Project Work

Exercise against Depression - Reception Analysis

Assignment presented to
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1. Introduction

This project aims to analyse the reception of our print media products (poster and brochure) that promote exercise as a way to treat and prevent depression among women aged between 45 and 55 years old. Not enough women know the benefit of daily exercising and the effect it could have on depression. During the print media workshop, we created a campaign to promote exercise against depression to treat or prevent it because there are not enough people aware of the benefits of exercise on the brain. In this context, we have created a poster and a brochure regarding our communication problem. Our main focus is to get feedback on our products to find the best ways to improve them and make them more efficient. By interviewing a woman in our target group not suffering from depression, one suffering from depression, a family member of a woman suffering from depression and a psychiatrist, we collected more information to create a more efficient hypothetical campaign.

World Health Organization (WHO) (2013) describes mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. According to WHO (2013), depression is the principal cause of disability worldwide and it affects more than 350 million of people regardless of the age. One European out of four feels symptoms of depression each year, as mentioned in the Mental Health Foundation website. (2013) Most people prevent or treat depression with antidepressants, but there are other ways to do so that are healthier and that will have a long-term effect on the mental health.

Oxford Dictionaries (2013) defines depression as a “severe, typically prolonged, feelings of despondency and dejection”, as well as “a mental condition characterized by severe feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life”. Nowadays, depression refers to a state of low mood that affects a person’s thoughts, behavior, feelings and sense of well-being. It is the inability to accomplish normal tasks at work or at school and to deal with normal emotions. People of all ages and of both sexes can suffer from it, but it is more common that women are suffering from depression due to their high sensitivity (WHO 2013). From a biological perspective, the brain of people with depression shows an imbalance of neurotransmitters, such as endorphins, serotonin and dopamine. A deficit in these neurotransmitters affects communication between nerve cells. Serotonin plays an important role in the regulation of mood, appetite and sleep. Depressed people tend to have a lower level of serotonin and dopamine (Passport Santé 2013).
There are different states and kinds of depression, and some of them cannot be prevented or treated by exercising. But still exercise can be a really big part of the healing and preventing process as stated here in the Roskilde municipality on Mentally Health (2013): “it is important that you are physically active, to prevent stress. You get more energy and mental power with the use of your body. In addition, there are benefits of physical activity and sleep”.

1.1. Problem Area

As stated earlier, the main goal of our campaign is to promote exercise as a way to prevent or treat depression. People do not know the benefits of regular exercise on their brain and therefore, on their mental well-being. We will answer our problem definition by a qualitative analysis that we will present you later in this project. After getting the results from our interviews, we will analyze and interpret them with the methods and theories presented in this document. We will use the following theory: the audience (Windahl and Signitzer 2009), the uses and gratifications (Windahl and Signitzer 2009), the habitus (Wacquant 2006) and the media reception (Kim Christian Schrøder 2000).

1.2. Problem Definition

Are our products efficient and enough developed to be an actual campaign? We want to know if we have reached our goal in the print media workshop with our two products. We want to know if they are good enough to promote exercise has a way to prevent and to treat some kinds of depression. Are our products able to reach the main target group of our project?

1.3. Research Questions

Women aged between 45 and 55 years old are more likely to do depression and are not aware that they can considerably reduce their chances to suffer from it and they can even treat it by exercising regularly. We want to know if the awareness campaign created in the print media workshop would have a positive impact on the exercise habits of the women we have targeted as our main target group.

- How are they seeing depression?
- What are their first thoughts about depression?
- What place exercise has in their life?
- What are their feelings towards exercising?
- How would they react to such a campaign?
- How would/could this campaign influence their lifestyle?
- How would they perceive this campaign?
What are the good elements in our products?
- How could we improve our products?
- Could our products be launched as an actual campaign?

1.4. Problem Recognition

As reported by Windahl and Signitzer (2009: 216), the situational theory of Grunig and Hunt can help to predict if an audience will become active or not according to certain elements. First, the problem recognition allows communicating about a situation that is understood by the sender and the receiver as a problem. If women think about depression as a real problem, they will be then willing to hear about the issue. Constraint recognition consists in the limits and obstacles that the audience can encounter. For instance, a woman suffering from a major depression could not use exercise as a treatment. The level of involvement implies that receivers can relate to the problem. So then if women feel that depression is an issue that really touch them, they will be considered as really involved and will react more positively and actively to the problem. If the target group feels in addition connected to the problem, they will also be more likely to seek information that could help to solve the problem.

But on the opposite side, if women do not see depression as a problem that can affect them or they deny that they are depressed, they will probably not process the information and therefore not seek for additional information. The authors cite Grunig and Hunt: “the planner needs to make people identify with and feel affinity for the problem’s solution”, exercise in our particular case.

1.5. Delimitations

The delimitations of our project are based on three elements. First we had to work with our print media products that were done in the print media workshop. These products might have not been the best option to reach our target group in order to start our analysis. Professionals did not approve our products, so perhaps they are not appropriate. Also, we were limited regarding the time we had to do our project, research and analysis. Within only few weeks it was hard to contact all the people we wanted to interview. Another factor playing on the boundaries is that none of the group members is from Denmark or speak Danish, so it was harder to find and contact people to interview and to translate the documentation they gave us in some case. Finally, mental health is a really complex subject and every specialist has his or her own way to explain it, so in the end, they do not necessarily agree on the method to treat or prevent depression.

1.6. Background Chapter about Depression
In our introduction we stated what depression is. In this chapter we will go deeper and further on the causes, the symptoms and the different types of depressions that are relevant with our communication problem and our analysis. There are many types of depression that can benefit from daily and regular exercising. Depression comes in various forms; some are more severe than others. Depression can occur due to biological, psychological or environmental factors, and even all of those combined (Depression hurt Canada 2013).

Many symptoms can indicate signs of depression; some are psychological and some are physical. Some people can suffer from only a few symptoms while others may suffer from a lot of them such as feelings of sadness and loss, changes in weight or appetite, changes in sleeping patterns like insomnia, constantly feeling tired, anxiety and restlessness, sometimes leading to panic attacks, recurring thoughts of suicide or self-harm, muscle and joint pain, etc. (Depression Hurt Canada 2013). There are many more symptoms but those are the most common and well known by everyone. Those signs may lead to different types of depressions depending on the factors stated previously.

Light depression, seasonal depression (due to a lack of light), pospartum depression (after a mother gave birth) and bereavement depression (after losing someone) are the ones that can be partially treated or prevented by exercising (Depression Hurt Canada 2013). The types of depression that can not be treated or prevented by exercising are the major depression, the manic depression known as the bipolar disorder and the psychotic depression (National Institute Of Mental Health 2013). Those are severe types of depression that require special supervision and treatment from health professional as doctor and psychiatrist. In those cases, exercise can not be used as a solution to recover.

2. Communication and the Products

In this chapter we will explain why we have chosen this specific target group and describe it a bit more precisely. We will also talk about the production of our printed products and how they evolved over the time.

2.1. Target Group

Our main target group is women aged between 45 and 55 years, living in an urban area and working full-time. We have chosen this group because it is the most vulnerable one for suffering from depression. (Statistics Canada 2010) Women are also twice as likely to have depression and symptoms as men from the same age group. That said it is also proven that this disease is not as treated as it should be. A study from a psychiatric research unit also uses the term “undertreated“(Olsen, Mortensen and Bech 2004: 96).
Firstly, our campaign targets to raise the overall awareness about depression, not only in this particular age group, because we also want to reach our second target group, namely the relatives of the first target group.

### 2.2. Sender

When we developed that fictitious campaign, we thought that the sender might be the Ministry of Health, because this issue must be supported by an organization with a sufficient reputation for the message to be taken seriously by the recipients.

### 2.3. Print Products

By knowing a bit more about our first target group, it is now easier to understand why we have chosen our two different printed products. The first one is the poster we would like to place in visible areas such as train stations or shopping streets but also on public transport. Our first draft was a poster, pretty similar to our final product but with one main difference: the picture. Firstly we had a woman slightly under our particular age group, currently jogging.

After some discussions we changed the picture to three women from our targeted age group. We have decided to do so because the core of our campaign is that daily exercise under 30 minutes can help to encounter depression but it is also a way of prevention. We came to the conclusion that sports should also be fun, motivating and also a social thing to do. The woman from our first picture was also too fit, because she looked like someone who could easily do a marathon. But our target age group is aged between 45 and 55, so the picture was quite unrealistic. Still, we decided to use our first picture because it was considered as more lively.

