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Am I Lazy, a Drama Queen or Depressed? A journey through a pluralistic approach to analysing accounts of depression.

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Abstract:

The application of Pluralism in Qualitative Research (PQR) allows for a multi-perspective approach to understanding nuanced social and psychological phenomenon. The complexity of what it means to qualitatively analyse and respond to sensitive data from the reflexive position of the analyst, is the focus of this paper. We introduce previous work in pluralism, and data from ReachOut.com, an online resource for young people in need of mental health advice in Ireland. We present our analysis of the posts from ReachOut.com which conveys the varied understandings of depression, from a medically understood illness, to a socially constructed lived experience. Analysis of the reflexive positioning of our group of experienced qualitative researchers highlights the need for support for those who engage with such data. Our findings reflect the outcomes and experience of using pluralism to examine mental health concerns which require further social, cultural and technological responses.

Keywords: Pluralism, Depression, Mental Health Online Service Provision

Introduction

Rumi, the 13th century Persian poet and Sufi sage, presented the following parable, already well-known in his time, in his epic *Masnavi:* An elephant is brought into a pitch-dark room. Several men in the room then try to work out what this new arrival is, but only have touch to go on. One, who can feel the trunk, says that it is like a water spout; another, who can only reach an ear, declares it to be like a fan A third, who can only make contact with a leg, swears that it must be like a pillar, while another feels its back and insists that it is like a throne.

We wondered what would happen if the elephant in the room was data gathered about a distressing experience, and a team of academics, skilled in different methods of data analysis, attempted to turn the lights on. Would we find congruence as well as diversity in our approaches and descriptions? Would we tend to maintain that our perspective was the only correct one, even when we had transparent access to one another's methodologies and considerations? We found that a qualitative pluralistic approach broadened our understanding of the data, as we expected. It also enabled us to access the ways, and impact, of reflexive engagement with the data by different analysts. This seemed an important avenue to further explore in the context of working with sensitive data. We found the exploration to be informative to us as researchers and to understanding more of how meanings were found in the data. Rumi's tale ends with his remarks that if all had entered with candles then their differences would have disappeared. We found that whilst differences in methods and meanings remained, by bringing them into the light we were reassured of the rigour of our research and the value of considering the ways in which analysts experience and engage with data.

The study was borne out of an appreciation and recognition of an at-times perceived lack of embedded understanding of differences in research methodologies used by colleagues who had worked together for up to twenty-five years. It initially came from a desire to pool diverse

approaches to advance knowledge, theory and practice, on a shared area of interest – experiences of depression. Our interest reflected personal understandings (self, family, friends), academic knowledge and clinical practice but it took time, discussion, debate and disruption to understand how the diversity of our group could cohere around a pluralistic qualitative approach to research whilst retaining the fragmented insights we gained from the data (Frost et al, 2011). Taking a pluralistic approach resulted in a deeper understanding of the need for a highly reflective approach to working with sensitive data, both in research and practice. Our use of pluralism in this study conveys not only the range of analyses brought to it but also the varied emotional and reflective responses of the analysts carrying out the work. This is important in all qualitative work but arguably even more so when working with data likely to evoke emotive responses and when there are multiple analysts working on the same data set. We were a team of researchers seeking a multi-perspective insight to the experience of depression but also interested in considering how reflexive engagement by multiple analysts can enhance the quality of the research. It is the latter interest that forms the thrust of this paper.

Pluralism in Qualitative Research

Pluralistic qualitative research aims to understand meanings in data by bringing different perspectives to it. These may be analytical, methodological or theoretical and are typically determined during the design of the study, when the best way to address the research question is decided. This key tenet of pluralistic research retains the focus on the research question(s) rather than on the methods used, and allows for a flexibility in the progress of the research as new meanings and questions arise. For this study, different forms of analysis were decided upon (as the data had already been collected by the website, Reach Out.com, an online mental health resource) and drew on the expertise of the team members. We decided on using thematic analysis (to construct themes within the data), discourse analysis and Foucaldian

discourse analysis (to explore the function of language and power relations within it), and narrative analysis (to identify stories told about the experience of depression and how they convey its meaning). Decisions and rationale for the choice, and use, of each analytical technique is provided by the analyst employing it therefore enhancing the rigour of the research and allowing for a range of stakeholder interests in it to be incorporated and made explicit.

The aim of pluralistic qualitative analysis, is to produce rich, multi-perspective readings of a data set through the application of diverse 'ways of seeing' (Dewe & Coyle, 2014). It does not seek overall coherence. Thus, meanings that may, or may not, be consensual or dissensual are constructed in the development of more holistic insight that is closer to the fragmented multi-dimensionality of human experience. The value of using a pluralistic qualitative approach has been evidenced through a growing body of research across diverse topic areas such as second time motherhood (Frost, 2006; 2009), sense of presence (Steffen & Coyle, 2012), smoking cessation (Dewe & Coyle, 2014), self-harming behaviour (Josselin & Willig, 2014) and changing attachment styles between parents having a second child (Bailey-Rodriguez, 2018). These studies utilise and explore the use of within-method and across-method pluralistic approaches to qualitative research when analysing textual data. They have focused on different populations and consider epistemology and ontological concerns by tapping into multiple dimensions of experiences that are not limited to the researcher being, for example, singularly phenomenological, realistic, or postmodern. Instead, the pluralistic approach allows for experiences to be understood through a combination of ontological positions (Frost & Nolas, 2011).

