accounts of communicating their depression. Goffman (1974, 156) presented that within a primary framework, activity is subject to different types of transformation. He used the term *keying* to refer to the *process of transcription* that in a fundamental way alters how an individual perceives what is going on (ibid. 44–45). I applied this idea to reveal how the participants attached both pros and cons to communicating depression within each primary framework they used to explain their decisions on disclosing their distress to others. For example, communicating distress may be viewed as an opportunity to receive social support from other people; it is, however seen in an entirely different light when seeking support from an important person in one's life is expected to burden the relationship with that person.

Goffman (1974, 22) addressed that individuals may have differing perceptions of what is going on in a situation. He observed that what he called a *frame dispute* results when individuals openly disagree with each other about what has happened or is happening; he describes how people may, for example, disagree about whether an act (e.g. expressing distress) is true or a fabrication; people may have differing opinions on whether an explanation is 'the real reason' or a mere 'excuse to mask laziness or irresponsibility or viciousness', and he notes that people are viewed differently when they are seen as sick rather than within a moralistic framework. (ibid. 322–325, 335.) Frame analysis is indeed one of the perspectives that I could have utilised to examine cultural conceptions of depression.

In studying mental health problems and people's experiences of being open about them, Goffman's work on *stigma* (1963) appears to still be relevant today. Stigma can be defined 'as an attribute that makes a person different from others'. From the standpoint of the *normals*, the person possessing a stigma is deviant and therefore 'a less desirable kind—in the extreme a person who is thoroughly bad, or dangerous, or weak' (Goffman 1963, 12). Thus, the identity of a person to whom this deviant label is attached tends to become spoiled, and as a consequence, the person faces the question of whether or not to reveal their differentness to others and, 'in each case, to whom, how, when, and where' (ibid. 57). Goffman describes different strategies such as *passing* (i.e. concealing) that individuals employ to control the information they give to others. He noted that often people manage risks by choosing carefully whom to confide in (ibid. 117).

Mikhail Bakhtin's (1981; 1984) notion about the dialogical nature of all language is similar to the core ideas of symbolic interactionism. In the third sub-study, I utilised Bakhtin's ideas to examine the ways in which the participants negotiated the stigma attached to their distress. Bakhtin (1981) saw that speakers' linguistic utterances are influenced by how they expect listeners to understand what they say: individuals express their own voices by taking into account other people's perceptions, which reflect different values, opinions and points of view within a particular cultural context. Thus, combining one's own voice with some voices and opposing it against others enables people to express their own experiences and views (Bakhtin 1984).

## 3.2 NARRATIVE PSYCHOLOGY

In addition to symbolic interactionism, I drew insights for the study from narrative psychology. According to narrative psychology, storytelling is the fundamental way in which we make sense of our lives and express ourselves (Bruner 1990; McAdams 1993); telling stories enables people to interweave their past life events into the present and make plans for their futures (Polkinghorne 1988, 11). Narratively oriented researchers have seen the stories people construct about their lives as important sources of experiential data (Holstein & Gubrium 2000, 103). *Narrative identity* (the third key concept of this study) theorists argue that the stories people construct about their life events and experiences also reveal their understanding of self – storytelling is a key means of fashioning one’s own identity (Gergen 1994; Holstein & Gubrium 2000; Hänninen 1999).

Narrative psychology includes different orientations with their own interests regarding storytelling; narrative psychology with a focus on cognitive development has increased knowledge on how individuals learn to recognise, understand and produce stories (Hänninen 1999, 18). Dan P. McAdams (1996) divided the development of identity over the modern life course into three broad eras: prenarrative, narrative and postnarrative. According to McAdams, during the prenarrative era, infants, children and early adolescents collect material they can later use to create their self-stories. The narrative era starts in adolescence or young adulthood when young people begin to understand their lives in historical terms and construct self-defining life stories, i.e. narrative identities. Adulthood is then the time when identity continues to be refashioned, and, finally, during the postnarrative era, people focus mainly on reviewing and evaluating their lived lives. (McAdams 1996, 310–311.) McAdams thus sees identity development as something that continues throughout life (McLean 2008).

In addition to gaining more sophisticated cognitive skills to produce stories about one’s own life, creating a self-defining story that provides a vision for the future becomes current during the youth phase of life. Young people are expected to set goals for their lives and find ways to attain these goals, such as making choices regarding education as well as preparing to form stable partnerships and start families of their own. (Hänninen 1999, 47.) Exploring how to understand the self and construct a coherent sense of our past, present and future has therefore been seen as a critical task that we face from adolescence onwards (McAdams 1993, 91; McLean 2008; Pasupathi & McLean 2012).

Sharing stories in different contexts allows young people to express their feelings and thoughts about the events and experiences in their lives. For the listeners, in turn, it offers opportunities to challenge, validate or help the young people construct their life stories. (McLean & Mansfield 2011.) The social contexts for young people developing their narrative identities typically change during adolescence: the audiences with whom to explore and construct one’s own life story broaden and, to at least some extent, shift from parents to peers and romantic partners (Pasupathi & McLean 2012). It has been noted that people do not have just one story to tell about

themselves but tend to construct different stories depending on the context of the telling (e.g. McAdams 1996, 307). Thus, the way the self becomes storied is in many ways 'negotiated, performed and therefore dialogical' (Squire et al. 2014, 76).

Exploring *master narratives* and young people's ways of constructing their own life stories in relation to these narratives can reveal, for example, what stories are acceptable and which are easily silenced (McLean 2008). The focus within narrative psychology has indeed also been on illuminating how people use the cultural story models they have adopted from the cultural stock of stories to understand the events and experiences in their lives and construct their identities (Hänninen 1999, 18). Being familiar with their culture's narrative resources enables individuals to express different aspects of their identities (Gergen 1994, 20). Rather than understanding identity as fixed and singular, it can thus be seen as a changing and multidimensional as well as cultural process (Hänninen 1999, 60).

In addition to the ideas drawn from symbolic interactionism, the conceptual frame used in this study to examine young people's accounts of depression was *the model of narrative circulation* presented by Vilma Hänninen (1999; 2004); we first used this model when we explored the role of depression in young people's life courses (sub-study I). For the purposes of this summary, the model offered the framework for better understanding the roles of different cultural conceptions or cultural story models of depression in young people's experiences.

The model of narrative circulation presents how the different modes of narrative meaning structures, *the told*, *the inner* and *the lived narratives*, can be seen to relate to each other (see figure 1).

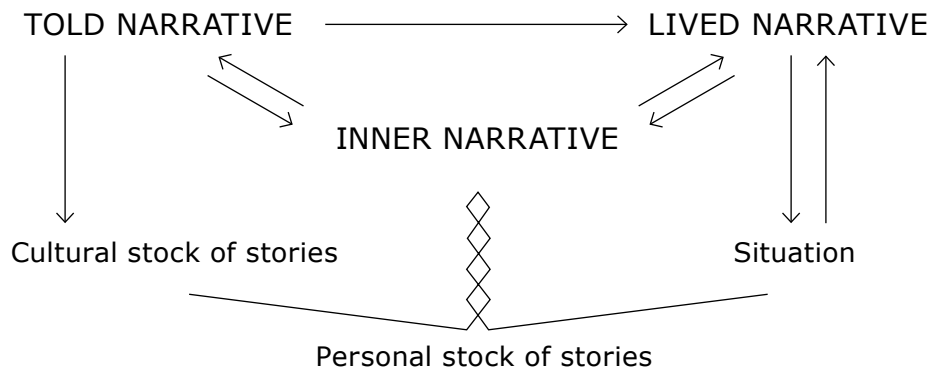


Figure 1: The model of narrative circulation (Hänninen 1999)

The concept of *inner narrative* located at the centre of the model is relevant when the aim is to understand how people experience certain events and episodes in their lives; by *inner narrative*, Hänninen (1999; 2004) refers to the narrative organisation of experience. The inner narrative can be seen as 'a continuous mental process that consists of a large amount of sub-narratives that vary according to their

time-spans and degrees of self-reflectedness' (Hänninen 2004, 74). A person may have not only one but many inner narratives which do not need to be consistent with each other (Hänninen 1999, 21–22). The multiple functions of the inner narrative include its capacity to make sense of past events, present situations and future life projects. The inner narrative conveys values and moral standards, forms the conceptions of how to achieve goals, shapes the meanings given for events and experiences and defines the individual's narrative identity. The inner narrative guides people's actions and in so doing shapes their *lived narratives*, i.e. the real-life dramas. (Hänninen 2004.)

The lived narrative is shaped, however, not only by the inner narrative but also by the life conditions. The concept of *situation* refers to the actual life conditions in a person's life, including the different possibilities, resources and restrictions. (Hänninen 1999, 20–21; 2004.) Struggling with depression, for example, may be a kind of disruption in life as a consequence of which, to formulate a new interpretation of one's own life, a narrative reorientation is sometimes needed (see e.g. Valkonen 2014).

According to the model of narrative circulation, the inner narrative is formed in process by which *cultural story models* (the fourth key concept of this study) are used as resources in interpreting the potentialities of the actual situation and the lived narrative. These models, such as different story models of depression, are a part of the *cultural stock of stories*, which includes all those narrative representations that are available to a person. Cultural story models can be used to predict typical events and experiences that result from different situations; they can offer positive models for making meaning and ways to act as well as draw a picture of potential negative outcomes. Cultural myths and literary genres (such as comedy and tragedy), for example, offer story models that can be used to interpret life events and experiences. The cultural stock of stories also includes specific models for men and women as well as for different age groups. Cultural story models can convey normative ways to respond to certain events and experiences or be emancipatory when they help people to view their lives from different perspectives. (Hänninen 1999, 50–52.) Some story models tend to be more dominant than the others, but alternative understandings may be communicated by constructing counter-narratives. The stories that are circulated via everyday interactions, media or literature become a part of the cultural stock of stories for people who hear or read them and thus diversify the narrative resources that are available for them to construct their own life stories. (Hänninen 1999; 2004.)

According to Hänninen (1999; 2004), cultural story models should be seen as present not only in how we tell about the events in our lives but also as a part of our inner narratives, the stories we tell ourselves. The *personal stock of stories* includes both narrativised personal memories and the stories a person has adopted from the cultural stock of stories. When people make sense of the events in their lives, they adopt or modify the cultural story models for their own use or sometimes resist them if they do not fit into their experiences or worldviews.



In the model, the *told narrative*, which may more or less capture people's inner narratives, refers to the stories they tell about their lives to other people. The told narrative is always dialogical in nature: it is partly co-constructed with the listeners. One important notion from the perspective of this study is indeed that what, to whom and how the person tells about their experiences are shaped by the anticipated evaluations and reactions of the audience. The way the story is told often influences how other people respond to the narrator and thereby affects the lived narrative. (Hänninen 2004.)

The dialogue that draws attention to new perspectives may modify the person's inner narrative (see Valkonen 2007; Valkonen, Hänninen & Lindfors 2011). By shaping the meanings people give to the events in their lives, the told narrative thus guides their actions, and people's actions in turn have intended or unintended consequences which shape the situation. In the actual drama of life, the conditions of actions may or may not support the realization of people's narrative projects and in this way influence whether or not forming a new narrative interpretation is needed. (Hänninen 2004.)

In the light of the model of narrative circulation, the self can be seen as formed in the network of social, cultural and material conditions and as an active agent (although not completely free) in relation to discursive as well as material reality (Hänninen 1999; 2004).

# 4 Methods

In this chapter, I describe the methods I used to examine young people's experiences with depression. I start by reflecting on the Internet as a tool for data collection including scholars' ideas about the opportunities the Internet offers for self-expression and identity construction as well as the advantages and disadvantages of online research methods. Chapters 4.2 and 4.3 focus on the recruitment process, the participants and the methods I used to collect data (written narratives, online group discussions, individual online interviews). The methods I used to analyse the young people's accounts (thematic and narrative analysis) can be found in Chapter 4.4. Chapter 4.5 addresses the ethical questions related to the present study.

## 4.1 THE INTERNET AS A TOOL FOR DATA COLLECTION

Over recent decades, the Internet has become a part of life for billions of people; digital technologies have penetrated into people's everyday lives in developed countries to the extent that we now, according to Deborah Lupton (2015, 2), live in a *digital society*. Among other things, the Internet has become key for people's social interactions with friends and family, sharing information and details of their everyday lives, discussing their interests and forming new relationships through, for example, discussion boards and social media (Hooley, Marriott & Wellens 2012, 1; McKenna, Green & Gleason 2002, 9); compared with other age groups, using the Internet for this purpose seems to apply particularly to younger generations (see Näsi 2013). It is important to acknowledge, however, that there are also differences among young people in access, abilities and ways to use new technologies (e.g. Davies & Eynon 2013, 101; Kaarakainen, Kivinen & Tervahartiala 2013; Näsi 2013).

Although some scholars draw attention to the Internet as an arena for manipulating one's identity and engaging in strategic impression construction by, for example, 'composing, circulating, monitoring, and managing one's brand' (Smith & Watson 2014, 79), others address how online environments increase authentic self-presentation (Chester & Bretherton 2007, 234). Online accounts have even been seen as revealing aspects of one's *true self* which remain unexpressed in their everyday lives off-line (McKenna 2007). In particular, early research on the Internet placed more emphasis on the potential drawbacks of online communication and tended to convey online identity as something that had no connection with people's identities in their real lives (Chester & Bretherton 2007, 234; Davies & Eynon 2013, 62). Now, some decades later, researchers are increasingly highlighting that rather than fundamentally transforming our psychological and social lives, the Internet is a part of our real lives that offers us added opportunities (Chester &

Bretherton 2007, 235; Tyler 2002, 204). For example, Chambers (2013, 101) notes how 'social media intensify adolescents' immersion in peer-based status communications and provide them with the tools to negotiate their identities in a setting that is increasingly independent from parents'.

A number of features of the Internet seem to facilitate self-expression. One of them is the opportunity to engage in *anonymous* social interactions that may set people free from the expectations and constraints in their off-line lives (McKenna 2007, 211) as well as appear to promote greater emotional closeness between people (Keipi 2015; McKenna, Green & Gleason 2002). The asynchronicity that characterises much online communication gives people more control over how to express what they wish to say and how to present themselves than they tend to have in face-to-face social situations; furthermore, in the absence of physical characteristics and cues, people who experience difficulties engaging in face-to-face interactions may find it easier to express themselves online (McKenna 2007, 212). From the symbolic interactionist point of view, the online self can be considered as much constructed and negotiated through social interactions as the off-line self is (Chambers 2013, 79). Because the Internet appears to make it easier for people to reveal aspects of themselves which remain undisclosed in off-line life as well as to find others with similar experiences and interests, others' acceptance and validation conveyed through online interactions may indeed increase people's self-acceptance and sense of belonging (McKenna 2007, 219). It should be noted, however, that along with the many opportunities (including the opportunity to seek social support when suffering from mental distress) that anonymous interactions offer young people, these interactions may also expose them to risks such as harassment and cyberbullying (Keipi 2015). Young people may also enter sites (e.g. pro-self-harm and pro-suicide sites) which contain harm-advocating material; in particular, young people who have faced negative experiences in their everyday lives appear to be at greater risk of encountering such content (Oksanen et al. 2016).

Contemporary online research methods are largely based on traditional social research methods (Hooley, Marriott & Wellens 2012, 2) such as surveys, individual interviews, focus groups and ethnography (Lupton 2015, 43), and social scientists have tended to utilise surveys more often than qualitative online methods (Hooley, Marriott & Wellens 2012, 53). In many earlier studies, the focus was on the technologies and how people use them (Lupton 2015, 43), but the Internet can, however, also be used as a tool for data collection (Laaksonen, Matikainen & Tikka 2013, 18). In the present study, I used the Internet to collect qualitative data.

Using the Internet for data collection has both advantages and disadvantages. The former include its possibilities for reaching difficult-to-access populations (Nosek, Banaji & Greenwald 2002, 166), broad geographical reach (Hewson 2007, 411) and reduced costs (Mann & Steward 2000, 20), in addition to more candid disclosure (e.g. Joinson 2005, 25) and more balanced power relationships between researcher and participant compared with face-to-face interactions (Hewson 2007, 412). The online environment also opens up possibilities for providing reflective responses, particularly in asynchronous contexts (ibid. 411), and for discussing sensitive topics

(e.g. Mann & Steward 2000, 18). Using the Internet for data collection also has some disadvantages, such as the possibly biased nature of samples (Williams et al. 2012), the increased risk of non-response (James & Busher 2006) and the potential difficulties in maintaining relationships and the sense of connectedness (e.g. Hine 2005, 17). It is therefore important to bear in mind that 'the benefits of online research do not arise automatically from the technology, but require considerable sensitivity and reflection on the part of the researcher' (ibid. 20).

## **4.2 RECRUITMENT AND PARTICIPANTS**

Researchers who examine subjective experiences of depression have included both people who self-identify as having experienced depression and people who are formally diagnosed with depression (e.g. Oliffe et al. 2010a); participants have been recruited using flyers, newspaper advertisements and population-based questionnaires (see Oliffe et al. 2010a; Valkonen & Hänninen 2013). In the present study, participants were recruited via the Internet, and the criterion for participating was self-identifying as having experienced depression.

I began by setting up a website for the study (see Appendix 1). The website provided information about the purpose of the study, the ways in which young people who were willing to tell about their experiences could participate, the potential benefits and harms of participation and the ways in which participants' privacy would be protected, as well as my contact information.

The recruitment advertisement included a description of the study's purpose and a link to the website; I recruited participants from two online community services with the help of their staff members. In January 2009, the advertisement was sent to a randomly selected sample of 10,000 users (5,000 women, 5,000 men) of Irc-Galleria.net, an online community that enables young people to socialise with their friends, create communities and, for example, share photographs. It was, particularly at the time of the data collection, a very popular social media site used by Finnish young people. In January 2010, the recruitment advertisement was sent to registered members of Tukinet.net. Tukinet is an online crisis centre under the Finnish Association for Mental Health; it provides free personal support and different types of support groups for both young people and adults.

Recruiting participants from these existing online communities increased the probability that the participants would be familiar with using the kinds of online facilities I utilised to collect data (Hooley, Marriott & Wellens 2012, 57). Furthermore, the members of Tukinet were also likely to have had earlier experiences discussing their mental health concerns online; some had even participated in the same discussions on Tukinet and therefore knew each other (2. group discussion conducted in 2010). As far as I know, the participants who came from Irc-Galleria had not discussed their experiences together before taking part in the discussion (1. group discussion conducted in 2009).

In total, 82 young people participated in this study, 75 women and seven men. The participants were between 14 and 34 years of age, with a mean age of 19.7; one male participant was over age 30. Although I did not set a minimum age requirement for participation, I was prepared to reconsider for the youngest participants. The youngest participant overall, who was 14 years of age, used a web form to send her written narrative, although it did not include her contact information. The youngest one I had direct contact with was age 15, and she participated in the first group discussion; because she mentioned struggling with depression alone, I decided to send her an email about different places from which she could seek help.

The participants came from a variety of backgrounds with regard to household living arrangements and labour market status among other characteristics, among these, both having and not having formal diagnoses of depression. The young people characterised their depression by referring to their depressed moods; fatigue and feelings of worthlessness, anger and guilt; inability to concentrate; interpersonal difficulties; social withdrawal; and suicidal ideation and/or attempts.