On the poster you can also see a pillbox we modified with Photoshop. We changed the description and title of the box and it now says ”Exercise – 30 min/day”. By doing that, we wanted to show that antidepressants are not the only way to encounter depression. We realized that some people might find our idea offensive, but the majority of our colleagues from the print media workshop liked the idea and noted that they found our modified pillbox appropriate with a slight humor, which is brisk for our poster.

The main color of both our products is green. We have chosen this color, because green stands for hope and confidence in the western world. This underlines our essence, because we do not only want to raise awareness but also show that there is another approach to encounter depression than medication. We noticed that we have to divide between people who suffer from depression that have to take antidepressants and people who could benefit from different approaches. With our poster we want to reach these people who can use exercise as a method to encounter depression. Like already
mentioned, we would also like to reach the relatives and our main target group. The poster was designed in Photoshop.

Our second product is a brochure designed in InDesign. The main colour is again green and the brochure has two different pages where the recipient can read through different sides. On the first page, we provided some information about depression, namely an introduction to the disease in Denmark, facts about it and also our logo that you can see on our poster too. On the other side, we created a small test where the reader can check for himself or herself if he or she shows signs of depression or depression-like symptoms. The test is very superficial and is only intended to get people interested in the topic and see for them if they have ever shown symptoms of a depression. We would like to have our brochures situated in hospitals, waiting rooms and also schools, where it is available for everyone (not only our target group) to look through and maybe notice if someone of their family of friends showed depression-like symptoms.

3. Theory

To conduct the reception analysis successfully, we have to base our work on theories elaborated by searchers in communication in order to understand the inherent elements of the method used. Therefore, this chapter will briefly introduce the audience theory developed by Sven Windahl and Benno Signitzer (2009). We will focus more particularly on the uses and gratification theory. After, we will present the notion of habitus developed by Pierre Bourdieu in order to understand how it can affect the way women aged between 45 and 55 receive a message that intend to change their habits. The study of media reception of Kim Christian Schrøder (2000) will also be used to analyze the concept of encoding and decoding implied in every communication effort.

3.1. Audience

According to Windahl and Signitzer (2009: 206), senders often view their target group as a homogeneous mass, which can weaken the communication effort. In fact, the audience is heterogeneous because it is composed of many individuals that may all react more or less differently to a same message (Windahl and Signitzer 2009: 207). To define an audience, senders must take into account the social, cultural and psychological context of a group, so that the message is more likely to reach the target group (Windahl and Signitzer 2009: 220). But still, Windahl and Signitzer (2009: 206) recall that it is a mistake to assume “that targeting an audience guarantees that the audience will be motivated to attend the messages” or will react uniformly.

Senders often categorize the individuals according to certain characteristics they may have in common (Windahl and Signitzer 2009: 206). Those criterions can be used to
segment an audience in order to help the target group identify the message so they will be more likely to attend it (Windahl and Signitzer 2009: 206, 222). The criterions of age and gender are two social characteristics (part of the demographic dimension) that the poster shows in order to give the women the feeling that the message is addressed to them. However, the authors mention that if the target group do not feel that they are part of this group, they may not see the relevance of the information and then they will not attend the message (Windahl and Signitzer 2009: 208).

Thus, we will first use this theory to see if our target group identifies or not to the characteristics of age and gender presented on the products and if they are likely to attend our content. It will also be helpful to see if we have the right understanding of our target group and if we can segment our audience in sub-audiences by adding one of the nine dimensions defined by Windahl and Signitzer in our communication products to catch the interest of more women in our target group. This way we may reach a larger spectrum of women.

The other dimensions for segmentation defined by the authors are beliefs, attitudes, behavior, principle of access, public’s resources, process-related segmentation, media use or issues and communication. First, the demographic dimension is broader than the age and gender and also includes characteristics such as occupation, education, geographical location, nationality, family size, income, etc. The beliefs correspond to the way individual perceives the world according to their own experiences, environmental influences and so on. The attitude dimension is the different positions a person can adopt regarding a situation, a product, etc. The model developed by Philip Kotler range people attitudes between enthusiastic, positive, indifferent, negative and hostile. The segmentation by behavior involves the lifestyle characteristics, which means the behavior in daily life that characterizes each individual. The principle of access dimension refers to how easy it is to reach a public according to the price all the necessary resources will cost, so the group that presents the least resistance are given priority. When targeting a message to an audience, the public resources dimension also has to be considered; it implies the economical ability to act according to the message. The process-related segmentation depends on the acceptance process, so that if the adoption stages are discernible, the segmentation can be based on those stages. If the media is the basis for the segmentation, the planner then has to analyze the public of the media and understand it as a segment. The last segmentation by issues and communication is based on the way a public communicates about problems or issues that occurred because an organization behaved in a way that had an impact on their lives. (Windahl and Signitzer 2009: 223-230). After the analysis, we will be able to see if we have to consider one of those dimensions in our products.
3.2. Uses and Gratifications

The core idea of the uses and gratification model is that people “more or less actively seek the content that seems to be the most gratifying” for them, which depends on the needs and interests of the person. This means that the recipients will more or less consciously receive the content that they judge need-fulfilling or relevant to them (Windahl and Signitzer 2009: 198). The most common needs are those related to “orientation, security, interaction, and tension-release” (Windahl and Signitzer 2009: 199). According to those needs, since the campaign promotes physical and mental well-being, we wish that the message transmitted and received is that exercise can release tensions related to depression. The reception analysis can relate to the uses and gratifications theory to see if the campaign fulfills, at least for some women exposed to it, the tension-release need or the security one since exercise can help to prevent them to do a depression.

For Windahl and Signitzer (2009), the motives are an extension of the needs and are the reasons that make someone seek for particular content. The authors use the categorization of those motives is based on the work of Denis McQuail. The most common motives that might be the related to our campaign’s goals are the one for information (seeking advice, getting oriented), personal identity (gaining self-knowledge, finding models of behavior, reinforcing values) (Windahl and Signitzer 2009: 199). This theory will be useful in the reception analysis to see if the women would be looking for this new information and if they would be likely to be oriented about this way of treating and preventing depression. Regarding their personal identity, we will be able to see if they are open to change their habits and move away from depression or if they would rather stay in their present situation.

The uses and gratifications theory also implies that media content has to respond to the expectancies of the audience members, which are “the belief or perception that an object possesses a certain attribute”. To know if the expectancies are met, the searcher has to consider if the evaluation of the attribute is positive or negative. The expectancies can be, in the case of the brochure, that the recipients will obtain some relevant information regarding depression and exercise. Thereby, the communication products must contain a relevant outcome for the receiver and this outcome has to be valued by the receiver in order to be gratifying. (Windahl and Signitzer 2009: 200) So we can use this theory and particularly the evaluation part to see how the audience receives our message and our products.
3.3. Habitus

The notion of habitus used by Pierre Bourdieu refers to a system of “durable and transposable dispositions” of an individual that are acquired during his or her life (Wacquant 2006: 31). Those dispositions enable a person to perceive the world and act according to social practices adjusted to social positions (Wagner 2012). Primary habitus are acquired throughout the first social experience of an individual, including his or her education, which happens during the childhood. Secondary habitus are developed through subsequent experiences of “particular social condition or conditioning” that a person has integrated unconsciously and that enable him or her to understand social structures or situations. Therefore, people that share similar experiences, such as depression or depressive moods, or come from similar social conditions, as women aged between 45 and 55 and living in big cities, may tend to have the same vision of the world or of this particular mental illness (Wacquant 2006: 31; Wagner 2012).

According to Wacquant (2006: 32), an important characteristic of dispositions is that they are malleable: “[dispositions] inscribe into the body the evolving influence of the social milieu, but within the limits set by primary (or earlier) experiences, since it is habitus itself which at every moment filters such influence”. This element is particularly interesting in regard of our campaign, since we want to make the women exercise more which means we want to implement a change in their habitus to integrate new ones. The campaign would stand as a present stimulus trying to effect a change on the past influences and change the structures of old habits to change the structure and provide a new habitus. The notion of social continuity and discontinuity also explains that it is possible to modify a habitus. As continuity “stores social forces into the individual organism and transports them across time and space”, discontinuity can modify the system of habitus through acquisition of new dispositions (Wacquant 2006: 32).

