

Depression in Female Adolescents: An IPA Analysis

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ABSTRACT

Six female adolescents participated in open-ended interviews regarding their experiences of depression. The transcripts of their interviews were explored using Interpretative Phenomenological Analysis (Smith, 1991). The analysis revealed three inter-connected super-ordinate themes which were: communication, hurt self, and difference. These themes centred on communication processes in participants' families and with peers, issues relating to shifts in identity through adolescence, and feelings of being damaged, distressed, and hurt. Amongst a range of potentially relevant perspectives, an attachment theory (Bowlby, 1969) orientation was found to be particularly relevant and helpful in interpreting the themes that captured these young women's experiences. Some implications for clinical practice are discussed.

KEYWORDS

adolescents, attachment, depression, female, qualitative

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Vol 14(2): 167–181. DOI: 10.1177/1359104508100882 <http://ccp.sagepub.com>

Introduction

AS CLINICIANS AND RESEARCHERS, the present study was motivated by a desire to better understand the nature of depression as experienced by adolescent females. In particular, we were interested to understand the core phenomena of their experience, and its similarity to or difference from the literature on depression as experienced by adults. The importance of this question is underscored by the dominance of adult models of depression in guiding clinicians' thinking and therapeutic interventions for adolescents. In addition, we wanted to know whether some of the assumptions of the dominant cognitive models of depression model captured and explained the experiences of adolescents. For example, Beck (1976) links depression with dysfunctional thoughts and schemas, suggesting that the thinking of the depressed person is somehow distorted or not accurately capturing reality. As clinicians, we are aware of the very challenging conditions and systems in which some adolescents live, which brings us to question the idea that thinking in depression is always distorted. An alternative perspective is to enquire instead how the thinking exemplified by young people is functional, how it 'fits' with and represents the best way they can make sense of their circumstances.

In addition, although cognitive models do not explicitly ignore relationships, we suggest that there is a need for greater emphasis on the importance of relationships to mental health, and this may be particularly relevant to the experiences of young people on the threshold of adulthood. Psychodynamic and attachment theory models highlight the importance of the primary relationship for later mental health, in particular those relationships with parents and primary carers. With this in mind, this article seeks to examine the impact of relationships with parents and, particularly of relevance for adolescents, the increasing importance of relationship with peers, on adolescents' mental health and emerging identity. A closer examination of these experiences may give us more insight into the cognitive and emotional changes that are taking place for adolescents, and help us, as clinicians, to intervene more effectively.

One important similarity between adolescents and adults is that depression becomes more frequent in females; an effect that is also cross-cultural (Bebbington, Murry, Tennant, Stuart, & Wing, 1981; Blazer, Kessler, McGonagle, & Swartz, 1994; Hwu, Yeh, & Chang, 1989). What these studies highlight is a relational impact on depression; depression may be precipitated by significant recent disappointments, conflicts, or losses. The social support literature (e.g., Parkes, 1972) also provides evidence of the importance of relationships with others. Thus, it is certainly not novel to be highlighting the importance of relationships to well-being. However, it seems important to emphasize that the current dominant model explaining depression pays scant attention to the central role that relationships have to our experiences of acceptance and love, and rejection and isolation.

This focus on relationships seems particularly important for adolescents who are embedded in relationships, whatever the make-up of their families and family systems. Unlike adults who may choose to live alone or with other non-family members, adolescents very often have to live in situations that may be unbearable, and may often have little control or opportunity to escape from difficult home lives. There is also an indication that an accumulation over time of negative life experiences may add up eventually to precipitate a serious depressive condition (Goodyer, Herbert, Tamplin, & Altham, 2000). One explanation for the cumulative effect of negative experiences may be that, over time, an adolescent may come to see the self as having reduced self-efficacy – 'nothing I try changes my circumstance' – resulting in learned helplessness (Seligman, 1972). Risk factors for depression could include losses or exits from relationships, not

only with family but also with close friends. This is consistent with findings, such as the Brown and Harris studies (1978; see also Bebbington et al., 1981; Bifulco, Moran, Ball, & Lillie, 2002) that negative life experiences and losses of friendship and support can constitute vulnerability and precipitating factors for depression.

