Navigating the Storm to Recovery: Lived Experiences of Depression through Art.

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M. Sc. Mental Health Nursing

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Abstract

Background: Depression is a highly complex and pervasive mental illness that may be easier to express through the use of metaphor and imagery as opposed to verbal narration. Unfortunately, there is a dearth of literature pertaining to the use of artmaking in exploring the lived experience of depression.

Aim: To gain insight into the lived experience of individuals recovering from depression, and to further understand this complex lived experience through the use of artmaking.

Design: A qualitative approach in accordance with the principles of Interpretive Phenomenological Analysis (IPA).

Setting: Art sessions and interviews took place in a quiet room within the local psychiatric hospital.

Participants: Five individuals who were recovering from unipolar depression.

Methods: Participants were recruited through purposive sampling. Data collection took place though the use of art sessions and 40 minute semi-structured interviews which were audio-recorded and transcribed verbatim. Pictures of participants' artworks were included in the results. Data analysis was carried out using IPA.

Results: A number of artworks were created depicting various representations of the participants' experience with depression. Two super-ordinate themes emerged from participants' interviews, namely: 'A New Me in Me' and 'A Search for Meaning'.

Conclusion: Participants described their experience of depression through a number of images and metaphors, such as 'sinking downwards uncontrollably' in a stormy sea and 'crawling into oneself' by curling up into foetal position. The use of artmaking added depth to their narratives of depression by providing a visual aid in understanding such complex experiences. Furthermore, it was noted that the stages of recovery effected participants' perceptions of their illness, as participants who were further along in their recovery were more hopeful and future oriented. This was reflected in their colour scheme which consisted of varying, vibrant colours.

Keywords: 'depression', 'lived experience', 'art', and 'interpretive phenomenological analysis'.

Dedication

To all those battling depression's tempest:

may you find yourself again.

Acknowledgements

The successful completion of this dissertation is a testament to the unwavering support and encouragement from various individuals. Firstly, I would like to thank all the participants who so generously shared their time and experience with me. Their strength and bravery are truly inspiring, and I am grateful to have had the opportunity to listen to their stories. Secondly, I would like to express my deepest gratitude to my academic supervisor, Dr Josianne Scerri, who has been an invaluable source of support, encouragement, and guidance throughout this journey. Her patience and dedication were truly the driving forces behind the completion of this study.

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Introduction

1   Introduction

1.1   Background Information

Depression is the most prevalent and pervasive mental health disorder to date, globally affecting over 300 million people and resulting in almost 800 000 suicides per year (WHO, 2017). It is considered to be the number one contributor to global disability and non-fatal health loss, making it a significant global burden (WHO, 2017). According to the DSM V (American Psychiatric Association, 2013) depression is characterised by a number of emotional and physical symptoms, as outlined below:

- Pervasive depressed mood for most of the day, nearly every day.

- Presence of anhedonia or markedly diminished pleasure in previously enjoyable activities.

- Significant weight loss associated with decreased appetite, or significant weight gain associated with increased appetite.

- Psychomotor retardation that is observable by others, or psychomotor agitation (such as restless legs) that is observable by others.

- Anergia, fatigue and exhaustion.

- Feelings of worthlessness and excessive guilt.

- Decreased ability to focus and concentrate.

- Recurrent thoughts of death, whether in the form of passive death wishes, suicidal ideation without plans, suicidal ideation with active plans, or actual attempted suicide.

For a diagnosis of depression to be reached, at least five of the above-described symptoms must persist over a minimum period of two weeks, with at least one of these symptoms being depressed mood or anhedonia (APA, 2013). Depression can be a severely debilitating illness – it eats away at one's ability to think clearly and causes one's view of the world and of themselves to warp into something much darker and far more miserable (Thorne, 2011).

1.2   Aims and Objectives

This study is focused on two main objectives. The first is to gain insight into the lived experience of individuals recovering from depression. The second objective is to understand these complex lived experiences through the use of artmaking. Therefore, this study not only seeks to understand the lived experience of the participants, but also the way that art can be used to portray that experience.

1.3   Importance and Significance of the Study

The relationship between creativity and mental illness has long been observed in culture as seen in the works of famous artists who are believed to have suffered from mental illness, such as Van Gogh, Bosch, Durer, and Pollock (Malchiodi, 2003). Research has shown that art can be a deeply therapeutic medium for those living with mental illness (Chiang et al., 2019; Ching-Teng et al., 2019; Goertzen and Litwiller, 2021). Art can be a powerful tool for nonverbal communication as it encourages the expression of feelings, thoughts, and perceptions while offering the chance to explore emotional difficulties, personal strengths, and opportunities for change (Malchiodi, 2003).