While these studies attend to reflexivity within the research process, the under-reporting of the experience of carrying out the analysis is notable, likely because of constraints brought about by the requirement of journals to conform to wordcounts and traditional forms of research write-ups. Pluralism mirrors the human experience, both are messy. Highlighting transparency in the

use of reflexive research practices could strengthen the use of pluralism when researching sensitive topics. Comparable to the three-body problem in physics, once you have complex interacting systems (analysts), the final states become hard to predict even when initial conditions are known. This paper therefore focuses both on the accounts of participants who self-identify with depression and on the accounts of the analysts working with the data. By presenting the analysis of each we aim to highlight not only the enhanced reflexive openness that pluralistic qualitative research offers, but also the implications of this when researchers are immersed in data that may be sensitive and resonate for them.

Finding our Focus

Being a fledgling research cluster, brought together through a common interest in understanding more about the experience of depression, it was important to consider how best to work together as a team with diverse sets of skills, knowledge and experience. The research team members ranged in research experience from MA and PhD student (n =3) to, lecturers and senior lecturers (n=6) to Professors (n=2). In order to both mentor those less experienced and enhance the rigour of the analysis, those less experienced in a method were teamed with one or more experienced analyst. Four analysts used thematic analysis, two used narrative analysis, one used FDA and three used DA. All analysts first carried out analysis of the data individually before discussing in their teams, and then returning a final version to the group for discussion.

To begin the process there was discussion about rudimentary, yet key, concerns of working as a team such as organising and structuring research meetings as well as much discussion of the clusters' entry point in relation to depression. We recognised that while all members had an intuitive sense of what was meant when we used the word 'depression', the word is used in such a variety of ways that it can cover a broad continuum, from 'feeling a bit down' to having a

diagnosed clinical condition that requires formal medical and psychological intervention. For the purposes of our work together, it was agreed that the inclusion criterion regarding depression was indication of a personal sense of living with depression rather than a formal clinical diagnosis of depression. As we discussed our personal and professional experiences of depression, we recognised different personal and methodological perspectives and collectively agreed to deliberately articulate the reflexive process.

Determining what would constitute a pertinent data set for this work was an important issue. Members of the group were conscious that the experience of depression is mediated by many variables including physical illness (Rodin & Voshart, 1986; Steptoe, 2006) and sociodemographic factors (Creed & Dickens, 2006). We discussed male and female, urban and rural issues in relation to depression as well as the fact that it affects an estimated 350 million people and is among the world's most prevalent and pervasive health problems (Marcus, Yasamy, van Ommeren, Chisholm, & Saxena, 2012). A recurring issue throughout our discussions was age, specifically an acknowledgement that the onset of this mental health disorder is often at a during teenage years and young adulthood. Indeed, McCorry, Bates, and Birchwood (2013) note that young people, aged 12–25 years, have the highest incidence and prevalence of mental illness across the lifespan, and bear a disproportionate share of the burdens associated with mental disorders. Further, Mojtabai, Olfson, and Han (2016) suggest that in recent years the reported prevalence of depression in adolescents and young adults has increased. While it is acknowledged that recording of prevalence rates is relatively recent, and indeed self-disclosure of mental health issues is likely more socially acceptable in current times, this does not diminish the burgeoning impact of depression among young people.

A recent report by UNICEF (2017) shows a rise in the self-reporting of mental health issues among Irish adolescents. Ireland has the fourth highest rate of suicide among teens in the EU, with only Lithuania, Estonia and Finland experiencing higher rates. Specifically, Ireland's rate is

10.3 per 100,000 amongst adolescents aged between 15 and 19, which ranks it 34th out of 37 wealthy nations surveyed. Given that the World Health Organisation (WHO), which constructs depression as a disease, predicts that, in terms of Quality-Adjusted Life Years (QUALYS), depression is going to move from being the fifth most damaging disease in terms of impact, to the second by 2020 (Neil, Chapman, & Patel, 2002), it would seem that depression is a global health problem with particular relevance within an Irish context.

On the basis of an Irish based quantitative study of 18-24-year-old University students, (N= 922), Horgan and Sweeney (2010) concluded, that the use of the internet for mental health information represents a preferred source of support for this age group. While this may not be particularly surprising, given the accessibility of the internet for this population, it does underline a shift away from reliance on traditional mental health support services. With this in mind, our cluster sought conversations with the founders of ReachOut.com in Ireland, (established in 2009), to access an existing corpus of data.

ReachOut.com is a website-based service dedicated to addressing and supporting the mental health of young people (target audience is 12-25-year olds). It is staffed by a small team trained in mental health issues. In order to provide online information to help young people learn about mental health, ReachOut.com works with youth and community groups, families, teachers and health care professionals including clinical psychologists, psychiatrists, and general practitioners. The service provides online information articles, tips, real stories, and blog posts, as well as an option to ask questions and receive a response from a member of the Reach Out team. The uploaded queries from users and subsequent responses are posted on the website, becoming part of the featured resources. The use of Reach Out data presented our research team with two considerations: What is the personal impact and implications of engaging with this sensitive data? And does a pluralistic approach, which encompassed analysts' self-reflection on process, have a relevant contribution to understanding depression?

Method - Description of our study

Institutional ethical approval for the study was granted. The study set out to analyse posts about depression submitted to an online forum designed to offer support, regarding mental health concerns, to adolescents and young people living in Ireland. The data set consisted of the first 60 pages (34 posts) of online postings from users visiting the online forum 'What is Depression?' on ReachOut.com. We analysed only the posts, not responses to the posts. As pluralistic researchers we also wanted to know how individual methods of analysis were used and the experience of analysts working with the sensitive, personal and, at times, distressing data.

We knew that by working as a team, and analytically pluralistically, a range of worldviews and paradigms would be brought to the study. Through early group discussions we identified that all analysts were employing a social constructionist epistemology in their analysis to access knowledge in the data and that the worldviews established a multi-ontological view of participant realities. Each analyst saw themselves as co-constructing meanings from the posts as they reflexively engaged with the texts and they regarded different philosophical positions about the world held by other analysts and forms of analysis as dialectical, and mutually informing, rather than mutually exclusive (Clarke et al, 2015). Through open discussion, team members sought to work creatively and reflexively to recognise and address paradigmatic tensions arising from the use of different forms of analysis and to hold these tensions lightly in order to work across paradigms (McLeod & Cooper, 2011; Johnson & Stefurak, 2014). With this approach the structural integrity of the study was founded on clear rationale for the choice and use of analyses in which the research question, context and assumptions throughout the research process were considered (Walsh & Koelsch, 2012).

In practice, this meant that each analyst recognised multiple realities of posters as they wrote and posted the data. A multi-ontological stance was recognised where some analysts regarded

the data as drawing on available discourses about depression and the experience of depression and that for some these may be predicated on power, stigma and conformity.

As the data analysis progressed through individual work and group meetings, personal reflexivity (Willig, 2013) was highlighted, challenged and discussed, both individually in reflexive journals and in group discussions. During the discussions we heard about personal experiences, professional understandings, and previous research on depression and as qualitative researchers knew that these multiple facets of pre-existing knowledge would also be present in the analysis. In a bid for further clarity, the team member who had not engaged in the analytical process, worked as a 'critical friend' posing how and why questions. As a result of this process, we actively worked to direct a stronger light on the reflective aspect of the research process. Our findings from this strand of the research are included in the Analysis section that follows.

The research team used their chosen method of narrative analysis (NA), discourse analysis (DA), Foucauldian discourse analysis (FDA), or thematic analysis (TA) to individually analyse the data.

Two approaches to NA were incorporated within the analyses though both approaches sought to explore how posters constructed themselves through the narratives they wrote on the site. One analyst drew on Labov's (1972) model to identify narratives by structure and then explored them for content before considering how affect within them was relayed. The other NA analyst read the texts through three lenses: to explore what the aim of the story telling was (Riessman, 2008), what the meanings of the actions were, the setting and agency of the action, (Harre, 2015); and the tone, images and themes of the narratives (McAdams, 1993). The DA approach sought subject positions constructed within the text by focussing on context, variability and discursive construction (Potter & Wetherell. 1987) and the use of language to construct social worlds. FDA (Willig, 2013) focused on the explicit ways in which depression

was discursively constructed as an object or process, and what subject positions and practices these enabled and constrained. Ideological dilemmas, that are the contradictory nature of common sense discourse, were also explored. Finally, TA was concerned with patterns of themes within the data (Braun & Clarke, 2006) focussing on nuances of meaning within and between intra- and interpersonal engagement.

Each analyst also provided a written account of their experience of engaging with the data. The accounts ranged in length from one or two paragraphs to a few pages in which reflections were threaded through the data analysis. To protect confidentiality, it was agreed that the reflections would be analysed by one of the team leaders. She conducted an inductive thematic analysis to construct patterns of themes that reflected the personal experience of the analysis.

In the section that follows we provide the pluralistic analysis of the corpus of Reach Out data followed by the analysis of researchers' data. By providing both we aim to show not only how bringing multiple methods to the analysis of participant data about experiences of depression can enhance the complexity of its personal meanings but also how the consideration of reflexive engagement with the data by multiple analysts can offer insight to how meanings are reached and their impact on those working with it. This is of value to the quality of the research and may also be of value to practitioners providing psychological support to those providing emotive accounts of their experiences.

Analysis

When our research team set out we were interested in the use of a pluralistic approach to understand the experience of depression from different perspectives. As the process developed, this focus expanded to incorporate an understanding of the role of researcher reflexivity in researching sensitive topics. The nature of the data set meant that we knew little about those who provided it. Unlike with interview data we were not able to contextualise their

writing except to assume that the authors were young people with access to the online site. We knew more about the team of analysts: their motivation to learn more about depression and about pluralistic research, that they had some pre-existing knowledge of depression and mental health gained from research and clinical practice, a number of the team members had experience of depression (e.g. self, family member(s) of friend(s)) and all were comfortable with their use of the method of analysis they employed. By asking them to contribute reflexive journals for analysis, and aiming to enhance openness in their writing by allowing only one researcher to analyse them, we hoped that honest and significant accounts would be provided. The analysis of the participant data was carried out separately from that of the researcher data. What follows seeks to consider both in keeping with a pluralistic and critical approach to research.

What is said about Depression in the Reach Out Forums? Participant Data

We offer an overview of combined findings reached in the participant data. While it shows the value of various methods, it does not go in-depth into the individual analysis. Rather, it provides a cross-section of findings from the individual analysis. This section presents an analysis which highlights the methodological understandings of how posters express and understand both their experience of depression and their use of Reach Out as an online space to seek help and validation for their experience.

There were commonalities across the methods regarding the way in which the descriptions of depression were interpreted by the analyst, as well as the roles of external factors, and of the Reach Out site in making sense of depression. The findings describe the variety of language used by posters to understand what they are experiencing. All of the analysts found that depression is talked about in terms of how it feels and what it does. Posters wrote about their experiences using stories of events, in sequential narratives, by drawing on discourses of

depression, in statements about feelings, and by asking directly for help. Broadly, analysts using NA and TA found that depression was written about in ways that sought to connect with the community of readers of the site. Analysts using TA, DA and FDA found that posting to the site appeared to be a first step toward making public and acknowledging how they feel.

i) Language of Depression

Analysts sought to establish the ways in which depression is written about by the posters. Each analytical method highlighted the nuanced and varied use of language to describe depression using emotive and medicalised language.

Through each of the four methods, analysts found that depression is written about using language that conveys feelings. For example, using NA and DA highlighted expressions of intense, primordial pain and through TA the use of metaphors and images to convey emptiness, sinking and slipping feelings was identified:

> *'I'm falling into a deep hole.'*
>
> *'Feelings of deep sadness have crept in.'*

Analysts using DA and NA noted that posters said this expression cannot be voiced elsewhere. This highlights the viability of social media as a support mechanism for this population. NA analysts found that depression was written about in narratives that were both emotionally and physically experiential, with feelings such as despair and guilt described, along with bodily sensations such as feeling empty, sick, insomniac and panicky. All methods found self-harm and suicidal thoughts in the accounts, with the FDA analyst finding these to be normalised as an alternative to having to disclose feelings of depression:

> *'I'm depressed and I'm afraid of what I might do. I'm in 2nd year so my family would be heartbroken.'*

Analysts using DA and FDA identified medicalised language use by some posters to highlight an understanding of depression based on the accumulation of 'symptoms', and the use of prescription drugs as a confirmation of the illness:

> *'I've been thinking for a few months now that I have depression, I have nearly all the symptoms.'*
>
> *'See I've been on anti-depressants for over ten years now... Just in the last week I can't manage to get myself out of the bed can't even manage to wash myself...'*

Through DA, analysts suggested that using medical symptomology when describing depression offers a way of coping and the prospect of a path to recovery. Medication can be a mediator of meaning or understanding and TA analysts suggested that this legitimises the feelings but also magnifies the issue and perhaps offers a shield to self-help.

All methods found that the language used often draws on disclaimers that are apologetic for feelings of depression or the fact that depression has no direct external cause that the poster can justify:

> *'Most people have a real reason to be depressed, like being abused etc., but I have no real reason other than I just hate myself and my life.'*

NA analysts added that there is also inclusion of facts about age, length of time of current feeling and what events have happened leading to them feeling like this or querying what makes them feel like this:

> *'I feel so stupid even writing this as I'm much older than all the people on this site.'*
>
> *'I feel guilty about having this illness, people out there go through a lot more than I have...I'm here crying over spilled milk as the saying goes.'*

The use of our methods of analysis highlights the varied ways of meaning-making of depression and its perceived symptoms, treatments and behaviours. All analysts found that the language

sought to convey emotion and bodily feelings while DA and FDA analysts suggest medicalised language is used to legitimate experience and that the language used was apologetic and declamatory. The intensity of emotions felt was found by NA and DA analysts to be only expressible in metaphors, perhaps suggesting that the young people uploading the posts did not have words to describe what they are feeling. NA analysts found in addition that stories containing details of age, time and previous events served to construct identities of posters as having suffered for periods of time before posting.

The pluralistic analysis shows the language used to convey experiences of depression describes desperation, and search for explanation and validation. Stories construct the poster as feeling guilty that their experiences are not as bad as other people's and of consequent guilt in feeling as bad as they do. Discourse analysts highlight the search for medical validation and a consequent 'cure' for what they are going through. Finding that the posters have often reached crisis before making contact with the site suggests that posters may have lived with an escalation of these feelings for some time, perhaps seeking to deny them or hoping they will recede before they are compelled to seek help.

In the next section, we discuss the ways in which descriptions of factors in the poster's external world exacerbate their feelings of despair by contributing rather than alleviating their distress.

ii) Depression and the Social World

All analysts highlighted the relational dynamics within the posters' families as important in influencing posters' incentive to speak about their concerns about depression. FDA and NA analysts also found a reluctance or dissatisfaction in seeking professional help as contributing factors to the negative experiences of depression.

Analysts using DA and NA found posters showed ambivalence in wanting to talk to others, which TA analysts linked to fear of their experience and concerns being trivialised, an issue that DA analysts connected to being disdained or misunderstood, and FDA analysts linked to

having a secret to hide. Analysts using NA suggested that posts describe barriers to help-seeking, erected either by approaching professionals and being rebuffed, or by isolating themselves within families and from friends:

> *'I don't know if I'm being lazy, am looking for attention or am suffering from depression'*

The barriers to help-seeking are described by posters as both relational (difficulties within families and with peers) and social (worrying about what doctors, counsellors will think of them). NA, TA and DA analysts describe posters needing help, and of being confused about whether to acknowledge this publicly. The FDA analyst positioned some posters as actively seeking out help on the site whilst those using DA and NA describe posters as being afraid to access help for fear of rejection or ridicule:

> *'I'm afraid to speak to any doctor or counselor in case I don't actually have depression and they think I'm really dramatic.'*

Confusion regarding the way services are operated brings its own tension of wanting agency but also of being non-agentic in responsibility for personal health care because of being young was highlighted by a FDA analyst:

> *'Can I go to a doctor on my own at 17 or are they obliged to let my parents know or refuse me?'*

All the analysts found that depression was something that cannot be talked about with others, sometimes for their protection but often for fear of burdening them. Whilst there is immense risk in talking about it to others, there is a desire to have the feelings validated and acknowledged, something that is not always possible in everyday life.

Analysts using DA, FDA and NA found that being depressed or having depression is constructed and stated as being a guilty secret that needs to be kept from others. The FDA

analyst suggested that posters convey the unwritten family rules of the consequences of talking about emotion that prevent it being talked about:

> *'I feel like I'm better off dead caz [Sic] I wouldn't b [Sic] much hassle to my mam anymore.'*

DA analysts positioned the poster as in tension between wanting to tell others and fearing to tell them because of the risk of what others will think and of being confused about whether this is an illness or a reaction to everyday life. DA, TA, NA analysts described posters as wanting validation from others but of being terrified of having it and of what going public to seek help might bring:

> *'I can honestly say I wouldn't mind being hit by a car in the morning...at the same time though, I so desperately want someone to know.'*

All analysts found that posters experienced the external world as being non-supportive. However, the use of different analyses identified the ways in which this manifest ranging from having their feelings misunderstood to being dismissed. Being a burden by revealing their feelings was also described by posters. Taken together, the analyses describe young people trying to make sense of what they are feeling and being confused and fearful about what help is available to them. They do not know where they can access help and know that drawing on some resources may evoke concern from other people.

Multiple analysts using different methods of analysis to interrogate the emotive language used to describe the experience of depression, highlights the broad range of perceived barriers to help-seeking by young people. Further it provides a stark insight into the confusion about their mental health experienced by the young people. Each analysis brings its own insight by focussing either on the content of what is written (TA), the language used in the writing (FDA

and DA) and the stories told in the writing (NA). Taken separately, each analysis addresses questions about the experience of depression amongst young people seeking help through this website. Taken together, they show a network of explanations and concerns underlying their feelings prior to approaching the site for help, and their motivation for doing so.

The emotive nature of the data set was reflected in the accounts provided by the analysts on their experience of doing this work. In the process of reaching these findings, group members recognised their own, and other group members', passionate responses to carrying out analysis. Some reported sadness, others a sense of powerlessness and, others, anger, at the perceived lack of help described by the posters. In the next section we discuss the analysis of the analysts' reflections to consider more how these feelings may have influenced the analysis.

Section 2: Reflection on reflections and how they inform the analytical process

It was our initial aim to pluralistically analyse the data set to bring multiple perspectives to understanding more about the experience of depression by young people using the Reachout website. When the research team came together to discuss the analysis, many strong responses to carrying out the analyses, both emotional and political, were voiced. Through reflecting on the process, team members queried the impact on practitioners, who similarly read and listen to distressing material. Our awareness of the role of reflexivity in qualitative research was heightened and extended beyond reflexivity as a taken-for-granted aspect of qualitative research, to becoming a useful tool in understanding how it can inform and influence how meanings are constructed when working with material that resonates with us on an emotional level.

We acknowledge that analysts will approach the data with a different focus to those who approach it with a view to responding to it, and we suggest that the subjective and personal experiences influence both. As analysts, there are guidelines and strategies that can be adopted

from the chosen method. For those responsible for providing responses there are guidelines and templates, provided by their training, that can be utilised. In both cases however, the personal experience of reading the posts is likely to influence how they are understood and interpreted. To understand more about this, we analysed reflective accounts provided by each analyst.

All analysts described experiencing personal emotions when working with the data. Most analysts described feeling empathy and that this influenced their reading of the data:

> "*....this subjective viewpoint did result in an emotional and empathetic response to the discourse*"

Empathy was provoked by the personal nature of the data, such as reading first-hand about fears of having feelings dismissed. Analysts described their own feelings as being '*deep*', and of being '*struck by the desperation"* described in the posts. For some the number and range of the descriptions of the young people's feelings was powerful:

> "*I found the sheer volume of the data describing despair and confusion to have a strong impact on me."*

Others reported being reminded of their own distress as a young person:

> "*I had a deep reaction to the data, which triggered an emotional response that brought me back to my own experience of adolescence in rural Ireland"*

The number of metaphors and references to travel and seeking direction from the site was also powerful in evoking memories of analysts' childhoods, as this analyst illustrates in a story from their youth:

> "*Drivers would stop and ask directions from us teenagers. I remember different kinds of requests, from the confident 'will this road take me to X..... ' to the lost 'I am looking for a mechanic who I think lives out this way*

but I'm not sure I'm going the right way. His name is Joe [1] and he works from a shed to the side of his house. Do you know him? Am I going the right way?"

The sense of looking for direction and being lost was also understood by analysts as a lack of available options to the posters:

".....and by the lack of options and sense of nowhere to go with their experience"

In the research process, as in clinical practice, the use of metaphors can highlight the challenge of putting words to feelings of directionless. As analysts working with written language there can be awareness of the discourses that offer these metaphors, and from this, interpretations of their possible meanings. The importance of the 'unspoken', and the reasons why this may be so can be speculated on. In clinical practice, a recognition of the possible meanings of metaphors and their use, can be further explored in the 'here and now' with narrators and posters. The first step is not only to identify metaphors in the language but to recognise the personal memories and feelings they evoke in the reader/listener.

Personal experiences of adolescence that analysts were reminded of were not always related to experiencing mental health concerns. Analysts, and practitioners responding to posts, may have been aware of the possibility of recollections being provoked of personal experiences of depression but less aware that other aspects of their early years may also be relevant to understanding the meanings conveyed in the posts e.g. the imaginary audience of adolescence (Elkind, 1967). Shared cultural history will be important here. All the analysts were living in Ireland at the time of the study. Analysts spoke of being raised in small communities where until more recently roads and other links were limited or non-existent. For these analysts there

[1] Pseudonym

was an understanding that they would not only be known by all other members of the community but also that there is an expectation from visitors and travelers that they will know everyone else. To understand this in the context of experiencing concerns about depression as a young person is to demonstrate the challenge of speaking out and of not knowing who best to tell and how safe their 'secret' will be. Many analysts described feeling concern for the poster and whether they would be satisfied with the responses they received:

> "*I wondered about how satisfied participants would feel with the response and if it was what they were looking for when they posted their post."*

Some described worrying how the responses to the written accounts were received:

> "*I wondered whether they managed to find the help they were seeking*"

It was striking that some analysts hoped that the act of writing for help was empowering in itself. Perhaps this offered some solace and hope to the analysts on behalf of the posters:

> "*I also wondered whether they felt sufficiently empowered by writing the posts to accept and act on the advice provided."*

We did not analyse the responses to the posts (perhaps a project for a further study) but the existence of the concern felt by the analysts resided with them as they continued through reading the posts. This raised questions, and anger, about the posters' need to anonymously contact a national site for help that may or may not be useful to them.

> *"...a despair that services were not readily available for youth in Ireland."*

This became a political consideration that went beyond concern for the posters for this analyst who went on to say:

> "*and that the ReachOut site provided a space of referral out of the public mental health system, and therefore turned adolescents into consumers in a largely private space of services. This reaction led me to quickly think of the*

impact of neoliberal discourse and practice more broadly on vulnerable or isolated individuals and as a society."

The personal emotions evoked in the analysts ranged from empathy to concerned curiosity. Their reflections suggest that there was a felt lack due to the use of secondary data because they have no way of knowing how the responses were received by the posters. Combined with the empathic reactions to the content of the posts, this caused concern. Learning how to manage this void, or lack of feedback, may have implications for both research and clinical practice.

The importance of reflective practice in qualitative research is well documented (e.g. Ortlipp, 2008, Frost, 2016) and all analysts reported ways in which they managed themselves and their responses to reading the data. Reflective journals were used both as ways of recording questions and queries as they arose for the analysts during the process, and also to identify and address emotions and feelings that arose during the process:

"*I used a journal during the research process, to memo any thoughts or feelings that I had and to bring to light any biases that may influence my interpretation.*"

The request to submit reflective accounts as part of the research may also have meant that greater attention was paid to the content of the journals and selection about what was to be shared with the team member who would be reading the accounts. The submitted accounts contained narratives, thoughts and questions about the procedural elements of the analytical process as well as reflections on the experience of carrying out the analysis.

All analysts referred to or described their use of the analytical method in their reflections. For some it was to acknowledge the potential for insight that a particular method offered:

"*I am left with a sense of intrigue in relation to our method*"

Another analyst described how their use of method enabled them to attend more to the language used in the text as the analysis progressed:

> "*As my analysis continued I began to focus on how individual accounts constructed 'depression' within their social world., examining contrasting language and how it is used to construct depression in the internal and social world.*"

Adopting a focus on method was not sufficient for all analysts to separate themselves from the emotional effects of reading the data. One described having to take a practical approach:

> "*I took breaks to try and return to it with a view to analysis rather than emotional response.*"

This insight to how practical strategies were used to manage and distance analysts from the content of the data was a routine part of the process of analysing the data. The strategies are described in the context of being necessary to the analysis, as all skilled qualitative researchers know, whether this is to ensure high quality work or to help the analysts separate their feelings from the analysis. It is notable however, that few analysts reported working with their feelings in the process, rather seeking to bracket them off in the name of minimising bias being brought to the process. It may be that both researchers and practitioners can benefit from finding ways of working with the feelings provoked, in order to carry out their task. The findings suggest that working as a group facilitates this for analysis as did having access to templates and methods. The latter enables a separation and reassures researchers that they are doing as good a job as possible.

The reflections also show flashes of anger centred around the lack of resources available to adolescents seeking help for depression and for a society that therefore positions them within a private space. Opportunities for practitioners who work with online data to contribute to policy development may be beneficial. Inferences can be made about the need for support and

strategies for responders' self-care to be in place. Such strategies may include ensuring that responder take breaks, and have the opportunity for open discussion, as well as being encouraged to maintain private journals.

Responses to reading the data are both affective and objective. Incorporating responses to data into future analysis can be done by facilitating an environment of openness in which analysts can safely describe personal feelings that arise for them on reading the data. With such openness in place, feelings can be acknowledged and negotiated so that the focus of the response remains on the meanings and requests contained in the posts.

In sum, this analysis of the reflections of the analysts gives insight to their subjective experiences and the technical strategies adopted by the analysts. It reminds us that reading personal and distressing data provokes personal responses that can be upsetting and at times feel as though they threaten to overwhelm the reader. As well as eliciting empathy, the data can also provoke concern, curiosity, and a sense of powerlessness.

Discussion

This pluralistic study allowed us to considered multiple facets of the lived experience of depression and reflect on the impact of our methods and personal responses to this data. The reflective qualitative practices, employed by individual team members, presents a nuanced and complex account of the experience of depression. Bringing different methods of analysis to the data tells us what posters say about depression, how they say it and why they say it. By viewing the data from different perspectives, the contradictions and tensions that the posters experience (e.g. drama queen vs attention seeker, normal feelings vs medicalised feelings, pushing people away vs wanting to talk to someone) has been highlighted. It tells us about the impact of the subject matter on the responders. Overall it tells us of the need for dedicated development,

review and expansion of readily available fully supported services for young people living with depression.

The analysts detailed social, cultural and medical understandings of depression, taking the reflective practice as an opportunity to examine the personal and epistemological analytic lens through which they examined the data. The pluralistic approach highlights the different levels of the language used that range from simply stating what is being experienced to resorting to metaphor to indicate difficult to express emotions to using a private space to call for help to fear and concern at the consequences of doing so in other arenas. This has been possible by interrogating the data from different perspectives so that what is said, how it is said and the function of it being said can be considered together. It has provided insight to the latent meanings that may lie within the accounts as well as to the manifest statements and allowed us to consider the unsaid as well as the said - the nuanced language and content through which the posters have communicated their understanding of depression. This work highlights the robust fit of pluralism when studying non-linear, fragmentary and multi-dimensional experiences. Agreement is not necessarily the goal; rather the approach allows for dialogical awareness, particularly so when studying experiences which are socially, medically and emotionally constructed.

The findings highlight both the cultural elements of the constructs of depression, which is further reflected in the cultural positioning of the analysts, both personally and epistemologically. Much of the analysis highlighted a language of depression that alluded to culturally specific meaning of what depression is, e.g. '*being a drama queen', 'looking for attention', 'why can't I cope when other people have it worse?'* It seems that overcoming this misconception that feelings of depression are unjustified may be a first point of clarification in Ireland. It is worth considering the Irish cultural context in order to understand some of the reasoning behind this perception of mental health. Ethnographic work exploring the way in

which mental health is discussed and understood in Irish culture has highlighted the ways in which mental health has traditionally been contained and stigmatised with a strong narrative of 'you reap what you sow' evident (Scheper-Hughes, 2001; Sullivan, 1990). This analysis has contributed to a growing appreciation of the worldwide voices speaking to the experience of youth mental health, and the importance of acknowledging cultural-and community- specific experiences of depression. The use of pluralism in this context resulted in an account of both the cultural tools available to the posters, as well as the culturally grounded analytic and personal responses of the analysts.

The feelings of the analysts as they read, and worked with, the data highlighted empathy and personal feelings being provoked. Bringing this into the open in order to provide ethical self-care for analysts as well as to enhance the rigour of the research suggests a need for preparation and ongoing support for researchers of distressing and sensitive topics. The questions raised by them, about whether the responses are what the posters are looking for, points to a need for researchers, as well as participants, to 'debrief'. In terms of reflective practices in qualitative research, ensuring that researchers have a network for support can enable a more responsible approach, and potentially richer analysis of sensitive data. Working with material obtained from online resources makes this task challenging in terms of the participants' needs but is entirely possible for researchers and can also highlight more how data has been read and interpreted.

Qualitative research places meaning-making front and centre in analysis. However, as in life, meaning-making in data is not unidimensional. As our pluralistic approach revealed to us there are mutually supporting ways in which we can analyse the varieties of explanations and quest for meaning-making that humans employ. These could be viewed as variations on a theme rather than rivals in a zero-sum game. For example, Foucauldian discourse analysts have the opportunity to see the relationship between discourse and how people feel, what they do, and

the material conditions within which experiences take place (Willig, 2013). Thematic analysts have the opportunity to appreciate latent themes underlying the words. Discourse analysts have the opportunity to drill into the cultural specificity of words used in context. Narrative analysts have the opportunity to see the stories people tell of their lives sets against cultural and universal backdrops. Working as a team enables open discussion about the analysis both of the participant data and the analyst data. In all cases the person behind the analysis is present in its interpretation – personal experience and emotions are manifest in responses to its readings and combined with the analytical structures used to make meanings from it.

Like human experiences, pluralism is dynamic. This work highlights how pluralism can help us reduce being constrained by personal perspectives. It can be a vehicle for understanding and responding to sensitive data. Pluralism within groups can facilitate researchers in unpacking the role of subjectivity in the experience while simultaneously providing a support system for holding personal responses to data and a structure which enables us to advance understanding of a topic.

In some versions of the original Rumi story the blind men fight each other over the conflicting interpretations of the elephant. In other versions they stop talking and start listening in order to better see the elephant as a collaborative enterprise. We would like to think that our version of this story corresponds more closely to the latter collaborative experience.

References

Bailey-Rodriguez, D. 2017. "We're in the trenches together": A pluralistic exploration of attachment behaviour dynamics in a heterosexual couple relationship across the transition to second-time parenthood. (Unpublished doctoral thesis) Middlesex University, London.

Braun, V. and Clarke, V. 2006. 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, vol. 3, pp 77-101.

Caddick, N, Phoenix, C. and Smith, B. 2015. 'Collective stories and well-being: Using a dialogical narrative approach to understand peer relationships among combat veterans experiencing posttraumatic stress disorder', *Journal of Health Psychology,* vol. 20(3), pp 286– 299.

Caddick, N, Smith, B. and Phoenix, C. 2015. 'The effects of surfing and the natural environment on the well-being of combat veterans', *Qualitative Health Research,* vol. 25(1), pp 76–86.

Creed, F. and Dickens, C. 2006. 'Depression in the medically ill' in A Steptoe (ed.), *Depression and physical illness*. Cambridge University Press; Cambridge.

Dewe, M. and Coyle, A. 2014. 'Reflections on a study of responses to research on smoking: A pragmatic, pluralist variation on a qualitative psychological theme', *Review of Social Studies (RoSS),* vol.1 (1), pp 21 - 36.

Elkind, D. 1967. 'Egocentrism in adolescence.' *Child Development,* vol. 38, pp. 1025-1034.

Frost, N. 2006. 'Taking the other out of mother: the transition to secondtime motherhood,' *Mobility and conflict, Psychology of Women Section*. Manchester Metropolitan University, 5-7 July. Manchester: Manchester Metropolitan University.

Frost, N. 2009. Pluralism in qualitative research: a report of the work of the PQR project. *Social Psychological Review,* 11(1): 32–8.

Frost, N. and Nolas, S. 2011 'Exploring and Expanding on Pluralism in Qualitative Research in Psychology', *Qualitative Research in Psychology*, vol. 8(2), pp 115-119, DOI: 10.1080/14780887.2011.572728

Frost, N. and Nolas, S. 2013 'The contribution of pluralistic qualitative approaches to mixed methods evaluations', in D M Mertens & S Hesse-Biber (eds.), *Mixed methods and credibility of evidence in evaluation,* New Directions for Evaluation, 138, pp. 75–84.