Therefore, we will use the concept of Bourdieu to analyze the habitus of the women and then see how they feel toward exercise previously. This will help us to see if such campaign can intend a change in their habitus and if they would be more likely to exercise after.

3.4. Media Reception

The last theory we want to take into account to conduct our reception analysis is the media reception theory of Kim Christian Schrøder (2000). His article criticizes the theoretical framework of Stuart Hall. For Hall, the preferred meaning is a connotative meaning that the sender wants to transmit to the receiver. Schrøder deplores that Hall undertake that this meaning can be taken for granted by the sender because there are
good probabilities that the meaning encoded by the sender will be the one preferred by the recipient who will decode the message (Schrøder 2000: 238).

However, Schrøder states that it is hard to claim that the preferred reading lies in the text, but that the meaning (reading) may rather take shape in the receiver’s mind. (Schrøder 2000: 236) The author describes the concept of polysemy as another understanding of the possible readings that can occur in a recipient’s mind. This concept is more open and takes into account that the receivers “actualize the meanings they want […] to generate from the verbal and/or visual signs of the media message”. (Schrøder 2000: 241) This model suggests that the reading can vary from a recipient to another because of their individual background, experiences and needs. We will then use this theory to evaluate the different readings of our products we may encounter.

Besides, the multidimensional model of Schrøder (2000: 243) includes six dimensions implied in the reception process: motivation, comprehension, discrimination, position, evaluation and implementation. The motivation dimension is the starting point of the reception process because if an individual is not interested in the content, he or she won’t attend it and the process will not go further. Comprehension is the recipient understanding of the different signs found in the text; the meanings of the signs are understood according to the recipient. According to Schrøder, discrimination can occur from an aesthetic standpoint, which means that a woman would not attend the message because the visual appearance of the product does not appeal to her. Each reading results from a subjective attitude of the receiver toward the text, so that the receiver adopts a position that can either be acceptance or rejection. The evaluation is an objective analysis that relates the receivers’ subjective readings to ideological positions that can range from hegemonic to oppositional. The last dimension, the implementation, is not a direct observable behavioral change resulting of an exposure to certain media content. It is rather an everyday behavior that is inherently political because it is about social issues and choices we have to make. The multidimensional model will allow us to ask ourselves relevant questions when analyzing the interviews. This will allow us later to explain the different receptions of our products.

4. Methodology

Since the project seeks to investigate empirically the reaction of the target group toward the campaign, we chose to do qualitative interviews instead of other methods such as quantitative interviews or focus groups. Therefore, we will need to collect data and analyze them in order to proceed at the audience analysis and the reception analysis.
4.1. Phenomenological Approach

We positioned ourselves using the phenomenological approach to contextualize the kind of knowledge produced through the qualitative interviews we conducted. This perspective focuses on the lived world and experiences of the subjects and the meaning they make of their experiences. (Kvale and Brinkmann 2009: 52). Therefore, we got the subjective point of view and understanding of the individual regarding their experience. The goal of this approach is to come as close as possible to really understand the lived experience of the interviewee from his or her point of view, so that we are looking for their subjective reconstructions of their experience (Seidman 2012: 17). But since the nature of human experience is transitory and that “we can only get at what we experience after it happens through a reconstruction of that experience”, the interviewer can only guide the participant to reconstruct their experience (Seidman 2012: 18). We can then discuss with our interviewees their relation to depression and exercise and understand how they conceive our campaign. Therefore, since they have their own understanding of the subject according to their experience, we can use it to expand it to other people that might suffer from depression.

4.2. Qualitative Research Method

We chose to conduct qualitative interviews to get to know more in depth our target group in order to determine if the campaign promoting exercise as a means of prevention and treatment of some types of depression would have the intended effects on the target group. According to Steinar Kvale and Svend Brinkmann (2009: 47-48), qualitative interviews produce knowledge, that can be either collected or constructed, and offer a descriptive understanding of human world by “asking questions and encouraging [the interviewees] to tell their own stories of their lived world”. The data collected consists in the answers we got from the persons we interviewed in the semi-structured interviews we conducted with four people: a psychiatrist, a woman in the target group who has suffered from depression, a woman in the target group who has never suffered from depression and a relative of a woman in the target group who has suffered from depression. Each interview was audio recorded in order to be able to refer easily to the interviews in case of needs.

We chose to conduct qualitative interviews for our fieldwork because this way we can test our products on a small scope of recipients and get in-depth participants’ insights of the product in addition of an understanding in context of these people. As we want to do a reception analysis, qualitative interviews are more appropriate because the data is based on the participants construct which will allow us to understand their reception processes of the products and their understanding of it (Kvale and Brinkmann 2009: 116). The data collected from those types of interviews is also unstructured; therefore
it implies an interpretative effort from the searchers because the answers are much more descriptive. Furthermore, qualitative method gives a more flexible way to consider a situation since it can evolve in a way that we have not thought before (Kvale and Brinkmann 2009: 103).

4.3. People Interviewed

As qualitative interviews focus on few individual interviews, we had to determine which persons would be the more relevant to talk to in order to answer our initial question. We wanted to talk to women that are in our target group. Considering that exercise can treat certain types of depression, it was important to interview a woman who has suffered from depression, in order to know if she would have been likely to start exercising if she encountered a campaign like the one we developed. We preferred to speak with a woman who managed to recover from depression, so that she knows how it feels like to be depressed and she feels more comfortable to talk about that sensitive topic. Since exercise can also be used in a preventive way against depression, we also wanted to interview a woman that is in our target group, but that has never suffered from depression. This way, we could see how she perceives depression, how she would react to our campaign and if she would be likely to start exercising on her own will to prevent depression.

We then thought about other people that could give us another point of view on the topic and on the audience our campaign targets. So we decided to interview a relative of a woman who has suffered from depression. This gave us an outside view of the audience and could testify of the changing habits and moods of a depressive person. We thought that a relative could give us good insights regarding the way to talk to the depressed person in everyday life. Also, as depression is a mental illness that can be treated with psychiatrist help, we determined that it was appropriate to interview one because this professional is specialized in mental disorder and can at the same time act as an informant on our target group, giving us a better understanding of it. She also gave us a professional opinion on our products.

These four types of informants could give different perspectives about the audience but also about the reception of the products. We decided to interview only one person in each category of informant for different reasons. First we were constraint in time to find the interviewees and to conduct the interviews. We also had to consider the time it takes to analyze the interviews. Secondly, as depression is a sensitive topic, it was hard to find women willing to talk about their depressive episode. The fact that we had an interview with an informant of our target group, the psychiatrist, gave us the
opportunity to broaden our understanding of our audience and gave us insights of how women would tend to receive our campaign.

4.4. Interview Process

Knowing that we were going to conduct interviews, we elaborated the research following the seven stages of an interview inquiry of Kvale and Brinkmann (2009: 102). We firstly thematized our research by formulating our problem definition to know how women would react to our campaign and if they would be likely to exercise. Then, at the designing stage, we planned the interviews with four persons of each category we agreed on and we developed four series of questions according to the person we were going to interview. The interview part took the form of a semi-structured discussion that would allow us to gather relevant information to conduct our analysis. After, we transcribed each interviews in a summary that gives a good idea of the relevant answers. We proceeded to meaning condensation to summarize the interviews, which means that the interviewees’ answers were reformulated in briefer statements that kept the same meaning. (Kvale and Brinkmann 2009: 205) Those summaries were used in the first step of the analyzing stage and were subjected to more qualitative interpretations. Then, we could refer to the audio recordings for more precise quotations of an interviewee. We also had to interpret the meaning of the interview texts by going beyond what was said by the interviewee to determine some structures and relations of meaning that were not said in the first level of reading. Kvale and Brinkmann (2009: 207) assert: “interpretation recontextualizes the statement within broader frames of reference”. The verifying stage was achieved by looking at the validity of the interpretations and the reliability of the results. Finally, the report takes shape in the analysis chapter below and will help us to determine if we have the right understanding of the targeted audience and to see how women would receive our communication products.

4.5. Validity and Reliability

Reliability consists in “the consistency and trustworthiness of the research findings”. It can mean that the findings would be more or less the same if the research was reproduced by other searchers at other time. It also concerns the interviewer reliability in relation to leading questions that can, if deliberate or not, influence the answers. Reliability is also important in transcription and the analysis of an interview, then “increasing the reliability of the interview findings is desirable in order to counteract haphazard subjectivity, [but] a strong emphasis on reliability may counteract creative innovations and variability” (Kvale and Brinkmann 2009: 245). We conducted the interviews in a way that we would not compromise the reliability of the research. One of the interviews was done via Skype and the other ones were conducted in person.
They all have been recorded on a smart phone so that we can rely on them when needed. Two of the interviews were done with only one interviewer and the interviewee, the one with the woman who never suffered from depression and the one with the relative of a woman who has suffered from depression. They lasted for 12 minutes and 25 minutes respectively. The one with the psychiatrist was conducted by two interviewers and lasted for 25 minutes. The interview with the woman suffering from depression was also conducted by two interviewers and a relative of the woman was present during the interview that has lasted for an hour and a half.

Validity refers to “whether a method investigates what it purports to investigate”, so that the findings reflect the interests of the research. To determine knowledge as valid, the question of truth has to be considered within three philosophical criteria of truth. The first one is the correspondence criterion of truth, which means that a statement corresponds to the objective world. The second is the coherence, which refers to the consistency and internal logic of a statement. The last is the pragmatic criterion, which concerns the relation between the truth of a knowledge statement and its practical consequences. (Kvale and Brinkmann 2009: 246) We tried to certify the validity of our findings by doing qualitative interviews, which give us a broad view of the target group and allow us to cover a lot on this sensitive topic. But on the other hand, we know that if we would have interview more than four people, the findings would have been stronger.

4.6. Planning the Analysis

We did the only four interviews since we were limited in time and resources. It is then a small scope to do a reception analysis that can be representative of a wider scope. We planned then to generalize some of the tendencies we encountered, which can be used as a guide to other reception of our campaign. We will base our analytical generalization on the similarities and differences we noticed in the different interviews, so that the knowledge produced in those interviews will be transferred to other possible receptions of our products (Kvale and Brinkmann 2009: 261-262).

5. Analysis

5.1. Reception Analysis

The reception analysis is based on four qualitative interviews. We first compare the analysis of the woman from the target group, Mrs. Joansson, who has suffered from depression and Mme. Fischer a woman not suffering from depression. Afterwards, we compared the answers to find similarities and converses between them. For this part of
the analysis it is interesting to see the answers of a women who never suffered from depression in comparison to one who has suffered from it.

**Woman who Has Suffered from Depression**

Our interview with a woman who has suffered from depression was with Mrs. Joansson, a mother and an art teacher in a Folkeskole. She is 59 years old and a little bit older than our target group. The interview took place at her home in Copenhagen on the 7th of December. It lasted around one hour and 45 minutes. Her husband was present because she wanted him to hear more about her feelings and the way she lived with depression. She said her husband had a hard time accepting her mental illness. We began our meeting by thanking her and asking if she feels comfortable. We told her that she could take her time and if some memories were too painful she could also refuse to answer them. The interview was recorded with a smartphone.

Our first questions were in regard of depression in general. What is depression? How she lived with it? How she felt about it? For her these questions brought back some emotive memories. She talked about all the symptoms she had and how her relatives, her two daughters, realized the situation before she did. Her depression was work related due to a bad communication in the team at the school she was working at. It resulted in a lot of stress and a negative environment in her workplace. Afterwards, we asked her questions about our products and how we could improve it. She was very critical but her remarks gave us good insights on how to improve our products.

**Woman who has not suffered from Depression**

We also interviewed Mrs. Fischer, a 48 years who has not been affected by depression. She is from Bad Ischl, a town with about 15.000 inhabitants in Upper Austria. The interview was done via Skype in the beginning of December 2013. To record the conversation we used the software “Audio Hijack Pro”.

This woman is in the right age group and is currently working as a kindergartener. Exercise is really important for her; her main reasons to do so is her health. She is more concerned about her constitution than her mental health, which goes together with a healthy body. She tries to go to the gym three times a week and spends about one to two hours there, doing mostly cardio exercises but also strength training. She also mentioned that she really feels better after her workout. Normally she tries to achieve her weekly rhythm of going to the gym three times a week but sometimes she can’t reach her goal, because she is sometimes exhausted after work.

Overall she really likes the campaign and also the picture of our poster, because she recognizes the portrayed situation. She had doubts about the banner, because she
wasn’t quite sure what “Free your mind” in that context means. She also mentioned that she firstly did not realize why the pillbox is there and also that we manipulated it. Still she liked the poster, mostly because of the picture.

She mentioned pretty similar comments about the brochure. She likes the design, the info section and also the text. But again she was not quite sure about the pill box. Overall she likes our campaign but is not quite sure if it might help people with depression to see that there are different approaches to encounter the disease. Lastly she mentioned that it might be possible that people would do more exercise after seeing the poster.

**Research Questions**

The way they see depression is slightly the same but Mrs. Joansson gave us much more details about it since she has a better understanding of it. They both agree that depression is a serious illness and disease from which it is hard to escape from. Mrs. Joansson said that, at the peak of her depression, she had no energy and her only desire was to sit on a couch or go to bed. According to her, depression drains all your energy and you suffer in a passive way. Mrs. Joansson suffered from depression related to work relations and environment, depression affected her desire to work and to feel fully invested in her work. For the woman who has not suffered from it, this is not a disease that scares her or that she is afraid to have.

The answers on their first thoughts about depression are very different because the question has not been answered with the same understanding of it. For Mrs. Joansson it was about “what she first thought” when she realized she might suffer from depression while Mrs. Fischer explains her thoughts toward depression in general. For Mrs. Joansson, it was a slow process until the recognition of her disease. She said that it was her daughters that were the first to realize it. They decided to put articles and magazine pages on the doors of the kitchen cabinets so she would read it and see that she was suffering from depression. After a certain amount of time she started to realize it. For Mrs. Fischer, her first thoughts about depression was that it is a major disease that makes you feel like you are in a huge “hole” from which you can not escape.

The place that exercise takes in their life is quite different. During her depression, Mrs. Joansson didn’t exercise much. She was walking sometimes but really rarely. She said that during a depression it is really hard to get up and actually move or exercise. She even asked her husband to repair her bike but she never used it. She also stated that a more active sexual life during this period might have helped her to feel better. Since she is better, every Monday, with a friend, she does training for about an hour and a half and after she does an hour of yoga class. She said that going there with a friend is a good way to stay motivated and her friend helps her out when she feels like not going. She
also wishes to start dancing with her husband again in a Greek dance group. She told us that the interview had motivated her and that she will try to walk more often. For Mrs. Fischer, exercising has an important place in her life. She tries to go the gym regularly which seems a lot for Mrs. Joansson.

Even though their exercising calendars are really different, their feelings toward exercising are mainly the same. They both feel a lot better mentally and physically and they know that it helps keeping their body healthy. For them exercising brings a lot of benefits. But Mrs. Joansson ads that when she felt depressed or when she was recovering from depression, it was really hard for her before and while exercising. She often had no motivation if she had to do it by herself but once it was done, she felt better and relieved. Motivation is often lacking for both women due to the commitment it demands and the time it takes in a day of a mother’s life. But still, we can see by those answers that it is easier to be motivated when a woman does not suffer from depression.

After we talked about depression and exercising we showed them our printed products to get their feedback and their recommendations to improve them. Both of them like the general idea our campaign but were reluctant about the actual products we presented to them. They are not sure that our products will attract our target group and if it might really help people suffering from depression. They point out that still, it might depend on everyone because everybody can react and see such a campaign differently. The interviewed women do not especially think that such a campaign would influence their lifestyle. They see it more as a reminder to people who already exercise. Since they both exercise at a different frequency they would be slightly influenced by our campaign. For Mrs. Joansson, it makes her want to exercise more and reminds her the beneficial effects of exercising that she might have forgot during the time of her depression. Mrs. Fischer said that it would really depend on the person perceiving the campaign. She thinks that someone who has never exercised in his or her life would not start doing so after seeing it. But she mentioned that it could at least give someone a “slight” push to start again and remind the person about the positive effects of exercising. Basically, they both agreed that such a campaign might give the necessary motivation to keep or start exercising again but that the campaign can be more convincing if it intends to create a new habit in someone’s life.