Apart from its use within a therapeutic platform, simply creating art without a therapeutic objective has still been shown to have positive outcomes, with healing often taking place as a by-product of the artistic process (Bone, 2018).

Art and creativity are often key features in journeys of recovery, implying that art can have a positive impact on those living with mental illness (Hacking, Kent, Secker, Shenton & Spandler, 2007). The relationship between creativity and mental illness appears to be strongest within mood disorders of depression and bipolar disorder (Malchiodi, 2003). Indeed, Charteris-Black (2012) proposed that for many individuals, the experience of depression may feel easier to describe through the use of metaphor and imagery. Zubala, MacIntyre, and Karkou (2017) found that when working with individuals diagnosed with depression, art therapy had a number of specific benefits, including heightened creative abilities, increased confidence, and a regained sense of self. Building on these findings, Parsons et al. (2020) postulated that the use of spontaneous creative expression had the potential to surpass the limitations posed by talking therapies. That being said, participants in Zubala et al. (2017) and in Parsons et al. (2020)'s studies reported that certain aspects of creativity may pose challenges for some and may worsen feelings of anxiety. It does well to keep in mind that ultimately, there will always be individuals who are resistant to the arts whether in a general or therapeutic sense.

Regrettably, research specific to the use of art, imagery, and visual metaphors in narrating the lived experience of depression is scarce. A small number of varying studies do exist, a few of which tackle the subject of depression through art making (Thorne, 2011; Refai, 2014), some which explore the experience of depression through photo-elicitation (Hussain, 2020; Palmer & Furler, 2018), others which examined visual metaphors relating to depression (Charteris-Black, 2012; Coll-Florit et al., 2021; Hajela, 2012; McMullen and Conway, 2002; Ronberg, 2019), and a

number of which explored the use of art therapy in depression (Blomdahl et al., 2013; Parsons, et al., 2020; Zubala, MacIntyre & Karkou, 2017). This study aims to address this scarcity in the literature by focusing on the artworks created by individuals suffering from depression, and the way that these personal images reflect their lived experience of depression.

1.4   Personal Perspective

Having worked as a mental health nurse in acute psychiatric settings for almost four years, I am constantly brought into contact with individuals suffering from a vast spectrum of mental illnesses. Patients would often express a heart-breaking loneliness in their illness, as they felt misunderstood by their relatives and loved ones. Explaining the experience of mental illness through verbal means sometimes appeared to be insufficient and underwhelming. This realisation prompted me to host various informal art sessions while working on an acute psychiatric ward with the intention of prompting discussion through art and imagery.

The feedback from patients was encouraging and positive, as many felt that artmaking was a less threatening and more effective way of expressing their emotions and experiences. In addition to the experiences of the patients I have worked with, I have encountered first-hand the therapeutic power of artistic expression in dealing with mental illness. Through a long and gruelling journey with depression, art often gifted me the opportunity to communicate thoughts, feelings and emotions that were utterly impossible to verbalise. This experience, although difficult, has provided an intimate view into the lived experience of depression and has made me better able to empathise with both patients and participants, by building a professional and therapeutic relationship on genuine understanding.

Experiencing both the burdens of depression and the healing power of art has made this research feel natural and intuitive, particularly when engaging with participants.

1.5   Overview of Chapters

In this section, structure of this dissertation will be outlined briefly. The following chapter will lay out a critical discussion of the relevant literature while highlighting the findings from selected studies. Chapter three will detail the research methods and data analysis used in this dissertation together with respective philosophical underpinnings. Chapter four will outline the research findings of this dissertation, including excerpts from participant interviews and photographs of their original artworks. Chapter five will provide a critical analysis of the results obtained in comparison to available literature, as well as listing the strengths and limitations of this study. Finally, Chapter six will conclude this dissertation by providing recommendations for future practice, education, and research.

Chapter 2

Literature Review

2 Literature Review

2.1 Introduction

  This chapter encompasses a critical overview of the literature directed at the use of art and the experience of depression. This literature review will serve to identify the strengths and limitations of various studies, as well as to analyse and critique their findings. The chapter is divided into the following sections: starting with some background information about the research topic, then moving on to the way literature was searched for and concluding with a thorough critique of literature that was deemed relevant.

2.2 Background Information

  Depression is a highly pervasive psychiatric illness, with over 300 million diagnosed and resulting in almost 800 000 suicides per year (WHO, 2017). It is considered to be the main contributor to global disability and non-fatal health loss (WHO, 2017). According to Calleja (2014), approximately 6.6% of the Maltese population live with chronic depressive illness.