Aims of the study

The aim of the present study was to gain an understanding of female adolescents' own experiences of depression. This was an exploratory study, and although research questions were shaped by the theoretical approaches outlined earlier, the study was inductive; unexpected themes that might lead to theoretical development were anticipated. In addition, the study aimed to cast some light on the relevance of cognitive models of depression by considering how the accounts of the young women could be seen to be consistent with these models. We feel this is an important consideration, because so much clinical practice with adults and young people is based on assumptions of the presence of cognitive distortions, for example, polarized thinking, selective attention, over-generalization of negative events, and so on. Instead, we were curious to explore how the young women's accounts might indicate ways in which they were attempting to make sense of and accommodate to their circumstances.

A qualitative approach was adopted in the present study in order to help the young women give voice to their experiences of depression and how depression was located within the context of their lives (Willig, 2002). Participants were interviewed and transcriptions were analysed using Interpretative Phenomenological Analysis (IPA) (Smith, 1991). This is an idiographic qualitative analysis method that has as central the interpretative process of the researcher. This interpretative stance can accommodate a theoretical orientation in the researcher, although this is held in a provisional way and within a reflective process. The researcher stays open to multiple, alternative interpretations and makes their interpretative processes as transparent as possible (Smith, Osborn, & Jarman, 1999).

Method

Interview schedule

The three researchers developed the interview schedule collaboratively, drawing on clinical and research expertise in child and adolescent work. The final interview schedule was organized around a number of areas of experience: of the self, of depression, of relationships, and of significant changes or losses in their lives. These themes provided a guide for the interview; additional questions and prompts were generated idiosyncratically to follow each participant's narrative.

Participants

Once ethical approval had been obtained from a local ethics committee, participants were recruited from a local multi-disciplinary Community Child and Adolescent Mental Health Team (CAMHS). The research proposal was presented to the CAMHS team who approached people with whom they were already working. The principal researcher was not involved therapeutically with participants and the agreement was that there would only be one research interview. Six Caucasian female adolescents participated in the present study. These young women had complex CAMHS presentations united by high levels of subjective distress, low mood and thoughts of self harm. Their ages ranged from 14 to 17 years, with 17 years being the modal age. Five participants came from intact families, and one participant lived with her mother only. Five participants had younger

siblings and one participant had an older sibling. Participants were screened using the BDI-II (Beck, Steer, & Brown, 1996) and scored between 25 and 60 (mean = 41), which indicated that they were severely depressed.

Design and procedure

A cross-sectional qualitative design was chosen in the present study. It was quasi longitudinal in that participants' accounts were partly retrospective. The study was non-comparative, with only one group under investigation. A semi-structured interview was used to gather data pertaining to the research questions.

Data collection

All participants were contacted by telephone by the lead researcher once they had agreed to participate in the study. A time for the interview was scheduled at the convenience of the participant, and although the venue was optional, all but one participant chose to attend the interview at the CAMHS base. Written consent was obtained from the participants and parents (if participant was under 17 years of age). Two parents met with the lead researcher prior to consenting.

Data analysis

All interviews were audio-taped and transcribed for analysis. The transcripts were analysed using IPA (Smith, 1991; Smith et al., 1999). The IPA method encourages a sustained engagement in the text of the transcript, which enables the researcher to identify emerging themes that capture the richness and breadth of each participant's unique experience of the phenomena under investigation. In addition, IPA allows researchers to enter data analysis with guiding theories to inform possible emergent themes. However, because the analysis process is inductive, the theories are to some extent suspended in order to enable themes to emerge from the data that best reflect the participants' experiences. In the present study, each transcript was analysed separately to enable themes to emerge that were unique to each individual. Once themes were identified for each participant, they were integrated across participants to generate a list of super-ordinate themes that captured the quality of the participants' shared experiences of depression.

Member validation is sometimes used as a validity check in qualitative studies. However, a number of participants in the present study agreed to participate if they were assured that they would meet the researcher only once. Instead, validity checks were conducted by the second author, who independently analysed a transcript. There were no major disagreements in the independent analysis; minor differences were discussed and the emerging themes were agreed. At a later stage, the first and second authors met to discuss the final list of super-ordinate themes. The themes were also discussed with the third author, and there were no major disagreements between the researchers.