### 4.3 METHODS OF DATA COLLECTION

I collected data online by three different methods to offer the young people the option to participate in whichever way they felt comfortable. In January 2009, I asked them to write their narratives and/or to participate in an online group discussion; in January 2010, I once again asked them to take part in an online group discussion. I also conducted individual online interviews with four young people who were willing to tell me about their experiences but did not have an opportunity or chose not to participate in the group discussions.

Most of the participants chose only one way to talk about their experiences; that is, they wrote a narrative *or* they took part either in the group discussion or an individual interview; three young people wrote narratives and also participated in the first group discussion. The amounts of data from each participant varied considerably; some gave very brief answers or sent only one message during the first group discussion, whereas others wrote long responses or took part in the study for a longer period of time. Table 1 presents the data collection.

*Table 1: Data collected for this study (Source: Issakainen 2015, www.tandfonline.com)*

	<b>Written narratives</b>	<b>Group discussion</b>	<b>Group discussion + individual part</b>	<b>Individual interviews</b>	<b>n</b>
Data collection	January-July 2009	January-April 2009	January 2010	January-May 2010	
Participants	56 women, 5 men	14 women	4 women, 2 men	4 women	82
Narratives	61				61
Messages		193	156	74	423

## Written narratives

Researchers interested in people's stories about their personal experiences may collect either spoken or written narratives (Squire et al. 2014, 10). In addition to using materials that already exist (such as diaries and biographies), researchers may give people an opportunity to tell about the aspects of their lives *in their own words*, through interviews for example, or by asking them to write about them (Laitinen & Uusitalo 2008, 148; Squire et al. 2014, 7).

I chose to collect written narratives because I hoped that young people who might be reluctant to discuss their depression with a researcher would still find a comfortable way to take part in the study; furthermore, I wanted to give the young people the opportunity to write freely about their experiences. I was, however, particularly interested in their experiences related to social interactions, such as their experiences disclosing to or concealing their depression from others.

In January 2009, I asked young people to write their own narratives on how depression had influenced their social relationships and interactions with other people, such as at home, in school, at work or online. I instructed them to write about the situations and relationships they considered important and told them that there was no limit to the lengths of their narratives. I also described how I planned to use the narratives for the purposes of this study (e.g. to examine the writers' own ways of interpreting their experiences). Finally, I reminded them to familiarise themselves with the study's purpose, including the potential benefits and harms of participation, so that they could give their informed consent; I considered the respondents' sending me their narratives as their consent to use them as research data.

I collected the narratives with a web form that was delivered to my email. The form also included questions about the participants' genders, how long they had suffered from depression and what kinds of help they had sought. Furthermore, I asked the young people to choose a pseudonym and to tell me how they had heard about the study and how they wished to learn about the findings.

I received 61 narratives of varying lengths from two or three sentences to over seven pages of printed text. In the final data set, the narratives varied with respect to focus, length and the kind of language used to describe experiences related to depression. Some writers also seemed to be more familiar and comfortable than others writing about their experiences in a story format. Surprisingly often, the young people did not restrict their writing to the explicit focus of the study; these narratives tended to have a narrative structure with a clear beginning, middle and end.

It is in many ways evident that these young people's narratives need to be seen as co-constructions of the writer, the audiences and the medium of writing (Squire et al. 2014, 25). In addition to those 61 narratives, I received a few responses that I left out of the final data set; in one of these, the respondent only noted the name of a medication. In the majority of these responses, the writers did not seem to have taken the assignment seriously; they made jokes about suicide, smoking pot or being an 'angstic' teenager, or they focussed on making the point that I should

not 'pretend' that I 'give a fuck'. Other responses included an introduction that emphasised the value of the topic and my efforts to examine it. One young man wrote that he considered his participation important because my motives for conducting the study were in line with his wishes, specifically, passing on knowledge on *how young people experience their depression*. Similarly, one young woman wrote that this was the only reason she was willing to tell her highly personal story; she also thanked me and wished me luck.

### **Online group discussions**

In addition to individual narratives, I collected young people's accounts of their depression by conducting asynchronous online group discussions (e.g. Williams et al. 2012) on a closed discussion board that I created for the study. The only technical requirement for participating in discussions on these kinds of forums is a web browser and an Internet connection (Hewson, 2007, 410).

The online discussions were held twice, in 2009 and 2010. With the first discussion, my motive for collecting data through online group discussions was, above all, to offer young people an alternative way to tell about their experiences. I decided to conduct another group discussion in 2010 because it seemed necessary to collect more data and also important to conduct these discussions in a way that took into account the strengths and weaknesses of the first one.

The first and second group discussions were in many ways similar; the participants were recruited from online communities and instructed to read about the purpose of the study and other matters on the website and to register to the discussion board if they were willing to participate. The young people were informed that by creating an account, they would give their consent for me to use their messages as research data. Registration included choosing a pseudonym and reporting their age, gender and email address (information about how the participants' privacy and confidentiality were maintained can be found in Chapter 4.5). When participants logged in for the first time, they could read my welcome message, including information about the first topic of discussion and how I planned for the discussion to proceed. Welcome messages can be used to set the atmosphere for the forthcoming discussion (Mann & Steward 2000, 144), and my intent was to create a friendly and relaxed atmosphere. I also listed some general guidelines on writing and editing messages, including regarding insulting or otherwise inappropriate messages, and on how to protect privacy. People tend not to be very familiar with group discussion as a research method, and thus it is important that the researcher discusses the method with participants (Valtonen 2005, 231); in this case, I informed them of my ideas on the discussion, but I also encouraged them to express their thoughts about the method and ask me if anything was unclear.

Both online group discussions were semi-structured (e.g. James & Busher 2006). The topics covered the ways depression had influenced the participants' lives, their views of the causes of depression, their experiences with talking about versus hiding their depression, the things they viewed as helpful or unhelpful in their attempts to cope with depression and the desired responses of others; I also

asked follow-up questions to elicit additional information or clarification. The lengths of the messages sent during the discussions varied from one sentence to one-and-a-half pages of printed text. The number of messages includes my own comments and questions (see Table 1).

In 2009, 14 young people participated in the online group discussion; the discussion started in January, but I left open the date when it would end. At the beginning of the discussion, my aim was to avoid leading it too strongly; I hoped that the participants would discuss their depressive experiences without my interference as much as possible because I wanted to avoid controlling the group and to be more of a background figure (Bloor et al. 2001, 48–49). Through trial and error, I noticed that this was clearly not the best way to conduct an online discussion of young people's personal experiences with depression: it soon became clear to me that my initial aim would leave the young people who were willing to tell me about their distress without adequate guidance and me without data. Therefore, I decided to lead the discussion more strongly by creating new threads and asking follow-up questions significantly more often than I had planned. The discussion board was open to participants for two and a half months, and the data set consists of 193 messages. Some participants were more active than others and even though I welcomed everyone individually and attempted to acknowledge everyone's contribution to the discussion, I experienced difficulties maintaining relationships with every participant and knowing what they thought about participating in the discussion. To close the discussion after it seemed to have waned, I wrote a summary of the discussions, thanked all participants and reminded them to contact me if they had any worries or questions about the study.

In January 2010, I conducted another online group discussion with six participants; based on my previous experiences, I put a great deal of effort into maintaining my relationships with each participant and clearly defining the time when the discussion would end. After the participants had registered to the forum, I sent them a private message and asked a warm-up question about their Internet use. I also instructed them to introduce themselves (Mann & Steward 2000, 109; Valtonen 2005, 232–233) to other participants by telling the group, for example, the kinds of studies they had previously participated in. This time, the forum was open for one and a half weeks. I planned for the discussion to last five days. The discussion began after all six participants had registered to the forum; every evening, I commented on the discussions, asked for clarification and introduced a new topic of discussion. During those five days, I also asked some questions (such as the participants' views on the causes of their depression) by exchanging private messages with each participant. Furthermore, I used private messages to encourage the participants if some time had passed since they had written to the group and to thank them personally at the end of the discussion. When the group discussion ended, I left the discussion board open for two or three more days in case the participants wanted to add something. This data set consists of a total of 156 messages.

It was evident that the format of the second group discussion was much clearer (mainly owing to the time frame set for data collection) and that that had made



it easier to develop and maintain relationships with the participants. Although the way in which I conducted the latter group discussion had many advantages, the participants in both the first and second discussions provided rich data. I was particularly amazed at the participants' efforts to describe to me what their lives were like when they were struggling with depression and at their willingness to help me with my project.

### **Individual online interviews**

The third way in which I collected data was conducting asynchronous individual interviews online (e.g. James & Busher 2006): I interviewed four young people who were willing to participate in the present study but did not have an opportunity (the group discussion had either started already and there were not enough participants to conduct another one, or the group discussion had already ended), or did not want to participate in the group discussion. This data set consists of 74 messages including my own comments and questions.

One of the individual online interviews took place via email, and the other three were on the discussion board through private messages; the latter ones were partly conducted on the discussion board at the same time as the second group discussion was held, but the interviewees could not see the discussions because I had set the privacy settings to make their content accessible to only the six registered participants.

The individual interviews followed the same pattern as the group discussions: they were semi-structured interviews during which the interviewees could tell about their personal experiences and views related to the specific themes I was interested in. The focus was thus on the interviewees' interpretations and ways of giving meaning (Kvale 1996) to depression and disclosing it to others. The individual interviews covered the same topics as the group discussions: the ways in which depression had influenced the interviewees' lives, their views on the causes of their depression, their experiences with talking about or hiding their depression and the things they viewed as helpful or unhelpful in their attempts to cope with depression, as well as the desired responses of others.

I presented the questions to the participants one at a time, and in this study, that proved to be a good decision, not least because it was essential not to overwhelm the interviewees by sending too many questions at once (Hooley, Marriott & Wellens 2012, 62). In face-to-face interviews, it is important to listen to the interviewees and give them time for reflection. In online interviews, the interviewer has to use words to express that they are listening, for instance by responding quickly and asking follow-up questions (Tiittula, Rastas & Ruusuvuori 2005, 269). After each message participants sent, I responded to them by, for example, asking follow-up questions or presenting the next topic I wanted them to address. Although I responded to the interviewees' messages relatively quickly, the asynchronicity of the communication made it possible for me to take some time to consider their answers and my own responses (Kivits 2005, 47).

The asynchronous nature of the communication not only offered the interviewees time for reflection but also enabled them to send their answers at their own

pace and to write responses of whatever length they wanted (Mann & Steward 2000, 79). Although the number of topics was the same in each interview, the time the interviews lasted varied greatly depending on how quickly the interviewees answered my questions; in some cases, the message exchanges were quite rapid. Some interviews were in fact conducted within a few days, whereas others lasted for a period of weeks. Similar to the group discussion data, the messages sent during the interviews varied in length from one sentence to one and a half pages of printed text. Thus, the depth of reflection also varied between the interviews: the interviewees either answered my questions very briefly or provided thick descriptions of their daily lives and matters such as their views on the causes of depression. I did not want the interviewees to feel any pressure to answer questions they were not ready to answer or that their answers, regardless how short they were, would not be adequate. I attempted to stay sensitive regarding the tone of the conversations (Mann & Steward 2000, 141) as well as each interviewee's personal style of answering my questions. As a result, the number and types of follow-up questions I asked varied, and this also applies to the individual part of the second group discussion.

#### **4.4 DATA ANALYSIS**

Because the data were already in text form, transcription was not needed before the analysis. I began treating the data by first removing all identifiable information and reading through the different data sets to obtain an overview of all the data. I then applied different coding methods such as descriptive (Saldaña 2009) and analytical (Richards 2009) coding to organise the data and to gain a preliminary understanding of the content of the participants' accounts; I chose different methods for analysing the data based on the sub-study research questions (Harper 2012, 85). To examine the participants' perspectives on their distress and disclosing it to other people, I used both thematic (sub-studies II and III) and narrative (sub-study I) analysis.

##### **Thematic analysis**

One method I utilised to analyse the data was thematic analysis, which can be used to shed light on how groups of people conceptualise the phenomenon under study (Joffe 2012, 212). Joffe (2012, 209) defines theme as a *specific pattern of meaning* present in the data. In this study, I applied thematic analysis to examine the participants' views of the potential benefits and drawbacks of communicating depression in different contexts (sub-study II) as well as the stigmatising conceptions of depression they negotiated in their accounts (sub-study III). Thematic analysis enabled me to condense all that unstructured data into thematic categories (Harper 2012, 85) that were relevant in answering the research questions of these two sub-studies.

The aim of the second sub-study was to identify the primary frameworks (Goffman 1974) the participants used to explain their decisions on communicating their distress to other people. Analytical coding (Richards 2009) and subsequent

categorising and re-categorising of the data were the key means I used to gain understanding of the different meanings the participants attached to communicating. I began the analysis by investigating the data segments which focussed on talking about or concealing depression. I paid attention to the different concepts, expressions and meanings attached to talking that were present in the participants' accounts; I grouped the passages of text into conceptual categories and gathered the data relating to each category to identify similarities in and differences from the meanings they gave to disclosing and discussing depression. I then named the initial primary frameworks based on these categories and sub-categories. Following this, I continued analysing the views related to each framework. At this point, it became clear that different gestures, facial expressions and visible emotional reactions played a fundamental role in many participants' views, and therefore, I broadened the focus to include both verbal and non-verbal ways of expressing thoughts and emotions. In the final phase of the analysis, I re-categorised the data and refined the frameworks until all the accounts fit into them.

The data analysis proceeded in a similar way in the third sub-study; the aims of this sub-study were both to reveal the stigmatising cultural conceptions of depression and to understand how the participants contested these conceptions, which they saw as counterproductive. I focussed on coding and categorising (Saldaña 2009; Miles & Huberman 1994) the accounts in which the participants had conveyed different meanings attached to their depression in actual or anticipated interactions with others. I also paid attention to their own thoughts about depression which had, for example, prevented them from seeking help for their distress (self-stigma). Based on the categories and subcategories I developed during this phase of the analysis, I named two stigmatising cultural conceptions of depression. In the final phase of the analysis, I further explored the data to gain understanding of how the participants expressed voices that countered the stigmatising ones.

### **Narrative analysis**

In addition to young people's ways of giving meaning to being open about their distress to others, I was also interested in the stories they told about their depression. Therefore, narrative analysis was another method I used in the present study (Harper 2012, 85). The focus in this analysis was not on *how* the participants told me about their depression but on *what* they told, that is, the content of their stories (what happened and what were the consequences) (Laitinen & Uusitalo 2008, 131; Squire et al. 2014, 78).

A narrative can be defined broadly as 'a set of signs, which may involve writing, verbal or other sounds, or visual, acted, built or made elements that similarly convey meaning'; what makes a set of such signs a narrative is the movement between the signs that creates meaning (Squire et al. 2014, 5). A narrative interpretation of a chain of events defines both the beginning and ending points of the plot in a story, and the events in a story involve feelings and values and are connected to each other as causes and consequences. Thus, a narrative organises the events in a person's life into a meaningful whole, and even very short stories

can be used as data for narrative research. A narrative interpretation can also be identified from the data that are collected from thematic interviews, although it is much easier when the data consist of, for example, biographies or narrative interviews. (Hänninen 2010, 162–164.)

In this study, I used narrative analysis to examine how young people understood their depression as a part of their life courses. The analysis can be divided into four phases beginning with reading through the data and writing down phrases which summarised the content of the participants' accounts. To gain a preliminary understanding of the key themes in the stories, a coding frame with broad codes such as family, school and work was developed (Gibbs 2007). The next phase focussed on examining the plots of each participant's inner narrative (Hänninen 1999; 2004). In the accounts that had a narrative structure, the chronological order of the events from past incidents to future prospects was examined to identify the plots to which these events contributed (Polkinghorne 1988, 18–19). Because I also used semi-structured group discussions and individual interviews to collect young people's accounts of depression, the information provided by these participants needed to be compiled and organised chronologically to reveal the plots of the inner narratives, paying particular attention to the accounts of events and life conditions that had preceded and followed their depression and to their present situations (i.e. whether they as protagonists had recovered from or found ways to cope with depression and related difficulties or were continuing to struggle with them), as well as their expectations for the future (i.e. how they as the protagonists saw the possibility of overcoming present or future challenges or having the lives they had hoped for). In the final phase of the analysis, the accounts were grouped into four non-exclusive categories; this was because some accounts could be classified as belonging to more than one group.

Thematic analysis was clearly not the only method I could have used to analyse the cultural perceptions of depression and the young people's ideas about discussing their distress with other people; focussing on the language (e.g. metaphors) the participants used to describe their depression and communicating it to others (McMullen 2003; McMullen & Conway 2008) would have been one interesting possibility.

## **4.5 RESEARCH ETHICS**

As in any research involving human subjects, rigorously following all the appropriate ethical procedures of informed consent, avoiding harm and confidentiality were highly important parts of the research process. The ethical procedures related to Internet-mediated research can be seen in many ways as similar to those that concern more traditional research contexts (Hooley, Marriott & Wellens 2012, 25). At the same time, however, conducting online research also presents some novel ethical questions related to, for example, obtaining informed consent and maintaining data security and confidentiality (Hewson 2007, 416).

As I presented in Chapter 4.1, the features of the Internet tend to facilitate self-expression and disclosure (McKenna 2007), and merely visiting the existing online communities would indeed have provided direct access to young people's accounts of depression. However, as a consequence of the blurred boundaries between public and private data, researchers who collect data online face ethical questions about how to gain consent to use people's online accounts for research purposes (Hooley, Marriott & Wellens 2012, 31). In this study, I attempted to ensure informed consent by using a specific web form to collect the young people's narratives and by establishing my own discussion board for the purposes of the study. At the beginning of the project, I created a website that provided comprehensive information about the study including its purpose and methods, the potential benefits and harms of participation and the ways in which the participants' privacy would be protected.

During the data collection phase, I protected the participants' privacy by gathering as little identifying information about them as possible. I instructed the young people to use pseudonyms when sending their written narratives and/or registering on the discussion board. Using the web form to send the narratives did not require the participants to disclose any identifying information; their email addresses, however, were needed in order to activate their discussion board accounts. The only way to access the forum was to first register a user account that I then activated. Search engines were prevented from having access to the content of the forum, and the electronically transmitted data were also encrypted using a Secure Sockets Layer protocol. I instructed the participants to log out and close the web browser after they visited the discussion board. I also reminded them not to disclose their personal information such as names or contact information during the group discussions, and I emphasised the importance of maintaining confidentiality by not revealing the content of the discussions to outsiders.

I removed all the data from the forum and from my email inbox immediately after I collected the data; the data (as well as email addresses, which were deleted after data collection phase) were then stored in an encrypted, password-protected file on my computer. Before the analysis, I removed any identifying information, including pseudonyms, from the data. In the reports, I protected the participants' anonymity by changing their pseudonyms as well as by selecting quotations and constructing individual stories in a way that ensured that no participants could be identified.

As the existing body of literature shows, disclosing mental health concerns such as depression can be felt as risky. Adverse experiences and events in people's lives may also be seen as a sensitive research topic because talking about them can be difficult and burdensome, although this might not always be the case (Squire et al. 2014, 91). In addition to suffering or having suffered from depression, the participants in this study were young people, both of which can make them vulnerable research subjects. It should be noted that it is important that young people be given the opportunity to tell about their experiences related to mental health concerns, and in fact, a key motive for a number of the young people in this study

to participate seemed to be to increase understanding of and knowledge about depression from the point of view of young people themselves. Nevertheless, it was very important to carefully consider how to avoid causing harm to the young participants.

One of the advantages of online research is that it facilitates more balanced researcher-participant power relationships (Hewson 2007, 412). Without the physical presence of the researcher, participants may feel less pressure to provide an answer or to remain in an uncomfortable situation (Nosek, Banaji & Greenwald 2002, 164), and this was one of the main reasons I chose to use online methods to examine young people's experiences with depression. To avoid harm, I emphasised the voluntary nature of participation as well as the young people's option to decide which topics they were willing to discuss and to withdraw from the study at any time. I also instructed the participants to contact me if they for some reason wanted to remove some message they had written on the forum. I stressed that there were no right or wrong answers, that telling about their own experiences was valuable whether they were different or similar to other participants' experiences and that I was particularly interested in how they themselves understood and had experienced depression. I also considered it useful to ask the young people to reflect on their participation in this study by telling about their experiences and views of the benefits and drawbacks of discussing depression online. It was also important to let them know that I am a researcher, not a mental health professional. I posted on the website links to and telephone numbers for a number of places that offered help, and I guided participants to seek help when it seemed to be called for.

A vital part of research ethics is reflecting the viewpoint of the study topic (Pohjola 2007, 18); even when our aim is to give voice to people who participate, as researchers, we always make choices on how to interpret and represent the data (Hänninen 1999, 34), and the study viewpoint may produce false knowledge if it fails to reach the participants' subjective realities (Laitinen & Uusitalo 2008, 139). Even the concepts and expressions we choose to describe the study phenomenon and participants may unintentionally strengthen prevailing negative beliefs or prejudice (Pohjola 2007, 25), for instance against people who suffer from mental health problems. In order to not cause this kind of harm, researchers should be ready to question the dominant ways of understanding the phenomenon they are studying (Laitinen & Uusitalo 2008, 139). In this summary, I have attempted to reflect the findings of the sub-studies in the light of the different cultural conceptions of depression to represent the diverse aspects of young people's experiences and to avoid producing simplified knowledge on depression.

# 5 *The Findings of the Sub-Studies*

In this chapter, I present the findings of the three sub-studies. First, I shed light on young people's narratives of depression (sub-study I). Then I describe their views of communicating their depression by elucidating the frameworks (Goffman 1974) they used to explain their decisions regarding communicating (sub-study II). Finally, I describe how the participants negotiated the stigma associated with depression (sub-study III).

In the first sub-study, the focus was on how the participants made sense of their depression in relation to the prevailing cultural conceptions regarding youth; I wrote this sub-study together with Professor Vilma Hänninen. In the second sub-study, I explored young people's views of the pros and cons of communicating their depression. My growing understanding of the subject matter during the data analysis process, as well as the findings of the second sub-study, strengthened my initial conception of the importance of examining the diverse ways of ascribing meaning to depression. I was particularly interested in the conceptions of depression which expose young people to stigma and, consequently, influence how they respond to depression and how willing they are to be open about their experiences. Therefore, the third sub-study focussed on the ways the participants negotiated the stigma around their depression.

## **5.1 YOUNG PEOPLE'S NARRATIVES OF DEPRESSION**

In the first sub-study, we examined how the young people understood their depression as a part of their life courses; we assumed that they would deploy the prevailing normative conceptions regarding youth to make sense of their depression. The findings reveal how both biographical events and societal conditions contribute to young people's developing their depression. We found four main story types that reflected different causes of depression as well as different ways to prevent it. In the story type called *growing up on a side track*, depression had its origins in childhood adversities as a consequence of which the young person met challenges in living up to normative expectations. The *falling off the track* story type represented how a young person's life can be derailed as a result of experiences that cause or exacerbate depression. In the story type called *missing the track*, depression intertwined with the young person's experience of failure to meet normative expectations, and, in the *questioning the track* story type, with their reluctance to adhere to these expectations. For some, gaining new perspectives on

their lives meant finding meaning in living up to the cultural stories regarding youth, whereas others constructed alternative stories that challenged the prevailing models as guides for life.

Only in a small number of qualitative studies such as Granek's (2006) and Oliffe et al.'s (2010b) has the focus been on young people's own understandings of how their depression had developed. The purpose of our study was to explore young people's narratives of depression to better understand their perspectives regarding the origins of depression and its meaning for their present and future lives, including its consequences as well as how they had been able to recover from or at least cope with it.

We used the model of narrative circulation (Hänninen 1999; 2004) as a conceptual frame for analysing the dynamics of the young people's stories. We assumed that young people negotiated the dominant cultural models related to youth (according to which young people experience periods of inner turmoil, rebellion and identity seeking, then gain education, find their places in the working world and form stable relationships and establish their own families) as parts of their inner narratives. Moreover, we also considered conceptions and ideals of femininity and masculinity to provide cultural models for the young people to make sense of their experiences. I described the data analysis in Chapter 4.4.

Within the first story type, growing up on a side track, depression was explained by early life conditions and experiences. Many participants disclosed that they had experienced difficulties in relationships with their peers; a number of young people had been bullied at school, with severe and long-term consequences for their self-esteem and their ability to function at school and at work. Furthermore, a number of participants explained the development of their depression by referring to their family conditions, such as parenting style, lack of emotional support, frequent arguments, low income, a parent or sibling's mental health problems, a parent's alcohol or other substance abuse, family violence or sexual abuse. As a consequence of these adverse life conditions and early experiences, the young people had met challenges in living up to normative expectations; however, the courses of the stories varied. Some participants reported still living in disadvantageous conditions or fighting the ghosts of the past, indicating that their struggles had not come to an end; others had overcome at least some of the challenges, even if depression was sometimes still a part of their everyday lives. Building resilience against future adversity and learning from the past were described as positive outcomes of difficult experiences. Many of the young people had been able to cope with or recover from depression with the help of changes in their life conditions, stable and supportive relationships, professional help and a diverse set of self-help strategies and/or medication.

In the falling off the track story type, the young people's lives had been derailed by adverse life situations; the adversities that preceded depression included unexpected disruptions, life changes, losses and difficult relationships. Some protagonists explicitly described how they had fallen off the normative track as a consequence of adversity (such as losing a job). Others' accounts can be seen as



representing how the profound changes in young people's daily lives caused by depression (e.g. fatigue and social isolation) and the adversities responsible for their predicaments made keeping their lives on track a demanding task. Positive changes in life situations, medications, self-help strategies and professional and/or lay support had helped some participants to manage or overcome depression and related adversities; others had not received the help they needed and were overwhelmed by recurring adverse life events or by the sudden return of depression.

The missing the track and questioning the track story types were related to the life goals that the young people were pursuing. The young people's depression stemmed from not being able to attain goals, from pursuing them too vigorously, from finding that goals had lost their appeal or from not identifying with normative life goals. In missing the track, the development of depression was connected to the young person's experience with failing to meet normative expectations such as becoming independent, gaining education or building a stable work career; in questioning the track, depression was intertwined with the young person's battle between living up to normative expectations and making different choices. In this story type, the value of conventional life goals could be denied altogether; sometimes, society's placing such a high value on individual performance was seen as responsible for the individual's predicament. The idea that depression can be explained by applying the narrative representation of adolescence as a time of emotional turmoil could also be resisted. In the accounts that could be grouped in these story types, gaining a new perspective on one's present and future situations was essential for feeling better; this meant reconsidering one's aims in life and changing one's goals, or pursuing something because of its intrinsic value rather than due to external pressures. For some young people, however, the future seemed to remain empty, hopeless or even frightening.

In addition to the narrative representations concerning youth, the young people used traditional gender ideals to make sense of their experiences; a number of young women who had been bullied referred to how their outward appearance differed from feminine ideals. Many female participants told that they had adopted the feminine nurturing role (Visser 2002) and put their own needs aside to help and protect others, often at the expense of their own well-being. Similarly, young men disclosed that they had refrained from revealing their feelings or, conversely, had shown too much interpersonal sensitivity. Thus, both failing and succeeding to meet gender ideals could contribute to depression (cf. Valkonen & Hänninen 2013).

Many of the young people who participated in this study had been able to create stories in which they depicted themselves as able to overcome depression and sometimes even as having benefited from their experiences in the form of insight or compassion. Being able to create redemptive stories with positive endings to difficulties may also help young people to cope with problems later in life (McAdams & McLean 2013), although it is important that young people not be left without support to face this challenging task. The economic and social circumstances that adversely affect young people's mental health should also be addressed rather than expecting them to cope with their difficulties only through individual means (Stoppard & McMullen 2003).

## 5.2 YOUNG PEOPLE'S VIEWS OF COMMUNICATING THEIR DEPRESSION

In the second sub-study, I examined young people's views on communicating their depression; the findings show that they viewed communicating in positive terms when it enabled them to seek support, feel understood and handle their distress. Conversely, they viewed communicating in negative terms when it burdened their close ones, when others did not understand what they were experiencing or when communicating led to their becoming entangled in distress. Hence, despite the many ways in which communicating alleviates mental distress, young people may also see it as problematic or even as an unhelpful means of coping with depression.

Youth is depicted as a time of life during which mental health problems such as depression often occur for the first time (Patel et al. 2007), and furthermore, depressive experiences in adolescence can predict suffering from depression later in life (Aalto-Setälä et al. 2002b). Thus, it is important that young people who face these problems be helped as early as possible. The importance of studying young people's views on communicating their depression is evident in light of the findings reported in a number of studies regarding young people's tendency not to seek professional help for their depression (e.g. Aalto-Setälä et al. 2002a) and their unwillingness to disclose their suffering even to those closest to them (e.g. McCann, Lubman & Clark 2011). Researchers have more often been interested in young people's views of and experiences with formal help despite the findings that young people are more likely to seek help from informal sources (e.g. Timlin-Scalera et al. 2003).

To gain understanding of the varied meanings young people give to opening up and discussing depression, whether with professionals or in more informal contexts, I applied Goffman's (1974) frame analytic perspective. My aim was to identify the *primary* frameworks that the participants used to explain their decisions about communicating their depression. I applied Goffman's idea about activity being subjected to different types of transformations within the primary frameworks (1974, 156) to reveal both the pros and cons of communicating depressive experiences. The participants' tendencies to consider communicating from different viewpoints can be traced at least partly to the fact that I had asked them to consider both positive and negative social interactions. I described the analysis process in Chapter 4.4.

I found that the young people used three different frames to explain their decisions about communicating; I called them the *frame of support*, the *frame of connection* and the *frame of handling*; within these frames, the participants discussed both the benefits and drawbacks related to communicating.

Within the frame of support, young people viewed communicating their depression as either seeking support or, alternatively, burdening. Being open and discussing their depression allowed young people to seek both emotional and practical support from loved ones, professionals or fellow sufferers either face-to-face or via the Internet. Seeking support from others was difficult for those par-

ticipants who were, for example, used to keeping emotional distance from others or who preferred to be self-reliant. Sometimes the young people wanted to stay autonomous and were therefore reluctant to rely on their parents.

Within the frame of support, communicating depression could also be seen as burdening. This could mean, for instance, the young person's reluctance to burden mental health services and related thoughts about not being entitled to seek professional help. However, more often, the participants disclosed their unwillingness to worry their parents or jeopardise their friendships or romantic relationships by being a burden or expressing emotions and thus spoiling the time spent together. Some participants noted that concealing burdened their relationships as well: prolonging disclosure and thus not being authentic could even result in relationship break-ups.

Accounts which could be categorised in the frame of connection drew attention to how communicating could result in either succeeding or failing to form connections. In these accounts, the participants described social situations in which they had attempted to explain their experiences with depression to other people; many had experienced interaction partners who had understood them or at least done their best to understand what they were going through; the young people valued peer support precisely because their fellow sufferers were able to relate to their experiences. When referring to successful connections with professionals, the participants emphasised the importance of finding the *right* person. According to the young people, forming connections is not easy; finding the right words, for example, may be difficult both for those who attempt to convey their thoughts and emotions related to depression and for the listeners who are attempting to comfort and be supportive. Many participants had also experienced others' judgements or disbelief or, at least, were aware of what could happen if they disclosed their depression.

The participants also considered the pros and cons of communicating depression online. The pros included time to reflect on and verbalise experiences as well as the possibility to control when and how to communicate and, conversely, when to refrain from it. The cons in turn focussed mainly on the absence of nonverbal cues, which could potentially cause communication problems and make it difficult to feel connected to others.

When the participants used the frame of handling to evaluate the pros and cons of communicating, talking about depression meant the possibility of handling distress but could also lead to sinking into distress. Communicating (in addition to discussions, the participants used other means for self-expression such as art, music and writing) enabled expressing thoughts and emotions as well as reflecting on one's experiences and thereby gaining insights (particularly with professionals) into, for example, the causes of depression. Talking about depression and related experiences was seen as helpful but also as distressing because it tended to bring difficult thoughts, emotions and experiences to the surface; therefore, the young people did not always see discussing their depression with professionals as beneficial. Furthermore, despite the obvious benefits of peer support (when evaluated using the frame of support or the frame of connection as

reference points), some participants noted the potential disadvantage of peer support, mainly immersing oneself into another depressed person's experiences and consequently also sinking into distress.

These findings emphasise the importance of respecting young people's own points of view on communicating their experiences and suggest that they need to be encouraged to find ways to make their communicating helpful. Close contacts in turn could be advised to express their readiness to listen, although pushing young people to talk may not always be beneficial. Furthermore, when offering help and developing mental health services for young people, professionals need to respect the risks young people perceive in discussing their experiences and consider whether alternative ways of expression such as music, art, or writing therapy would be more suitable.

### **5.3 YOUNG PEOPLE NEGOTIATING THE STIGMA AROUND THEIR DEPRESSION**

In the third sub-study, I explored how young people negotiated the stigma associated with depression, and the findings revealed that the participants used two cultural conceptions of depression: *depression as a mental illness* and *depression as a matter of 'pulling oneself together'*; these perceptions tended to deepen their distress and contribute to their decisions regarding concealing their depression as well as their unwillingness to seek help. Furthermore, the findings show that to challenge these harmful ways of giving meaning to their experiences, the participants drew on the concept of depression as a normal but serious affliction.

The starting point of this sub-study was in many ways similar to the overall aim of this dissertation study: because depression is known to have a severe disruptive impact on young people's well-being, understanding the problem and gaining insight into helpful ways to respond to it are important. In a similar vein to the studies conducted by Bennett and colleagues (2003) and Prior (2012), the aim of this study was to reveal the stigmatising conceptions that young people must cope with when they face mental health problems as well as to shed light on alternative understandings.

I drew theoretical insights for the study from Mikhail Bakhtin's (1981) idea about the dialogical nature of all language. In so doing, I understood young people's accounts as responses to the perceptions of others that reflect different values, opinions and viewpoints within a particular cultural context. Young people were thereby expressing their own voices by orienting them among others, combining them with some and opposing them against others (Bakhtin 1984, 239). To make it visible how the meanings attached to depression stem from social interactions (actual or imagined), and how these meanings shaped the young people's feelings, thoughts and actions in relation to their depression, I turned to symbolic interactionism (Blumer 1969; Mead 1934/1967; Goffman 1963); I also describe this data analysis in Chapter 4.4.

The participants in my study used the conception of depression as a mental illness when describing others' actual or anticipated responses that caused them to feel that they were not being perceived or treated as normal. Some young people felt that others were worrying about how they reacted (for example, avoiding expressing their real thoughts and emotions around the depressed young people for fear that they would become even more depressed), and others felt that other people labelled them mad (see Chapter 6.3). This way of ascribing meaning to depression was the reason some participants had concealed their depression from their peers and others as well as refrained from disclosing their distress to professional caregivers or even seeking professional help at all. Many accounts revealed that the young people had concealed their real thoughts and emotions or even isolated themselves to avoid responses that would make them feel not normal; their efforts to conceal their depression became understandable because exposing themselves to the stigma of mental illness tended to deepen their distress; one participant even reported having been abandoned by people who did not understand her painful experiences but instead labelled her mad. Others referred to the common conception that depression inevitably means risk of suicide, and furthermore, that people who are considered mentally ill may be seen as dangerous as well; the school shootings that took place in Finland a few years ago, for example, may have strengthened this conception. The accounts of the young men in this study revealed how they had had to manage and negotiate the perception that they blamed others for their difficulties and were consequently potentially dangerous.

Depression as a matter of pulling oneself together was another stigmatising conception of depression that could be identified in the young people's accounts; the participants drew on this perception to disclose the ways in which their depression had been belittled or contested as legitimate suffering. Interpreting young people's depression from the perspective of the ordinary sad feelings that can occur in life suggests that in order to overcome depression, they simply need to pull themselves together. In some accounts, the participants actually described their efforts to defeat their depression by only working harder or trying more. Others depicted how other people's cultural expectations and subsequent real or anticipated urges were not helping them but rather caused them additional distress and made them feel that they were failing. Admitting that they were no longer able to manage their lives and emotions had been difficult, and as a result, the young people had delayed seeking help until their difficulties had escalated.

A number of participants reported that the fatigue related to depression had had a debilitating impact on their ability to manage their everyday lives; some anticipated that others would consider their weakened ability to function as fabricated and instead a sign of laziness; others disclosed their actual experiences of being seen as merely lazy. Another way to consider depression as fabricated was to interpret that young people who communicated their distress were merely fishing for attention. For some participants, this was closely tied to the tendency to label the young person (in this study, appeared to apply especially to teenage girls) an 'angsty teenager' who is seeking attention by, for example, acting suicidal;

one young woman partly accepted the idea that she was seeking attention but redefined these attempts as a cry for help. More often, the participants described how they had hidden the signs of their distress by being calm, talkative and open or by always smiling and making others happy. Because the stereotyped image of depressed people is rather far from this, 'pulling themselves together' in the presence of others had also in some cases paradoxically led to others' contesting the authenticity of the young people's depression.

As a response to these stigmatising conceptions, the participants had constructed alternative ways of understanding depression. They attempted to both normalise it (as a response to its conception as a mental illness) and emphasise the potential severity of their depressive feelings (as a response to depression's conception as a matter of pulling oneself together). For instance, the participants highlighted how common depression is or defined it as a difficult or challenging situation in life, and therefore, they hoped to be perceived and treated normally (also e.g. Bennett et al. 2003). In contrast, the participants' accounts also drew attention to how pulling oneself together is not a sufficient means of coping with persistent, long-term depression or depressive feelings that are deeper than ordinary. Subjective experience was sometimes suggested as a basis for legitimate suffering, and furthermore, utilising the concept of illness to either normalise depression (it is only an illness) or legitimise the suffering it causes (it is an illness just as any other) was rather common among the participants.

The findings of this study indicate that information regarding both the harmful and helpful ways to give meaning and responses to depressive experiences should be disseminated through various fora (in schools, in the media and elsewhere). The importance of normalising depression and taking suffering seriously when depressive feelings are persistent and/or deeper than ordinary feelings should be emphasised to encourage young people to seek help when required and to offer significant others ideas about how to respond to their experiences in helpful ways.

# 6 *The Cultural Story Models of Depression*

The findings from the first and third sub-studies presented above indicated that young people often conveyed their experiences by drawing upon different ideas (adopting some while modifying or even rejecting others) about their affliction. Hence, to further understanding of young people's experiences from yet another point of view, I scrutinised the different conceptions of depression in this summary part of the study. The purpose of this chapter is to elucidate the cultural stock of stories (Hänninen 1999; 2004) that provided the young people with interpretative resources for making sense of their distress.