Frost, N, Nolas, S, Brooks-Gordon, B, Esin, C, Holt, A, Mehdizadeh, L. and. Shinebourne, P. 2010. 'Pluralism in qualitative research: The impact of different researchers and qualitative approaches on the analysis of qualitative data', *Qualitative Research*, vol. 10(4), pp 441–460.

Haper, D. and Warner. S 1993. 'Discourse, social constructionism and clinical psychology', *Changes: An International Journal of Psychology and Psychotherapy*, vol. 11 (1), pp. 72–9.

Harré, R. 2015. 'Positioning theory.' *The International Encyclopedia of Language and Social Interaction*, pp.1-9.

Horgan, A. and Sweeney, J. 2010. 'Young students' use of the Internet for mental health information and support', *Journal of psychiatric and mental health nursing*, vol. 17(2), pp.117-123.

Johnson, R.B. and Stefurak, J. (2014). Dialectical pluralism: A metaparadigm and process philosophy for "dynamically combining" important differences. QMiP Bulletin, no. 17, pp. 63–9

Josselin, D. and Willig, C., 2014. Layering the wounded self: Using a pluralistic qualitative approach to explore meaning-making around self-injury. *QMiP Bulletin*, *17* (Spring).

Kleinman, A. and Benson, P. 2010. 'Anthropology in the clinic: the problem of cultural competency and how to fix it'. *Understanding and applying medical anthropology*, pp. 290-5.

Labov, W. 1972. 'The Transformation of Experience in Narrative Syntax', in W. Labov (ed.), *Language in the Inner City: Studies in the Black English Vernacular*. Philadelphia, PA: University of Pennsylvania Press.

Marcus, M, Yasamy, T, van Ommeren, M, Chisholm, D. and Saxena, S. 2012. 'Depression: A global public health concern', *WHO Department of Mental Health and Substance Abuse.*

McAdams, D. P. (1993). *The stories we live by: Personal myths and the making ofthe self* New York: Morrow.

McGorry, P, Bates, T. and Birchwood, M. 2013. 'Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK', *The British Journal of Psychiatry*, vol. 202, pp30–35. doi: 10.1192/bjp.bp.112.119214

McLeod, J. and Cooper, M. (2011) A protocol for systematic case study research in pluralistic counselling and psychotherapy. *Counselling Psychology Review* - British Psychological Society, 26 (4). pp. 47-58. ISSN 0269-6975

Mojtabai, R. Olfson, M. and Han, B. 2016. 'National trends in the prevalence and treatment of depression in adolescents and young adults' *Pediatrics,* vol. 138(6), DOI: 10.1542/peds.2016-1878

Neil, B, Chapman, N. and Patel, A. 2002. 'Managing the global burden of cardiovascular disease' *European Heart Journal Supplements*, 4, (Supplement F), F2–F6.

Ortlipp, M. (2008). Keeping and Using Reflective Journals in the Qualitative Research Process. The Qualitative Report,13(4),695-705. Retrieved from http://nsuworks.nova.edu/tqr/vol13/iss4/8

O'Shea, E and Kennelly, B. 2008. 'The economics of Mental health care in Ireland'. *Irish Centre for Social Gerontology and Department of Economics*, NUI Galway: Mental Health Commission.

Potter, J. and Wetherell, M. 1987. *Discourse and social psychology: Beyond attitudes and behaviour*. Sage.

Power, S. 2016. A violent past but a peaceful present: The cultural psychology of an Irish recession, *Peace and Conflict: Journal of Peace Psychology*, *22*(1), p.60.

ReachOut.com. 2017. About Us. [ONLINE] Available at: http://ie.reachout.com/about/. [Accessed 10 September 2017]

Riessman, C. 2008. *Narrative methods for the human sciences*. Sage, London.

Rodin, G. and Voshart, K. 1986. Depression in the medically ill: An overview. *American Journal of Psychiatry,* vol. 143, pp. 696-705.

Rumi, J.A.D. 2013. '*The Masnavi,' Book Three*. OUP Oxford.

Sullivan, M. 1990. Cultural meanings of mental illness: Depression and alcoholism among the Irish*, Doctoral dissertation*, University of Chicago, Department of Psychology.

Scheper-Hughes, N. 2001. 'Saints, Scholars & Schizophrenics: Mental Illness in Rural Ireland.' Berkeley: University of Cali Press.

Steffen, E. and Coyle, A. 2012. "Sense of presence' experiences in bereavement and their relationship to mental health: A critical examination of a continuing controversy', in C. Murray (ed.), Mental health and anomalous experience. Hauppauge, NY: Nova Science Publishers pp. 33-56.

Steptoe, A. 2006. *Depression and physical illness.* Cambridge University Press; Cambridge.

UNICEF Office of Research 2017, 'Building the Future: Children and the Sustainable Development Goals in Rich Countries', Innocenti Report Card 14, UNICEF Office of Research – Innocenti, Florence.

Walsh, R., & Koelsch, L. (2012). Building Across Fault Lines in Qualitative Research. *The Humanistic Psychologist*, 40: 380–390, 2012 DOI: 10.1080/08873267.2012.724260

Warner, S and Spandler, H. 2012. 'New Strategies for Practice-Based Evidence: A Focus on Self-Harm', *Qualitative Research in Psychology*, vol. 9(1), pp. 13-26, DOI: 10.1080/14780887.2012.630631

Willig, C. 2013. *Introducing qualitative research in psychology*. McGraw-Hill Education (UK).

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