

## AGENCY IN WOMEN'S RECOVERY FROM DEPRESSION

### **Personal Agency in Women's Recovery from Depression: The Impact of Antidepressants and Women's Personal Efforts**

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**Abstract**

**Background:** Women are twice as likely to experience depression and use antidepressants as men. Personal agency protects against depression; however, social factors contribute to lower levels of agency in women.

**Aims:** This study examines women's experiences of using antidepressant treatment along with other activities and practices they engage in to support their recovery from depression. It aims to understand how these experiences promote or diminish women's sense of agency in regard to their recovery.

**Method:** Fifty women took part in telephone interviews focusing on experiences of antidepressants as well as personal efforts to recover. A thematic analysis examined the agency-promoting and agency-diminishing experiences of using antidepressant treatment and engaging in other activities.

**Results:** Antidepressants promoted agency when they gave women relief from depressive symptoms allowing women to become more proactive in recovery. Women engaged in a range of activities they believed assisted recovery and hence enhanced agency. These included exercise, gaining social support, and engaging in therapy. Some however had shifted into long-term antidepressant use. Failed attempts to discontinue due to severe withdrawal symptoms, fear of a relapse, and the biochemical model of depression created a sense of dependence on antidepressants and thereby diminished personal agency in relation to recovery.

**Conclusions:** Antidepressants can support women to become agential in their recovery. However, long-term use signifies greater dependency on antidepressants and personal agency is seen as insufficient. The fear of withdrawal symptoms and the biochemical model undermine women's sense of personal agency in relation to recovery.

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**Key words:** agency, self-efficacy, women and depression, antidepressants, withdrawal symptoms.

**Key points:**

1. Women are twice as likely to be depressed and use antidepressants as men. Therapists from a wide range of therapeutic approaches place emphasis on the development of client agency in therapy. However, there is evidence that antidepressant treatment can diminish the sense of agency.
2. Women who find antidepressants effective in alleviating depression can benefit from a "lift" in depressive symptoms, which allows them to become more proactive in their recovery thereby enhancing agency. However, some women continue antidepressant medication even though they are no longer depressed as they fear relapse. Others attempt to discontinue and fail to do so as a result of severe destabilizing withdrawal symptoms. These experiences lead to a sense of dependence on the medication that diminishes agency. The biomedical model reinforces this dependence.

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## Personal Agency in Women's Recovery from Depression: The Impact of Antidepressants and Women's Personal Effort

It is common for psychologists to work with women struggling with depression and to be called upon to either guide or support them in relation to their concerns around antidepressant treatment. A recent study of the views of fourteen "eminent psychotherapists" from four psychotherapeutic approaches (psychodynamic, cognitive-behavioural, constructivist, and humanist) found that these therapists based their judgments of the appropriateness of psychopharmacological treatments on the impact they perceived these medications had on clients' agency (Williams & Levitt, 2007). This current study examines women's experiences of using antidepressant treatment along with other activities and practices they engage in to support their recovery from depression. It aims to understand how the experiences of antidepressant use and other practices promote or diminish women's sense of agency in regard to their recovery from depression.

### **Women and depression**

Women in western countries are over-represented in the well-documented increased rate of antidepressant prescribing, including in Australia where females over the age of 15 are twice as likely to be using antidepressants as men (Page, Swannell, Martin, Hollingworth, Hickie & Hallare, 2009). Women across a number of countries are also twice as likely to experience mild depressive symptoms and severe depression (Kessler, 2006). This gender difference exists over and above artefactual influences, such as women's increased help seeking and reporting of depression (Parker & Brotchie, 2010).

A number of factors have been hypothesized to contribute to this gender difference including the increased risk of adverse experiences in childhood and adolescence (Piccelli & Wilkinson, 2000; Nolen-Hoeksema, 2001); women's social roles and associated stresses

which contribute to lower levels of personal agency (Nolen-Hoeksema, 2001); and biological differences that may result in greater reactivity to stress (Parker & Brotchie, 2010). Some emphasize an interaction of these psychosocial and biological perspectives (e.g. Kessler, 2006; Nolen-Hoeksema, 2001; Parker & Brotchie, 2010).

Nolen-Hoeksema (2001) emphasized women's social and cultural contexts. She argued that women are subjected to more stressful life events, have less social power, increased vulnerability to abuse and victimization as children and as adults, and experience a number of chronic burdens as a result of lack of social status. Women earn less. Women with children often hold down jobs and take more responsibility for children and domestic management. As a result, women experience lower levels of personal influence in their lives, and thereby experience lower levels of personal agency, which may in turn contribute to the development and also maintenance of depression (Nolen-Hoeksema, 2001). Cultural ideas about what it means to be a good woman also limit women's efforts at self-definition and influence how women expend their energy (LaFrance & Stoppard, 2006). The dominance of the biological model of depression with its emphasis on biochemical explanations has also been critiqued as it places responsibility on women's biology rather than on the social contexts discussed above (Fullagar, 2009; Stoppard & Gammell, 2003) thereby individualizing suffering (LaFrance, 2007). Some feminist psychotherapists also argue that using antidepressants disempowers women although others argue that women are best empowered when they make their own choices about treatment (Stoppard & Gammell, 2003).

### **Agency, depression and antidepressant treatment**

Bandura's (2006) social cognitive model of agency says that human beings, with their advanced symbolizing capacity, have the power to influence their own functioning and life circumstances. According to Bandura (2006) the core properties of human agency

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include intentionality, self-regulation and motivation, and self-reflectiveness. Central to this model of agency is self-efficacy – people's beliefs in their personal ability to influence thought patterns and actions, to make choices and to work towards goals (Bandura, 2006). Frie (2008) argues that agency is a central psychological phenomenon that refers to the human capacity for reflective action that is “based on the potential to imagine and create new ways of being and acting in the world” (p. vii). Agency therefore relates to the choices we make in life and the responsibility we have for our actions (Frie, 2008). However, agency is not separate from context. As Bandura (2006) notes, agency is constrained by individuals' personal contexts and the sociocultural systems in which they live. For women, this includes the social contexts discussed previously.

The symptoms of depression are synonymous with a lack or loss of agency, including loss of motivation and interest in activities (Cheavens, 2000). There is evidence that agency is related to less risk of depression in both men and women (Bandura, 2006) and to less suicidal ideation (Hobbs & McLaren, 2009; Bryan, Andreski, McNaughton-Cassill & Osman, 2014). Agency is also linked to hope and individuals with higher levels of hope report more positive and less negative thoughts, set more goals for themselves, and meet more difficult goals (Snyder, 2000).

While few studies have examined the impact of antidepressants on agency per se, a number of qualitative studies have focused on related experiences such as empowerment, self-concept, the sense of self, and identity. The results from these studies suggest that women (and men) are ambivalent about antidepressants. A positive aspect of antidepressant treatment (when effective) reported by women is the relief of symptoms of depression that allows them to feel more normal again (Fullagar, 2009; Garfield et al, 2003; Karp, 2006). A return to normality is important for women who judge themselves, and feel judged, on their abilities to cope with the multiple demands of their social roles

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(Fullagar, 2009). In this way, antidepressants can be viewed as a “tool” that allows women to engage in purposive activities and regain a sense of self and of agency (Knudsen, Hansen, & Traulsen & Eskildsen, 2002).

On the other hand, there is evidence that people struggle with contradictions or conflicts in their experiences of antidepressants. While some view antidepressants as a “tool” for recovery, signifying agency, others view them as a “crutch”, signifying weakness ( Malpass et al., 2009). While being given an antidepressant is experienced as validating their struggles, the medical diagnosis and treatment is pathologizing (LaFrance, 2007). Some see antidepressants as signifying helplessness and a loss of control over their own emotions (Fullagar, 2009). Some believe that relying on an antidepressant to get better means that there is something fundamentally wrong with them (Fullagar, 2009; Karp, 2006). Hence, people value the return to some sense of normality, but lose the sense of themselves as being normal (Garfield et al., 2003). Women experience a double stigma in which they fear being stigmatized for having problems and then for needing antidepressants to control their emotions (Knudsen et al., 2002).

People's experiences of antidepressants change across time and throughout what has been described as the “medication career” (Malpass et al., 2009). Karp (2006) and Knudsen et al. (2002) have proposed a series of stages that people go through in their relationships with antidepressants. These include initial resistance to medication or feeling conflicted about using it; then improvements in mood (Knudsen et al., 2002), or increased commitment to antidepressants (Karp, 2006); followed by problems discontinuing (Knudsen et al., 2002) or disenchantment (Karp, 2006). A threat to the sense of self can occur during any of these stages (Malpass et al., 2009). Hence, a problematic aspect of antidepressant treatment is that using an antidepressant can take away from the sense of

self as agential and yet a sense of agency is crucial to recovery (Stevenson & Knudsen, 2008).

While there has been a focus on the impact of antidepressants on agency and related experiences, there has been less focus on the activities and practices women engage in as part of recovery. Fullagar (2009), in her interviews with Australian women who had used antidepressants, found that women also engaged in a range of everyday practices, relationships and therapies. She concluded that women found it difficult to separate out the biochemical effects of the antidepressants and their own purposeful actions towards recovery. She argues that the biomedical solution makes women's own efforts to make changes invisible and unrecognized.

Hence, the current study focuses on both antidepressant medication and the activities and practices women engage in to support recovery. The methodology of this study is influenced by interpretive and phenomenological approaches that place emphasis on understanding people's experiences of a phenomenon and the ways that they make sense of or give meaning to these experiences (Merriam, 2002). It aims to understand how the experiences of using antidepressants and engaging in others practices and activities promote or diminish women's sense of agency in regard to their recovery or management of depression.

### **Method**

#### **Recruitment**

Ethics approval was gained from the University of Auckland Human Participants Ethics Committee. The participants had taken part in a large anonymous online survey about antidepressant use (Anonymous, 2014) and volunteered for an interview about their experiences of antidepressants. The participants had all been prescribed and used



antidepressants in the previous five years. Participants who volunteered to take part in an interview were sent a form that asked for their age, gender, number of years on antidepressants, and overall experience of antidepressants (positive, negative, or mixed). We aimed to include a range of women from the three groups – positive, negative and mixed experiences – and also to include participants who had been on antidepressants in the short, medium and long-term.

### **Participants**

The participants were 50 women aged between 27 and 62 years of age (Mean = 44.5). Thirty-five were still using antidepressants at the time of the interview and 15 were not. Participants estimated that they had been on antidepressants between 4 months and 25 years (M=7 years). Seventeen participants had used antidepressants for less than two years, 17 for two to five years, 9 for five to 10 years, and 7 for more than 10 years. In the original online survey, 53% of participants reported using antidepressants for longer than 3 years (Anonymous, 2014).

Twenty-three participants reported positive experiences of antidepressants, 22 reported mixed, and 4 reported negative. This reflected the results of the online survey in which 82.8% reported they had experienced reduction in their depression (although a number had used multiple antidepressants) (Anonymous, 2014). However, the group who reported negative experiences was under-represented as a smaller percentage volunteered. When asked about changes in quality of life as a result of the antidepressant, 49.2% said greatly improved, 36.1% slightly improved, and 14.7% unchanged or worse (Anonymous, 2014).

Of the participants, 26 were married, 8 were cohabiting, 7 were single and 9 were separated or divorced. Eight participants worked in education, 8 were students, 8 were

professionals, 12 had management or administrative roles, 8 worked in support roles, and 6 were not currently employed.

### **Data collection**

The interview guide was developed to encourage the participants to talk about their experiences of using antidepressants and any other activities or practices they engaged in to support their recovery. Telephone interviews were chosen as the data collection method in order to facilitate the recruitment of participants. Telephone interviews provide a safe anonymous situation that facilitates the discussion of personal experiences (Sturges & Hanrahan, 2004). Interviewers were Clinical Psychology Doctoral trainees trained in the interview method. Participants were initially encouraged to talk about their experiences to a depth with which they felt comfortable. They were asked to talk about what was happening in their lives prior to using antidepressants. They were then asked to talk about their experiences of antidepressants and any positive and problematic aspects. The interview then continued with a series of questions designed to engage them in reflective and interpretive activity in regard to their experiences of the antidepressant and their own efforts to recover (Merriam, 2002). These included asking about the role of antidepressants in their lives; their experiences of any alternative treatments (including therapy) and other activities they engaged in to assist recovery, and how these compared to the antidepressants; what life would have been like if antidepressants did not exist; whether they thought the causes of their depression had been addressed; and what for them would have been the ideal treatment.

To end the interview, participants were asked what advice they would give to someone considering antidepressants and if there was anything else they wished to add. The interviews lasted on average 40 minutes, although this varied somewhat with some

shorter interviews with women who had brief positive experiences of antidepressants and also longer interviews that lasted up to an hour.

### **Data analysis**

A method of thematic analysis described by Braun and Clarke (2006) was used to analyze the data. Thematic analysis is a method for identifying, analyzing and reporting patterns, or themes, in qualitative data. Thematic analysis is flexible and can be applied by researchers from a range of theoretical positions (Braun & Clarke, 2006). The data from the interviews were transcribed and summaries were created for each of the interviews to assist in analysis. This also allowed for an immersion in and familiarization with the data. The data were initially examined and coded, by the first author, for relevance to experiences of using the antidepressant and experiences of engaging in other activities. This created two data sets and these were further examined for their relevance to diminishment or promotion of agency. The coded data were then examined and grouped into sets of related data. This process led to the development of five potential themes. The second and third authors then examined the themes and areas of disagreement were re-examined and the final themes were established.

### **Results**

Five themes were defined. These were titled: 'the antidepressant made me feel better', 'the antidepressant gave me a lift and I did the work', 'the importance of my own efforts', 'it didn't work or it had side-effects', and 'I may need to be on them forever'.

#### **The antidepressant made me feel better**

In line with results from the original survey, many women attributed improvements in their depressive symptoms to the medication (Authors, 2014). Some experienced relief

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from depression with the first antidepressant although nearly half the group used two or more antidepressants before finding an effective one.

When women started the antidepressant regime, they observed themselves closely and hoped for a positive effect. (Some talked about side-effects and this is discussed in more depth in a following theme). Some described noticing a gradual improvement in mood over a number of weeks, which they attributed solely to the antidepressant agent.

It took a while. I remember when I first went on them they really affected me. I got jittery and like ... And then slowly they started to work sort of. For a few hours I would be fine and then I would go back into the depressed state and then after about I suppose about six weeks they sort of hit in properly and I started to feel a lot better. (P24)

The participant quoted below perceived almost immediate effects, suggesting the possibility of a placebo effect.

So from the moment I went on those antidepressants I started to work and I knew I functioned well because I was on them and it was like a little miracle pill. (P38)

Participants perceived that the antidepressant agent acted upon them to bring about helpful changes. The antidepressant "balanced" them or helped them to relax, slow down, or sleep better. Some talked about feeling less emotionally reactive. The woman below talks about the antidepressant giving her mind a "holiday".

They, I mean I didn't like some of the side effects, but it was like going on holiday, putting my mind on holiday. It slowed me down ... I didn't feel as miserable. I didn't over react to circumstances, so it evened me out. (P37)

The antidepressant was also experienced by some as acting upon them to alleviate the very low mood of depression even though they continued to feel down.

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Not particularly feeling really good overall. But what I did notice is that real intense low feeling had kind of gone. (P23)

Some participants indicated that they might have committed suicide were it not for the antidepressant.

In the very first instant I actually contemplated my death. I knew how I was going to commit suicide. I didn't tell anybody. So that (the antidepressant) had made a big difference from going from feeling like that to being happy with your life. (P21)

Hence, in the early stages of antidepressant use, many women perceived positive changes in themselves and attributed these solely to the positive effects of the antidepressant.

### **The antidepressant gave me a lift and I did the work**

As described in the previous theme, many women in this study perceived an alleviation of depression as a result of the antidepressant. When they felt less depressed, they were then able to engage in activities to help themselves. This was reflected in some participants' use of metaphors to capture the meaning of the antidepressant to them. Some talked about the antidepressant as a "tool".

For me it's all about changing patterns and thoughts as well as the patterns of behaviour in life and if we don't change those we are just going to keep getting the same results and I think for me antidepressants have been a tool to help me change those patterns. (P13)

One woman talked about antidepressants as "waterwings" that supported her and allowed her to take over the process "They help me to get my foot out the door but then the rest is up to me". (P14) Another used the metaphor of a "rope" to capture the personal effort that was required alongside using the antidepressant, "I sort of see the drugs as more

like a rope down a big black hole, a rope that's helping you, but you still have to climb up it". (P36)

The antidepressants were experienced as helping the person to regain (Knudsen et al., 2002) what they lost through depression.

It was just like a very gradual slow awakening back to what my body felt like and it enabled me to pick up the threads of my life and start putting things back into place for me. (P35).

Hence, the antidepressant agent was viewed as efficacious in its ability to provide an essential support that allowed participants to become agential in their recovery. As one woman said, "I had become proactive rather than reactive". (P31)

### **The importance of my own efforts**

As noted by Fullagar (2009), participants actively engaged in a range of activities to help themselves recover. These included exercise, having a healthy diet, seeking social support, engaging in yoga, meditation or mindfulness and engaging in therapy. Women appeared to place importance and experience pride in these attempts. Several mentioned the John Kirwan campaign, an advertising campaign centered around a popular New Zealand sportsman, designed to educate people about depression and to encourage help-seeking.

The main one is exercise since probably 2006 on I was riding my bike pretty regularly, kind of prompted by the John Kirwan thing, if he doesn't exercise three or four times a week he feels crap and that's been right for me and it's been reasonably full on kind of hills. (P16)

Engaging in exercise or other physical activities was emphasized by a number of women and could provide a sense of achievement and pride, as illustrated below.

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I don't ever want to go back there (to depression) again. So exercise has been one way of coping. ... Yesterday I pulled a lot of wood around and built a garden and I did all these physical things I couldn't do before. There's such a great sense of achievement. (P39)

Women also talked about the importance of support from family, friends or partners.

So I changed my eating behavior quite a lot. I exercised a lot more. I connected really well to my family. ... I really relied on my family to pull me through so I just kind of told my family what was going on. And probably my partner was the greatest support in that sense. (P25).

Becoming agential in recovery was seen as essential ("the buck stops with you") and valuable but was also sometimes framed as "hard work".

It's like you have to do the hard work with the mind and the techniques and stuff. It's not going to work if you don't do the actual, like the counseling side. It's not just the counseling. The buck stops with you. I suppose it's about taking ownership of what's going on with you and it's hard. (P12)

Some talked about the role of therapy in helping them engage in self-reflection, an important aspect of agency (Bandura, 2006). This in turn could aid recovery.

I think that (counselling) can enable one to understand the context of the issues that are impacting on one's life and that can go a long way towards making sense of where one's at and helping a person along the track. (P27)

Women also viewed one of the roles of therapy as learning to take responsibility for themselves – emphasizing the agential self.

When I first started doing therapy I was really angry with my parents for a really long time for the way that they parented me and I felt that it was their fault. ... but until I took responsibility for - a. thinking okay my parents just did the best they could and then, b.

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I'm the one who is going to have to change this. None of this (getting better) would have happened. (P39)

Hence in this theme, the tools were the skills and strategies women learnt through therapy or other activities. On the other hand, it is important to note that not all women who had counselling or therapy found it beneficial. As one woman said,

I did go to counselling at the time but it was only about four times and when it was over with it was over with. ... I found it very hard to talk to anyone about it (a distressing event). ... I just don't like talking about it. I don't even talk to my husband about it. (*Later in the interview*). I'd like to think that somewhere along the line I can put all this behind me but without being able to talk about it I don't know how I can accomplish that. (P28).

Hence, the purposeful activities that women engaged in were often valued and a source of pride. They were sometimes hard work requiring perseverance but they were seen as essential to real change. When viewed as effective, these activities promoted women's sense of agency.

### **It didn't work or it had side-effects**

As mentioned previously, almost half the group had used more than one antidepressant. Some searched for an antidepressant that did not have significant side-effects and was effective. As one woman said, "Very negative side effects that made things worse, repeated efforts to find an antidepressant that worked". (P42)

As with previous studies, the online survey found high levels of reported side-effects (Authors, 2014). The side-effects reported in the interviews included lack of interest in sex, putting on weight, withdrawal symptoms (which is important in the final theme), allergic reactions, problems with sleep, involuntary movements or tremors, as well



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emotional and cognitive disturbances. Hence, the antidepressants were experienced as alleviating depression but adding to other problems, as demonstrated by the participant's comments below, "So one of the side effects was that I was really hungry. I ended up putting on all the weight I had lost and then about 20kg ... but I wasn't depressed." (P10)

Sometimes the experience of the side-effects impacted functioning and, inherent in this, the agential self. For the participant quoted below, this involved long periods of sleeping and "shutting herself off",

I was just really tired and sluggish all of the time and I ended up sleeping in the afternoons. ... Just self-perpetuating I think so that's not really helping you get out of a depressed mind state if you just are just sleeping and shutting yourself off! (P18)

Participants also talked about the impact of antidepressants on their emotions and concentration, which impacted their functioning. This included feeling "numb", like a "zombie", "distanced from things", "removed" and "zonking me out cognitively". The side-effects also compounded the stresses participants were under and, as the woman below says, potentially contributed to depression.

It's really unfortunate that some of the side effects can interfere so much with your wellbeing and that actually contributes to the stress ... particularly around sexuality ... they mess up your sex life, and that's a huge part of when you're depressed, it's a huge part of your wish to return to normal functioning. (P35)

Some considered the pros and cons. The participant below weighed up her own efficacy to cope with the depression against the side-effects and decided to stop using antidepressants.

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To me it was the side-effects that made me want to stop. I was sort of weighing up the side-effects versus my ability to cope and I was thinking I am just going to have to cope (without antidepressants) because of the side-effects. (P14)

Hence, searching for an antidepressant that worked, or experiencing significant disabling or distressing side-effects, added to women's stress and sometimes depression. These experiences of side-effects diminished women's perceptions of the antidepressant agent and also appeared to diminish agency.

### **I may need to be on them long-term**

Long term antidepressant prescribing has increased over recent years (Reid & Barbui, 2010). Thirty-three women in this study had used antidepressants for more than two years and twenty-three women thought they may have to be on antidepressants long-term. Some talked of "needing" antidepressants to function adequately or worrying that they would relapse if they discontinued, "I think because it was so traumatic getting the right antidepressants that I'm quite reluctant to experiment with coming off them ... I don't really trust that I would be okay off them". (P14)

Others expressed fear of attempting to discontinue because of previous experiences of doing so and losing their stability. As one woman said,

Really horrible. Very frightening thought. It sounds kind of crazy because I'm a very capable person. I would like to think that I could manage myself without them, but yeah I just kind of lose sight of reality a bit and start to get overwhelmed by fears and worries. (P15)

Participants also described previous experiences of severe withdrawal symptoms that led them to feel out of control. The participant below talks about a period between prescriptions,

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Both Mirtazapine and Venlafaxine, you have to get a special authority from the government to get it. And you can't apply for the renewal until the prescription has run out. And so there was like two or three weeks when I didn't have any and that was just horrible. ... (I was) flying off the handle and feeling really like, almost aggro and really anxious and tearful. (P14)

As found previously, (Belaise, Gatti, Chouinard, & Chouinard, 2012), these severe withdrawal symptoms often led women to recontinue antidepressants. As the woman below states, "the trick" is to not stop taking them,

I've been on Fluoxetine and thought oh I feel so good I can stop taking it. Big mistake. You get depressed again and then you start taking it again, and if you had a gap it's like starting again and you get all the side effects ... So the trick is not to just stop taking it. (P19)

These unsuccessful attempts to withdraw diminished women's sense of agency in relation to managing their own wellbeing and increased feelings of dependency on the medication. Hence, while antidepressants were experienced as a "tool" in the early stages, after years of use they can come to be viewed as a "crutch". Feeling dependent on antidepressants further undermined women's beliefs in themselves and their own agency in regard to their emotional wellbeing. This contributed to more negative feelings about themselves. The woman below talks about feeling self-stigmatized by her sense of being "carried" by the antidepressant and her inability to regulate her own emotions without them.

It's self-stigmatizing, makes me feel that I'm not coping and it's somehow a crutch. It does make you feel like you are not your normal self, like there is something affecting you or carrying you when you are on antidepressants, so you do lose your confidence in your

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ability to be emotionally self-regulating when you're not on them. There's a fear of coming off because of that. (P35)

Hence, relying on antidepressants increased feelings of abnormality. As one woman said,

I've been on medication and come off it and I always feel that there's something not quite right in my brain - that I just need to keep taking them. (P30)

The biochemical model of depression appeared to ease feelings of self-blame but on the other hand perpetuated the notion of a personal deficit or abnormality.

Yeah, I've discussed it a lot with my partner and she said to me that some people can't live without kidney drugs, if you can't live without those, then you just have to not feel bad about it and not feel like a weaker person because you can't cope with life without them. (P17)

Some women were matter of fact about the perceived need to use an antidepressant to address their deficit or abnormality, as the two quotes below illustrate,

If you've got diabetes you take medicine each day and I don't really see it as anything different. (P14)

It's a technology, I can't see without my glasses. (P16)

Hence, participants who had come to believe in the efficacy of antidepressants and experienced difficulties with severe withdrawal symptoms or feared a relapse perceived their own agential resources as inadequate relative to the efficacy of the antidepressant. The biomedical model of depression eased self-blame in regard to long-term use. However, it also confirmed that they were deficient and contributed to their sense of reliance on the antidepressant.

**Discussion**

The results from the thematic analysis indicate that a number of experiences related to antidepressant use, and engagement in personal activities and practices, promoted or diminished women's sense of agency in relation to their own wellbeing and recovery from depression. A proposed model to represent these agency promoting and agency diminishing experiences has been developed and is presented in Figure 1.

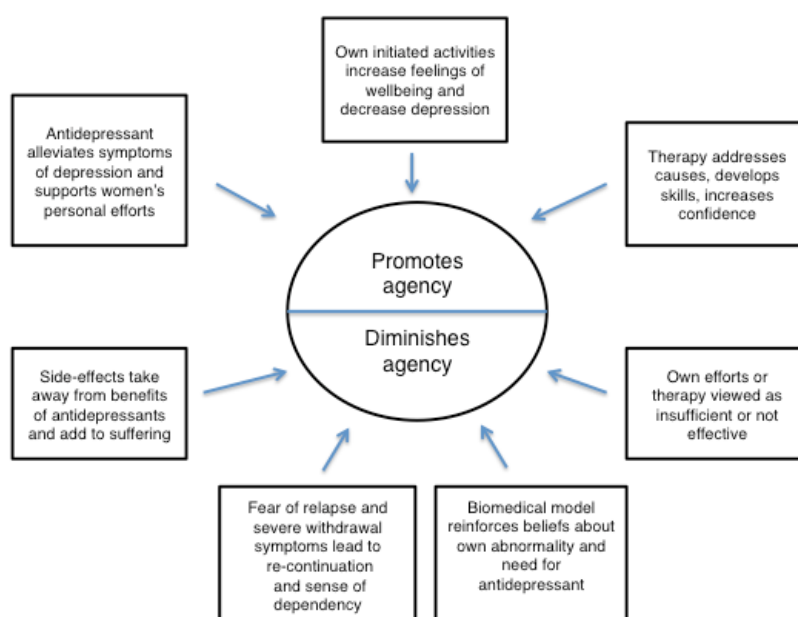


Figure 1. Agency Promoting and Agency Diminishing Experiences of Antidepressant Treatment and Engagement in Activities and Practices

As discussed in the results, when effective, the antidepressant alleviated the symptoms of depression and allowed women to feel more in control of their emotional states and able to function more normally. Women fear the consequences of being seen to not meet the high expectations attached to their roles (Garfield et al., 2003) and were grateful for this return to feeling more normal. Hence, as represented in the model, antidepressants were experienced as something that aided them to become more proactive in their recovery.

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Previous qualitative studies of antidepressants have focused solely on antidepressants and tended to neglect the activities and practices that women engage in, rendering them invisible (Fullagar, 2009). However, the current results suggest that women often viewed their efforts as essential to recovery. They engaged in a range of practices thought to benefit health and wellbeing. While these were sometimes experienced as “hard work”, these practices appeared to enhance women's agency in relation to depression. Therapy was also regarded as essential by some. Women talked about working on their “minds” and their patterns of behaviour. They reflected on personal history and tried to address the “issues” they believed underlied their depression. These are all outcomes that therapists of different persuasions link to increased agency in clients (Williams & Trevitt, 2007).

However, as represented in the model, a number of experiences appeared to diminish agency. These included personal efforts, including engaging in therapy, that were viewed as unsuccessful or were not sustained. Persistent distressing side effects, commonly reported in a number of studies, were experienced as stressful and depressing, and for some women took away some essential aspects of functioning that are important in every day life and relationships such as alertness, being in touch with emotions, experiencing sexual desire, and maintaining a comfortable weight.

However, the negative impacts on agency emerged most strongly in the theme related to long-term use. Women progressed to longer-term use as a result of a number of experiences. These included finding an antidepressant that they thought helped them to function or feel better. As found previously, this appeared to contribute to a belief in and commitment to antidepressants as a solution for depression (Karp, 2006) and some women continued with the antidepressant although no longer depressed as they feared they could not cope without it (Verbeek-Heida & Mathot, 2006). When women felt better and tried to

discontinue, some found themselves facing into severe withdrawal symptoms. As found previously, severe withdrawal symptoms often led to recontinuation (e.g., Belaise, Gatti, Chouinard, & Chouinard, 2012; Knudsen et al., 2002).

As discussed previously, people's experiences' of antidepressants change across time and a threat to the sense of self can occur at anytime during medication use (Malpass et al., 2009). These results suggest that the sense of self and of agency are strongly threatened when women feel helped by the antidepressant initially, re-establish a sense of normality, feel better and more in control of their lives, and then feel unable to discontinue; or alternatively, make the agential decision to discontinue, and then fail to do so because of severe withdrawal symptoms. During this process, women's sense of dependence on antidepressants increases significantly and their own agency is viewed as inadequate relative to the medication.

This felt reliance on antidepressants leads women to view themselves either as "morally weak", unable to cope with the demands of life, or "neurochemically deficient" requiring medication to feel normal (Fullagar, 2009). As Haslam and Kvaale (2015) argue, biological or biogenetic explanations of mental health problems, which are increasingly dominant, offer a "mixed blessing". These explanations diminish blame or stigma felt by the person but also induce pessimism and helplessness. This is further supported by a recent study that examined the impact of biological (genetic and biochemical) models of depression on depressed people (Lebowitz, Ahn & Nolen-Hoeksema, 2013). The researchers found that biological accounts resulted in prognostic pessimism, while psycho-education about neuroplasticity increased prognostic optimism and beliefs in agency to deal with depression.

Finally, it is important to note that women were influenced concurrently by two competing explanations of depression and recovery. These were the biological model and

a psychosocial model of depression. The latter emerged in women's reflections about their own activities and practices. Women believed their thoughts, patterns of behaviour, past experiences, and life-stresses contributed to their depression. They believed that engaging in a range of self-care activities could improve their wellbeing. In this way women still personalized depression rather than looking at wider contexts, however, these personal reflections were often linked to agential activities and were valued by women.

### **Implications**

Enhancing client agency in regard to wellbeing and recovery is likely to be at the forefront for therapists (Williams & Levitt, 2007). This study provides insight into the recovery strategies (antidepressants and personal practices) that support the development of agency. The study also demonstrates the undermining of agency that occurs as a result of severe withdrawal symptoms, along with a fear of relapse. The increased severity of discontinuation syndrome following long-term use has been reported in a recent review of long-term health risks (Reid & Barbui, 2010). Psychologists can have a special role in terms of supporting clients to withdraw slowly from antidepressants, if they choose to, and provide them with the skills to cope with this difficult period.

### **Study strengths and limitations**

This study examined both antidepressant treatment and the activities and practices that women engage in to recover from depression and provides insight into the ways in which these experiences diminish or promote agency. It reveals that women live with and appear to accept two competing models of depression and how to recover from it. Given that the biological model has become dominant (Haslam & Kavaale, 2015) and women's practices remain relatively invisible in antidepressant research (Fullagar, 2009), it is important that researchers hold a focus on all of the approaches that women use.



## AGENCY IN WOMEN'S RECOVERY FROM DEPRESSION

In terms of limitations, women who did not find an effective antidepressant medication are under-represented in this study. Some women had also tried multiple antidepressants before finding one they thought helped and so the results inflate somewhat the positive impact of antidepressants in women's lives. It would have been helpful to have a more indepth understanding of the history of the women who became long-term users. It is possible that these women experienced diminished agential resources throughout their life or experienced more severe depressions which in turn can have undermined their agential resources. While the telephone interviews made it possible to reach a wider group of women, face to face interviews may have allowed for more depth of discussion in this regard

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