Findings

Between five and seven main themes emerged from the analysis of each transcript. In order to present the shared experience of the participants in the present study, these main themes were compared across cases for similarity and richness. Three super-ordinate themes were identified by this process. These themes were labelled 'communication', 'hurt self' and 'difference'. Each of these three themes is described in detail, giving a clear audit trail of how it emerged from the transcript. Where a theme serves as an umbrella for sub-themes, each sub-theme is elaborated further, giving clear

Table 1. Summary of themes and sub-themes

<i>Super-ordinate theme</i>	<i>Sub-themes</i>
Communication	Not talking Wanting to talk, but unable to communicate
Hurt self	Worthless self, self-hatred Feeling unwanted Lost identity
Difference	

illustrations from the texts (page and line numbers given in parentheses) how the sub-theme emerged from the young women's accounts of their lives (see Table 1).

Communication

Initial codings from the transcripts included such items as 'no-one talks', 'shouting – not talking', 'no-one to talk to', and 'don't want to talk – causes conflict'. These codings converged to form a rich set of themes that captured different experiences of difficult communication for each participant. It was challenging to find a word that encapsulated the complexity within the themes, however, 'communication' in its broad, multifaceted sense of verbal, non-verbal and emotional experience, seemed to best capture the richness of these domains. Therefore, the resulting super-ordinate theme was labelled 'communication', which comprised two sub-themes. The sub-theme of 'not talking' emerged for all six participants.

Not talking

I think he [dad] just thought it would be fine and that attitude changed our relationship um, he wouldn't talk to me about it or anything. He would talk to my Mum about me but he wouldn't talk to me. And I wouldn't talk to him either because that was just awful. (Participant 1: p. 6, l. 9)

I don't like talking about it anyway but I didn't want them to make me feel crap as well. So no, I couldn't talk to anyone in the family. (Participant 3: p. 5, l. 10)

I: Do you think your parents have any idea of how [deleted for confidentiality] has had an impact on you as well as your sister and the rest of your family, do you think they understand at all?

P: They don't know.

I: Have you not told them?

P: No.

I: What do you think would happen if you did tell them?

P: They would just say that I was being silly, because I don't know . . . they always . . . because, whenever I say anything about it they don't want to talk about it.

I: So is that a pattern in your family, of not talking about things?

P: Yeah, no one really talks to each other [laughing]. (Participant 6: p. 10, l. 16)

Um, well I could have talked to my Mum but I didn't want to. I find it quite hard to talk to my Mum I think because I worry what her reaction will be and I worry it will affect her so it's just better not to and pretend I'm ok. (Participant 2: p. 5, l. 15)

No, I think we used to fight quite a lot when we were younger but now I think she [sister] doesn't know what to say to me. I think she's frightened now. She doesn't know what to say to me and I don't know what to say to her so it's quite awkward I suppose, quite hard. (Participant 2: p. 6, l. 28)

As demonstrated in the quotations, some participants felt that they had no one to talk to or that they would not be listened to, whereas others worried about the effects of talking on their parents or siblings. This theme captured a sense of the young women feeling cut off, alone and mute in their attempts to share how they felt; it was frequently associated with strong affect in the interviews (some participants were tearful, others angry), which may have been triggered by memories of this struggle with communication.

Wanting to talk, but unable to communicate A second sub-theme to emerge for all six participants was, 'wanting to talk, but unable to communicate'. For some participants, this sub-theme captured experiences within their families.

P: I didn't understand why I was feeling so low and I didn't know. Now I understand perfectly but if someone asked me then what was wrong I couldn't tell them.

I: Was that frightening, the fact that you couldn't tell them?

P: Yeah, I just couldn't. It's not that I didn't want to it's that I didn't know what to think. (Participant 1: p. 6, l. 9)

Um . . . I understood what they were saying but I didn't want to do it. And they tried to understand what I was thinking but I still don't think they understand what I'm thinking sometimes, but I know that's impossible, they can't read my mind. I know they were worried about me which is kind of comforting but kind of I wanted them to go away and just leave me alone as well. (Participant 5: p. 5, l. 17)

For other participants, an inability to communicate and be understood occurred during the interview. Below, one quotation and a piece of conversation demonstrate where the young women had difficulty articulating their ideas to the researcher.

Well all my philosophies on life for a start and I don't know. It's something that I can't really explain, can't put it into words. Maybe I will figure out how to put it into words but at the moment I just don't know how to. (Participant 4: p. 10, l. 4)

P: I think it's been, I can't really remember my first couple of years at primary school but from when I can remember, I used to [deleted for confidentiality] and we stopped and um, and just I'd always end up by myself and nobody would want to play.