Different ways in which distress can be interpreted have previously been illuminated by using, for example, the concepts of language (Brinkmann 2014) and meta-narrative (Baldwin & Johnston 2013). Svend Brinkmann (2014, 4) highlighted that there are a number of possible vocabularies for interpreting human distress: 'stating that something is existential melancholy, for example, implies one set of understandings and action possibilities, whereas stating that it is clinical depression implies another set'; in his article, Brinkmann describes five different languages (diagnostic, religious, existential, moral and political language) of suffering. Baldwin and Johnston (2013) used the concept of meta-narrative to present different ways in which disability can be interpreted and framed, and they identified three different meta-narratives (religious, medical and social) of disability. In a similar vein, I aimed to make visible the different conceptions of depression that young people utilise to interpret their distress but using the concept of the cultural story model drawn from the model of narrative circulation (Hänninen 1999; 2004). This model served this study's purpose particularly well because it enabled understanding the connections between cultural conceptions and young people's personal experiences related to depression.

To construct different story models of depression, I first reflected on the findings of the first and third sub-studies in light of the findings from earlier studies on depression. I utilised both these findings and relevant literature to trace the cultural backgrounds of the different depression story models. It is possible that there are story models which address other aspects of the causes of and solutions for depression such the significance of nutrition and exercise (see Saastamoinen 2014, 131), but I chose to focus on the models which seemed to represent the most salient ways in which the participants had made sense of their distress and their experiences and views on revealing their affliction to other people. The five story models I describe in the following sections should be seen more as generic core

stories concerning the causes of and ways to overcome depression rather than actual stories with distinct beginnings and endings.

The story models the young people mainly utilised were the following: storm and stress, moral, madness, biomedical and life stress. Despite their partial overlap, each story model explains depression in its own way and in so doing often tends to suggest different means to defeat it.

## 6.1 STORM AND STRESS

The first cultural story model relating specifically to youth depression could be called *storm and stress*. This model presents young people's, or, more precisely, adolescents', depression as emotional turmoil that is a part of normal adolescent development; consequently, depression can be expected to pass over time as growth and maturation proceed.

The roots of this story model may be traced back as far as Ancient Greece: the special characteristics of adolescents' behaviour and psychological make-ups were already addressed by Greek philosophers such as Aristotle and Socrates. In 1904, Stanley Hall named his theory of adolescent storm and stress after the German literary movement of the late 18<sup>th</sup> century known as *sturm und drang*, which portrayed youth angst in a great many stories such as the famous novel *The Sorrows of Young Werther*. (Arnett 1999.) Hall's theory of adolescent turmoil significantly contributed to the fact that adolescent psychology became one of the founding disciplines in youth studies and thus had a major impact on how this part of the life course has been seen by scholars as well as among the public throughout the past century (Côté 2014).

Hall presented adolescent storm and stress as being universal (Côté 2014, 33), and based on that idea, it is normal for adolescents to experience mood disruptions, such as more extremes of or frequent changes in mood (including episodes of depressed mood) compared with children and adults (Arnett 1999; Offer & Schonert-Reichl 1992). Many psychoanalysts, for example, interpreted adolescents' storm and stress as stemming from 'the sexual and aggressive drives which followed puberty' and therefore something that can be expected at this age (Jones 2009, 9).

Hall's theory, especially his idea about the universality of adolescent storm and stress, has been widely contested (as a part of the nature-nurture debate) since the 1920s by, for example, anthropologists and sociologists (Côté 2014, 33). Furthermore, by drawing attention to the central role of childhood experiences rather than biology or individual psychopathology, psychoanalytically oriented theorists such as John Bowlby contributed to the shift of emphasis from nature to nurture (Jones 2009, 9).

Whereas some contemporary scholars address that adolescent storm and stress cannot be considered simply a myth but as 'a real part of life for many adolescents and their parents' (Arnett 1999, 324), others emphasise the harmful impact of this



idea on young people because of the persistent beliefs and negative stereotypes the public continues to hold of them and that are sustained by the media (Côté 2014). For example, Dundon (2006) noted that these beliefs potentially dismiss the suffering of those adolescents who need help.

## 6.2 MORAL

*Moral story* depicts people who fall into depression and cannot fight against it as having failed to follow the moral order. Within this story model, the means to prevent and defeat depression focus on the person's own will power and control.

In a similar vein to the storm and stress story, the moral story also has deep historical roots; one of the deadly sins in Christian tradition has been sloth, which can 'grip both the body and soul of its victim, paralysing both action and thought' (Lyman 1989, 5).

The term sloth thus appears to refer to many conditions ranging from spiritual and mental states to physical ones. In the early Christian and mediaeval eras, sloth, or, more precisely, *acedia* (Latin for 'without care') was seen as an affliction among religious persons who neglected their spiritual duties (Lyman 1989, 5–6); over time, sloth, as with all the other deadly sins, began to be seen as concerning all Christians (Jackson 1985, 48). Mentally, sloth mainly refers to a state of, for example, apathy and 'sluggish mentation'. As a physical state, the concept refers to 'a cessation of motion and an indifference to work' that manifests itself as inactivity and laziness. (Lyman 1989, 5.) Sloth was seen as resulting from committing a sin, and the person who failed to defeat this state was perceived as sinful (Jackson 1985, 53), and sloth is a sin precisely because people have the freedom to choose whether or not to do what is right and, in so doing, adhere to maintaining the moral order (Lyman 1989, 9–10).

Medicine provided the main means to contest the religious conceptions of mental distress (Porter 2002, 33). According to Lyman (1989), from antiquity to the Protestant era, sloth varied between being perceived as a sin and being understood as a disease. Protestant ethics that underline work as a moral obligation once again caused distressed people to be seen as lazy and thus sinful (Lyman 1989, 21–23), and it would appear that the traditional work ethic has not ceased to influence young people's attitudes toward work in the 21<sup>st</sup> century (Myllyniemi 2015, 66).

Present-day empirical studies on depression have shown that it is often attached to laziness or seen as a character weakness (e.g. Hänninen & Timonen 2004; Lafrance 2007; Valkonen, Hänninen & Lindfors 2011). Thus, people who experience depression tend to face or at least are familiar with perceptions of them as being somehow responsible for their own misery, and they often give accounts of their affliction which enable them to contest and resist these perceptions (e.g. Bennett et al. 2003; Lafrance & McKenzie-Mohr 2013).

### 6.3 MADNESS

I named the third cultural story model of depression *madness*. In this model, an individual with mental health problems, in this case, a depressed person, is perceived as being fundamentally different from normal people.

Until the 17<sup>th</sup> century, the care of lunatics remained the burden of their families, although towards the end of the Middle Ages, mental asylums were established to accommodate and treat people who were considered different, troublesome and undesirable. Criticism of asylums and related medical conceptions of madness that were facilitated by renaissance humanism and scientific rationalism and that presented the origins of madness as organic intensified, especially in the 1960s and 1970s during the so-called anti-psychiatry movement. (Porter 2002, 123, 210.) For example, Michel Foucault (1965/1988) aimed at narrating the repressive and inhumane aspects of separating the mad from the sane by confining them to mental hospitals and subjecting them to seemingly rational medical treatments in order to control and cure them. In his book *Asylums*, Erving Goffman (1961) described the fundamental meanings of this institutionalisation process—being confined to psychiatric hospitals and subsequent socialisation—for people’s lives and the perceptions of their problems as lifelong.

What is relevant for the present study are the persistent beliefs about people who suffer from mental health problems as being unpredictable and potentially dangerous as well as unlikely to recover from the condition; madness can indeed be seen as a common-sense category that refers to the idea that there are people who appear to be irrational, withdrawn, miserable or raging. Madness is thus ‘something that profoundly disturbs our common-sense assumptions; threatens the social order, both symbolically and practically; creates almost unbearable disruptions in the texture of daily living; and turns our expectations upside down’. (Scull 2011, 1–2.)

Madness has been presented throughout the centuries in visual arts, literature and drama (Scull 2011; Wahl 2003), and these images are also present in today’s mass media, in which people who suffer from mental health problems are presented as deviating fundamentally from others in, for example, their nature or physical appearance. Often, media images portray these people as being prone to violent outbursts and criminal actions. This tendency to behave aggressively or violently as a result of madness seems to be attached particularly to men. (Wahl 2003, 46, 56, 67.)

### 6.4 BIOMEDICAL

The fourth cultural story of depression is the *biomedical*; within this story model, depression is seen as a biologically based disease, the product of a person’s faulty brain biochemistry or genes, and thus, pharmacological treatment is the primary means of curing the condition.

According to Frank (1995/2013, 5), the medical story has become the dominant way of framing ill health in the modern period. Attempts to explain depression by locating its origins in the individual’s body has ancient roots dating back to

Hippocratic medicine: the theory that excess black bile caused melancholy contested the prevailing supernatural explanations such as demonic possession as the origin of mental disturbance (Porter 2002). In the 20<sup>th</sup> century, however, the biomedical model of depression gained legitimacy in the wake of the development of the diagnostic manuals (particularly DSM) that were used to diagnose psychiatric disorders. The psychiatric vocabulary has also become a part of the everyday understandings of people who are attempting to make sense of mental distress (Brinkmann 2014; Lafrance & McKenzie-Mohr 2013). The development of the new-generation antidepressants and the pharmaceutical industry's promotion and marketing of medication have played their own part in strengthening the biomedical model (see Hautamäki, Helén & Kanula 2011).

The biomedical story seems to hold a number of potential advantages over the competing conceptions of depression that were elucidated above. Research on the experiences of receiving a depression diagnosis have described its power to validate people's suffering, to fight against the idea of their being to blame for their misery and to offer hope that overcoming depression is possible with the help of medical treatment designed to repair the chemical imbalance in the brain (e.g. Fullagar 2009; Stoppard & McMullen 2003, 3). It is also worth noting that in modern welfare societies, a diagnosis tends to be required to access different benefits such as sickness allowance and pension (Brinkmann 2014).

Many scholars from different fields have criticised the dominance of the biomedical model by addressing, for example, the risks related to medicalising people's lives. It has been suggested that the rapid increase in depressive disorders does not indicate that depression has become more common but rather that it is a product of the changes in the criteria used to diagnose these conditions (e.g. Horwitz 2011; Horwitz & Wakefield 2007). Attention has also been drawn to how a diagnosis may exacerbate stigma associated with mental health problems (e.g. Ben-Zeev, Young & Corrigan 2010) and to experiential knowledge on the limited possibilities of antidepressants in facilitating recovery (e.g. Fullagar & O'Brien 2012), as well as to how understanding depression in terms of individual pathology ignores the social, cultural and political contexts of people's lives that result in this affliction (e.g. Rikala 2013; Stoppard & McMullen 2003).

## **6.5 LIFE STRESS**

*Life stress* is the fifth cultural story model of depression that can be used to make sense of distress; this model presents depression as a reaction to stressful life events, experiences and circumstances. Depending on the approach, the suggested means of battling against depression range from individual solutions (such as fixing distorted thinking patterns or making changes in one's life) to changing the wider social and cultural conditions.

Life stress as a cultural story model of depression derives from the more general interest (from the 1970s onwards) among researchers in studying the impacts of stress on individuals' lives. An influential study conducted by Brown and Harris

(1978) revealed how past and current stressful or difficult life events could lead to depression among women. Social models of depression, such as Brown's and Harris's causal model, locate the causes of depression within the social environment by emphasising the role of adverse life events and circumstances (e.g. poor health, the death of a loved one, or the break-up of a marriage) which are seen to negatively influence people's everyday lives and mental health (Stoppard 2000, 84).

In another version of the life stress story, the focus has been on individual personality characteristics as predisposing factors for the onset of depression. In light of diathesis-stress models (including both cognitive and psychoanalytic), individuals' psychological characteristics, that is, personality traits or attitudes (diatheses), can be seen to increase their risk for depression when they face stressful life events such as losses and failures (the 'stress' component; Stoppard 2000, 43). Such characteristics include maladaptive ways of interpreting negative events or the possibilities of controlling them (Beck 1979; Abramson, Seligman & Teasdale 1978), unhelpful coping styles (Hänninen & Aro 1996) and rumination on negative experiences (Nolen-Hoeksema 2000).

Qualitative research on depression has shown that people make sense of their experiences primarily in terms of everyday troubles such as interpersonal difficulties, problems at work or home and unemployment and financial troubles (e.g. Hänninen & Timonen 2004; McMullen & Stoppard 2003; Tontti 2000; Valkonen 2007). Researchers have in fact criticised endorsing the idea that people become depressed because of their personal characteristics while ignoring the contexts in which people become depressed in the course of exploring the perspectives of people who struggle with depression (e.g. Granek 2006; Rikala 2014). It has been suggested that rather than focussing merely on personal characteristics and/or stressful events in people's lives, depression needs to be understood within a framework that takes into account both the material and discursive conditions which shape the lived experiences of depression and that thereby acknowledges depression as a problem that cannot be solved only by treating one person at a time (Stoppard 2000, 208). Scholars have also made visible the characteristics of our culture to illuminate why depression afflicts so many people today (e.g. Ehrenberg 2010; Oksanen 2006; Petersen 2011).

## **6.6 THE STORY MODELS IN A NUTSHELL**

To summarise, all five of these story models of depression provide distinct ways of understanding depression. Storm and stress encompasses depression as a normal, almost inevitable experience among youth who encounter developmental challenges and who have little or no control over their emotions. The moral story presents depressed people as failures and therefore addresses their own responsibility in overcoming their misery. In madness, depression is understood in terms of insanity; that is, depressed people are fundamentally different from normal people, unable to control themselves and unlikely to recover. The biomedical story

is based on the assumption that depression is a physiological disorder that can be fixed by pharmacological treatment. Finally, the life stress story presents depression as a reaction to adverse life events and conditions and calls for either individual or societal solutions.

In light of these story models, a depressed young person can thus be regarded as a typical teenager, sinful, deviant, sick, or as the victim of adverse life events and circumstances. Young people themselves are inhabitants of this world of cultural meanings; they know that other people also make sense of depression through them and thus take this into account when narrating their experiences of depression.

# 7 Discussion

In this chapter, I first describe young people's experiences in relation to different cultural story models of depression. I then draw conclusions from and implications for the findings for practice. Finally, I evaluate the study and make suggestions for future research.

Reflecting on the empirical findings in the light of the cultural story models of depression revealed that within the storm and stress, moral and madness stories, depression is interpreted in ways that the young people saw as more or less unhelpful for making sense of what they had experienced. These interpretations and related actual or anticipated responses of others tended not only to make the young people feel misunderstood but also shaped the ways in which they themselves responded to their distress. To challenge these conceptions and construct alternative understandings, the young people drew mainly upon life stress and, to some extent, upon the biomedical story.

## **7.1 YOUNG PEOPLE'S EXPERIENCES IN RELATION TO THE CULTURAL STORY MODELS OF DEPRESSION**

### **Storm and Stress**

The storm and stress story was one of the cultural models the participants used to interpret depression in youth and make sense of their distress. As seen in the previous chapter, applying this story model to understanding youth depression can be seen as a key means to normalising young people's depression: the young people are going through challenging periods in life during which moodiness and rebellion can be expected. This age stigma of being too young is no longer current when puberty has passed and the big questions concerning one's identity and future have been addressed (Zebrowitz & Montepare 2003, 334). Earlier studies have indeed shown that both young people and the people around them often face problems in drawing a line between what is normal at that age and what is not (Biddle et al. 2007; Wisdom & Green 2004).

Within storm and stress, young people's depressive experiences are sometimes referred to as teen angst; this refers to understanding young people's, particularly adolescent girls', expressions of distress (e.g. self-harm) as attempts to fish for attention instead of as indications of authentic suffering and cries for help. In this respect, storm and stress overlaps with the moral story to place responsibility on the person who is unable to cope with his or her mental distress or who fabricates it.

None of the young people presented their depression as merely reflecting feelings that are part of young people's lives, and thus, those who referred to this story

model mainly saw it as unfit for making sense of what they had experienced. Some participants explicitly rejected the idea that young people's depression inevitably reflects typical emotional and behavioural responses for their ages and noted how this view may all too easily belittle young people's predicaments and leave them without the help and support they need. Therefore, they tended to use this story model to address the importance of taking young people's depression seriously. They offered alternative perspectives that emphasised either the person's subjective experience of their depressive feelings or the importance of making conclusions based on the persistence and depth of their depressive feelings. This idea echoes the conceptualisation of depression as a continuum in the light of which a person can be seen as being more or less depressed (Stoppard 2000, 8).

The findings of the first sub-study shed light on how the participants themselves saw their depression in relation to the dominant conceptions of the youth period in life. The growing up on a side track and falling off the track story types indicate that the young people did not see the difficulties they had faced in meeting normative expectations as ordinary problems of youth. The missing the track and questioning the track story types implied that rather than merely suggesting a rebellious attitude towards normative expectations, failing in or feeling doubts about fulfilling those expectations could be overwhelming for young people.

### **Moral**

Another cultural story model of depression that the participants used to describe how their distress could be belittled or contested as legitimate suffering was the moral story, according to which the person sinking into depression and unable to battle against it is failing to follow the moral order.

People whose depression is understood by drawing upon this story model are expected to use their will power to defeat it. Often the participants referred to doubts about the authenticity of their suffering and related ideas about them as lazy (sub-study III). This finding is in line with those from earlier studies that observed how people suffering from depression often have to negotiate the stigmatising view of them as being responsible for their own misery (e.g. Bennett et al. 2003; Hänninen & Timonen 2004; Valkonen 2007).

From the young people's perspectives, this way of interpreting their depression meant that other people or they themselves did not take their distress as seriously as it should have been taken. As the findings illuminate, some participants had at some point made sense of their depression in terms of the moral story and responded accordingly; that is, that they had seen their problems as their own fault and attempted to take control of themselves. However, taking the ordinary depressive feelings we all feel occasionally as a reference point and endorsing the idea that pulling oneself together is the means to defeating these feelings had not helped the young people to cope with their affliction. Due to the debilitating effects of their depression, pulling themselves together had ceased to be sufficient for overcoming it (e.g. as in case of the young woman who had attempted to cope by just working harder and trying more until she felt that she had no strength to

live anymore). A number of participants disclosed that these deeply rooted conceptions and others' related actual or anticipated urges made them feel that they were failing and only caused them additional distress.

The young people challenged the moral story by emphasising the suffering depression caused, such as fatigue, that had often had a harmful impact on their ability to manage their everyday lives. A number of participants noted that depressive feelings were an inherent part of life; they stated, however, that the depression they had experienced could no longer be interpreted as normal depressive feelings. It is obvious that defining what is normal and what is not is no simple task. Nevertheless, based on their experiences of their own or other people's tendencies to belittle depression, the young people underlined the necessity to take seriously their persistent depressive feelings and feelings that were deeper than ordinary ones.

### **Madness**

The madness story was the cultural story model of depression that presented depressed people as deviants who lacked self-control and who thus acted unpredictably and were at worst dangerous. This model thus tends to draw a picture of people who have few or no possibilities to manage their depression or overcome it.

A number of young people disclosed their fears about being labelled mad or of not being perceived of and treated as normal by others (sub-study III). Considering the stigma attached to this conception, it is no wonder that young people who suffer from depression tend to view it as an unhelpful way to make sense of what they have experienced (e.g. Freedenthal & Stiffman 2007).

