Young people's views of communicating their depression

Mervi Issakainen

Published online: 13 Mar 2013.

Submit your article to this journal ⬀

Article views: 1659

View related articles ⬀

View Crossmark data ⬀

Citing articles: 3 View citing articles ⬀

Routledge
Taylor & Francis Group

Young people's views of communicating their depression

Mervi Issakainen*

Department of Social Sciences, University of Eastern Finland, Kuopio, Finland

This study examines young people's views of communicating their depression. The study is based on Finnish young people's accounts collected via the Internet. The data consist of 61 written narratives, messages sent during two online group discussions with 20 participants and online individual interviews with four young people. The data were analysed from the frame analytic perspective with the aim of identifying the frames young people use to explain their decisions about communicating their depression. Three different frames were found. Within *the frame of support*, communicating meant *seeking support* but was also seen as *burdening*. Within *the frame of connection*, young people characterised communicating either as *succeeding* or *failing in forming a connection*. When they explained communicating depression through *the frame of handling*, communication was seen to enable *handling distress* but could also mean *sinking into distress*.

Keywords: young people; depression; communicating; experience; online qualitative research; Finland

Introduction

Several studies have reported that young people often do not seek professional help for their depression (Aalto-Setälä, Marttunen, Tuulio-Henriksson, Poikolainen, & Lönnqvist, 2002; Haarasilta, Marttunen, Kaprio, & Aro, 2003; Suvisaari et al., 2009; Wilson, Rickwood, & Deane, 2007). Young people may also decide against disclosing their distress to their family or significant others (Draucker, 2005a; McCann, Lubman, & Clark, 2011; Shaw, Dallos, & Shoebridge, 2009; Wilson et al., 2007). For example, in their research on help-seeking intentions in young people, Wilson et al. (2007) reported that 'as depression increases, intentions to seek help from parents decrease and intentions to seek help from no one increase' (p. 104). To understand young people's decisions regarding being open about their experiences, it is important to study the meanings young people give to communicating their depression.

Research has identified several reasons for this non-help-seeking behaviour. The review study by Gulliver, Griffiths, and Christensen (2010) indicates that stigma and embarrassment, a lack of mental health literacy and a preference for self-reliance are the most important barriers to help-seeking in young people. Other problems related to seeking help include pragmatic barriers such as cost, location and service availability (Draucker, 2005b; Kuwabara, Van Voorhees, Gollan, & Alexander, 2007; McCann & Lubman, 2012a), a lack of awareness of the services (McCann & Lubman, 2012a; Timlin-Scalera, Ponterotto, Blumberg, & Jackson, 2003), not believing that help-seeking is beneficial (Freedental & Stiffman, 2007; Gulliver, Griffiths, & Christensen, 2012; Rughani, Deane, &

---

*Email: mervi.issakainen@uef.fi

Wilson, 2011), difficulty in or unwillingness to express emotion (Gulliver et al., 2012) and concerns about confidentiality (Gulliver et al., 2010; Timlin-Scalera et al., 2003; Wisdom, Clarke, & Green, 2006). The importance of a supportive and trusting relationship between the young person and a professional has been addressed in several studies. 'The treatment pitfalls' identified by young people and their parents in Draucker's (2005b)study were their fears of being seen as emotionally disturbed, that disclosed information would be used against them or that professionals would not understand their experiences. Wisdom et al. (2006, p. 139) found that young people choose not to talk if the professionals' verbal and non-verbal expressions suggest that they are not 'really hearing' them. However, prior studies on young people's views indicate that when professionals express understanding and compassion (Buston, 2002; McCann & Lubman, 2012b; Wisdom et al., 2006), give them feedback, and respect their views concerning treatment (McCann & Lubman, 2012b; Wisdom et al., 2006), young people experience the interaction with professionals as helpful. They value the possibility of opening up when the 'right' therapist is found (McCarthy, Downes, & Sherman, 2008). Connections with professionals help them cope with and recover from depression (Draucker, 2005b; McCann & Lubman, 2012b) and positive previous experiences, in turn, facilitate help-seeking in the future (Gulliver et al., 2012; McCann & Lubman, 2012b; Timlin-Scalera et al., 2003; Wilson et al., 2007).