  Although these findings and statistics appear bleak, depression is a highly treatable condition, and much can be done to ease this global burden (WHO, 2017). Current conventional treatments include antidepressant medications, psychosocial support, and different forms of psychotherapy (WHO, 2017). However, there is growing evidence that the use of arts therapies may be an under-utilised treatment for depression (Zubala et al., 2017). In their 2019 Health Evidence Network Synthesis Report, the World Health Organisation (WHO) noted that arts therapies and arts engagement reduced mental distress, depression and anxiety in adults whilst concurrently promoting social interaction and inclusion.

They added that the very nature of the arts – that of self-expression, social interaction, group belonging, memory stimulation, and learning – had a positive impact on emotional, social, cognitive, and occupational aspects of mental illness. For many individuals, the experience of depression may feel easier to describe through the use of metaphor and imagery (Charteris-Black, 2012). This notion is what influenced the researcher to incorporate image-making as part of the data collection.

2.3 The Search Strategy

An extensive search for relevant literature was carried out according to the 'three-phase approach' by Cutcliffe and Ward (2014). This approach advises researchers to search for and identify literature in the following steps:

1. Searching for literature in suitable databases by making use of a variety of keywords and Boolean operators, as well as by making use of a filtering system.

2. Identifying relevant literature of high standard by excluding studies of inferior quality. Cutcliffe and Ward (2014) advise researchers to read through the abstracts of all the articles found to seed out irrelevant studies and articles.

3. Critiquing the chosen literature and identifying the strengths and limitations of each study by making use of critical appraisal tools.

2.3.1 The Literature Search

An extensive electronic search for literature was carried out using the University of Malta's online research platform, Hybrid Discovery (HyDi). Google Scholar was also utilised in the search for supplementary literature. Additionally, references in the articles identified were examined in an effort to find additional relevant literature. A thorough search was conducted by first making use of key terms derived from the research question, namely 'art', 'lived experience' and 'depression'. These terms were then further segregated into alternative terms by making use of a thesaurus and the MeSH Browser. A full list of these terms may be found in Table 2.1.

Table 2.1

Terms Used in Literature Search

Key Terms	Alternative Terms	MeSH Terms
Art	Creativity Creative Sessions Art Therapy Art Sessions Imagery Images Photography	Art Therapy Sensory Art Therapies Artistic Creativity Creative Ability Imagery, Psychotherapy
Lived Experience	Experience of Experiencing Diagnosed with Living with Suffering from	Personal Narrative
Depression	Major Depressive Disorder Depressive Disorder Mood Disorder Low Mood Dysthymia Unipolar Depression	Depressive Disorder Emotional Depression Unipolar Depression Depressive Syndrome Dysthymic Disorder Melancholia

The main search was conducted through the HyDi Advanced Search Platform, which subscribes to a collection of 27 databases catering for Health Sciences, including but not limited to BioMed Central, PubMed, PubMed Central, PsycINFO (EBSCO), Nursing and Allied Health Database (ProQuest), Medline Complete (EBSCO) and various others. Throughout the search, filters such as 'publication date', 'published in English', 'peer-reviewed' and 'articles only' were applied to exclude irrelevant articles. The Boolean operators 'AND' and 'NOT' were often used when phrase searching. The search strategy was deliberately thorough in an effort to guarantee data saturation.

2.3.2 Identifying Relevant Studies

The key to distinguishing between relevant and irrelevant literature is to establish a clear set of inclusion and exclusion criteria (Polit & Beck, 2010). The studies found were deemed relevant according to the following inclusion criteria: (i) studies pertaining to individuals diagnosed with depression, unipolar depression, or Major Depressive Disorder (MDD); (ii) studies which made use of art or art therapy in individuals diagnosed with depression, and (iii) studies which had a subject population that was 18 years and over of age. Due to a lack of research in this area, studies which explored the use of visual metaphor and narratives of depression were also considered. Studies were excluded if: (i) the subject population was below 18 years of age, (ii) the studies included individuals with diagnoses other than or in addition to depression; (iii) they were published in a language other than English and (iv) studies which were published over ten years ago. Table 2.2 highlights the search strategy used to obtain the final articles, including the number of hits.

Table 2.2

HyDi Search Strategy

Search Phrase	Number of Hits	Number of Relevant Hits
Art therapy (title) AND depression (title)	51	4
Images (title) AND depression (title)	154	2
Creativity (subject) AND lived experience (any field) AND depression (title)	4	2
Art (subject) AND lived experience (any field) AND depression (title)	57	4
Images (title) AND major depressive disorder (title)	6	0
Photography (title) AND depression (title	6	0
Metaphor (subject) AND depression (title)	17	3
Visual narrative (any field) AND depression (title)	301	4
Art (title) AND people living with depression (title)	1	0
Creativity (title) AND depression (title)	10	0
Pictures (title) AND depression (title)	20	0
Drawing (title) AND major depressive disorder (title)	0	0
Drawing (title) AND depression (title)	18	0
Art therapy (title) AND major depressive disorder (title)	2	0
Art therapy (subject) AND major depressive disorder	12	2

The literature search conducted through HyDi yielded a total of 21 relevant articles. Of these 21, 14 were excluded either because they were found to be duplicates, or because they were found to be unrelated to the research question upon closer inspection. In addition to the literature extracted through HyDi, a further 10 articles were suggested to the researcher by a registered art psychotherapist, 4 of which were found to be pertinent to this study. Figure 2.1 illustrates the process leading to the 11 articles included in this study.