I: Do you have an explanation for that, do you know why that might have been?

P: No.

I: So what sense did you make of it then?

P: I don't know.

I: Did you just feel kind of lonely?

P: Yeah. (Participant 6: p. 6, l. 1)

The researcher sensed frustration and sadness from the participants at not being able to communicate and be heard by or known to others. As demonstrated by participant 6, the experience was also very isolating.

Hurt self

'Hurt self' emerged as a powerful super-ordinate theme, which appeared to be imbued with high emotional content, with the young women appearing to describe very painful feelings about themselves. A large number of notes were made during the first engagements with the transcripts, presenting many instances of the initial codings that made up the super-ordinate theme hurt self. Examples of the initial codings include 'hated myself', 'I'm dumb', 'undeserving', 'thick and worthless', 'bad personality', 'unwanted', 'not accepted' and finally 'lost who I was'. These initial codings converged as three sub-themes that captured what seemed to be three types of difficulties with the self.

Worthless self, self-hatred The sub-theme of 'worthless self, self-hatred' emerged for all six participants.

When I was very little I thought I was really worthless, I thought I was nothing, I thought I didn't deserve to buy any clothes and I thought I didn't deserve to have anything, and I really didn't deserve to live . . . Um, I think it was this constant hatred of myself . . . (Participant 1: p. 7, l. 10)

Just really hating myself completely. I can't really you know, I didn't like the way I looked. I didn't like anything about me at all. The way I spoke, anything really . . . I'm ugly, I'm weird, I'm a freak. I don't know. (Participant 3: p. 2, l. 3)

I just remember feeling like I was the worst thing ever, just the most horrible thing on earth. (Participant 4: p. 6, l. 4)

I think it's because I didn't think I had a good personality either really. Because I know some people who don't feel confident and I think oh they'll fall back on their personality, which I couldn't do either really. (Participant 5: p. 15, l. 10)

As demonstrated in the quotations, the young women in the present study expressed extremely low opinions of themselves. There was a sense of the young women thinking of themselves in very self-rejecting and self-critical terms. These negative self appraisals appeared to be accompanied by strong emotions that were keenly felt by the researcher and evident in the body language of the young women; some were moved to tears, others were down-cast, and some became quieter in their speech.

Feeling unwanted A second sub-theme to emerge from the analysis was 'feeling unwanted'. This theme emerged for four participants; three seemed to feel a keen sense of not fitting in with their families, or even feeling unloved. In addition, three participants felt unable to fit in at school, or felt that they were friendless. When the participants were talking about this feeling of rejection by others, they spoke with evident confusion, emotional pain and sadness.

I just remember feeling really, really rotten. I hated myself because I thought they [my parents] hated me . . . I felt that my Mum didn't really love me anymore and I know that's a bit drastic because I was only five years old but it's how I felt. I

remember when my brother started crawling I used to get told off for getting in the way and every birthday I would get told off for getting in the way and I felt like I was this huge problem that they wanted to get rid of. And when I look back at it now it still makes me cry. (Participant 1: p. 3, l. 11)

When I was very young, I didn't feel she [mom] loved me and my furthest back memory is probably when I was four and I was lying on the dining room floor – and I can't understand this – I had this really weird way of lying on the dining room floor and looking back I just feel I was such a freak from the day I was born, but I just didn't feel she loved me . . . Well my Mum's never loved me. Just the way she is with me. She doesn't like me as a person. And my Dad slagging me down making me feel like I'm not worth anything. (Participant 3: p. 9, l. 6)

Just like not being able to socialise very well, not being able to fit in, not fitting in with my family. (Participant 5: p. 7, l. 1)

I never really fitted in, in junior school . . . I don't know. Well, I never really had a proper friend. (Participant 6: p. 5, l. 12)

Lost identity The third sub-theme comprising the super-ordinate theme hurt self, was 'lost identity'. The young women seemed confused and frustrated when speaking about identity, rather than as sad and hurt as they seemed to be when they were experiencing rejection – either by themselves or by others. This frustration is illustrated well in the following quotation from participant 4 (p. 17, l. 9):

I suppose a lot of teenagers go through being stressed and angry and whatever and people just say that's just adolescence but I don't think it should be like that because it seems like when you go through your adolescence that's what puts the pieces of you together and instead of brushing it off people should try and find ways of making it easier, because it can't just be that all adolescents are fucked up and have a really hard time and there's nothing you can do about it and that's it.

. . . when I started to get better I started, I was thinking . . . oh I don't want you to get better from anorexia and there was loads of reasons, because without anorexia I'm no-one. (Participant 1: p. 3, l. 32)

[going to a new school] . . . yeah, I suppose I just lost who I was, I don't know. (Participant 2: p. 10, l. 6)

I wish I never had started thinking about the way I looked because now it seems so significant now, because there is nothing left of me. (Participant 3: p. 11, l. 11)

[To what extent might this be about finding an identity for yourself?] . . . Yeah, I haven't really thought about that before but now you've said it I think that's the kind of words that I wanted to say really, yeah, I think that's it. (Participant 5: p. 10, l. 1)

From the quotations, it is evident that the young women in the present study appear to experience themselves in very negative ways. Their difficulty in relationships with others and with themselves was coupled with a sense of extreme sadness. It seemed compelling during these interviews that these young women were struggling to emerge with an identity of themselves as 'good enough', or 'likeable' human beings. What was also evident was a sense of the young women still searching and a sense of tenacity in finding a way in which to feel worthy, a sense of hopefulness alongside a sense of hopelessness, as demonstrated in the following quotation from Participant 4 (p. 11, l. 5):

I find it difficult to view myself as a good person, but like, it's easy to see myself as someone that's trying to be a good person and that seems to be what matters. But before I just thought I was horrible and that I'd never be normal and that was a really bad thing.

Difference

The final super-ordinate theme in the present study is 'difference', which emerged for all six participants. This theme was smaller than the preceding super-ordinate themes and did not comprise sub-themes. However, it seemed no less powerful. Initial codings included 'feeling different' and being 'not normal'. For some participants, a sense of being different arose from being early developers, whereas others seemed to feel that they were simply different from their peers and just did not fit in with what they perceived as the dominant way of being.

... And then I developed quite quickly when I was younger and I was the first one to wear a bra and started my periods and stuff. So I felt so different from everyone else. (Participant 1: p. 1, l. 32)

P: Having, being an early developer. I was very tall as well, I was about twice the size of everyone in my class and I was very skinny with it.

I: How old were you then?

P: This was when I was 11.

P: Oh yeah, the boys would just call me names about, say horrible things about my body and stuff. (Participant 3: p. 2, l. 17)

I'm a bit different, I'm not like anyone else my age really. Um ... but like, I can't change who I am so I've just got to live with it, if you see what I mean ... I have a different perspective on life I think. I think about things in strange ways. (Participant 4: p. 9, l. 28)

Well, just feeling that I generally didn't fit in, didn't really belong anywhere. (Participant 5: p. 1, l. 21)

The sense of difference that participants felt seemed to lead to feelings of isolation. There also seemed to be a heightened sensitivity to comments from others about difference, and these seemed to be perceived negatively, as illustrated by the following quotation from Participant 3 (p. 6, l. 12):

No, it was negative to me. I mean, some of the girls would think it was positive being told that you had big tits and everything but they said it in a nasty way, like that's all I was worth.

Discussion

The main aim of the present study was to gain a better understanding of female adolescents' experiences of depression and its place in their lives. We recognized from the outset that the themes both point to the women's perceptions and understandings of their lives and suggest events they may have experienced. For example, the first theme, 'communication', suggests the kind of family processes and ways of communicating that may have taken place. It is very tempting to be drawn into assumptions that these were in a sense 'real' as opposed to how the young women perceived their family situations

to be. It would be interesting in this regard to have also interviewed the young women's parents to see in what ways their accounts might coincide, or to have asked the young women themselves what they thought their parents' views may have been. However, we take the position that these ways of seeing their families and their lives played an important part in how the young women came to feel and act. In attempting to interpret our findings, we will draw on aspects of attachment theory as a model that appears to fit with the core themes that have emerged. We will also cross reference cognitive models. It is of interest to consider Crittenden's (1998) 'dynamic maturational model' model here, which argues that 'distortions' of cognitive and emotional information can be seen as 'functional' strategies developed by a child who is placed in confusing and contradictory contexts.