The matter I want to consider here more closely is dangerousness as a part of depression, more precisely, the tendency to understand young people's depression in terms of their danger to others. Research has suggested that there are differences between how young females' and young males' mental health problems manifest themselves: whereas girls tend to turn their distress inward, boys express their distress through acting out (Offer & Schonert-Reichl 1992). For example, the two young Finnish men who committed school shootings in Jokela and Kauhajokki had been bullied at school and suffered from mental health problems such as anxiety and depression (Kiilakoski & Oksanen 2011). The media coverage of these tragedies placed the focus on the shooters rather than the victims (Hawdon, Oksanen & Räsänen 2012), and the representations of the shooters tend to draw attention to the social rejection and psychological problems they have experienced before they committed these crimes (see Leary et al. 2003). Given that it has been suggested that how the media frames school shootings has a crucial role in shaping how people respond to and make sense of them (Hawdon, Oksanen & Räsänen 2012), it is possible that the media presentations, along with, for example, school zero-tolerance policies for preventing similar acts (see Oksanen et al. 2015), have increased prejudice against young men who suffer from depression. The findings of the third sub-study suggest that young men who have been bullied at school and subsequently suffered from depression have to manage and deflect



the perception that they blame others for their difficulties and are thus prone to violent acts.

The young people constructed counter-views to the madness story by rejecting it in the exact opposite way as they did in the case of the storm and stress and moral stories. Whereas in the case of storm and stress and the moral story, they emphasised the seriousness of depression, in relation to the madness story, they normalised depression by highlighting how common it is, and they emphasised that people who suffer from depression are only having a hard time in life.

## **Biomedical**

The young people also appeared to make sense of their distress with the help of the biomedical story, which presents depression as a biologically based disease; for example, genes were sometimes mentioned as predisposing people to depression. In terms of pharmacological treatment, the participants had differing views: medication had helped some but not all, and some saw that for them, medication was an unsuitable means of overcoming depression (sub-study I).

According to Michelle Lafrance (2007), one way in which individuals may construct depression as a biomedical problem is to refer to the diagnosis, which names and thus validates their experiences. Young people who utilised storm and stress and the moral story to make sense of their distress tended to highlight the need to take into account the persistence and depth of depressive feelings (sub-study III). This idea can be seen as being somewhat in line with the diagnostic frame within which evaluating both the duration and severity of symptoms is central in making the diagnosis of depression (see e.g. Horwitz & Wakefield 2007, 105–106); based on their accounts, the majority of the participants had received a depression diagnosis. Earlier studies suggest that the diagnosis enables some young people to understand their depression in ways that facilitate their sense of agency, which thus helps them to seek different means of coping with and recovering from depression (Wisdom & Green 2004). For others, receiving a diagnosis may mean instead that their depression is first and foremost a medical problem and/or seal their fate as being depressed persons (Karp 2006; Wisdom & Green 2004).

Comparing depression with different medical conditions such as diabetes, cancer and broken bones is another way in which it may be constructed as a biomedical problem (Lafrance 2007). The comparisons the young people often made between medical conditions and depression were a part of their answers to my questions about other people's helpful and unhelpful responses to their depression. The participants seemed to seek a way to illustrate responses from others that would be helpful (emphatic, encouraging, patient, tolerant) by describing the differences between typical responses to physical conditions and those to mental health problems. In this context, they tended to use the concept of illness either to legitimise the suffering caused by depression or to normalise depression. As some accounts suggested, despite calling depression an illness, the young people could explicitly reject the view of their depression as a biomedical disease (sub-

study III). Research conducted by Bennett and colleagues (2003) also illuminated that young people may deflect the medical conception of depression and seek ways to normalise it instead. It should be noted that circulating the conception of depression as a biomedical problem will not necessarily help to decrease the stigma attached to it but may have an opposite impact instead: seeing depression as caused by biogenetics appears to be associated with perceptions of depressed people's lack of self-control, unpredictability and dangerousness, which again increases the desire for social distance (Dietrich, Matschinger & Angermeyer 2006).

Because I did not ask the participants to clarify their views about the diagnosis they had received or their accounts about depression as an illness, the findings for the biomedical story are rather limited; they do not reveal much, for example, about whether or not young people who utilise the concept of illness view their depression as a biomedical disease. What can be said based on the findings is that in addition to sometimes constructing depression as (partly) inherited, the young people used the language of this story model to frame depression in ways that deflected the moral story in the light of which people are seen as having the possibility and, therefore, the responsibility to control their depression as well as the madness story, which depicts depression as deviance with a tendency to behave unpredictably and with little or no prospect for recovery (see also e.g. Lafrance & McKenzie-Mohr 2013). Primarily, the young people referred to depression as an affliction that should be understood as a person's having a difficult time in life and the onset of which is beyond the person's control.

### **Life stress**

The life stress story was the cultural story model that the young people most often drew from to make sense of their distress; they described becoming depressed as a reaction to adverse events, experiences and circumstances in their lives.

The findings of the first sub-study show that some young people understood depression as having its origins in their early life events such as damaging childhood experiences with peers or in their families of origin (also e.g. Bowes et al. 2014; Peiponen et al. 2006). This view echoes the diathesis-stress models (see Chapter 6.5) according to which an individual's vulnerability to depression can be seen as having its roots in early life events. Similar to the participants in the studies conducted by Kangas (2001) and Valkonen (2007), the young people in this study saw these early events and experiences as having long-term consequences for different areas of their lives.

Some young people told that their counterproductive reactions (such as binge drinking and self-harm) to difficulties and related negative feelings had not helped them to cope with them but had often exacerbated their misery instead; in considering their own coping strategies (e.g. Wisdom & Parker 2006), they presented that changing their patterns of coping with stress might be one way to manage depression.

Young people could also view that their depression had resulted from adverse life situations such as the loss of a loved one or a difficult relationship (also Granek

2006; Kangas 2001; Valkonen 2007). Often the participants disclosed difficulties that had mounted up until they reached a breaking point, and depression then brought them additional challenges in managing their everyday lives.

Finally, some participants who drew upon the life stress story saw their depression as being closely embedded in the goals (becoming independent, forming stable partnerships, gaining education, and others) young people are expected to pursue in life (e.g. Gjerustad & von Soest 2012; Kuwabara et al. 2007; Salmela-Aro, Savolainen & Holopainen 2009); they hesitated over whether to choose to live up to normative expectations or felt that they had failed in meeting them. The findings of the first sub-study indicate that understanding depression among young people requires paying attention to, for example, their precarious positions in today's working world (e.g. Evans & Helve 2013). Losing a job, experiencing work-related problems and burning out as consequences of debilitating work conditions can derail young people's lives and make them feel like failures (also e.g. STM 2014). These findings suggest the need to address the social and cultural conditions which shape young people's everyday lives and thereby affect their well-being (see e.g. Stoppard 2000; Stoppard & McMullen 2003).

## **7.2 CONCLUSIONS**

The purpose of this study was to increase understanding of young people's experiences with depression. The sub-studies shed light on how young people understood their depression as part of their life courses (sub-study I) and how they viewed communicating their distress to others (sub-study II), as well as on their experiences and views related to the stigma attached to depression (sub-study III). In this summary, I reflected the findings of these sub-studies in light of the different cultural conceptions of depression that young people take into account when making sense of their distress. I aimed to identify the conceptions they utilised to describe unhelpful ways of understanding their distress as well as the conceptions they used to challenge these, and I referred to these conceptions as different cultural story models (Hänninen 1999; 2004) of depression. In this section, I answer the research questions I set out to answer in this summary.

I have described five different cultural story models of depression that could be constructed with the help of the existing literature and the accounts of the young people in this study. I chose these five models based on their ability to illuminate the key aspects of the participants' ways of understanding their depression and their experiences and views related to disclosing their distress to other people. These story models were storm and stress, moral, madness, biomedical and life stress.

Within storm and stress, young people's depression is seen as a part of normal development characterised by emotional turmoil that will pass as time goes by. The moral story is based on the idea that a depressed person has in some way failed; this story model thus tends to place the responsibility for becoming

depressed and defeating it on the person's own shoulders. Similar to storm and stress, the madness story stresses depressed people's inability to control themselves, although in completely different ways: depression is not seen as a typical problem resulting from challenging phases of life but as insanity, a form of deviance that tends to have severe consequences such as violent behaviour. In the biomedical story, depression is a biologically based disease, and pharmacological treatment is the means to fight it. Finally, the life stress story conveys depression as a reaction to adverse life events and conditions; this story model suggests both individual and societal solutions to depression.

In the model of narrative circulation (Hänninen 1999; 2004), different conceptions of depression can be seen as part of the cultural stock of stories that provide young people with resources for making sense of their depressive experiences. The story models young people adopt or modify to fit into their experiences become a part of their personal stock of stories.

The findings of this study show that the first three story models, storm and stress, moral and madness, have considerable drawbacks when they are used to understand depression as experienced by the young people who struggle to cope with it. All these ways of making sense of depression appeared to deepen the young people's misery by eliciting unhelpful responses to it. Both the inner narratives of young people that guide their actions and the ways in which the listeners react shape the courses of the young people's lived narratives (Hänninen 1999; 2004): either the young people themselves or others may, for example, disregard the suffering caused by depression or exaggerate its consequences in ways that prevent them from seeking formal and informal support when they need it. Although public representations of mental health problems and people's willingness to admit them seem to be more common than before (Twenge 2014), the stigma continues to be a prevalent burden for people who suffer from depression. As is revealed in the existing literature as well as the findings of the third sub-study, young people may blame themselves for their difficulties (STM 2014), conceal their depression from others by hiding signs of it by, for example, smiling and making others happy (Draucker 2005a), withdraw from others (McCann, Lubman & Clark 2011) or delay seeking help until their difficulties have escalated (Biddle et al. 2007). Thus, both public stigma (the actual experiences of rejection or discrimination) and self-stigma (anticipation of rejection or discrimination and agreeing with the prejudice; Corrigan & Kleinlein 2005, 16; Angell, Cooke & Kovac 2005, 71–73) add to young people's burdens and influence their decisions about disclosure and seeking help. It is difficult indeed to see how perceiving the self in terms of a spoiled identity (Goffman 1963) such as an angsty teenager, a failure, or mad would facilitate incorporating depression into one's own life story in a helpful way.

The biomedical and life stress stories provide young people with some means of constructing alternative ways to make sense of distress (see also Lafrance 2007); both of them enable young people to contest the conceptions they have learned that are unhelpful. The biomedical story, however, has its own limitations and

drawbacks, which previous studies and the present study, at least to some extent, illuminate. The life stress story addresses young people's life experiences and events and, in so doing, may also reveal the adverse social and cultural circumstances which result in their depression (e.g. Stoppard & McMullen 2003). Life stress was the depression story model that the young people in this study mainly drew upon to make sense of their experiences; however, this model does come with its own problems. For example, young people's lack of a sense of agency in the face of long-lasting and recurring hardships may make it difficult for them to find ways to cope with depression, let alone recover from it (sub-study I).

The conditions of young people's lives (called *situation* in the model of narrative circulation) seem to contribute to their depression in many ways (sub-studies I and III). Some participants' accounts revealed the connections between traditional gender ideals and depression as experienced by young people: whereas feminine ideals regarding physical appearance and the nurturing role contributed to young women's depression (e.g. Hänninen & Turunen 2014; Stoppard 2000), masculine ideals such as conceptions of men as tough and self-reliant seemed to play a role in young men's experiences (e.g. Danielsson et al. 2011; Oliffe et al., 2010b; Valkonen 2014). Furthermore, traditional conceptions of what life is like for youth and what goals they need to achieve to become productive members of society and to reach normal and happy adulthoods appear to relate to young people's depression in a number of ways. Firstly, the adversities they face in living up to the prevailing expectations may be the very reason they struggle with depressive feelings (e.g. feelings of failure to reach milestones such as earning an education or gaining stable careers). Secondly, depression itself often poses challenges in meeting such expectations because of the problems it tends to cause in young people's abilities to manage everyday life (e.g. studying, working or maintaining a social life). Thirdly, young people's struggles with depression are sometimes dismissed by interpreting them as indications of the emotional turmoil that is part of being young, and this is only one of the ways to respond to young people's distress which can make them feel profoundly misunderstood and, at worst, intensify their depressive feelings and prevent them from seeking help. Thus, *situation* may or may not provide them the kinds of resources (informal and formal) which help them to cope with and recover from depression.

The findings of the present study illuminate how other people's ways of responding to and ascribing meaning to young people's depression influence their told narratives, that is, the stories they choose to tell about their lives (Hänninen 1999, 2004). Non-communication can sometimes be seen as a way to protect or enable something a person considers valuable (Ketola et al. 2002, 8). Young people may, for example, refrain from disclosing their thoughts and feelings because of their unwillingness to burden their parents or jeopardise their relationships (sub-study II; also Draucker 2005a; Hänninen & Timonen 2004, 218–219). However, young people also highly value the emotional and practical support offered by the people around them and their loved ones' attempts to understand what they are going through. Additionally, many young people

consider it important to have opportunities to handle their own experiences related to depression with professionals (also e.g. Romakkaniemi 2011; Turunen & Hänninen 2014; Valkonen 2007). Different contexts may indeed offer young people the possibility of reflecting on some issues in one setting and other issues in another (Weeks & Pasupathi 2012, 86).

It appears that sometimes young people need to change how they frame help-seeking experiences (for example, considering them opportunities to handle distress rather than seeing themselves as burdens to mental health services) before they are willing to open up about their depression (sub-study II). In a similar vein, gaining a new perspective on one's own life may be needed in order to feel better. Therefore, opportunities to engage in dialogue that opens up new perspectives and thus may modify young people's inner narratives (Hänninen 1999; 2004) are important for young people who seek to understand their experiences of depression.

Taken all together, this study suggests that it is essential for young people who experience depression to be able to navigate different understandings and to be aware of their various advantages and related challenges. Young people's access to alternative story models they can use to negotiate new meanings for their depression is highly important when the dominant understandings prevent them from finding ways to cope with their affliction (see also McKenzie-Mohr & Lafrance 2011; Turunen & Hänninen 2014; Valkonen & Hänninen 2013).

If we agree with the symbolic interactionist view that meanings are not fixed but rather negotiated—formed, sustained, weakened, strengthened or transformed—in social interactions (Blumer 1969, 21), we can all do our share to make situations easier for (young) people who suffer from depression by reflecting the conceptions we circulate in our everyday interactions with each other.

This study contributes to the knowledge base that underlines depression as an affliction that should be seen as the result of the interactions between biological, psychological, social and cultural factors (e.g. Hänninen 2011; Tontti 2000). Even those understandings which are less stigmatising and/or do not dismiss young people's suffering are incomplete because they tend to draw attention to some aspects of the experience of depression while excluding others (see Stoppard 2000). From a theoretical point of view, the first four story models (storm and stress, moral, madness and biomedical) and some versions of the life stress story also, locate the problem in the individual and thus do not take into account the social and cultural conditions young people's depressive experiences are embedded in. However, focussing merely on social and cultural circumstances equally fails to grasp the complexity of the lived experiences of depression (Baldwin & Johnston 2013, 128–129). Therefore, the most useful perspective for understanding this affliction appears to be a critical realist approach that can reveal how the experience of depression is 'always both embodied and social, material and discursive' (Stoppard 2000, 211; also e.g. Pilgrim & Bentall 1999; Ussher 2010).

### **7.3 THE IMPLICATIONS OF THE STUDY**

The findings of this study have a number of practical implications for helping young people make sense of and thereby find ways to cope with and recover from depression. The findings also suggest different ways to prevent depression among young people.

Increasing awareness and understanding of the diverse ways in which depression can be seen and experienced is important. Therefore, different ways to make sense of depression and young people's perspectives in relation to them should be circulated through various fora (e.g. via media and everyday conversations) to diversify the narrative resources that are available for young people who seek to understand their depressive experiences. This would be beneficial not only for young people but also for all of us who attempt to make sense of what depression in youth, or at any age, constitutes. Furthermore, it is vital not only to increase young people's knowledge about depression but also to produce this knowledge together with them. Rather than considering young people as merely passive targets of interventions, their own viewpoints on depression should be made more visible through media (Räisänen 2003).

This study's findings also suggest that young people's experiential knowledge in relation to the different understandings of depression should be taken into account when developing and offering mental health services for them. It is important to listen to young people's views and wishes regarding medical treatment and practical support as well as to offer opportunities for them to communicate distress in different ways (through, for example, talking, writing, arts or music). Furthermore, the findings could also be used to guide adults who live or work with young people to help them to make sense of and find ways to cope with their distress (cf. Youth Mental Health First Aid: <https://mhfa.com.au/cms/youth-course-information>).

As this study shows, young people appear to understand their depression as primarily stemming from their life experiences and circumstances. Therefore, preventing youth depression requires improving young people's life conditions from childhood onwards. Firstly, preventing depression in youth requires ensuring adequate family services and child protection to help children and their families to cope with and overcome their difficulties as early as possible. Secondly, prevention of and early intervention into bullying at school are also highly important. Thirdly, to prevent youth depression, young people should be offered all the help they need when planning their studies and work careers in today's society in which making choices for the future is a rather demanding task and sometimes needs to be done more than once. Finally, it is also important to take action to improve young people's psychosocial working conditions and positions in the labour market.

## 7.4 EVALUATING THE STUDY

Some strengths of the present study relate to the setting and methods used to gather young people's experiential knowledge about depression. The findings of the first sub-study indicate that the online environment enabled at least some of the young people who would not have been ready to talk about their experiences face to face to participate. The young people were also given a number of options to choose from to tell about their experiences in ways that they felt suited them: they could narrate their experiences freely, write about them on a discussion board in the presence of fellow sufferers, or discuss their experiences alone with the researcher. Furthermore, the asynchronous mode of interaction gave the young people time to reflect on their experiences and how to put them into words (also James & Busher 2006).

At the same time, these methods also have some limitations. One that both researchers (e.g. Hooley, Marriott & Wellens 2012, 65; James & Busher 2006) and the young people who took part in this study (sub-study II) recognised relates to the potential misunderstandings related to the lack of embodied presence. Therefore, I often asked the participants for clarification and asked them additional questions. I also asked them to identify for me the pros and cons of communicating about depression via the Internet and thereby also reflect on their experiences of participating in this study.

In every case, participation required access to the Internet as well as skills and willingness to use online facilities and the means offered to tell about one's own experiences. Therefore, it is possible that recruiting participants via the Internet and collecting data only online resulted in a biased sample (Hooley, Marriott & Wellens 2012, 13, 57; Williams et al. 2012). However, nearly all young people in Finland use the Internet (SVT 2015), and by utilising the Internet, I was able to reach a fairly large number of potential participants; this was important because recruiting young people who are willing to tell about sensitive experiences such as those related to depression is not necessarily an easy task. Furthermore, rather than focusing on recruiting participants whose depression had been defined by a professional, I sought young people who defined themselves as having experienced depression. It should be noted, however, that, as in all studies on depression, the most depressed young people likely did not participate in this study.

The third and perhaps most prominent limitation of the study is the uneven gender distribution. Explanations for this can be sought from the identified gender disparities in depression (Nolen-Hoeksema & Girgus, 1994), from young men's reluctance to disclose their experiences related to mental health problems (e.g. Oliffe et al. 2010b) and their lack of motivation to write about their experiences (Kylkilahti 2014, 205) to the possibility that the study's goals (i.e. building knowledge on young people's experiences with depression, particularly from the point of view of social interaction) were not well aligned with their experiences. However, in the sub-studies and in this summary, I presented both young women's and young men's experiences and also addressed the gendered aspects of depression.