Figure 2.1

Illustration of Selection of Studies
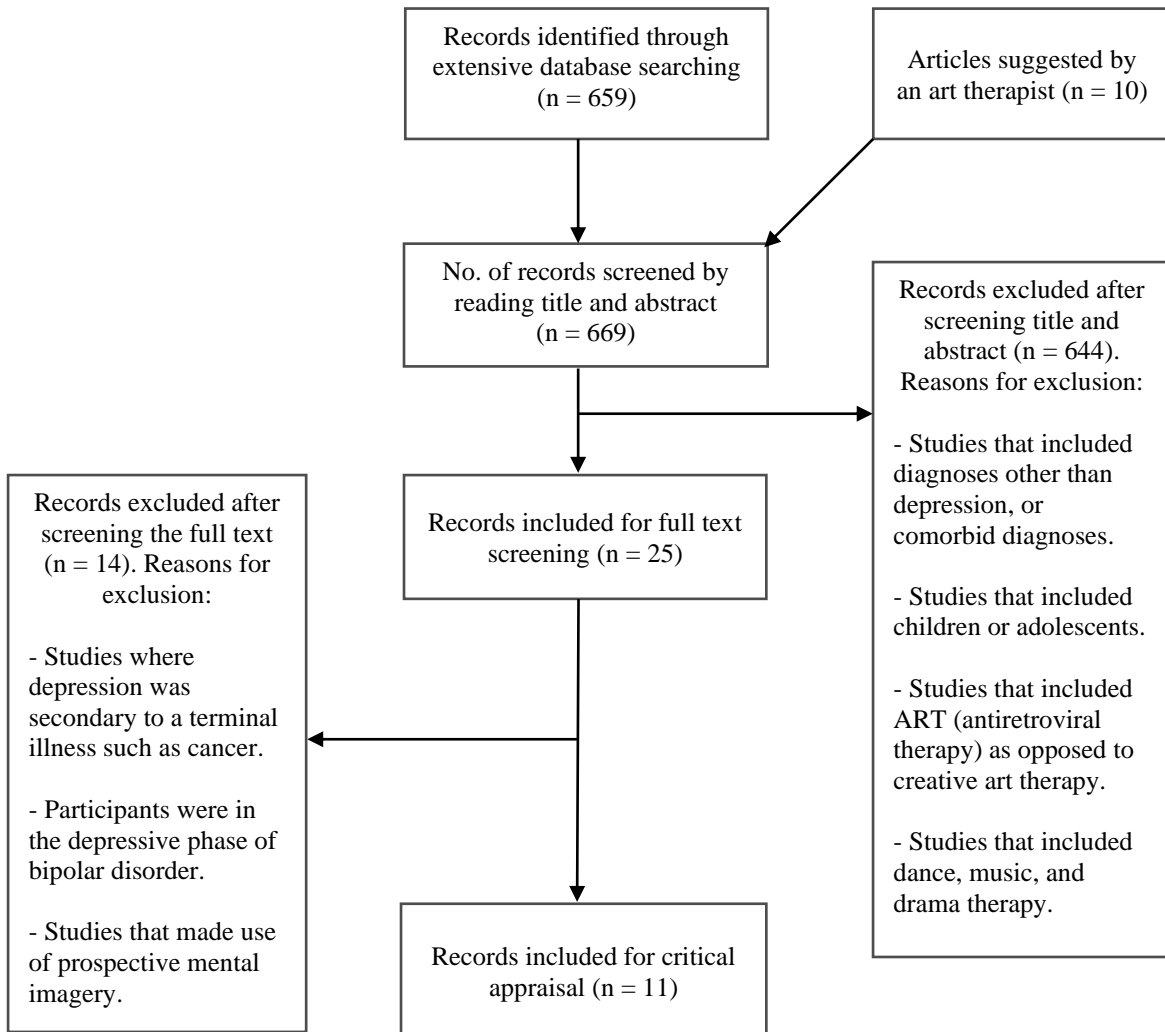
The studies in this literature review were conducted in numerous countries, namely: Sweden (n=1), the United Kingdom (n=5), the United States of America (n=1), Denmark (n=1), