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Adults' Perspectives of Causes and Influences on their
Depression

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Abstract

Depression is a debilitating disorder with prevalence rates increasing worldwide. New Zealand's rates are high compared to world statistics. How depression is conceptualized guides treatment pathways. Currently, anti-depressants are the most commonly prescribed treatment with emphasis on the symptoms of depression. However, long-term effectiveness of drug treatment is debated. Furthermore, depressive symptoms are common among other disorders such as Generalised Anxiety Disorder, as well as being normal signs of grief. Much research focuses on statistical measures of depression and related variables. There is a paucity of literature focusing on individuals' reflections of their experiences with depression. The current research utilized interview data collected one year after completion of a double-blind Dietary Intervention Study (DIS). Although the author of the present study did not conduct the interviews, she was authorised to analyse existing pre-recorded transcripts using thematic analysis. She explored, within a New Zealand context, the experiences of 13 previously depressed adults who agreed to be interviewed. Four identified themes are reported and discussed: *Stress and Anxiety – Causes and Consequences; Negative Attachment Styles; Maintaining/Unhelpful Factors; and Positive Perceptions and Assessments*. Predominant findings were stress and anxiety (general and social) as causal and maintaining of depressive symptoms, with avoidance (bottling, ignoring, distraction, procrastination, and shutting down) being the most common coping strategy employed. Common stressors included early trauma and being bullied at school, as well as negative attachment styles with parents. Poor communication styles were problematic and continued from childhood through to adult relationships. Both genders tended to view themselves and the world in a negative manner. Findings from this study suggest that the current medical model of depression is insufficient to conceptualize and guide treatment pathways. A social/contextual model might provide a more useful extension to the understanding of depression with context and individual experience being paramount. Discussion includes what participants found helpful or unhelpful to

assist clinicians in their decision-making regarding treatment. Additionally, there were unexpected findings specific to males regarding suicidal ideation and attempts, breakdowns, and the importance of being listened to without judgment. Incorporated are limitations of this study, suggestions for future research, and clinical implications.

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