The first theme of 'communication' suggested that the young women felt that they had experienced poor communication within their family life and this seemed to lead to feelings of isolation and difference. A possible consequence of this reported poor communication might be that the young women were unable to establish a sense of self that was grounded in feelings of worthiness and positive regard. Additionally, for a few of the young women, their experience was not only of a lack of worth, but also of a strong sense from an early age of feeling unloved by parents. What may result from feeling somehow disconnected from relationships with parents might be a sense of feeling something about themselves being 'not quite right', or different perhaps; exemplified by one young woman calling herself 'a freak'.

A possible consequence of this experience of poor communication might be that the young women felt depressed, because they were unable to talk easily with family members and, therefore, perhaps felt alone, unknown to others in the family, or that family members were unknown to them. Evidence of 'feeling unknown' and not knowing others comes from the interviews themselves as the young women displayed signs of sadness, frustration and failure when they remembered being in this lonely space in their families – a sense of being stuck inside their private worlds – as is illustrated in the following quotations from participants about their relationships with their parents:

Er, non existent. Well, it's not that we don't get on. We never fight really . . . It just . . . I just feel like I don't know them . . . Yeah, it's always been like that really, I don't know. Well I did used to spend more time with them but I still felt like I didn't really know them and they didn't really know me.' (Participant 4: p. 6, l. 24)

I don't know anything about my Dad really. I don't know his favourite colour or what food he likes or anything. I don't really know for my Mum either, that's how un-close we are. (Participant 6: p. 9, l. 25)

In addition, perhaps because they felt they could not communicate easily within their families, the young women might have been unable to rehearse and explore ideas and concepts in such a way that gave them confidence in communicating. This seemed evident in the interviews with some of them having difficulty in articulating the meaning of their experiences or thoughts. This may be due to the complexity of the difficulties that the young women were experiencing. However, it seemed compelling in the interviews that some were struggling to communicate their experiences in the ways they would have liked to. In addition, a possible consequence of communication difficulties for the young women might have been that they were unable to normalize their experiences; because they seemed unable to share their thoughts with others, they could not know that others might have had similar experiences. This position of isolation perhaps

also indicates a sense of being on their own with their feelings and lacking a sense of being able to turn to others to manage their difficulties and emotional pain.

In her research on young women, Sayers (1998) reported that for non-clinical samples their relationships were typically very intimate and mutually confiding. This finding suggests that poor communication between daughters and their families in the present study might have been especially hurtful and difficult. This fits with the study by Allen et al. (2003) which emphasized the importance of 'relatedness'. Empathy and mutually validating statements featured in the relationship patterns between more secure and less troubled young people and their mothers. Further, the emergence of communication as a strong theme in the present study may have important links with attachment theory (Allen et al., 2003; Bowlby, 1969). Attachment theorists argue that the primary attachment relationship impacts on the child's developing personality, via cognitive schemas or working models of self and other. The impact on personality development occurs through a systemic process of interaction between the primary caregiver(s) and the child. The importance of communication is, therefore, fundamental to attachment theory (Bowlby, 1965; Bretherton, 1995). However, it is clear that one of the primary functions of attachment behaviours is to act as signals to the parents, for example of distress, danger and discomfort. The parents need to be able to respond to these signals not only to help the child manage their immediate distress but to help them build the skills to learn to manage their own feelings, including how to turn to peers and other family members for emotional assistance when needed.

The sense of an inability to communicate feelings of distress, to request help, to feel understood and so on, fits with a view of depression as a retreat from communication into a passive sense of hopelessness and helplessness – in effect a withdrawal from communication is a withdrawal from relationships and relating to others. Withdrawal may be the consequence of feeling powerless in the family and may be a sensible strategy to adopt within that system, but it also closes opportunities for learning to be skilful in emotion regulation and relationship building.

Hurt self emerged as a powerful theme that seemed to pivot on strong statements of self-hatred. Bowlby (1969) and Allen et al. (2003) provide a possible framework for understanding how the young women in the present study might have developed these negative views about themselves. They suggest that interactions between the caregiver and infant become internalized as cognitive structures that contain information about how loveable the infant is. Mikulincer, Shaver and Pereg (2003) suggest that through these important interactions with parents and other central attachment figures, the child learns to regulate feelings. Initially, this is a joint activity between the caregiver and the infant, but later it becomes internalized so that the child learns to soothe herself as the parents had helped to soothe and comfort her. In addition, the child also sees how the parents achieve this soothing and comfort for themselves, and even how they may in turn help or comfort their parent. These processes contribute both to children developing the skills of self-comforting and, at the same time, either to a sense of self as worthy of comfort and support, or to a sense that there is little they can do to achieve comfort and that they are not worthy of it anyway.

Put simply, difficulties then may proceed through two routes. First, the parent(s) could actually experience difficulties in forming attachments, in which case, the infant or child's internalization is an accurate representation of the interaction. Second, it is possible that internalization is constrained by the child's level of cognitive development. In other words, because they do not fully understand language and social contexts, it is possible for the child to internalize a distorted view that is not, in fact, an accurate representation of the interaction. Whatever the route, internalization results in cognitive

structures that are relatively stable; they contain information that is frequently rehearsed (Bowlby, 1969). Thus, damage to self-worth in infancy might transfer to childhood and adolescence.

Some of the young women have strong memories of feeling rejected as young children by their parents. According to Bowlby's model (1969), it is possible that these young women internalized their early feelings of rejection, which over time might have been compounded by poor communication within their families. For example, if they experienced an inaccurate view of what their parents actually thought and felt about them, open communication in the family might have prevented inaccuracies from being internalized (Bretherton, 1995). It seems that the sense of poor communication within the families in this study restricted opportunities for clarification. It is also possible that the young women internalized accurately negative views that their parents held of them, in which case, this actual rejection might have led to the depression that was experienced by the young women in the present study.

Bretherton (1995) has long argued that a better understanding is needed of the parent and child's co-constructive processes. For example, one question she asks is how might children disentangle conflicting and distorted versions of themselves into a meta-model of self. The study by Allen et al. (2003) offers some indication of what the co-constructive processes may look like, for example, benevolent cycles of empathetic and validating as opposed to invalidating communications between a child and parent. Our study adds a little more in offering an insight into what this feels like for young women who feel that their parents have not been either empathetic or validating towards them.

One possibility is that a period of depression in adolescence may be connected to this process of disentangling conflicting views of the self. In other words, because identity development is a task of adolescence (Erikson, 1950), perhaps it is the age when people grapple with others' negative views of themselves that they no longer want to own. In addition, the shift to formal operations in adolescence increases teenagers' ability to meta-monitor (Crittenden, 1998; Kobak & Cole, 1994), and it is possible that this more complex thinking enables adolescents to hold alternative and opposing models of themselves, because they have increased capacity for abstract thought. Consequently, they are better able to evaluate their own or their parents' views, and find themselves and/or their parents wanting. This period of introspection and re-evaluation might result in depression, because the adolescent may be admitting to, and evaluating the validity of, all the differing views of themselves that they have come to know. Intrapersonally, this raised consciousness can also be associated with raised anxieties, for which the child seeks support and understanding from their parents. Their contradictory and swirling waves of doubt and uncertainty may make it difficult for a distracted, distressed parent to offer the kind of empathy and validation that Allen and colleagues (2003) described. In addition, adolescence is a period where the young person is expected to and expects to be distancing themselves from their parents. Failure to disengage can lead to taunting of being a 'baby', 'immature', 'tied to mummy' and so on. For the young women in this study this impetus to independence may have aggravated the already present sense of disconnection that they felt. Furthermore, although peer relationships become more important and potentially supportive they are also notoriously volatile at this age. Young people need the support of their parents to process these often conflicting and painful relationships and the young women in this study clearly did not feel able to do this. Perhaps their increased abilities to reflect therefore become turned in on themselves such that 'automatic negative thoughts' of being worthless, unlovable, different and so on become all the more frequent. An overall consequence appears to have been that the young women came to feel more acutely abandoned than they did at a previous stage

in their lives, which was less encumbered by their now more complex questions and doubts.

The theme 'hurt self' also fits well with dominant ideas about identity development being a task of adolescence (e.g., Erikson, 1950). Instead of being at a stage of experimentation and on a journey of self discovery, the adolescents in the present study seemed to be struggling with holding onto an identity. In some cases, there was a sense of these young women struggling not to lose a fragile identity, almost as if any identity, however negative, was better than having no identity. For example, one young woman was concerned that a recovery from anorexia would leave her unable to describe herself as anything; because she could no longer identify herself as anorexic, she seemed to suggest feeling that she was nothing.

This struggle with identity might be fostered to some extent by the sense of difference from peers that the young women in the present study seemed to feel, with 'difference' emerging as a strong theme across all participants. For some of the young women, this difference was expressed as a sense of just not fitting in somehow. It is possible that a feeling for some of being unloved might lead to feelings of not being normal, or a feeling of being different. Some of the participants in the present study felt different because they reached puberty early; an experience that was viewed negatively. Research (Alsaker, 1996) has demonstrated that this can be a difficult time for female adolescents in particular; with early developing females reporting poorer body-image, more conduct problems, and tending to do less well academically than those who develop at the same time as most of their peers. According to Martin (1996), female sexuality and sexual development is still rife with many negative connotations that make puberty a difficult time for female adolescents.

The present study illustrates some reasons for this, which can perhaps be understood in terms of social control and gender roles. Some of the early developers in the present study were teased about the way that their bodies looked, for example, large breasts that highlighted their difference from their peers. Socialization of young women emphasizes connection with others rather than competition with others (Sayers, 1998). Indeed, Sayers reported that women remember longing as teenagers to be liked and part of the popular crowd, recalling that falling out with friends could feel catastrophic. Therefore, to be singled-out as different and not part of the group could be perceived as very rejecting for the early developer and isolate her at a time when support and inclusion might have been more keenly needed. This sense of rejection might also have brought more sharply into focus early feelings of rejection by the family. In effect, it is possible to see an interweaving of how a set of negative beliefs already in place from early childhood experiences in the family might have been aggravated by feeling different from others.

The findings from the present study give insight into some of the possible ways that depressed young women experience the world and themselves. More importantly, the methodology has enabled the voices and stories of these young women to be heard with a richness and depth that is not possible in large quantitative studies. There are, however, several limitations that need to be considered. As with many qualitative studies, generalizability of findings to the wider population should be done cautiously. In addition, the sample consisted of participants who volunteered from a selected group who were approached by the CAMHS team. Therefore, the young women may not have given a representative account of all female adolescents' experiences of depression. Future research using similar methods needs to be conducted before strong conclusions can be drawn from the present findings.

Finally, Smith and Osborn recommend that the researcher using the IPA method should remain closely engaged with the text during analysis and interpretation of the

interviews. As well as this sustained engagement, the analysis was both informed and complemented by our experience of clinical work with young women who share characteristics of the sample in this study. This broader perspective, along with discussions with clinical colleagues, suggests that some of our tentative conclusions may have a wider clinical generalizability. In particular, one specific clinical implication is that it is important to adopt an inter-personal, systemic view to work with young women presenting such problems. This may helpfully include sessions with their parents to explore how they may be able to more effectively assist the young women. This work may at times even involve an exploration with the parents of how they negotiated the emotional hurdles of their own adolescence. In our experience this typically reveals that the parents themselves had little experience of comfort, reassurance or help in regulating their feelings and anxieties through this difficult period. However, parents are often aware of this and have been trying to 'do it better' (corrective scripts – Byng-Hall, 1995) than was their experience, but may feel powerless and inadequate because they have little personal experience that they can draw upon: 'how does one learn to do it?', as one mother reported to one of the authors. Recognition of this lack of skill as well as their own need to be supported in their efforts can, in our experience, be helpful therapeutically.

Finally, it is also important to include in such clinical work a discussion of wider cultural perspectives, especially the recognition that depression is more likely to afflict young women and some of the reasons that this may be the case. Although we acknowledge this finding, it is worth considering that depression in young men may be more prevalent than the statistical evidence indicates. Certainly in our clinical work, which includes work with young offenders who are predominantly male, we have noticed that their behaviour is more likely to be described in terms such as anti-social or aggressive. However, these young men often show great unexpressed and unresolved sadness and loss, for example, regarding their absent fathers (Dallos, 2005). However, we also acknowledge that young women may have a greater range of pressures placed on them, not least expectations to take up roles in adult life as carers of children and other family members when they themselves may have received little experience of this care. In addition, consistent with the seminal studies by Brown and Harris (1978), our study also indicates that contemporary young women still experience a great range of pressures and constraints on their lives, leading them, not surprisingly, to feel depressed. Our hope is that this article may be helpful in providing some insight into the inner world of some young women and provide a guide to therapeutic enquiry.

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