Despite the known benefits of opening up to professionals, young people are more likely to seek help from informal sources (see Timlin-Scalera et al., 2003; Wilson et al., 2007). In their study on the views of young people with depression, McCann, Lubman, and Clark (2012) found that family and significant others 'helped strengthen young people's resilience to cope with depression through patience, tolerance, understanding, and encouragement' (p. 456). Support and encouragement from others also facilitate seeking help from professionals (Gulliver et al., 2010, 2012). Conversely, living in an unsupportive environment makes it difficult for young people to cope with depression (McCann et al., 2012). Young people conceal their experiences if they have no one to talk to or if nobody would listen to them (Shaw et al., 2009). They feel lonely if other people do not seem to understand their experiences – for example, by not taking them seriously (Freedenthal & Stiffman, 2007; Kuwabara et al., 2007) – but also view it as unhelpful if others express too much concern (McCann et al., 2012). Some prior studies suggest that young people choose to keep their distress to themselves in order to not burden others with their problems (Draucker, 2005a; Freedenthal & Stiffman, 2007; Shaw et al., 2009) or because they want to preserve friendships (McCann et al., 2011). Much of the existing research on young people's views focuses on formal help, whereas other contexts for seeking help have not received so much attention among researchers. The present study aimed at illuminating how young people see communicating their depression by including their views regarding the pros and cons of discussing with professionals as well as being open about their experiences in more informal contexts.

This study explored how young people view communicating their depression. The initial data analysis revealed several points of view on communicating. To understand the varying meanings young people give to being open about depression, I applied Erving Goffman's (1974) frame analytic perspective. According to Goffman, when individuals attend to any given situation they try to interpret what is going on in that situation. Based on these interpretations, individuals act in a way that is suitable for that particular situation. The type of framework applied also provides a way of describing that particular event. When interpreting events, individuals tend to apply 'primary' frameworks: 'one that is seen as rendering what would otherwise be a meaningless aspect of the scene into something that is meaningful' (1974, pp. 8–25). Within a primary framework, activity is

subject to different types of transformation (1974, p. 156) that, in this context, means the pros and cons of communicating. Instead of studying 'the everyday strips of activity' during which individuals are in one another's immediate presence (1974, p. 564), the present study focused on young people's accounts (1974, pp. 504 and 557) of linguistic and expressive communication (Goffman, 1963). In Goffman's terms, the study aimed to identify the primary frameworks that young people use to explain their decisions about communicating their depression.

Methods

Data were collected via the Internet, which is a practical and convenient means to connect and interact with study participants (Mann & Steward, 2000, p. 24). Especially when the topic is sensitive, the online environment offers privacy and an emotionally safe place for young people to share their feelings and experiences (see King et al., 2006).

Recruitment and participants

A website was set up for the study, and participants were recruited from two online community services with the help of their staff-members. In January 2009, the recruitment advertisement was sent to a randomly selected sample of 10,000 (5000 women, 5000 men) users of 'Irc-Galleria.net'. Irc-Galleria enables young people to participate in different kinds of communities and socialise with their friends. In January 2010, the recruitment advertisement was sent to registered members of 'Tukinet.net', which is an online crisis centre under the Finnish Association for Mental Health. Tukinet provides free personal support and different types of support groups. The criterion for participating in the study was self-identification of having experiences of depression. A diagnosis was not required because the focus was on young people's own ways of defining depression. Eighty-two young people (75 women, seven men) between 14 and 34 years of age (mean age 19.7 years) participated. They characterised their depression by referring, among other things, to their depressed mood; fatigue; feelings of worthlessness, anger and guilt; inability to concentrate; interpersonal difficulties; social withdrawal; and suicidal ideation/attempts. While there was no attempt to systematically collect demographic information besides age and gender, the participants reported coming from a variety of backgrounds: young people who lived alone, with a parent/parents, a partner or spouse; young people who were students, employed, unemployed or on sick-leave; and young people with and without a diagnosis of depression. One male participant was over 30 years old, but I decided not to leave him out of the sample because he wrote about his youth experiences.

Data collection

The interaction with and between participants took place online and was asynchronous. Conventional data collection methods were applied to the online environment (Jankowski & van Selm, 2005, p. 200) by collecting written narratives with a web form and conducting online group discussions and online individual interviews. In January 2009, the young people were asked to write their narratives of the ways depression had influenced their social relationships and interaction. Sixty-one narratives of varying lengths, from a couple of sentences to over seven pages of printed text, were received. Furthermore, an online group discussion on a closed discussion board was set up for the study. Fourteen young people participated in the discussion and three of them also sent their narratives.

The discussion board was open to participants for two-and-a-half months and the data consist of 193 messages. In January 2010, an online group discussion was conducted with six participants. The forum was open for one-and-a-half weeks. Some questions were asked by exchanging private messages with each participant. The dataset consists of 156 messages. Furthermore, four young people participated in an individual interview. One interview took place via email and three on the forum through private messages. These consist of 74 messages. Overall, the length of the messages varied from one sentence to one-and-a-half pages of printed text. The amount of messages also includes the author's own comments and questions. The data collection is presented in Table 1.

The group discussions and individual interviews were semi-structured. The topics covered the ways in which depression had influenced participants' lives, views of the causes of depression, experiences of talking about/concealing depression, the things participants viewed as helpful/unhelpful in their attempts to cope with depression and the desired responses of others. Follow-up questions were asked to elicit further information or clarification. The participants' tendency to consider communicating from several points of view is partly a product of these discussions, because they were asked to reflect on both positive and negative experiences.