The fourth limitation of this study is the fact that focussing on social interactions and using semi-structured online group discussions and individual interviews to collect data undoubtedly shaped what and how the participants chose to tell about their experiences (Riessman 2008; Squire et al. 2014). Taking into account the focus of this summary, narrative face-to-face interviews might have been the best way to collect young people's stories of depression. It should be acknowledged, however, that asynchronous online interviews can well elicit both the researcher's and the interviewee's reflective responses (Kivits 2005).

The aim of the summary of this study began to take shape after I had completed the sub-studies, which reflects the fact that the understanding that tends to increase during qualitative research often requires reformulating the research questions. Nevertheless, the fifth limitation of this study is that I did not plan to examine young people's experiences in relation to different cultural story models of depression; the knowledge produced by the study is thus to some extent limited, and this applies especially to young people's experiences in relation to the biomedical story.

Despite these limitations, the study increases understanding of young people's depression from their own perspectives by elucidating different cultural conceptions of depression and young people's experiences in relation to them. In so doing, the study makes visible the conceptions of depression that are more or less unhelpful from the point of view of young people who struggle with depression. It also reveals understandings they can use to emancipate themselves from harmful conceptions.

## **7.5 SUGGESTIONS FOR FUTURE RESEARCH**

Exploring young people's experiences from the point of view of different cultural story models of depression was not the original aim of the study—it emerged after the empirical part was completed. Therefore, it is important to learn more about young people's experiences using the different cultural story models of depression as theoretical frameworks immediately from the beginning. Taking into account the small number of men who participated in this study, shedding more light on young people's gendered experiences of depression in relation to these story models would also be important. Furthermore, both qualitative and quantitative studies that use these story models as the basis to examine other people's (e.g. peers, parents, teachers and youth workers) views and perspectives on youth depression would provide valuable knowledge. What would be particularly beneficial for young people who may experience depression or know someone who is would be to conduct these kinds of studies using focus groups and the cultural story models as well as young people's experiential knowledge in relation to them to facilitate discussion with young people in, for example, schools and youth centres or, again, online.

# References

- Aalto-Setälä, T., Marttunen, M., Tuulio-Henriksson, A., Poikolainen, K. & Lönnqvist, J. 2002a. Psychiatric treatment seeking and psychosocial impairment among young adults with depression. *Journal of Affective Disorders*, 70 (1), 35–47.
- Aalto-Setälä, T., Marttunen, M., Tuulio-Henriksson, A., Poikolainen, K. & Lönnqvist, J. 2002b. Depressive symptoms in adolescence as predictors of early adulthood depressive disorders and maladjustment. *American Journal of Psychiatry*, 159(7), 1235–1237.
- Aaltonen, S., Berg, P. & Ikäheimo, S. 2015. Nuoret luukulla. Kolme näkökulmaa syrjäytymiseen ja nuorten asemaan palvelujärjestelmässä. Nuorisotutkimusverkosto/ Nuorisotutkimusseura, julkaisuja 160.
- Abramsom, L.Y., Seligman, M.E.P. & Teasdale, J.D. 1978. Learned helplessness inhumans: Critique and reformulation. *Journal of Abnormal Psychology*, 87 (1), 49–74.
- Angell, B., Cooke, A. & Kovac, K. 2005. First-Person Accounts of Stigma. In Corrigan, P.W. (ed.) *On the stigma of mental illness: Practical strategies for research and social change*. Washington, DC: American Psychological Association, 69–98.
- Arnett, J.J. 1999. Adolescent Storm and Stress, Reconsidered. *American Psychologist*, 54 (5), 317–326.
- Bakhtin, M. 1981. Discourse in the novel. In Holquist, M. (ed.), *The dialogic imagination: Four essays by M.M. Bakhtin*. Austin, TX: University of Texas Press, 259–422.
- Bakhtin, M. 1984. *Problems of Dostoevsky's Poetics*. Minneapolis: University of Minnesota Press.
- Baldwin, C. & Johnston, M-D. 2013. Meta-narratives of disability. In Baldwin, C. *Narrative Social Work: Theory and Application*. Chicago: The Policy Press, 117– 131.
- Beck, A.T. 1979. *Cognitive therapy and the emotional disorders*. Penguin.
- Bennett, S., Coggan, C. & Adams, P. 2003. Problematising depression: Young people, mental health and suicidal behaviours. *Social Science & Medicine*, 57 (2), 289–299.
- Ben-Zeev, D., Young, M.A. & Corrigan, P.W. 2010. DSM-V and the stigma of mental illness. *Journal of Mental Health*, 19 (4), 318–327.
- Biddle, L., Donovan, J., Gunnell, D. & Sharp, D. 2006. Young Adults' Perceptions of GPs as a Help Source for Mental Distress: A Qualitative Study. *British Journal of General Practice*, 56 (533), 924–931.
- Biddle, L., Donovan, J., Sharp, D. & Gunnell, D. 2007. Explaining non help-seeking amongst young adults with mental distress: A dynamic interpretive model of illness behaviour. *Sociology of Health and Illness*, 29 (7), 983–1002.
- Bloor, M., Frankland, J., Thomas, M. & Robson, K. 2001. *Focus groups in social research*. London: Sage.

- Blumer, H. 1969. *Symbolic interactionism: Perspective and method*. Englewood Cliffs, New Jersey: Prentice Hall.
- Bowes, L., Carnegie, R., Pearson, R., Mars, B., Biddle, L., Maughan, B., Lewis, G., Fernyhough, C. & Heron, J. 2015. Risk of depression and self-harm in teenagers identifying with goth subculture: a longitudinal cohort study. *Lancet Psychiatry*, 2 (9), 793–800.
- Bowes, L., Joinson, C., Wolke, D. & Lewis, G. 2016. Peer victimisation during adolescence and its impact on depression in early adulthood: Prospective cohort study in the United Kingdom. *British Journal of Sports Medicine*, 50 (3), 176–183.
- Bowes, L., Wolke, D., Joinson, C., Lereya, S. T. & Lewis, G. 2014. Sibling bullying and risk of depression, anxiety, and self-harm: A prospective cohort study. *Pediatrics*, 134 (4), 1032–1039.
- Brinkmann, S. 2014. Languages of suffering. *Theory & Psychology*, 24 (5), 630–648.
- Brown, G.W. & Harris, T. 1978. *The social origins of depression: A study of psychiatric disorder in women*. Routledge: Tavistock Press.
- Bruner, J.S. 1990. *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Buston, K. 2002. Adolescents with mental health problems: What do they say about health services? *Journal of Adolescence*, 25 (2), 231–242.
- Chambers, D. 2013. *Social media and personal relationships: Online intimacies and networked friendship*. New York: Palgrave Macmillan.
- Chester, A. & Bretherton, D. 2007. Impression management and identity online. In Joinson, A., McKenna, K., Postmes, T., & Reips, U-D. (eds.) *The Oxford Handbook of Internet Psychology*. New York: Oxford University Press, 223–236.
- Cieslik, M. & Simpson, D. 2013. *Key concepts in youth studies*. London: Sage.
- Corrigan, P.W. & Kleinlein, P. 2005. The impact of mental illness stigma. In Corrigan, P.W. (ed.) *On the stigma of mental illness: Practical strategies for research and social change*. Washington, DC: American Psychological Association, 11–44.
- Cotterell, J. 2007. *Social networks in youth & adolescence*. 2nd edition. New York: Routledge.
- Crawford, L.A. & Novak, K.B. 2014. *Individual and society: Sociological social psychology*. New York: Routledge.
- Crowe, M., Ward, N., Dunnachie, B. & Roberts, M. 2006. Characteristics of adolescent depression. *International Journal of adolescent depression*, 15 (1), 10–18.
- Côté, J. 2014. *Youth studies: Fundamental issues and debates*. New York: Palgrave Macmillan.
- Curtis, C. 2010. Youth perceptions of suicide and help-seeking: They'd think I was weak or "mental". *Journal of Youth Studies*, 13 (6), 699–715.
- Danielsson, U.E., Bengs, C., Samuelsson, E. & Johansson, E.E. 2011. "My Greatest Dream is to be normal": the impact of gender on the depression narratives of young Swedish men and women. *Qualitative Health Research*, 21 (5), 612–624.
- Davies, C. & Eynon, R. 2013. *Teenagers and technology*. London & New York: Routledge.
- Denmark, A.B., Hess, E. & Becker, M.S. 2012. College students' reasons for concealing suicidal ideation. *Journal of College Student Psychotherapy*, 26 (2), 83–98.
- Dietrich, S., Matschinger, H. & Angermeyer, M.C. 2006. The relationship between biogenetic causal explanations and social distance toward people with mental disorders: Results from a population survey in Germany. *International Journal of Social Psychiatry*, 52 (2), 166–174.

- Draucker, C.B. 2005a. Interaction Patterns of Adolescents With Depression and the Important Adults in Their Lives. *Qualitative Health Research*, 15 (7), 942–963.
- Draucker, C.B. 2005b. Processes of mental health service use by adolescents with depression. *Journal of Nursing Scholarship*, 37 (2), 155–162.
- Dundon, E. 2006. Adolescent depression: A metasynthesis. *Journal of Pediatric Health Care*, 20 (6), 384–392.
- Ehrenberg, A. 2010. *The weariness of the self. Diagnosing the history of depression in the contemporary age.* Montreal & Kingston/London/Ithaca: McGill-Queen's University Press.
- Evans, K. & Helve, H. 2013. Introduction. In Helve, H. & Evans, K. (eds.) *Youth and work-transitions in changing social landscapes.* London: The Tufnell Press, 16–30.
- Farmer, T.J. 2002. The experience of major depression: Adolescents' perspectives. *Issues in Mental Health Nursing*, 23 (6), 567–585.
- Foucault, M. 1965/1988. *Madness & civilization: A history of insanity in the age of reason.* New York: Vintage.
- Foucault, M. 1969/2010. *The archaeology of knowledge: And the discourse on language.* New York: Vintage.
- Frank, A. 1995/2013. *The wounded storyteller: Body, illness & ethics.* 2nd edition. Chicago & London: The University of Chicago Press.
- Freedenthal, S. & Stiffman, A.R. 2007. "They might think I was crazy": Young American Indians' reasons for not seeking help when suicidal. *Journal of Adolescent Research*, 22 (1), 58–77.
- Fullagar, S. 2009. Negotiating the neurochemical self: antidepressant consumption in women's recovery from depression. *Health*, 13 (4), 389–406.
- Fullagar, S. & O'Brien, W. 2012. Problematizing the neurochemical subject of antidepressant treatment: The limits of biomedical responses to women's emotional distress. *Health*, 17 (1), 57–74.
- Furlong, A. 2009. Reconceptualizing youth and young adulthood. In Furlong, A. (ed.) *Handbook of youth and young adulthood: New perspectives and agendas.* London & New York: Routledge, 1–2.
- Gergen, M. 1994. The social construction of personal histories: Gendered lives in popular autobiographies. In Sarbin, T.R. & Kitsuse, J.I. (eds.) *Constructing the social.* London: Sage, 19–44.
- Gibbs, G. 2007. *Analyzing qualitative data.* London: Sage.
- Gjerustad, C. & von Soest, T. 2012. Socio-economic status and mental health – the importance of achieving occupational aspirations. *Journal of Youth Studies*, 15 (7), 890–908.
- Goffman, E. 1961. *Asylums: Essays on the social situation of mental patients and other inmates.* New York: Anchor Books.
- Goffman, E. 1963. *Stigma: Notes on the management of spoiled identity.* Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Goffman, E. 1974. *Frame Analysis: An essay on the organization of experience.* Boston, MA: Northeastern University Press.

- Gough, B., McFadden, M. & McDonald, M. 2013. *Critical social psychology. An introduction*. London: Palgrave Macmillan.
- Granek, L. 2006. What's love got to do with it? The relational nature of depressive experiences. *Journal of Humanistic Psychology*, 46 (2), 191–208.
- Gulliver, A., Griffiths, K.M. & Christensen, H. 2010. Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10, 113, DOI: 10.1186/1471-244X-10-113
- Haarasilta, L., Marttunen, M., Kaprio, J. & Aro, H. 2003. Major depressive episode and health care use among adolescents and young adults. *Social Psychiatry and Psychiatric Epidemiology*, 38, 366–372.
- Habermas, J. 1968. *Knowledge and human interests*. Cambridge: Polity Press.
- Hallfors, D.D., Waller, M.W., Ford, C.A., Halpern, C.T., Brodish, P.H., & Iritani, B. 2004. Adolescent depression and suicide risk. Association with sex and drug behaviour. *American Journal of Preventive Medicine*, 27 (3), 224–231.
- Harper, D. 2012. Choosing a qualitative research method. In Harper, D. & Thompson, A.R. (eds.) *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. John Wiley & Sons, 83–97.
- Hautamäki, L., Helén, I. & Kanula, S. 2011. Mielenterveyden lääkkeellistyminen Suomessa. Teoksessa Helén, I. (toim.) *Reformin pirstaleet: Mielenterveyspolitiikka hyvinvointivaltion jälkeen*. Tampere: Vastapaino, 70–110.
- Hawdon, J., Oksanen, A. & Räsänen, P. 2012. Media coverage and solidarity after tragedies: The reporting of school shootings in two nations. *Comparative Sociology*, 11 (6), 845–874.
- Heinz, W.R. 2009. Youth transitions in an age of uncertainty. In Furlong, A. (ed.) *Handbook of youth and young adulthood: New perspectives and agendas*. London & New York: Routledge, 3–13.
- Helén, I. 2011. Johdanto. Teoksessa Helén, I. (toim.) *Reformin pirstaleet: Mielenterveyspolitiikka hyvinvointivaltion jälkeen*. Tampere: Vastapaino, 7–10.
- Hetherington, J.A. & Stoppard, J.M. 2002. The theme of disconnection in adolescent girls' understanding of depression. *Journal of Adolescence*, 25 (6), 619–629.
- Hewson, C. 2007. Gathering data on the Internet: qualitative approaches and possibilities for mixed methods and research. In Joinson, A., McKenna, K., Postmes, T., & Reips, U-D. (eds.) *The Oxford Handbook of Internet Psychology*. New York: Oxford University Press, 405–428.
- Hine, C. 2005. Research relationships and online relationships: Introduction. In *Virtual methods: Issues in social research on the Internet*. New York: Berg, 17–20.
- Hogg, M. & Vaughan, G.M. 1995. *Social psychology. An introduction*. London: PrenticeHall.
- Hoikkala, T. 1989. *Nuorisokulttuurista kulttuuriseen nuoruuteen*. Helsinki: Painokaari Oy.
- Holstein, J.A. & Gubrium, J.F. 2000. *The self we live by: Narrative identity in a postmodern world*. New York: Oxford University Press.
- Hooley, T., Marriott, J. & Wellens, J. 2012. *What is online research*. London: Bloomsbury.
- Horwitz, A.V. 2011. Creating an age of depression: The social construction and consequences of the major depression diagnosis. *Society and Mental Health*, 1 (1), 41–54.

- Horwitz, A.V. & Wakefield, J.C. 2007. The loss of sadness. How psychiatry transformed normal sorrow into depressive disorder. New York: Oxford University Press.
- Hänninen, V. 1999. Sisäinen tarina, elämä ja muutos. Acta Universitatis Tamperensis 696. Tampere: Juvenes Print.
- Hänninen, V. 2004. A model of narrative circulation. *Narrative Inquiry*, 14 (1), 69–85.
- Hänninen, V. 2010. Narratiivisen tutkimuksen käytäntöjä. Teoksessa Aaltola, J. & Valli, R. (toim.) Ikkunoita tutkimusmetodeihin II: Näkökulmia aloittelevalle tutkijalle tutkimuksen teoreettisiin lähtökohtiin ja analyysimenetelmiin. Jyväskylä: PSkustannus, 160–178.
- Hänninen, V. 2011. Masennus toiminnallisena loukkuna. Teoksessa Oksanen, A. & Salonen, M. (toim.) Toiminnallisia loukkuja. Hyvinvointi ja eriarvoisuus yhteiskunnassa. Tampere: Juvenes Print, 17–35.
- Hänninen, V. & Aro, H. 1996. Sex differences in coping and depression among young adults. *Social Science & Medicine*, 43 (10), 1453–1460.
- Hänninen, V. & Timonen, S. 2004. "Huoli" ja "Masennus". Kärsimyksiä ennen ja nyt. Teoksessa Honkasalo, M-L., Utriainen, T. & Leppo, A. (toim.) Arki satuttaa: Kärsimyksiä suomalaisessa nykypäivässä. Tampere: Vastapaino, 193–225.
- Hänninen, V. & Turunen, A-M. 2014. Naiseusideaali ja masennus. Sukupuolentutkimus, 27 (3), 5–18.
- Issakainen, M. 2015. Young people's views of communicating their depression. *International Journal of Adolescence and Youth*, 20 (1), 86–99. <http://dx.doi.org/10.1080/02673843.2013.770767>
- Jackson, S.W. 1985. Acedia the sin and its relationship to sorrow and melancholia. In Kleinman, A. & Good, B. (eds.) *Culture and depression: Studies in the anthropology and cross-cultural psychiatry of affect and disorder*. Berkeley/Los Angeles/London: University of California Press, 43–62.
- James, N. & Busher H. 2006. Credibility, Authenticity and Voice: Dilemmas in Online Interviewing. *Qualitative Research*, 6 (3), 403–420.
- Joffe, H. 2012. Thematic analysis. In Harper, D. & Thompson, A.R. (eds.) *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. John Wiley & Sons, 209–223.
- Joinson, A.N. 2005. Internet behavior and the design of virtual methods. In *Virtual methods: Issues in social research on the Internet*. New York: Berg, 21–34.
- Jones, G. 2009. *Youth*. Cambridge: Polity Press.
- Karakainen, M-T, Kivinen, O. & Tervahartiala, K. 2013. Kouluikäisten tietoteknologian vapaa-ajan käyttö. *Nuorisotutkimus*, 2/2013, 20–33.
- Kaltiala-Heino, R., Rimpelä, M., Marttunen, M., Rimpelä, A. & Rantanen, P. 1999. Bullying, depression, and suicidal ideation in Finnish adolescents: school survey. *BMJ Psychiatry*, 319 (7206), 348–351.
- Kaltiala-Heino, R-K., Rimpelä, M., Rantanen, P. & Rimpelä, A. 2000. Bullying at school an indicator of adolescents at risk for mental disorders. *Journal of Adolescence*, 23(6), 661–674.
- Kangas, I. 2001. Making sense of depression: Perceptions of melancholia in lay narratives. *Health*, 5 (1), 76–92.

- Karp, D. 1996. *Speaking of sadness: Depression, disconnection, and the meanings of illness*. New York: Oxford University Press.
- Karp, D. 2006. *Is it me or my meds? Living with antidepressants*. London: Harvard University Press.
- Keipi, T. 2015. Now you see me, now you don't: A study of the relationship between Internet anonymity and Finnish young people. *Turun yliopiston julkaisuja–Annales Universitatis Turkuensis, sarja B, osa 405*.
- Ketola, K., Knuutila, S., Mattila, A. & Vesala, K.M. 2002. Puuttuvat viestit: Nonkommunkaatio inhimillisessä vuorovaikutuksessa. Helsinki: Gaudeamus.
- Kiilakoski, T. & Oksanen, A. 2011. Cultural and peer influences on homicidal violence: A Finnish perspective. *New Directions for Youth Development*, 33 (129), 31–42.
- Kiviruusu, O., Huurre, T. & Aro, H. 2007. Psychosocial resources and depression among chronically ill young adults: Are males more vulnerable? *Social Science & Medicine*, 65 (2), 173–186.
- Kivits, J. 2005. Online interviewing and the research relationship. In Hine, C. (ed.) *Virtual methods: Issues in social research on the Internet*. Oxford/New York: Berg, 35–49.
- Klomek, A.B., Sourander, A., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I., Almqvist, F. & Gould, M.S. 2008. Childhood bullying as a risk factor for later depression and suicidal ideation among Finnish males. *Journal of Affective Disorders*, 109 (1-2), 47–55.
- Kuwabara, S.A., Van Voorhees, B.W., Gollan, J.K. & Alexander, G.C. 2007. A qualitative exploration of depression in emerging adulthood: disorder, development, and social context. *Gen Hosp Psychiatry*, 29 (4), 317–324.
- Kvale, S. 1996. *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Kylkilahti, E. 2014. Työ ja työttömyys nuorten kertomana: ”kaikki ne onnelliset ihmiset olivat töissä”. Teoksessa Vehkalahti, K. & Suurpää, L. (toim.) *Nuoruuden sukupolvet. Monitieteisiä näkökulmia nuoruuteen eilen ja tänään*. Nuorisotutkimusverkosto/Nuorisotutkimusseura, julkaisuja 152. Tampere: Juvenes Print, 202–225.
- Laaksonen, S-M., Matikainen, J. & Tikka, M. 2013. Tutkimusotteita verkosta. Teoksessa Laaksonen, S-M., Matikainen, J. & Tikka, M. (toim.) *Otteita verkosta: Verkon ja sosiaalisen median tutkimusmenetelmät*. Tampere: Vastapaino, 9–33.
- Lafrance, M.N. 2007. A bitter pill: A discursive analysis of women's medicalized accounts of depression. *Journal of Health Psychology*, 12 (1), 127–140.
- Lafrance, M.N. & McKenzie-Mohr, S. 2013. The DSM and its lure of legitimacy. *Feminism & Psychology*, 23 (1), 119–140.
- Laine, S. 2005. Differences in the help-seeking behaviour of depressed Finnish young adults with suicidal tendencies. In Hoikkala, T., Hakkarainen, P. & Laine, S.(eds.) *Youth cultures: Prevention and Policy*. Helsinki: Finnish Youth Research Network & STAKES. Finnish Youth Research Society, Publications 52, 121-136.
- Laitinen, M. & Uusitalo, T. 2008. Narratiivinen lähestymistapa traumaattisten elämäkokemusten tutkimisessa. Teoksessa Kaasila, R., Rajala, R., & Nurmi, K.(toim.) *Narratiivikirja: Menetelmiä ja esimerkkejä*. Tampere: Juvenes Print, 106– 150.

- Leary, M.R., Kowalski, R.M., Smith, L. & Phillips, S. 2003. Teasing, rejection, and violence: Case studies of the school shootings. *Aggressive Behavior*, 29 (3), 202–214.
- Luopa, P., Kivimäki, H., Matikka, A., Vilkki, S., Jokela, J., Laukkarinen, E. & Paananen, R. 2014. Nuorten hyvinvointi Suomessa 2000-2013 – Kouluterveyskyselyn tulokset. THL – Raportti 25/2014, <http://urn.fi/URN:ISBN:978-952-302-280-5>
- Lupton, D. 2015. *Digital sociology*. London & New York: Routledge.
- Lyman, S.M. 1989. *The seven deadly sins: Society and evil*. Revised and expanded edition. Lanham: General Hall.
- Mahon, N.E. & Yarcheski, A. 2001. Outcomes of depression in early adolescents. *Western Journal of Nursing Research*, 23 (4), 360–375.
- Maj, M. 2016. The continuum of depressive states in the population and the differential diagnosis between “normal” sadness and clinical depression. In Wakefield, J.C. & Demazeux, S. (eds.) *Sadness or Depression? International Perspectives on the Depression Epidemic and Its Meaning*. New York: Springer, 29–38.
- Mann, C. & Steward, F. 2000. *Internet communication and qualitative research: A handbook for reserarching online*. London: Sage.
- Mary, A.A. 2014. Re-evaluating the concept of adulthood and the framework of transition. *Journal of Youth Studies*, 17 (3), 415–429.
- McAdams, D.P. 1993. *The stories we live by: Personal myths and the making of the self*. New York: The Guilford Press.
- McAdams, D.P. 1996. Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry*, 7 (4), 295–321.
- McAdams, D.P. & McLean, K.C. 2013. Narrative Identity. *Current Directions in Psychological Science*, 22 (3), 233–238.
- McCann, T.V., Lubman, D.I. & Clark, E. 2011. The experience of young people with depression: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*, 19 (4), 334–340.
- McCann, T.V., Lubman, D.I. & Clark, E. 2012. Views of young people with depression about family and significant other support: Interpretative phenomenological analysis study. *International Journal of Mental Health Nursing*, 21 (5), 453–461.
- McKenna, K.Y.A. 2007. Through the Internet looking glass: expressing and validating the true self. In Joinson, A., McKenna, K., Postmes, T. & Reips, U.-D. (eds.) *The Oxford Handbook of Internet psychology*. New York: Oxford University Press, 205–221.
- McKenna, K.Y.A., Green, A.S. & Gleason, M.E.J. 2002. Relationship formation on the Internet: What’s the big attraction. *Journal of Social Issues*, 58 (1), 9–31.
- McKenzie-Mohr, S. & LaFrance, M.N. 2011. Telling stories without the words: ‘Tightrope talk’ in women’s accounts of coming to live well after rape or depression. *Feminism & Psychology*, 21 (1), 49–73.
- McLean, K.C. 2008. The emergence of narrative identity. *Social and Personality Psychology Compass*, 2 (4), 1685–1702.
- McLean, K.C. & Mansfield, C.D. 2011. The co-construction of adolescent narrative identity: narrative processing as a function of adolescent age, gender, and maternal scaffolding. *Developmental Psychology*, 48 (2), 436–447.



- McMullen, L.M. 2003. "Depressed" women's constructions of the deficient self. In Stoppard, J.M. & McMullen L.M. (eds.) *Situating sadness: Women and depression in social context*. New York & London: New York University Press, 17–38.
- McMullen, L.M. & Conway, J.B. 2008. Conventional metaphors for depression. In Fussell, S.R. (ed.) *The verbal communication of emotions. Interdisciplinary perspectives*. New York & London: Psychology Press, 167–181.
- McMullen, L.M. & Stoppard, J.M. 2003. Conclusion. In Stoppard, J.M. & McMullen L.M. (eds.) *Situating sadness: Women and depression in social context*. New York & London: New York University Press, 207–215.
- Mead, G.H. 1934/1967. *Mind, self and society: From a standpoint of a social behaviorist*, C.V. Morris (ed.). Chicago: Chicago University Press.
- Miles, M.B. & Huberman, A.M. 1994. *Qualitative data analysis: An expanded sourcebook* (2nd edition). Thousand Oaks, California: Sage.
- Moscovici, S. 2000. *Social representations*. Edited by Gerard Duveen. Cambridge: Polity Press.
- Mossakowski, K.N. 2011. Unfulfilled expectations and symptoms of depression among young adults. *Social Science & Medicine*, 73 (5), 729–736.
- Myllyniemi, S. 2015. Tilasto-osio. Teoksessa Myllyniemi, S. (toim.) *Ihmisarvoinen nuoruus. Nuorisobarometri 2014. Opetus- ja kulttuuriministeriö/Nuorisosiainneuvottelukunta/Nuorisotutkimusverkosto*. Juvenes Print, 11–102.
- Mäenpää, M. 2006. Virtuaalinen vertaistuki masentuneen nuoren tukena Virtuaalietnografinen tutkimus internetin keskusteluryhmän toiminnasta. Kuopion yliopisto.
- Nivala, E. & Saastamoinen, M. 2007. Nuorisokasvatuksen teorian kohde ja konteksti. Teoksessa Nivala, E. & Saastamoinen, M. (toim.) *Nuorisokasvatuksen teoria – perusteita ja puheenvuoroja*. Nuorisotutkimusverkosto/Nuorisotutkimusseura, julkaisuja 73 & Kuopion yliopiston sosiaalityön ja sosiaalipedagogiikan laitos. Tampere: Tampereen yliopistopaino Oy, 8–27.
- Nolen-Hoeksema, S. 2000. The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology*, 109 (3), 504–511.
- Nolen-Hoeksema, S. & Girgus, J.S. 1994. The emergence of gender differences in depression during adolescence. *Psychological Bulletin*, 115 (3), 424–443.
- Nosek, B.A., Banaji, M.R. & Greenwald, A.G. 2002. E-research: Ethics, security, design and control in psychological research on the Internet. *Journal of Social Issues*, 58(1), 161–176.
- Nuorisolaki 2006/72. <http://www.finlex.fi/fi/laki/ajantasa/2006/20060072> [viitattu 4.3.2016].
- Näsi, M. 2013. ICT disparities in Finland: Access and implications. *Turun yliopiston julkaisuja – Annales Universitatis Turkuensis*, sarja B, osa 366.
- Offer, D. & Schonert-Reichl, K.A. 1992. Debunking the myths of adolescence: Findings from recent research. *Journal of American Acad. Child and Adolescent Psychiatry*, 31 (6), 1003–1014.
- Oksanen, A. 2006. *Haavautuva minuus: Väkivallan barokki kontrolliyhteiskunnassa*. Tampere & Helsinki: Tampere University Press & Nuorisotutkimusseura/Nuorisotutkimusverkosto.

- Oksanen, A., Kaltiala-Heino, R., Holkeri, E. & Lindberg, N. 2015. School shooting threats as a national phenomenon: Comparison of police reports and psychiatric reports in Finland. *Journal of Scandinavian Studies in Criminology and Crime Prevention*, <http://dx.doi.org/10.1080/14043858.2015.1101823>
- Oksanen, A., Näsi, M., Minkkinen, J., Keipi, T., Kaakinen, M. & Räsänen, P. 2016. Young people who access harm-advocating online content: A four-country survey. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 10 (2), DOI:10.5817/CP2016-2-6
- Oliffe, J.L., Kelly, M.T., Johnson, J.L., Bottorff, J.L., Gray, R.E., Ogrodniczuk, J.S. & Galdas, P.M. 2010a. Masculinities and college men's depression: Recursive relationships. *Health Sociology Review*, 19 (4), 465–477.
- Oliffe, J.L., Robertson, S., Kelly, M.T., Roy, P. & Ogrodniczuk, J.S. 2010b. Connecting masculinity and depression among international male university students. *Qualitative Health Research*, 20 (7), 987–998.
- Pasupathi, M. & McLean, K.C. 2012. Introduction. In McLean, K. C. & Pasupathi, M. (eds.) *Narrative development in adolescence: Creating the storied self*. New York: Springer, xix–xxxiii.
- Patel, V., Flisher, A.J., Hetrick, S. & McGorry, P. 2007. Mental health of young people: a global public-health challenge. *Lancet*, 369 (9569), 1302–1313.
- Peiponen, S., Laukkanen, E., Korhonen, V., Hintikka, U. & Lehtonen, J. 2006. The association of parental alcohol abuse and depression with severe emotional and behavioural problems in adolescents: A clinical study. *International Journal of Social Psychiatry*, 52 (5), 395–407.
- Pelkonen, M. & Marttunen, M. 2003. Child and adolescent suicide: Epidemiology, risk factors, and approaches to prevention. *Pediatric Drugs*, 5 (4), 243–265.
- Petersen, A. 2011. Authentic self-realization and depression. *International Sociology*, 26 (1), 5–24.
- Pilgrim, D. & Bentall, R. 1999. The medicalisation of misery: A critical realist analysis of the concept of depression. *Journal of Mental Health*, 8 (3), 261–274.
- Pohjola, A. 2007. Eettisyyden haaste tutkimuksessa. Teoksessa Viinamäki, L. & Saari E. (toim.) *Polkuja soveltavaan yhteiskuntatieteelliseen tutkimukseen*. Helsinki: Tammi, 11–31.
- Polkinghorne, D.E. 1988. *Narrative knowing and the human sciences*. Albany: SUNY.
- Porter, R. 2002. *Madness: A brief history*. NY: Oxford University Press.
- Prior, S. 2012. Overcoming stigma: How young people position themselves as counselling service users. *Sociology of Health and Illness*, 34 (5), 697–713.
- Raitasalo, R. & Maaniemi, K. 2011. Viisi nuorta eläkkeelle joka päivä. *Sosiaalivakuutus*, 49 (1), 34.
- Richards, L. 2009. *Handling qualitative data: A practical guide* (2nd ed.). London: Sage.
- Riessman, C.K. 2008. *Narrative methods for the human sciences*. Thousand Oaks, California: Sage.
- Rikala, S. 2013. Työssä uupuvat naiset ja masennus. *Acta Electronica Universitatis Tamperensis* 1334.

- Rohall, D.E., Milkie, M.A. & Lucas, J.W. 2007. *Social psychology: Sociological perspectives*. Boston, MA: Allyn & Bacon.
- Romakkaniemi, M. 2011. Masennus: tutkimus kuntoutumisen kertomusten rakentumisesta. *Acta Electronica Universitatis Lapponiensis* 78.
- Rughani, J., Deane, F.P. & Wilson, C.J. 2011. Rural adolescents' help-seeking intentions for emotional problems: The influence of perceived benefits and stoicism. *Australian Journal of Rural Health*, 19 (2), 64–69.
- Räisänen, U. 2003. Masentuneet nuoret mediassa: Riskiryhmiä ja masennuksen orjia. Teoksessa Modinos, T. & Suoninen, A. (toim.) *Merkkillinen media: Tekstit nuortenaarjessa*. Jyväskylä: Jyväskylän yliopisto, Soveltavan kielentutkimuksen keskus, 40–63.
- Saastamoinen, M. 2014. Tulkintoja masennuksen ja yhteiskunnan välisestä yhteydestä. Teoksessa Kuusela, P. & Saastamoinen, M. (toim.) *Hyvän elämän sosiaalipsykologia: Toimijuus, tunteet ja hyvinvointi*. Kuopio: Unipress, 128–146.
- Saldaña, J. 2009. *The coding manual for qualitative researchers*. London: Sage.
- Salmela-Aro, K. 2010. Personal goals and well-being: How do young people navigate their lives? In Shulman, S. & Nurmi, J-E. (Eds.) *The role of goals in navigating individual lives during emerging adulthood*. *New Directions for Child and Adolescent Development*, 130, 13–26.
- Salmela-Aro, K. 2012. Academic expectations and well-being from school to work during the economic downturn. *New Directions for Youth Development*, 2012(135), 57–64.
- Salmela-Aro, K., Aunola, K. & Nurmi, J-E. 2007. Personal goals during emerging adulthood. A 10-year follow up. *Journal of Adolescent Research*, 22 (6), 690–715.
- Salmela-Aro, K., Kiuru, N., Nurmi, J-E. & Eerola, M. 2014. Antecedents and consequences of transitional pathways to adulthood among university students: 18-year longitudinal study. *Journal of Adult Development*, 21 (1), 48–58.
- Salmela-Aro, K., Savolainen, H. & Holopainen, L. 2009. Depressive symptoms and school burnout during adolescence: Evidence from two cross-lagged longitudinal studies. *Journal of Youth and Adolescence*, 38 (10), 1316–1327.
- Scull, A. 2011. *Madness: A very short introduction*. NY: Oxford University Press.
- Seiffge-Krenke, I. & Klessinger, N. 2000. Long-term effects of avoidant coping on adolescents' depressive symptoms. *Journal of Youth and Adolescence*, 29 (6), 617–630.
- Shaw, S.K., Dallos, R., & Shoebridge, P. 2009. Depression in female adolescents: An IPA analysis. *Clinical Child Psychology and Psychiatry*, 14 (2), 167–181.
- Silva, J.M. 2014. Slight Expectations: Making sense of the “me me me” generation. *Sociology Compass*, 8 (12), 1388–1397.
- Smith, S. & Watson, J. 2014. Virtually me: A toolbox about online self-presentation. In Poletti, A. & Rak, J. (eds.) *Identity technologies: Constructing the self online*. Madison: The University of Wisconsin Press, 70–95.
- Squire, C., Davis, M., Esin, C., Andrews, M., Harrison, B., Hydén, L-C. & Hydén, M. 2014. *What is narrative research*. London: Bloomsbury.
- Steuber, T.L. & Danner, F. 2006. Adolescent smoking and depression: Which comes first? *Addictive Behaviors*, 31 (1), 133–136.

- STM 2014. Masennuksen kokeneet nuoret työelämässä. Raportteja ja muistioita 2014:25. Helsinki: STM.
- Stoppard, J. 2000. Understanding depression. Feminist social constructionist approaches. London & New York: Routledge.
- Stoppard, J.M. & McMullen, L.M. 2003. Introduction. In Stoppard, J.M. & McMullen L.M. (eds.) Situating sadness: Women and depression in social context. New York & London: New York University Press, 1–16.
- Suoranta, J. & Rynänen, S. 2014. Taisteleva tutkimus. Helsinki: Into Kustannus Oy.
- Suvisaari, J., Aalto-Setälä, T., Tuulio-Henriksson, A., Härkänen, T., Saarni, S. I., Perälä, J., Schreck, M., Castaneda, A., Hintikka, J., Kestilä, L., Lähteenmäki, S. Latvala, A., Koskinen, S., Marttunen, M., Aro, H. & Lönnqvist, J. 2009. Mental disorders in young adulthood. *Psychological Medicine*, 39 (2), 287–299.
- SVT: Väestön tieto- ja viestintätekniikan käyttö [verkkajulkaisu]. ISSN=2341-8699. 2015, 1. Internetin käytön muutoksia 2015. Helsinki: Tilastokeskus [viitattu 4.3.2016].
- Tennant, J.E., Demaray, M.K., Coyle, S. & Malecki, C.K. 2015. The dangers of the web: Cybervictimization, depression, and social support in college students. *Computers in Human Behavior*, 50, 348–357.
- Tiittula, L., Rastas, A., & Ruusu vuori, J. 2005. Kasvokkaisesta vuorovaikutuksesta tietokonevälitteiseen viestintään. Virtuaalihaastattelun näkymiä. In Ruusu vuori, J. & Tiittula, L. (eds.) Haastattelu. Tutkimus, tilanteet ja vuorovaikutus. Tampere: Vastapaino, 264–271.
- Timlin-Scalera, R.M., Ponterotto, J.G., Blumberg, F.C. & Jackson, M.A. 2003. A grounded theory study of help-seeking behaviours among white male high school students. *Journal of Counselling Psychology*, 50 (3), 339–350.
- Tontti, J. 2000. Masennuksen arkea: Selityksiä masennuksesta ilman syytä. Helsinki: Helsingin yliopiston sosiaalipsykologian laitos.
- Torikka, A., Kaltiala-Heino, R., Rimpelä, A., Marttunen, M., Luukkala, T., & Rimpelä, M. 2014. Self-reported depression is increasing among socio-economically disadvantaged adolescents – repeated cross-sectional surveys from Finland from 2000 to 2011. *BMC Public Health*, 14, (408), DOI: 10.1186/1471-2458-14-408
- Turunen, A-M. & Hänninen, V. 2014. Keski-ikäisten naisten masennuspolkuja. *Psykologia*, 49 (2), 123–136.
- Twenge, J.M. 2014. Generation me. Why today's young Americans are more confident, assertive, entitled—and more miserable than ever before (2nd ed.). New York: Atria.
- Tyler, T.R. 2002. Is Internet changing social life? It seems the more things change, the more they stay the same. *Journal of Social Issues*, 58 (1), 195–205.
- Ussher, J. M. 2010. Are we medicalizing women's misery? A critical review of women's higher rates of reported depression. *Feminism & Psychology*, 20 (1), 9–35.
- Valkonen, J. 2007. Psykoterapia, masennus ja sisäinen tarina. Helsinki: Kuntoutussäätiön tutkimuksia 77/2007.
- Valkonen, J. 2014. Miehen masennuksen tarinallinen kiertokulku. Teoksessa Kuusela, P. & Saastamoinen, M. (toim.) Hyvän elämän sosiaalipsykologia: Toimijuus, tunteet ja hyvinvointi. Kuopio: Unipress, 101–127.