The way they perceived the campaign was really different probably due to their different life experiences. Mrs. Joansson said that she would not have felt that this message was addressed to her while she was suffering from depression but that her relatives would have since they are the ones who had diagnosed her symptoms. As for Mrs. Fischer, her
view was quite different. She mentioned that the poster would probably catch her attention because of the picture and the pillbox contrarily to Mrs. Joansson who did not like it. Concerning the brochure, she mentioned that people would get a good overview of depression and could do the little test in order to see if they may present some symptoms of depression.

In our media products, the interviewed women pointed out some elements that they liked. Both women liked the green color as well as the disposition of the elements on the brochure and the poster. The design, liked by both of them, has been qualified as a “masculine” design by Mrs. Joansson. She said it is a positive element because for her masculinity relies on strong base that is essential according to her when you suffer from depression. The composition of the products and the disposition of the elements were liked by both women. They mentioned that the test was a really good element. For Mrs. Joansson, who really enjoys reading, the informative text of the brochure was really appreciated. She did not enjoy the picture of the woman compared to Mrs. Fischer who really liked it and felt appealed by it.

The points to improve on our products are more or less the same for both of the women. However, Mrs. Joansson, who is an art teacher, was way more critical on our material. First of all, let’s point out the similarities in what they said on how to improve our products. They both were not convinced of the pillbox. For Mrs. Joansson, it has a very negative connotation and we concluded that it was really bothering her because she mentioned it several times during the interview. She proposed to change the pillbox for a bottle of vitamins, which for her represents healthiness and would transmit a more positive image in regard of depression.

Mrs. Joansson highlighted a lot of elements that bothered her in the products. In the brochure she did not like the fact that we wrote “Men already know these benefits (of exercising) but women not so much”. She said that women do know it but they put it less in practice than men. Also, in regard of the written part of the products, she told us that we should change the place of the question “Do you feel often that life is not worth living?” She said that since it is in the top of the brochure and next to the big word “exercise” it is eye-catching so it makes the reader focus on this question that is very negative. She also mentioned that if a person that feels depressed sees this question in first thing, he or she might feel bad. Regarding the visual aspect of the products, Mrs. Joansson recommended us to consider putting some variation of green in the background of the brochure because now it is too plain. She also said that by adding variation like waves the reader would finish his or her reading on an ascendant note. Also the picture of the woman on the poster has left her cold. She did not feel represented by this young and really fit woman.
In general, both women are not sure that the two products could be launched right now as part of a campaign. Both of them think that the products need an overall rework. For Mrs. Joansson, there are too many elements missing to reach women suffering from this disease and especially from our target group. Both women liked the idea and the work we have done with the two products but they think that some modifications are needed to launch it as a part of a real campaign. They proposed to rework the visual and the way to present the information to catch more the attention of the target group.

**Relative of a Woman who has suffered from Depression**

We interviewed a woman, Ms. Haagen Jensen, in her twenties from Denmark, who is currently living in Copenhagen. The interview was done in the beginning of December 2013 and was recorded with a mobile phone.

This woman is not in our age group, but her mother has suffered from depression. Like already stated there are different stages of depression. Her mother was suffering from a mild depression, but Ms. Haagen Jensen also experienced her relative in an earlier stage. This is important to notice, because it gave us a lot of information about our target group and how and if we can reach them with our campaign. Our interviewed woman like to exercise, she used to be a competitive swimmer but stopped because of university. But what is more important to say is that she works as a swim trainer and is able to see the effects of sports and exercise on her clients.

She states that she likes the idea behind our campaign and also our two products. For her it was really important that we changed the picture of a jogging and smiling woman in her thirties and find something more appealing to our target group. She also noticed that the location of our poster is really important to achieve the perception we want to reach. Lastly, she mentioned that she is not quite sure about the pillbox, because it gives the poster a humorous appearance but not in an offensive way.

The same applies for our brochure. She noticed that she thinks that the location of our brochure plays a huge role. The design and overall appearance pleased her but again she is not quite sure about the modified pillbox. She also stressed that she likes our test and also the information we give in the brochure. Lastly, she said that she hopes and thinks that our campaign will work, because she has seen the effects of antidepressants and thinks that it would really help people to overcome depression with an alternative approach.
Research Questions

Ms. Haagen Jensen is seeing depression as a major disease someone really close suffers from. Because her mother and some of her friends suffer from the disease, she established a diverse knowledge about depression. Her first thoughts about depression are, that it is a disease a person “slowly loses someone”. She also pointed out, that people tend to forget a lot and just focus on really important events in his or her life. As a former competitive swimmer, sports played a huge role in her life, but now a relatively smaller one, because she cannot spend that much time on it.

Ms. Haagen Jensen sees exercising as an activity she can enjoy and benefit a lot from. However she has to convince herself to do so but while doing it and afterwards she really feels better and relieved. After asking her how she would react to such a campaign, she answered that it really depends where it is located. If she had seen it as a huge billboard poster, she would not have really reacted to it. But if the poster is situated on public transport, she would have noticed and reacted to it. The same thing applies for the brochure. If we had situated it in teachers’ lounges, waiting rooms and hospitals, she would definitely react in a more positive way. She also said, that our campaign would/could not really influence her lifestyle but she would recommend exercises to the people she knows who are suffering from depression. Ms. Haagen Jensen also stated that as someone seeing the effects of antidepressants she would really welcome such a campaign, because it could prevent “a lot of pain and heartache”.

After asking her what she thinks the good elements in our products are, Ms. Haagen Jensen pointed the picture and the overall composition of the poster out and also the brochure where we give additional information about depression. She also likes the test, where someone can test him or herself, whether he or she suffers from the disease or shows slight signs of depression. Still Ms. Haagen Jensen stressed that we should really focus on the location of the two products. She is also not quite sure about the pillbox, because some people might find it offensive, especially in some part of Denmark. Still she thinks that people in an urban area (where our target group lives) would not perceive it as an offensive element. In the beginning of the interview she was not quite sure if we could launch our products as an actual campaign. In the end she thought so, if we really pay a lot of attention to the location.

Psychiatrist

Kristen Hvidtfeldt is a psychiatrist in private practice in Roskilde. She is focused on fear and insecurity, marital problems, crisis, grief, alcohol problems and depression. She says that her job is about helping people to find joy and meaning in their life. She is also a
part-time lecturer at Roskilde University and offers conversation groups in addition to individual therapy.

We met up in her office, in the center of Roskilde, in late November. The interview was shorter than we expected because she had other appointments. We recorded the interview with a mobile phone. Due to some technical problems with the microphone, the audio file is of a poor quality and not really useful. Luckily, we took notes in place about the answers.

Even though she is a mental health professional, she would rather say that depression is about being sad. Dr. Hvidtfeldt also knows about all the benefits of exercising to the point that it is one the first things she suggests to her patients. Overall, she liked our products, although she spotted some weaknesses and suggested some improvements that would make our campaign something better and more efficient. The idea of a campaign promoting exercise to prevent and help treating depression was something really appealing to her as previous campaigns regarding the same topic were not productive.

**Research Questions**

“Depression is about being sad”, Dr. Hvidtfeldt said after a short time thinking about it, and she also added that depression is losing the joy of life, the willingness to live or do something. She would say that depression is a state of mind that really weakens a person and pushes him or her to lose all motivations to do every day’s tasks. She thinks that exercise is a very rewarding activity. Whenever you exercise, you feel immediately better afterwards. That feeling has a physical and chemical base, but really improves mental health as well. All these factors make exercising something very powerful against depression. In her case, exercising itself is not an active part, although she tries to exercise in other ways.

Dr. Hvidtfeldt thinks that women would support a campaign like our printed media project. She liked the idea of the campaign, and offered herself to show our products in her office in order to get the feedback from her patients. According to her suggestions, the campaign could motivate women to do more exercise. Seeing these kinds of products in the right places could encourage those affected by depression or the relatives to take action and start exercising in order to improve their state of mind. In the case of the relatives, being exposed to the campaign could give them some tools to “push” the person affected by depression to improve her situation while the women could be motivated to handle the situation on their own.
Dr. Hvidtfeldt said that she would receive our campaign as something positive, as a sign that some institution is caring about depression and trying to help people. She also remarked that women would probably pay attention to a campaign like this one.

When asked about our products, she said she liked the green color as a main theme, it means health, hope and is eye-catching. Also, the message itself is clear in both products, and the layouts are good and appealing to the eye. In the brochure one can find some information and a test, being the last one of the strongest points of both products.

The main critic she had regarding the campaign is that the target group is not really defined. The woman in the poster looks too young to help the main target group identify itself in that. Dr. Hvidtfeldt remarked that both products should be slightly improved according to her suggestions to be efficient as an actual campaign. After such improvements, she said that the campaign would have a great potential for being really helpful.

5.2. Audience Analysis

During these weeks we learned several things about our target groups, both the main and the secondary one. We agree with Windahl and Signitzer’s (2009) statement: you cannot expect an audience to be fully interested in your message or to pay attention to it just because you focused on them, as well as you can not expect the same reaction from a very heterogeneous group.

In our main target group, women aged between 45 and 55 years old living in an urban area and working full-time, we have seen different perceptions to the campaign. Every person had totally different experiences, has his or her own point of view and their own perception of reality. This is one of the reasons why we decided to use qualitative interviews to know how they see depression and our products, how they react and what they think about it.

We expected women in our target group not to be aware of how likely they are of suffering from depression and not to know the benefits exercising can bring to one’s life, whether having a depression or not. As we would see later during the interviews, we were partially wrong. They mostly did not know that women within this age group are the most vulnerable to depression. On the other hand, they were perfectly aware of how positive exercising can be to their physical and mental well-being, not only when related to depression.
We also thought that someone who is suffering or had suffered from depression would not be willing to talk about it. At least with our interviewees, that prove to be wrong, which does not mean that the majority of people in that situation would have had the same reaction (again, one cannot expect the same reaction from such a heterogeneous group). Knowing as we do that this is a delicate topic, we were afraid that they could feel uncomfortable at some point, but luckily that did not happen.

The relatives are a key factor. Those who had suffered from depression agreed on the importance of the relatives, that “someone” who helps one to realize what is going on and pushes him or her to do something such as exercise or other activities. We expected the relatives to be important, but maybe not to a point where, most of the times, it all depends on them. That is the main reason why we also focused on them (as a secondary target group), even though after the interviews we realized that they are so important that they should perhaps be our main target group.

Overall, we see this project as a way to understand a little better the audience. Although we have only dealt with a little sample of the target groups, we can say that in a topic related to depression one can never assume anything, because there are many factors to consider. That is why it has always been such a difficult topic to address, because one cannot generalize something that is related to the experience of every individual.

6. Theoretical Discussion

By referring to the theories mentioned above, we tried to go deeper in our analysis. Like Windahl and Signitzer recommended, we considered our audience as heterogeneous, but we detected some similarities between the answers we collected that lead us to think that the people we interviewed got the message in a similar way. They more or less liked and disliked the same elements of our two products, but they saw the relevance of the campaign; they would in fact be interested in such a campaign. The characteristics of age and gender we used for the poster is not representative for the target group we aimed at, so that the women did not identify with our campaign. We should then consider adding some sociocultural elements so that women can recognize themselves, like some activities a woman in that age group would be likely to do. This would be part of the segmentation by behavior according to the audience theory. Then, they will be more motivated to receive the message. We should also consider doing different series of posters according to the behavior: one series for the women that are already exercising and another one for women who are not exercising. This way, even if we do not reach all women, we have more chances to reach a larger group of women.
Women we interviewed said that they would pay attention to our products if they encountered them in a real campaign, but once they would have evaluated the content, they would have concluded that this is not what they expected. According to the uses and gratification theory, the products do not fulfill the need related to the motives that led the women to seek for advice or get orientated about the depression and exercise. As the products are right now, they are not relevant enough to convince women to exercise more in order to treat or prevent depression. The products just act as a little reminder that may have an effect on them or not, depending on the actual exercise habits of a woman. So since the expectancies are not met, the need is not fulfilled.

The interviews also showed the importance of the habitus. For example, we saw that Mrs. Fischer had the exercising habit much more anchored in her lifestyle. Which can lead us to consider the segmentation of our target group with this behavior. This way, we can consolidate this habit. This is also related to the principle of access dimension explained by Windahl and Signitzer, which state that it is easier to reach the target group that presents the least resistance, so that we should target the women that are already exercising. Mrs. Joansson told us that it would be a stimulus sufficiently powerful to remind her the importance and the benefits of exercise for a person that used to exercise. We can then generalize this affirmation and say that if a woman already exercised, then our campaign has higher chances to reinforce this habit, but the acquisition of new dispositions would take place in a longer process that requires more than advertising. Thus, according to the analysis of the interviews, we do not think that our campaign is sufficiently significant to woman to create a secondary habitus if they did not have the habit to exercise previously. On the other hand, printed media is maybe not the right media to intend such a behavioral change.

The campaign is not strong enough to motivate them to go through all the different stages of the multidimensional model of Schröder. From the feedback we got, we can say that the process stops at the position stage. Most of the interviewees said that they might be interested in our products (motivation dimension) and they understand what the campaign is about and what the message aims to transmit (comprehension dimension). But even if women would not reject the products for an aesthetic reason (discrimination dimension), they would tend to oppose the products because they do not meet their expectations regarding the content, whether it concerns the image or the text. It is not because they do not agree with the message, but the product does not fulfill their needs, so they do not feel that they should change their habits.

Still, we are pleased to see that the women’s preferred reading was the same like the message we wanted to transmit, even if we are aware that it can vary slightly from a woman to an another, according to what our interviews revealed. For example, Mrs.
Joansson and Mrs. Fischer did not receive the campaign exactly the same way because of their respective background of going through depressive episode or not. But we know that this does not mean that another woman could not get another meaning out of our products, since we only interviewed a small scope of people.

7. Evaluation

With the interviews we made we were able to answer all of our research questions meaning that we reached our goal. We answered properly to our questions since we got a lot of great feedback from the persons we have interviewed. They gave us great answers and really went deep in their thoughts, which was really helpful during our analysis. We do believe we went deep enough in our analysis since we answered our questions and even got more information than we thought we would have. We can really see how exercise is seen and what place it takes in the life of the interviewees. Still we made mistakes on the way and probably could have improved some parts if we had more knowledge and interviews.

On the process it was hard at first to find people to interview since we are all international students in Denmark. We managed to find one person for each group of interest but if we had more than only one person in each group, we would probably have had a broader view of our audience. We acknowledged that this scope of people gives us a narrow view of our audience, which makes our analysis, and products improvements seem weak. A broader sample would have given us a better idea of how our target group would receive our campaign and what are the elements we have to improve in our print media products.

We would have preferred to do more interviews but it is really hard to find people who suffer or have suffered from depression that are willing to talk about it since it is a very delicate subject. Also, since we don’t speak Danish, we might have missed some opportunities to interview Danish people who do not speak English or some relevant literature about the Dane culture and how depression is seen here. It was also hard to find a depressed woman to have a face-to-face interview since we do not have a lot of contacts here in Denmark.

We were only able to meet with one psychiatrist because she was the only one had time to see us (only two out of six psychiatrists answered to our email). The interview was around 20 minutes long because she had other appointments. It is worth noting that despite being a mental health professional, she did not use the word “disease” to qualify depression nor give us a deep definition of it. Even though she was willing to help us, we did not get the more “technical” information (specific and extensive information) we
expected from a psychiatrist. Furthermore, we did not get any feedback from her or any of her patients. All in all, she did not act as an informant as we thought she would have done.

8. Improvements of the Products

Considering the feedback we received from the interviews and after the analysis, we have reviewed our products and have found some ways to improve them. The following elements are the ones we think would really brought up our campaign to the next level and make it even clearer.

**Poster**

The poster has been well perceived except for the picture of the woman running. As stated earlier in the analysis, people feel like the woman do not represent the target group and will not reach it. In both products we would put a picture of a mother and a daughter together because our products might get more attention from a close relative. This would also create an emotive connection, so the women might be more motivated to pay attention to our products.

We want to consider everything that has been said during the interviews to make better products and to reach our target group more effectively. This is why the previous elements stated above would be improved. We would like to do a series of posters where we can see a woman exercising in different ways; for example gardening or talking a walk in her neighborhood.

**Brochure**

There are many elements that we want to change on the brochure since we received feedback on it. First of all, as proposed by Mrs. Joansson we would change the sentence: “Man already know these benefits but women not so much” by “Man and woman already know these benefits but woman have more difficulty to put it in practice”. We also considered her opinion about adding different shades of green in the background to make it more dynamic.

We would also change the place of the following question: “Do you often feel that life is not worth living?” with the question number six “do you remember the last time you were happy?” as it was highlighted in the interview. It will change the focus toward a less negative question. The pillbox is definitely the element that we would remove. It was the least appreciated element in both our media products. We would change the pillbox for a bottle of water and change the description on the water bottle with 30m/day of exercise. It is the same concept but the bottle of water has a positive
connotation compared to the pillbox. It also has a more direct link with sport since it is essential to drink fluid while exercising.

9. Conclusion

During this project we aimed to analyze the reception of our print media products (poster and brochure) that promote exercise as a way to treat and prevent depression among women aged between 45 and 55 years old. Through the process of our reception analysis, we learned more about our target group and the elements that we had to improve. We found out in regard of our research questions that our campaign was created on good bases but still needs a lot of adjustments to reach its main goal, which is to promote exercising as a treatment or preventive way to encounter depression. Almost all of our interviewees agreed that our products would not change the habitus of person nor create a new one. Our campaign was more considered as a reminder of the benefits of sport and exercise. Still the women we interviewed would not have necessarily picked the brochure up; they thought that the visual appearance was okay at first sight but after a looking at it for a long time, the products do not appeal enough to them.

Therefore we thought about changing two elements (pillbox and the picture) to remove elements that were perceived in a negative way. Instead we thought about a campaign with much more different pictures and without the pillbox. After the interviews, we noticed that it would maybe be better to have the relatives in the picture, so our campaign would be much more appealing but also social to the eyes of our target group. Based on the feedback we got we can assume that our product has potential. Keeping in mind that all the interviewed cover a wide range of approaches towards depression and how to prevent it or treat it, it is a very good sign that all of them liked the concept of the campaign. Right now, our product is not developed enough to reach our target group properly and of course, there are many things to improve and change completely, but now we know what and how to do it. With the methodology we were able to answer our research questions and highlight the elements stated above. It allowed us to conduct our work to the analysis. Still, we struggle to found more person per group of interview since we where limited in time and the Danish language.

We aim to change our main target group to a new one which would be the relatives, since they where the most receptive to our campaign and the best way to reach those who are suffering or close to suffer from depression. Not only we want change our target group but we would like to upgrade our product with a social media campaign which might attract even more people since we are currently living in an evolving media era.
and the majority of younger people (relatives) actually uses stated services like Facebook.

One of our interviewed also mentioned that maybe she would have not paid a lot of attention to the poster because of the “media overflow” people are experiencing nowadays. Therefore we think that it would be really hard to actually compete against other posters and brochures with such a deep topic. As a conclusion, we should really pay attention to the location of our posters, where people are actively seeking for help to encounter the feelings they maybe cannot define. Now knowing that relatives actually play a bigger role than formerly expected, we asked ourselves how we could reach people with no caring or no relatives. This again leads to the conclusion that we should really think a lot about the location of our products, because people who are on themselves are probably looking a bit more precisely for a cure against their feelings.

As stated above, we used qualitative interviews for our project. That provided us with deep information about the person’s feelings and thoughts. Although that meant a narrower view on the topic. This translates into a small sample of the target group that may not be as relevant as we wanted.

In a further research we might try to find more persons by group that we have to interview. By having more information we would be able to make a more complete and precise analysis. Also, having more persons from our target group to interview would help us to make a better portrait of them.
10. Bibliography

Articles


Books


Website


11. Appendix

11.1. Summary of the Answers

Women who has not Suffered from Depression

1. When you feel that you lack energy, that you are sad or even depressed, what do you do?
She uses three different ways: She is a religious person, so she prays, when she doesn’t feel good. She also does sports, but just when she is fully healthy. Lastly she has a sweet tooth, so she also consumes something sweet, when she is not feeling good.

2. How do you feel about exercising?
She really likes sports and really enjoys exercising but it also depends on what kind of sports.

3. How do you feel before, during and after exercising?
Before exercising she has to convince herself to actually exercise, while doing sports she often thinks to her “Why am I doing this to me“ but afterwards she feels really good and relaxed.

4. Do you know that walking after dinner, biking to go to work or gardening are considered as exercises?
She said, that she surely knows that.

5. What are you exercising habits during a week?
She goes to the gym three times a week, doing cardio and strength exercises.

6. What are for you the beneficial effects of exercising?
Firstly she stated that it has a really positive effect on her physical shape and that she actually feels a lot better by doing sports. She also mentioned that it has a really beneficial effect on her stamina, which is also really important for her.

7. Why do you exercise or why do you refrain from exercising?
She does sports to feel better. Sometimes she doesn’t have the time to exercise and it can also happen, that she is too exhausted to go to the gym after work.

8. Are you aware that depression is the mental illness that you are most likely to suffer of?
She didn’t know it.
9. What are your first impressions of our two products?
Our interviewed woman said that she liked both the poster and brochure and that it got her attention.

10. How do you perceive the message and the goal of these products?
She mentioned that she understood the message and was not confused in some sort of way.

11. Do you think our products are efficient and would encourage people to exercise?
She pointed the picture of the poster out, that shows three happy women in the gym, and that is one aspect that could encourage people to exercise. If it comes to the brochure she is not quite sure.

12. Are our products appropriate for our target group?
She said that the poster and brochure is appropriate and should not perceived as something offensive.

13. What do you think are the best elements or good point and what would be improved?
Concerning the poster, she really likes the choice of the picture and the overall design and composure. What really attracted her eyes was the pillbox. She thinks that it is definitely an eye-catcher and also a humorous element, but at first she was not quite sure, why the pillbox is there and if there are really pills in there or something else. In her book we should keep the pillbox there.

14. Do you think a campaign like that could be effective?
She says that it really depends on the person who suffers from the disease. But overall she thinks that the campaign could work.

15. If you were suffering from depression and you saw this campaign, do think it could have helped you?
No, she does not think so.

Women who has Suffered from Depression

1. When you feel that you lack energy, that you are sad or even depressed, what do you do?
She said that at first it is really hard to realize you are depressed. At first it is her daughter who realized it and then her husband. When she was conscious of her state and
accepted it she said that the first thing to do is to get help. The help can come from a doctor, a psychiatrist, the relatives, etc.

2. How do you feel about exercising?
She said it is hard to feel the motivation and actually move.

3. How do you feel before, during and after exercising?
Before exercising during her depression she felt unmotivated and something she didn’t found the energy to move. Now she still found it hard but she know that during and after the exercise she fell great and young again.

4. Do you know that walking after dinner, biking to go to work or gardening are considered as exercises?
She knows it but she said that when you are depressed, even those types of exercises are hard to do because you lack of motivation and energy.

5. What are you exercising habits during a week?
Now, since her depression is gone, she exercise every Monday with a friend. They do training and yoga for half and hour. She also wants to start dancing again with her husband.

6. What are for you the beneficial effects of exercising?
More energy, feeling younger and happier.

7. Why do you exercise or why do you refrain from exercising?
To stay healthy and to help staying in a good state of mind.

8. Would you exercise more knowing that exercise has important beneficial effects on your mental well being such as increasing your energy, reducing anxiety, improving sleep quality, giving feeling of pleasure, increasing libido and much more?
Yes, but again sometimes, motivation and time are lacking.

9. Are you aware that depression is the mental illness that you are most likely to suffer from?
Yes and in her case it was related to her work environment.

10. How would you react knowing that regular exercise (around 3 times a week) of 20 minutes a day can prevent some types of depression and can even help to treat some types of depression?
She already knows it and she will keep trying to do so.
11. If you encounter a campaign promoting exercise not only for your physical health, but rather for your mental health, do you think that you would be more likely to exercise?
Not really. She said she will be reminded of it but motivation and time might get on the way of the good habits.

12. What are your first impressions of our two products?
She liked it in general but had a lot of reserve mainly with the pillbox. She liked the idea.

13. How do you perceive the message and the goal of these products?
She wasn’t sure if it was about depression or exercising.

14. Do you think our products are efficient and would encourage people to exercise?
They could be but we would have to improve a lot of elements.

15. Are our products appropriate for our target group?
Yes and no. She said that the picture of the women didn’t join her but the idea around the campaign sounded interesting.

16. What do you think are the best elements or good point and what would be improved?
She said we could improve the pillbox, the background, the picture of the women and some written elements.

17. Do you think a campaign like that could be effective?
She said yes if we rework on it.

18. If you were suffering from depression and you saw this campaign, do think it could have helped you?
No, because in her case she wasn’t seeing that she was depressed. It was her relative that realized it and took measures to make her feel better.

**Relatives**

1. When you feel that you lack energy, that you are sad or even depressed, what do you do?
She uses two different approaches: Firstly she contacts someone (she pointed her boyfriend and her mother out) and speaks with them about the things that annoys or concerns her. But she also tends to cope with her problems by herself by reading books or thinking a lot about them.
2. How do you feel about exercising?
Overall she likes exercising, but not all types. She used to be a competitive swimmer, so she has seen the effects of doing sports on her body.

3. How do you feel before, during and after exercising?
Before she really has to convince and motivate herself to actually start the activity, while doing it she already feels better and after the exercise she feels “just great” and relieved.

4. Do you know that walking after dinner, biking to go to work or gardening is considered as exercises?
Although she knows it, she does not really do it during the winter. When summer and warmer temperatures are coming, she goes everywhere with her bike, which she considers as an activity.

5. What are you exercising habits during a week?
She does not really have a schedule but she tries to find time to exercise or do sports. If she does not over a longer period, she goes for a walk to do at least a slight exercise. But overall her activities are most of the time spontaneously.

6. What are for you the beneficial effects of exercising?
In her book there are a lot of positive effects, she knows about. But the most important one for her is that she actually feels better with herself. It also helps her to keep focus, when she has to do some university work.

7. Would you encourage your mother/wife/friend to exercise more knowing that exercise has important beneficial effects on your mental well being such as increasing your energy, reducing anxiety, improving sleep quality, giving feeling of pleasure, increasing libido and much more?
She actually recommended and did exercises with her mother when she noticed, that she does not feel very happy. Her main focus was to give her mother a social experience and not something she has to do. It worked for a while, but then after a while she could not motivate her mother anymore so they stopped doing exercises together.

8. What are your first impressions of our two products?
She generally likes the idea and also knows the two different versions of the poster (The one with the jogging lady and also the one with the women in the gym). Her thoughts about the first draft were, that the picture really did not have a good effect on the
poster, because it portrayed a woman that is too attractive and looks more like a model. She really likes the second version because it shows different body types but also the average “look”. Speaking about the brochure, she likes that we included the test but also prefers the design and overall composure.

9. How do you perceive the message and the goal of these products?
The location of our products is really important for her. If she would see the poster on the street she would not pay attention. By placing our poster on public transport it would get more attention and people would see the humorous elements (pillbox and the banner). She also mentioned that especially the pillbox could backfire, because some people might find it offensive. But overall she thinks that people would perceive the message.

10. Do you think our products are efficient and would encourage people to exercise?
Again she pointed out the location. If we would place our products in places where we reach our target group(s) (waiting room, teachers lounge, public transport, maybe cafés, doctors offices) our campaign could be definitely efficient.

11. What do you think are the best elements or good point and what would be improved?
She would not change the poster, because she really likes the design, composure but also the used elements and the same actually applies for the brochure. She stressed that we should think about the location of our posters but also the brochure to have the best effect.

12. Do you think a campaign like that could be effective?
She is not quite sure about it, but hopes that the campaign will be affective, because she mentioned that she has seen the effects of antidepressants and sports would be a really better approach to encounter depression. She also stated that she is not quite sure if people would actually notice our products, because “we are overflown with information and media”. Generally she thinks that our campaign could be effective if we keep it alive for a longer period.

13. If you were suffering from depression and you saw this campaign, do think it could have helped you?
Because she is not in the target group, she does not think so.

Psychiatrist

1. If one of you patients feels that he or she lacks energy, that he/she is sad or even depressed, what would you do?
“Well... is complicated”. There are different types of depression, related to different thing and affecting in different ways to patients, so at first she would just let he/she know that is not alone in this and then she would try to find the best way to help him/her.

2. What do you think about the benefits of exercising?
She knows that exercising is a really positive activity for those who are suffering from depression, not only for the physical activity, but also because it helps a lot to keep a good mental health.

3. Do you know that walking after dinner, biking to go to work or gardening is considered as exercises?
“Yes, of course!” she remarked that it is a well-known fact that exercising is quite easy and simple, but when one suffers from depression simply will not “get up” and do it.

4. Would you recommend exercise more knowing that exercise has important beneficial effects on your mental well being such as increasing your energy, reducing anxiety, improving sleep quality, giving feeling of pleasure, increasing libido and much more?
She looked at us a little surprised and said “I already do” and then told us that exercise is always one of the first options every psychiatrist suggest to his/her patients.

5. Do you think that depression is the mental illness that you are most likely to suffer of?
She said that it depends. As said above, there are a lot of different types of depression that can be provoked by many things. That means that is not really easy to predict or know who or when will suffer from depression. Despite that, depression will probably be the easiest mental illness to suffer from.

6. Do you think that regular exercise (around 3 times a week) of 20 minutes a day can prevent some types of depression and can even help to treat some types of depression?
She said that, even though you can’t treat or prevent every kind of depression using the same tools, exercising regularly would help in most of the cases.

7. If you encounter a campaign promoting exercise not only for the physical health, but rather for mental health, do you think that you would be likely to recommend exercise to your patient?
“Yes, of course!” She said again that the physical and mental benefits of sports are well known amongst psychiatrist, and so they recommend it in almost every case.
8. What are your first impressions of our two products? 
At first glance, she had a good impression. She liked the act that the green is the main color. She also liked the idea of a campaign promoting that, and remarked that despite the fact that the Roskilde Municipality has already done some efforts about this topic, she thinks that something more eye-catching and better placed (as our products are designed and supposed to be placed) could be more efficient.

9. How do you perceive the message and the goal of these products? 
She saw what the campaign wants to say, but also said that the target group is not clearly represented, since she needed to ask us about it.

10. Do you think our products are efficient and would encourage people to exercise? 
Yes. She said that these products are very appealing to the eye and that they would probably work.

11. Are our products appropriate for our target group? 
They would probably be, although is not sure how much influence would they have. That is because every case is really different, so one cannot predict how a depression-related campaign would work.

12. What do you think are the best elements or good point and what would be improved? 
She remarked that the good points of our products are the green as main color, and the test in the brochure because is really “catchy”. On the other hand, the poster could be improved to show clearly what the target group is.

13. Do you think a campaign like that could be effective? 
As said above, she said that if well placed, a campaign like this one would be very helpful.

14. If you were suffering from depression and you saw this campaign, do think it could have helped you? 
“I do not know”, she said. It always depends on the type of depression one has, the personality, etc. Often one would not be open to external campaigns like this one.

15. Is it something that you would recommend to you patients? 
As said before, yes. Exercising is one the best and easiest ways to prevent and treat depression of several kinds. It is always a good option.

16. Are there some elements in our products that you usually talk about to your patient?
Exercising. “I always recommend that to my patients”. Even though exercising could not be the best option for treating one’s depression, it would still be something helpful.
11.2. Products

FREE YOUR MIND

Exercise is the best medicine against Depression.

Exercise
30 min/day

www.freeyourmind.dk
Depression is a common disease in Denmark. Despite it being considered one of the happiest countries in the world, lots of Danes suffer from low mood because of the winter, the stressed daily routine, or certain life events.

The antidepressants pills work, but they have adverse secondary effects. The prevention and also the remedy may be inside exercise. Exercise everyday increase energy, reduce anxiety and improve sleep quality. Men already know these benefits, but women not so much.

If you are passing through a low mood state of mind, and you still don’t do exercise, take a step forward for a healthier life. Exercise is the best medicine for you.

- Women who do exercise feel more confident
- Exercise contributes to a sense of achievement
- Exercise raises the level of serotonin and endorphin, giving feelings of pleasure.
- Exercise provides a more grounded perspective on life and decrease muscle tension and promote relaxation.
- Exercise can increase energy, reduce anxiety, improve sleep quality, help concentration, regulate body weight and increase libido.

EXERCISE AGAINST DEPRESSION

Any type of exercise and any level of intensity produce beneficial effects with depression