Although the topic was sensitive, the participants wrote openly about their experiences and conveyed their thoughts and emotions vividly. The amount of data produced by each participant, however, varies considerably; some participants answered briefly and/or participated only by sending one message, whereas others wrote lengthy responses and/or took part in the study for a longer period of time.

Ethical considerations

The ethical issues related to online research are, in many ways, similar to those of traditional research methods (Whitehead, 2007). The institutional ethical review committee had not been established when the project started; however, all proper ethical procedures of informed consent, confidentiality and avoiding harm were rigorously followed. The website provided comprehensive information about the purpose and methods of the study, the potential benefits and harms of participation and the ways in which participants' privacy would be protected. The participants used pseudonyms and electronically transmitted data were encrypted using a Secure Sockets Layer protocol. It was emphasised that participation was voluntary and that they can decide which topics they are ready to discuss. They were also urged to contact the author if they wanted to delete something they had written during the group discussions. They were informed that

Table 1. Data collection.

	Written narratives	Group discussion	Group discussion + individual part	Individual interviews	*n*
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

the author's background was not in healthcare or therapy. When asked or when someone's writings indicated acute suicidal thoughts, the participants were guided to seek help. The website also included links and telephone numbers of several places offering help. To secure the anonymity of the participants, all identifiable information was removed from the data. These include pseudonyms, because the same pseudonym may be used in some other online environment and potentially reveal information about the person's offline identity (Kuula, 2006, p. 198).

Data analysis

The analysis included several phases. First, the data segments were examined, focusing on talking about or concealing depression. In the second phase of the analysis, the data were examined by seeking similar concepts, expressions and meanings given to talking. Richards (2009) uses the term 'analytical coding' to refer to coding that comes from interpretation and reflection on meaning. The passages of text were grouped into conceptual categories and the data relating to each category were gathered to look for similarities and differences from the meanings young people give to being open about their depression. Based on these categories and subcategories, the initial primary frameworks were named. Following this, a more detailed analysis of the views related to each framework was undertaken. At this point, it seemed impossible to fully understand some accounts without acknowledging the fundamental role of gestures, facial expressions and emotional reactions in many participants' views. Therefore, the focus was broadened from mere talking to include both verbalising experiences and expressing emotions/thoughts non-verbally. The final phase of analysis included re-categorising the data and refining the frameworks until all of the accounts fit into the frames. Memos were written to generate ideas and reflect on the content of each frame during different phases of the analysis. When illustrating the findings, efforts were made to remain as close as possible to young people's own ways of describing their views.

Findings

The analysis revealed three different frames used by young people to explain their decisions about communicating their depression. Within these frames, the participants discussed both how opening up is helpful and the problems related to communicating. Within the *frame of support*, communicating meant seeking support but was also seen as burdening. The *frame of connection* reflected young people's attempts to form connections with others but also the ways communicating may have an adverse outcome instead. Within the *frame of handling*, communicating was seen to enable dealing with distress, but could also mean sinking into distress. The following section discusses these frames and related views.

The frame of support

Within the frame of support, young people viewed communicating their depression as *seeking support* as well as *burdening*. The participants' accounts exemplify how communicating enabled them to receive support from family, friends, partners/spouses, professionals or fellow sufferers whom they met either face to face or on online discussion forums. Professional caregivers' support was highly important for many young people in this study: for example, 'without my therapist, I couldn't manage'. Many participants had

also sought support from fellow sufferers who served as a sounding board, offering them feedback and a possibility to share experiences and knowledge. Additionally, they more often wrote about their close ones to whom they could rely on.

> My friends brought food and made meals for me. Forced me to shower and washed my dishes and took my trash out. For that I'm forever grateful. Without them, I wouldn't have survived. (Woman, 22 years old, narrative)

This young woman told how her friends helped her with daily tasks that had become so burdensome for her because of her depression. A young man described the support of close ones by writing that 'sometimes it is enough that there is a shoulder to cry on'. With the emotional and practical support of others, young people were able to maintain their hope and survive from one day to another.

On the other hand, seeking support was not easy or even an option for participants who were used to keeping emotional distance from others, did not want to expose themselves due to possible stigma or preferred to be self-reliant. In some cases, reluctance to rely on parents derived from young people's willingness to be autonomous: not wanting to 'get caught' or 'be dependent'. One participant wrote the following:

> ... it is my duty to keep the strings of my life in my hands that no-one else doesn't have to worry about them. Especially not parents. They have already done enough while raising me and now that I am able to take care of myself I have to do it. It is justice and fairness and besides they are so dear to me and because you only want what is best for your loved ones, I don't want to complicate their life with my own concerns. (Woman, 17 years old, 1. group discussion)