- Valkonen, J. & Hänninen, V. 2013. Narratives of masculinity and depression. *Men and Masculinities*, 16 (2), 160–180.
- Valkonen, J., Hänninen, V. & Lindfors, O. 2011. Outcomes of psychotherapy from the perspective of the users. *Psychotherapy Research*, 21 (2), 227–240.
- Valtonen, A. 2005. Ryhmäkeskustelut – millainen metodi? Teoksessa Ruusuvoori, J. & Tiittula, L. (toim.) *Haastattelu. Tutkimus, tilanteet ja vuorovaikutus*. Tampere: Vastapaino, 223–241.
- Visser, I. 2002. Prototypes of gender: Conceptions of feminine and masculine. *Women's Studies International Forum*, 25 (5), 529–539.
- Wahl, O.F. 2003. *Media madness: Public images of mental illness*. New Brunswick, NJ: Rutgers University Press.
- Weeks, T.L. & Pasupathi, M. 2012. Autonomy, identity, and narrative construction with parents and friends. In McLean, K.C. & Pasupathi, M. (eds.) *Narrative development in adolescence: Creating the storied self*. New York: Springer, 65–91.
- Wickrama, T. & Vazsonyi, A.T. 2011. School contextual experiences and longitudinal changes in depressive symptoms from adolescence to young adulthood. *Journal of Community Psychology*, 39 (5), 566–575.
- Williams, S., Clausen, M.G., Robertson, A., Peacock, S., & McPherson K. 2012. Methodological reflections on the use of asynchronous online focus groups in health research. *International Journal of Qualitative Methods*, 11 (4), 368–383.
- Wilson, C.J., Rickwood, D. & Deane, F.P. 2007. Depressive symptoms and help-seeking intentions in young people. *Clinical Psychologist*, 11 (3), 98–107.
- Wisdom, J.P. & Agnor, C. 2007. Family heritage and depression guides: Family and peer views influence adolescents attitudes about depression. *Journal of Adolescence*, 30 (2), 333–346.
- Wisdom, J.P., Clarke, G.N. & Green, C.A. 2006. What teens want: Barriers to seeking care for depression. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 133–145.
- Wisdom, J.P. & Green, C.A. 2004. "Being in a funk": Teens' efforts to understand their depressive experiences. *Qualitative Health Research*, 14 (9), 1227–1238.
- Wisdom, J.P. & Parker, E.C. 2006. Getting out of depression: Teens' self-help interventions to relieve depressive symptoms. *Child and Family Behavior Therapy*, 28 (4), 1–11.
- Woodgate, R.L. 2006. Living in the shadow of fear: adolescents' lived experience of depression. *Journal of Advanced Nursing*, 56 (3), 261–269.
- Woodman, D. & Wyn, J. 2015. *Youth and generation. Rethinking change and inequality in the lives of young people*. London: Sage.
- World Health Organization 2012. *Depression: A global crisis*. [http://www.who.int/mental\\_health/management/depression/wfmh\\_paper\\_depression\\_wmhd\\_2012.pdf?ua=1](http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf?ua=1) [viitattu 4.3.2016].
- Zebrowitz, L.A. & Montepare, J.M. 2003. "Too young, too old": Stigmatizing adolescents and elders. In Heatherton, T.F., Kleck, R.E., Hebl, M.R. & Hull, J.G. (eds.) *The social psychology of stigma*. New York/London: The Guilford Press, 334– 373.

# Appendices

## APPENDIX 1. THE WEBSITE OF THE STUDY

Nuoren masennus / tutkimus

Etusivu Tutkimuksesta Keskustelu Tietoturva Yhteystiedot

### Tutkimus nuorten masennuksesta

Kokemuksia puhumisesta, vaikenemisesta ja vuorovaikutuksesta

Hei,

olen 28-vuotias sosiaalipsykologian jatko-opiskelija Itä-Suomen yliopiston Yhteiskuntatieteiden laitokselta. Väitöskirjatutkimukseni aiheena on **nuorten kokemukset masennuksesta**. Tutkimuksellani haluan välittää tietoa masennuksesta ennen kaikkea nuorille itselleen ja lisätä ymmärrystä nuorten kokemuksista. Olen kerännyt tietoa tätä tutkimusta varten ensimmäisen kerran viime vuoden alussa.

Mitä?

Tutkimus keskittyy nuorten masennukseen mutta tarkkoja ikärajoituksia osallistumiselle ei ole. Masennuksen ei myöskään tarvitse olla ammatti-ihmisen toteamaa. Tärkeintä on **halu kertoa omista kokemuksistasi**. Tämä tieto voi auttaa muita samankaltaisessa tilanteessa olevia.

Miksi?

Osallistuminen tapahtuu tutkimusta varten perustetulla keskusteluforumilla. Jos olet valmis kertomaan kokemuksistasi [rekisteröidy keskusteluun](#). Lisätietoa tutkimuksesta löytyy myös [tästä](#).

Miten?

Suurimmat kiitokseni kaikille osallistujille ja jokaiselle jo tähän mennessä osallistuneelle! Ilman teitä tämän tutkimuksen tekeminen ei olisi mahdollista :-)

Mervi Issakainen

Etusivu
Tutkimuksesta
Keskustelu
Tietoturva
Yhteystiedot

## Tutkimus nuorten masennuksesta

Kokemuksia puhumisesta, vaikenemisesta ja vuorovaikutuksesta

[Tutkimuksen tarkoitus](#)

[Menetelmät](#)

[Osallistumisen mahdolliset hyödyt ja haitat](#)

[Luottamuksellisten tietojen suojaaminen](#)

[Aineiston säilyttäminen ja hävittäminen](#)

[Tutkimuksesta vetäytyminen](#)

### 1. Tutkimuksen tarkoitus

Olen Mervi Issakainen (YTM, sosiaalipsykologia) ja olen perustanut Nuoremmasennus.fi -sivuston kerätäkseni nuorilta kokemustietoa väitöskirjatutkimustani varten.

Tarkoituksena on tutkia nuorten kokemuksia masennuksen vaikutuksista vuorovaikutukseen toisten ihmisten kanssa erilaisissa tilanteissa (kotona, koulussa, työpaikalla, netissä ja niin edelleen). Ajatuksena on koota yhteen tietoa siitä, millaisia erilaisia sosiaalisia kokemuksia masennuksesta kärsivillä nuorilla on, millaiset asiat kokemusten syntyyn vaikuttavat ja mitä nämä erilaiset kokemukset nuorille merkitsevät.

Tutkimustulosten toivon ennen kaikkea tuottavan nuorille tietoa siitä, millaiset asiat ovat muita auttaneet ja millaisissa tilanteissa myönteiset kokemukset ovat mahdollisia. Myös nuorten läheisille sekä mielenterveytyön ammattilaisille tulokset voivat olla hyödyllisiä. Lisäksi saadaan tietoa myös siitä, kuinka verkkoympäristössä toteutettu ryhmäkeskustelu soveltuu tutkimustarkoitukseen.

Tutkimus on osa **Suomen Akatemian** rahoittamaa hanketta "[Masennuksen kanssa eläminen sosiaalisessa kontekstissa](#)", jonka tavoitteena on selvittää erilaisia tapoja selviytyä masennuksen kanssa. Hankkeen vastuullinen johtaja on professori *Vilma Hänninen* Itä-Suomen yliopistosta.

### 2. Menetelmät

#### Ryhmäkeskustelu

Kerään tietoa verkossa toteutettujen [ryhmäkeskustelujen](#) avulla.

Ensimmäinen ryhmäkeskustelu käytiin vuoden 2009 alkupuolella. Kiitokseni teille, jotka kerroitte ajatuksistanne ja vastasitte kysymyksiini :-)

#### Omat tarinat

Vuoden 2009 alussa keräsin nuorten omia tarinoita masennukseen liittyvistä kokemuksista. Ideana oli kirjoittaa niistä kokemuksista, tilanteista ja ihmissuhteista, jotka kukin itse koki tärkeiksi.

Kiitos kaikille tarinansa lähettäneille :-)

### 3. Osallistumisen mahdolliset hyödyt ja haitat

Osallistumalla keskusteluun olet mukana rakentamassa tutkimustietoa, jonka avulla voidaan muun muassa auttaa muita samankaltaisessa tilanteessa olevia nuoria. Tässä yhteydessä omista ajatuksistasi ja tunteistasi kirjoittaminen on kokemustiedon jakamista toisille.

**Tiedoksi!**

[Apua nopeasti - \[www.apua.info\]\(http://www.apua.info\)](#)

Alueellisten kriisikeskusten yhteystiedot löydät [täältä](#)

Kriisikeskus netissä:  
[www.tukinet.net](http://www.tukinet.net)

Valtakunnallinen kriisipuhelin  
**010 195 202**  
ma-pe klo 09:00 - 06:00, la  
klo 15:00 - 06:00 ja su klo  
15:00 - 22:00

Mannerheimin  
Lastensuojeluliiton Lasten ja  
nuorten puhelin ja kirjepalvelu

Tutkimuksesta

[www.mll.fi/nuortennetti/apua](http://www.mll.fi/nuortennetti/apua)

Mielenterveyden keskusliiton  
[Tietopalvelu Propelli](#)

Tietoa masennuksesta:  
[Terveyden ja hyvinvoinnin  
laitos](#)

**Kirjoittaminen** on yhdenlainen tapa purkaa ajatuksia ja tunteita: sen avulla omaa kokemusta voi jäsentää ja sanoittaa ja asioita voi käsitellä konkreettisemmassa muodossa. Kirjoittaminen mahdollistaa etäisyyden ottamisen omaan tilanteeseen, jolloin sitä voi tarkastella uudesta näkökulmasta. Kirjoittamisella saattaa näin olla myönteisiä vaikutuksia omaan hyvinvointiin. Kokemusten pohdiskelu voi kuitenkin synnyttää monenlaisia tunteita, joskus ahdistustakin.

Keskusteluryhmän välityksellä on mahdollista saada kontakti ihmisiin, joilla on samankaltaisia kokemuksia. Ryhmässä omista ajatuksista ja tunteista on mahdollista kirjoittaa anonyymisti.

Jo yksinomaan toisten tuntemuksista ja ikävistä kokemuksista lukeminen voi synnyttää **voimakkaitakin tunnereaktioita**. Keskustelussa saattaa myös tulla esille esimerkiksi **mielipide-eroja tai väärinkäsityksiä**, jotka voivat aiheuttaa ikäviä tunteita. Tarkoituksellinen mielipahan aiheuttaminen toiselle on kuitenkin ehdottomasti kielletty ja loukkaavat viestit poistetaan.

Minulle voi lähettää [sähköpostia](#) tutkimuksen herättäessä kysymyksiä tai huolenaiheita!

#### 4. Luottamuksellisten tietojen suojaaminen

Aineiston kerääminen tapahtuu SSL- suojaatun internet-yhteyden välityksellä, jolloin tietosuojan tekninen taso on korkea. [Lisää tietoturvasta](#)  
Sivuston teknisenä ylläpitäjänä toimiva asiantuntija on allekirjoittanut vaitiolusitoumuksen.

Tutkimukseen osallistutaan **nimimerkillä**. Keskusteluun rekisteröityminen vaatii sähköpostiosoitteen, jota ei paljasteta kenellekään. Kerättävät tiedot ja niiden käsittelyn periaatteet on koottu rekisteriselosteeseen: [Rekisteriseloste](#)

Tutkimustulosten yhteydessä tarinoista ja keskusteluryhmään lähetetyistä viesteistä julkaistaan esimerkkejä. Henkilönimet (mukaan lukien nimimerkit) sekä muut tunnistamisen mahdollistavat nimet (esimerkiksi paikkakunnat tai koulut) muutetaan toisiksi. Taustatiedot (kuten ikä ja sukupuoli) raportoidaan tutkimusjulkaisuissa.

#### 5. Aineiston säilyttäminen ja hävittäminen

Aineisto säilytetään huolellisesti ulkopuolisilta suojattuna (ks. Rekisteriseloste). tarinat ja keskustelut kirjataan tekstitiedostoksi, jonka sisällöstä ei tule esille yksittäisen osallistujan tunnistamisen mahdollistavia tietoja. Sähköpostiosoitteet ja muut suorat tunnisteen hävitetään.

Tekstitiedostot arkistoidaan [Yhteiskuntatieteelliseen tietoarkistoon](#) myöhempää tieteellistä tutkimuskäyttöä varten. Jos et halua, että tarinasi tai viestisi arkistoidaan, kerro siitä sähköpostitse. Tässä tapauksessa tarinasi/viestisi hävitetään tämän tutkimushankkeen päätyttyä.

#### 6. Tutkimuksesta vetäytyminen

Tutkimukseen osallistuminen on **vapaaehtoista**. Voit halutessasi peruuttaa suostumuksesi tutkimukseen / keskeyttää tutkimukseen osallistumisesi milloin vain ottamalla minuun yhteyttä [sähköpostin](#) välityksellä.



[Etusivu](#)   [Tutkimuksesta](#)   [Keskustelu](#)   [Tietoturva](#)   [Yhteystiedot](#)

## Tutkimus nuorten masennuksesta

### Kokemuksia puhumisesta, vaikenemisesta ja vuorovaikutuksesta

#### *Keskustelun tarkoitus*

Tarkoituksena on jutella yhdessä masennukseen liittyvistä kokemuksista pienissä ryhmissä. Osallistuminen etenee niin, että aluksi kysyn jokaiselta pari kysymystä henkilökohtaisesti. Kun ryhmä on koossa, aloitamme päivittäin (viiden päivän ajan) uuden viestiketjun, johon toivon kaikkien kertovan aiheeseen liittyvistä kokemuksistaan.

Foorumille lähetetyt viestit näkyvät käyttöoikeuden saaneille. Keskustelu on tarkoitettu **ainoastaan** nuorille, joilla on omakohtaista kokemusta masennuksesta!

#### *Keskustelut tutkimusaineistona*

Tarkoituksena on kerätä tietoa erilaisista kokemuksista ja niiden merkityksistä nuorille ryhmässä käydyn keskustelun välityksellä. Tutkimustulosten yhteydessä ryhmään lähetetyistä viesteistä julkaistaan esimerkkejä. Käsittelen viestit niin, ettei kirjoittajaa tai muita viesteissä mainittuja henkilöitä voi välittömästi tunnistaa. Tutkimuksen päätyttyä aineisto arkistoidaan ilman yksittäisen osallistujan tunnistamisen mahdollistavia tietoja [Yhteiskuntatieteelliseen tietoaarkistoon](#) myöhempää tieteellistä tutkimuskäyttöä varten.

**Rekisteröityminen:** Valitse haluamasi nimimerkki, joka tulee näkyville keskusteluun osallistuessasi. Nimimerkki toimii myös käyttäjätunnuksena kirjautuessasi sisään ryhmään. Valitse lisäksi salasana sekä merkitse syntymävuotesi ja sukupuolesi. Rekisteröitymisen yhteydessä pyydetään myös toimiva sähköpostiosoitteesi, jotta käyttäjätunnuksesi voidaan aktivoida. Sähköpostiosoitetta käytetään myös tiedottamiseen.

[Rekisteröidy](#)

**Etusivu**   **Tutkimuksesta**   **Keskustelu**   **Tietoturva**   **Yhteystiedot**

## Tutkimus nuorten masennuksesta

Kokemuksia puhumisesta, vaikenemisesta ja vuorovaikutuksesta

### *Tietoturva*

Kaikki aineiston keräys tapahtuu SSL- suojatun internet-yhteyden välityksellä. Keskusteluun osallistutaan nimimerkillä eikä omia henkilötietoja (esimerkiksi nimeä tai yhteystietoja) tule missään vaiheessa keskustelua tuoda julki. Mikäli tämänkaltaisia tietoja tulee esille, ne poistetaan.

Tietoturvasi varmistamiseksi, **muista aina kirjautua ulos** palvelusta lopettaessasi keskustelun. **Sulkemalla selainohjelman** keskustelusta ulos kirjautumisen jälkeen, estät muita saman koneen käyttäjiä näkemästä kirjoittamaasi.

**Etusivu**   **Tutkimuksesta**   **Keskustelu**   **Tietoturva**   **Yhteystiedot**

## Tutkimus nuorten masennuksesta

Kokemuksia puhumisesta, vaikenemisesta ja vuorovaikutuksesta

### Yhteystiedot

Mikäli sinulla on kysymyksiä tai huolenaiheita tutkimukseen liittyen, voit lähettää minulle sähköpostia osoitteeseen:


[mervi.issakainen@nef.fi](mailto:mervi.issakainen@nef.fi)

**phpBB** creating communities **www.nuorenmassennus.fi**  
Tutkimustarkoitukseen perustettu ryhmäkeskustelu

[Etisivu](#) 

 UKK  Rekisteröidy  Kirjautu sisään

Tänään on 27.02.2010 16:42

KESKUSTELUALUE	AIHEET	VIESTIT	UUSIN VIESTI
 <b>Tietoa keskustelupalstasta</b> Tämä keskustelupalsta on perustettu <b>nuorten masennuskokemuksia</b> käsittelevää <b>väitöskirjatutkimusta</b> varten. Käy lukemassa tarkemmat tiedot osoitteessa <a href="http://www.nuorenmassennus.fi">www.nuorenmassennus.fi</a>	0	0	Ei viestejä

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# Articles

## **YOUNG PEOPLE'S NARRATIVES OF DEPRESSION**

Issakainen, M. & Hänninen, V. 2016. Young people's narratives of depression. *Journal of Youth studies*, 19 (2), 237–250. doi: 10.1080/13676261.2015.1059927

## **YOUNG PEOPLE'S VIEWS OF COMMUNICATING THEIR DEPRESSION**

Issakainen, M. 2015. Young people's views of communicating their depression. *International Journal of Adolescence and Youth*, 20 (1), 86–99. <http://dx.doi.org/10.1080/02673843.2013.770767>

## **YOUNG PEOPLE NEGOTIATING THE STIGMA AROUND THEIR DEPRESSION**

Issakainen, M. 2014. Young people negotiating the stigma around their depression. *Young: Nordic Journal of Youth Research*, 22 (2), 171–184. doi: 10.1177/1103308814521624

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## MERVI ISSAKAINEN

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*This study examines youth depression. Online qualitative methods are used to collect young people's experiential knowledge about depression. By drawing theoretical insights from symbolic interactionism and narrative psychology, this study increases understanding of how young people make sense of their distress and their experiences of disclosing it to other people, as well as elucidates different cultural conceptions of depression and young people's perspectives in relation to them.*



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**PUBLICATIONS OF  
THE UNIVERSITY OF EASTERN FINLAND**  
*Dissertations in Social Sciences and Business Studies*

ISBN 978-952-61-2228-1  
ISSN 1798-5749