As the above extract indicates, communicating depression within the support frame may also be seen as *burdening*. This young woman expressed that one of her reasons to delay seeking help was her belief that formal help is for those who have bigger concerns. Therefore, she did not see herself as entitled to receive professional help. This thought could be interpreted as her reluctance to burden mental health services. She also emphasised that she did not want to burden her parents; although she disclosed her depression to her parents, she did not want to talk about it with them, as they would 'bustle around' her. Some preferred talking to professionals over close ones because professionals are capable of seeing their situation from an outsider's point of view, whereas close ones tend to worry or get nervous. Some participants expressed concerns about how worrying affects their close ones' well-being. They were especially reluctant to burden the ones who already had problems of their own. As the following account illustrates, young people may also have to face a question of whether they can rely on others without jeopardising relationships with them:

> However all the time it feels that I'm burdening too much especially my friends – they practically forced me to seek help. Now I'm afraid how long they can stand me – although they said that this does not kill the friendship. In a way I'm concerned about how worried and stressed they are. They have helped me so much. (Woman, 20 years old, 1. group discussion)

Many young people in this study had considered how open they could be about their thoughts and feelings because revealing them may be detrimental to both friendships and romantic relationships. One participant wrote that she loves her partner more than anything and feels that she is 'spoiling all those moments together' because she often feels bad and cries. Another one's best friend said that she cannot be her friend anymore if she does not 'quit worrying and begin to be a little bit happier person'. While communicating may burden relationships, concealing tends to have the same outcome: a young woman noted that disclosing depression after pretending to be happy may mean the end of a

friendship because 'at the same time you admit that you have not been yourself'. Similarly, another participant described the vicious circle of pretending to close ones that everything is fine, the additional distress caused by one's own dishonesty and how lying 'messes up relationships even more' when the truth eventually comes out.

The frame of connection

Within the frame of connection, young people characterised communicating either as *succeeding* or *failing in forming connections*. These accounts focused on social situations in which they would try/had tried to explain their experiences to others. Many participants felt understood by people who 'really want to help' and have done their best to understand what they are experiencing. Some emphasised the ease of discussing with people who are on 'the same wavelength' with them. In the case of professionals, it was important to find the right person; one 'who understands precisely your problems', as one of them expressed. Although to leave room for someone needing the possibility to disclose her/his depression sometimes requires refraining from talking about one's own distress, the participants who wrote about peer support tended to value discussions with people who are 'in the same boat'. They viewed peer support as helpful because of fellow sufferers' ability to understand their experiences. One participant emphasised the unique connection between fellow sufferers in the following way:

> ... There are many of us for different reasons and from totally different backgrounds. It was extremely easy to talk to that kind of people without using a role because they really understood. They had experienced the same or similar pain inside of them and knew how to share experiences. That enlarged again the world in my eyes. (Woman, 16 years old, narrative)

Conveying their experiences to others had been problematic for many young people in the study. Some experienced difficulty in verbalising their thoughts and emotions, especially when feeling 'indescribably bad'. One participant, instead, wondered about the right words to talk about depressive feelings to close ones who instantly become worried if she brings up that she is not feeling well. Consequently, she thought that the better option is to not talk about it. According to the participants, talking about depression tends to be difficult not only for them but also for others: people do not always know how to listen, comfort and be supportive even if they want to help. A young man shared that although his girlfriend finally started listening to him, neither she nor his friends took him seriously when he tried to express his concerns:

> I tried, a couple of times, to tell my friends and my girlfriend what had happened, but they didn't seem to take me seriously so I gave up on that. I got all alone with depression when I simply didn't have the courage to tell about it to anyone else and I still haven't ... (Man, 17 years old, narrative)

The above excerpt demonstrates that communicating can also be characterised as *failing in forming connection*. A number of participants wrote about how others may not understand their experiences. Many of them mentioned concealing their depression from people who might judge them, break their confidence or respond with disbelief. Several participants viewed it as problematic to discuss with people who have not experienced 'that kind of darkness inside them'. According to one participant, people with and without experiences of depression tend to speak 'a whole different language'. Others viewed it as uncomfortable or unhelpful to talk if they sensed a lack of genuine interest or did not click with the other person. For example, one young woman who shared that talking to a professional has not helped her stated that her therapist 'apparently is not the right person

to help' her. Therefore, she was thinking about switching therapists. As the following quotation indicates, the participants who expected feedback or guidance were not satisfied when the other one stuck to the role of a listener.

> I didn't know how to talk to a stranger. I went there twice; both times the hour passed in silence. In my opinion the psychiatrist wasn't competent – his/her silence and his/her curious gaze only caused anxiety. To a question 'how are you feeling' I answered only by one word 'Fine'. [The participant did not mention whether the psychiatrist was a man or a woman.] (Woman, 21 years old, narrative)

For some participants, communicating face to face was difficult because they tend to get 'a bone in the throat' or feel 'blocked' when they try to explain their thoughts and emotions in the presence of others. These difficulties become understandable by examining young people's views of online interaction. The participants identified several pros of communicating online. Online interaction offers them time to reflect on and verbalise their experiences. Furthermore, communication proceeds on its own terms because refusing to discuss about topics they are reluctant to talk about is easier online than face to face. One participant stated that the absence of non-verbal feedback allows her to concentrate on topics that are meaningful for her instead of pleasing the other party and letting the discussion take a direction that she does not view as beneficial. The environment where non-verbal signs remain hidden makes it possible to have control over when and how to communicate depression. A young man stated that he used the Internet as a source of help when he was unable to maintain normal daily life: 'there you can appear yourself anonymously and cover your true feelings or alternatively let them out'. Another participant wrote that online environment enabled her to participate in the study:

> If this kind of study had been carried out in a group that would have gathered in some place, probably participating wouldn't have come into question on my part. Here it has been easy to write without thinking whether others think I'm an idiot. If I would have said my thoughts aloud, I mean just in front of others, it hardly would have worked, I probably would have been like that there's nothing wrong with me. And why am I even in this group. (Woman, 21 years old, 2. group discussion)

However, the participants did not view online communication merely as easy or helpful: for example, writing is time-consuming, written words tend to cause misunderstandings, and communicating on the Internet increases the possibility of receiving negative feedback and may not help as much as 'really talking to someone' would. Sometimes appearance is enough to communicate emotions: 'probably the best thing in talking face-to-face is that you may not have to talk anything and the other one already notices that I'm not alright'. Non-verbal feedback helps also with drawing conclusions about whether the other person has understood, whether she/he listens and how she/he responds. One participant said that she would have participated in a face-to-face interview, because it would have been 'more honest'. Another participant wrote that conveying emotions would have been easier with the help of gestures.

> I could have participated face-to-face also. For example describing different kinds of emotions would have been easier when you can show with your hands how you are strangling yourself or show how brains fall out or how furious you are and where crying feels in my body and so forth. (Woman, 19 years old, 1. group discussion)

The frame of handling

Within the frame of handling, communicating depression enables *handling distress* but could also mean *sinking into distress*. One disadvantage of not communicating depression

noted by the participants was that keeping bad feelings and thoughts inside may be harmful: 'I conceal feeling depressed and it bottles up inside of me'. Therefore, they emphasised the importance of expressing the emotions and thoughts in some way. Some participants described expressing themselves with the help of art or music; others verbalised their experiences by writing poems or keeping a diary. For example, one young man informed that he had a little booklet in which he wrote his feelings. The oldest participant explained his willingness to take part in the study by his need to continue handling depression:

> I haven't really participated in any research on depression before this. Now I thought to participate when there has been a few months interruption in psychotherapy, you must handle issues somehow anyway. (Man, 34 years old, 2. group discussion)

Reflecting on one's own life with psychologists, therapists, social workers, or other professionals had helped many young people to make sense of their depression. One young man described these discussions as 'clarifying one's own thoughts and finding some kind of rationality in the middle of all that mess'. Another participant who thought that medication had helped her to 'be herself' again wondered whether medication only covers up distress. She also planned on seeking help from a psychologist, who could help her to handle the causes of her depression. 'Gaining insights' were the words used by some participants to describe the purpose of talking to professionals irrespective of whether this goal was achieved.

> ... During the worse episodes of depression I had at least some place where I went instead of only staying home, although I sometimes skipped visits in mental health office, because I just didn't have the energy. And I believe that it also has helped that someone has listened my feelings although I don't experience that I have gotten any groundbreaking insights as a result of any discussions with professionals. (Woman, 22 years old, individual interview)

The above account indicates that although communicating is not always beneficial when evaluated through the handling frame, it may be valuable when using the support frame as a point of reference. Similarly, another participant wrote that she did not know whether she has progressed in handling her traumatic experiences but at least therapy is helping her to 'maintain hope'. At the end of the discussion, she informed that although the subject was difficult for her and had occasionally brought tears to her eyes, she had experienced writing to the forum 'somehow therapeutic'. Handling experiences related to depression maybe helpful and rewarding as well as difficult and even distressing. A young woman mentioned that she would not have participated in a face-to-face interview, because saying things aloud is difficult for her. She wondered whether this difficulty might stem from her reluctance to 'face the truth of really being quite sad'. She had seen a therapist for several years, but did not consider 'traditional talk counselling' helpful. She explained her view in the following way:

> Somehow I never understood why telling about difficult things to someone else should have eased my own feeling. Mainly, I experienced it as distressing, because usually those things remained spinning in my head after the meeting. Probably it somehow should have helped me to handle them, but I guess it just didn't work quite like that. (Woman, 20 years old, individual interview)

Her account illustrates that, within the handling frame, communicating experiences, thoughts and emotions related to depression may also be viewed as *sinking into distress*. Similarly, another young woman wrote that discussions with professionals only made things worse because 'thoughts come to the surface'. A couple of participants referred to this risk in communicating when they reflected on the characteristics of discussions

between fellow sufferers. Peer support as an avenue to express distress has significant benefits when it is seen through the connection or support frames. However, if peer support is evaluated through the handling frame, it may also have some disadvantages.

> If the environment belittles or for example encourages to self-destructiveness, your own opinion and better knowledge gets lost. In a way the problem becomes forgotten or it won't be experienced as harmful when there is no need to question. It becomes normal. (Woman, 17 years old, narrative)

This young woman viewed peer support as important but also considered that the line between normal and harmful could fade in discussions between fellow sufferers; although people without own experiences often lack the ability to be supportive, fellow sufferers might not respond as seriously as the situation may require. This may stem from their need to normalise their experiences and responses to mental distress (Biddle, Donovan, Sharp, & Gunnell, 2007). A young man wondered whether a person might easily immerse herself/ himself into another depressed person's thoughts and feelings: 'to what extent you only mirror your own sadness to other people's experiences and seek strength from there and at which point you forget your own healing process and begin to see only misery around you'. He pondered over the possibility of 'becoming addicted to dwelling on' distress and, consequently, perceived it as important to detach oneself from the group when feeling capable of 'standing on one's own feet'.

Discussion

The purpose of the present study was to examine how young people view communicating their depression. By applying Erving Goffman's (1974) frame analytic perspective, this study aimed at identifying the frames that young people use to explain their decisions regarding being open about their experiences. The analysis of young people's accounts revealed three different frames: 'support', 'connection' and 'handling'. Young people view communicating in positive terms if it allows them to seek support, feel understood and handle their distress. Conversely, they view communicating in negative terms if it burdens their close ones, other people do not understand their experiences or it leads to sinking into distress. These findings suggest that although communicating alleviates mental distress in several ways, young people may also view communicating as problematic or even as an unhelpful way of coping with depression.

Consistent with the findings of earlier research (Draucker, 2005a; McCann et al., 2012; McCarthy et al., 2008), communicating enabled young people to get emotional and practical support that, in turn, helped them cope with depression. However, young people viewed relying on others as problematic because they were reluctant to burden others, especially their close ones. This finding has also been reported in some earlier studies (Draucker, 2005a; Freedenthal & Stiffman, 2007; Shaw et al., 2009). By drawing on Gregory Bateson's (Bateson & Bateson, 1987) insights on non-communication, Ketola, Knuuttila, Mattila, and Vesala (2002) address that concealing or lack of communication might protect or allow something that is valuable from an individual's point of view. The findings of the present study indicate that not seeking informal help may reflect young people's efforts to protect their close ones from worry (Hänninen & Timonen, 2004, p. 219). Furthermore, young people may conceal their distress because they do not want to jeopardise relationships with their significant others, which is similar to the findings of McCann et al. (2011). There was also some evidence suggesting that delaying formal help-seeking may stem from young people's reluctance to burden mental health services.

Often the meaning young people give to communicating their depression relates to their views and experiences of helpful and unhelpful responses of others. This finding confirms those of earlier studies (Buston, 2002; Draucker, 2005a; McCann & Lubman, 2012b; McCann et al., 2012; Wisdom et al., 2006) where (lack of) understanding, empathy and encouragement expressed by others have been shown to play a significant role in their decisions about disclosing their experiences. Many young people in the study by Kuwabara et al. (2007) reported that they lacked 'a peer support system sufficient to provide meaningful assistance' (p. 6). Consequently they felt lonely because others were unable to understand their experiences. The findings of the present study show that young people value discussions with fellow sufferers who are able to understand their experiences and relate to their situation.

Based on his numerous studies on talking and writing about emotional experiences, Pennebaker (1997) has shown how non-communication of upsetting experiences requires inhibition and, as a result, individuals 'fail to translate their thoughts and feelings into language' (p. 103). According to Pennebaker, talking or writing helps to resolve emotions and thoughts when explored in a self-reflective way. As discussed by Draucker (2005b), connections with professionals enable young people to achieve 'therapeutic gains' (p. 160). The young people in this study viewed that expressing depressive thoughts and emotions as well as making sense of their experiences with professionals were important means to handle distress. However, as prior research has shown, young people may not always consider formal help as beneficial (Freedenthal & Stiffman, 2007; Gulliver et al., 2012; Rughani et al., 2011). The findings of the present study indicate that young people do not view talking about depression to professionals as beneficial if they feel that it facilitates sinking into distress by bringing difficult thoughts, emotions and experiences 'to the surface'. Furthermore, despite the unique connection between fellow sufferers, immersing oneself into another depressed one's experiences may have a similar kind of disadvantage. This view coincides with research findings which indicate that ruminating may exacerbate depressed mood by prolonging and enhancing negative thinking and interfering with good problem solving (Nolen-Hoeksema, 2000, p. 509).

The findings of the present study also shed light on young people's views of communicating their depression face to face and online. For young people who find it difficult to express themselves face to face, the Internet provides an avenue for communicating their experiences. Online interaction offers time to reflect on and verbalise one's own thoughts and emotions. This finding is similar to that of Haberstroh, Duffey, Evans, Gee, and Trepal (2007), who found that the space between responses during online counselling allows time to construct responses and encourages deeper reflection for some people (p. 277). Furthermore, the online environment enables a person to control when and how to disclose sensitive experiences (see also King et al., 2006; Leibert, Archer, Munson, & York, 2006). However, young people do not view online interaction merely as easy or helpful. As reported in earlier studies (for example, Bambling, King, Reid, & Wegner, 2008; Haberstroh et al., 2007; King et al., 2006), the main disadvantage is the absence of non-verbal cues that may cause communication problems and make it difficult to feel connected with others. These pros and cons of communicating both face to face and online should be considered carefully, for example, when conducting research on young people's experiences of mental distress.

The participants in the study were adolescents and young adults who considered communicating problematic in many different ways, but disclosed their experiences at least in this context. Many of them were also able to identify how communicating had helped them. The study excluded those young people who were reluctant to disclose their

experiences even anonymously or could not be reached via the Internet; thus, young people who did not view online communications to be comfortable but would have participated face to face did not have the opportunity to express their views. Although the frameworks of explaining decisions about communicating most probably would have been similar, they might have had a different kind of emphasis in their views regarding face-to-face and non-face-to-face communication. Hopefully, the views of these groups will be compared in future studies. Although young people in this study varied in age, a noteworthy limitation is the small number of young men among the participants. The sample consists of people who volunteered and only seven young men participated. This may relate to research findings suggesting that depression is not that common among young men compared with young women. This gender disparity in depression seems to emerge during adolescence (Nolen-Hoeksema & Girgus, 1994; Twenge & Nolen-Hoeksema, 2002). A more likely reason for the scarce number of male participants is that a request to write about one's own experiences was not the best way to reach young men, who may refrain from sharing mental health concerns (see Danielsson, Bengs, Samuelsson, & Johansson, 2011; Oliffe & Phillips, 2008).

Despite the limitations of the study, the findings further our understanding of young people's views on communicating about their depression. These findings highlight the importance of respecting young people's own points of view on communicating their experiences and convey important messages to different stakeholders. First, young people need to be encouraged to keep on searching for their own way of communicating their experiences. Second, close ones could be advised to express their readiness to listen although it may not always be beneficial to push young people to talk. Third, professionals need to respect the risks young people see in communicating, and consider suitable and alternative ways of expression such as music, art, or writing therapies when offering help and developing mental health services for young people.

Acknowledgements

Notes on contributor

Mervi Issakainen is a doctoral student and project researcher at the University of Eastern Finland. Her doctoral research is on young people's experiences of depression.

References

Aalto-Setälä, T., Marttunen, M., Tuulio-Henriksson, A., Poikolainen, K., & Lönnqvist, J. (2002). Psychiatric treatment seeking and psychosocial impairment among young adults with depression. *Journal of Affective Disorders*, 70, 35–47. http://dx.doi.org/10.1016/S0165-0327 (01)00316-0

Bambling, M., King, R., Reid, W., & Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research*, 8, 110–116. doi:10.1080/14733140802055011

Bateson, G., & Bateson, M. C. (1987). *Angels fear: Towards an epistemology of the sacred*. New York: Macmillan.

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*, 983–1002. doi:10.1111/j.1467-9566.2007.01030.x

Buston, K. (2002). Adolescents with mental health problems: What do they say about health services? *Journal of Adolescence*, *25*, 231–242. doi:10.1006/jado.2002.0463

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*, 612–624. doi:10.1177/1049732310391272

Draucker, C. B. (2005a). Interaction patterns of adolescents with depression and the important adults in their lives. *Qualitative Health Research*, *15*, 942–963. doi:10.1177/1049732305277859

Draucker, C. B. (2005b). Processes of mental health service use by adolescents with depression. *Journal of Nursing Scholarship*, *37*, 155–162. doi:10.1111/j.1547-5069.2005.00028.x

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*, 58–77. doi:10.1177/0743558406295969

Goffman, E. (1963). *Behavior in public places. Notes on the social organization of gatherings*. New York: The Free Press.

Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Boston, MA: Northeastern University Press.

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

Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, *12*, 157. doi:10.1186/1471-244X-12-157

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 doi:10.1007/s00127-003-0644-1

Haberstroh, S., Duffey, T., Evans, M., Gee, R., & Trepal, H. (2007). The experience of online counseling. *Journal of Mental Health Counseling*, *29*, 269–282. Retrieved from http://ion.uwinnipeg.ca/~clark/teach/3480/dec02/25928966.pdf

Hänninen, V., & Timonen, S. (2004). 'Huoli' ja 'masennus'. Kärsimyksiä ennen ja nyt ['Worry' and 'depression'. Sufferings in old times and now]. In M.-L. Honkasalo, T. Utriainen & A. Leppo (Eds.), *Arki satuttaa. Kärsimyksiä suomalaisessa nykypäivässä* [Daily life hurts. Sufferings in the present day Finland] (pp. 193–225). Tampere: Vastapaino.

Jankowski, N. W., & van Selm, M. (2005). Epilogue: Methodological concerns and innovations in Internet research. In C. Hine (Ed.), *Virtual methods: Issues in social research on the Internet* (pp. 199–207). New York: Berg.

Ketola, K., Knuuttila, S., Mattila, A., & Vesala, K. M. (2002). *Puuttuvat viestit. Nonkommunikaatio inhimillisessä vuorovaikutuksessa* [Missing messages. Noncommunication in human interaction]. Helsinki: Gaudeamus.

King, R., Bambling, M., Lloyd, C., Gomurra, R., Smith, S., Reid, W., & Wegner, K. (2006). Online counselling: The motives and experiences of young people who choose the Internet instead of face to face or telephone counselling. *Counselling and Psychotherapy Research*, *6*, 169–174. doi:10.1080/14733140600848179

Kuula, A. (2006). *Tutkimusetiikka* [Research ethics]. Tampere: Vastapaino.

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. *General Hospital Psychiatry*, *29*, 317–324. http://dx.doi.org/10.1016/j.genhosppsych.2007.04.001

Leibert, T., Archer, J., Munson, J., & York, G. (2006). An exploratory study of client perceptions of internet counselling and the therapeutic alliance. *Journal of Mental Health Counselling*, *28*, 69–83. Retrieved from http://www.uam.es/personal_pdi/psicologia/pei/download/%5B3%5DLeibert2006InternetCouseling.pdf

Mann, C., & Steward, F. (2000). *Internet communication and qualitative research: A handbook for researching online*. London: Sage.

McCann, T. V., & Lubman, D. I. (2012a). Young people with depression and their experience accessing an enhanced primary care service for youth with emerging mental health problems: A qualitative study. *BMC Psychiatry*, *12*, 96. doi:10.1186/1471-244X-12-96

McCann, T. V., & Lubman, D. I. (2012b). Young people with depression and their satisfaction with the quality of care they receive from a primary care youth mental health service: A qualitative study. *Journal of Clinical Nursing*, *21*, 2179–2187. doi:10.1111j.1365-2702.2012.04086.x

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*, 334–340. doi:10.1111/j.1365-2850.2011.01783.x

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*, 453–461. doi:10.1111/j.1447 0349. 2012.00812.x

McCarthy, J., Downes, E. J., & Sherman, C. A. (2008). Looking back at adolescent depression: A qualitative study. *Journal of Mental Health Counseling*, *30*, 49–68.

Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/ depressive symptoms. *Journal of Abnormal Psychology*, *109*, 504–511. doi:10.1037/0021-843X.109.3.504

Nolen-Hoeksema, S., & Girgus, J. S. (1994). The emergence of gender differences in depression during adolescence. *Psychological Bulletin*, *115*, 424–443. doi:10.1037/0033-2909.115.3.424

Oliffe, J. L., & Phillips, M. J. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, *5*, 194–202. doi:10.1016/j.jomh.2008.03.016

Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotions*. New York: The Guilford Press.

Richards, L. (2009). *Handling qualitative data. A practical guide* (2nd ed.). London: Sage.

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*, 64–69. doi:10.1111/j.1440-1584.2011.01185.x

Shaw, S. K., Dallos, R., & Shoebridge, P. (2009). Depression in female adolescents: An IPA analysis. *Clinical Child Psychology and Psychiatry*, *14*, 167–181. doi:10.1177/1359104508100882

Suvisaari, J., Aalto-Setälä, T., Tuulio-Henriksson, A., Härkänen, T., Saarni, S. I., Perälä, J., … Lönnqvist, J. (2009). Mental disorders in young adulthood. *Psychological Medicine*, *39*, 287–299. doi:10.1017/S0033291708003632

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 Counseling Psychology*, *50*, 339–350. doi:10.1037/0022-0167.50.3.339 339

Twenge, J. M., & Nolen-Hoeksema, S. (2002). Age, gender, race, socioeconomic status, and birth cohort differences on the children's depression inventory: A meta-analysis. *Journal of Abnormal Psychology*, *111*, 578–588. doi:10.1037/0021-843X.111.4.578

Whitehead, L. C. (2007). Methodological and ethical issues in Internet-mediated research in the field of health: An integrated review of the literature. *Social Science & Medicine*, *65*, 782–791. doi:10.1016/j.socscimed.2007.03.005

Wilson, C. J., Rickwood, D., & Deane, F. P. (2007). Depressive symptoms and help-seeking intentions in young people. *Clinical Psychologist*, *11*, 98–107. doi:10.1080/13284200701870954

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. doi:10.1007/s10488-006-0036-4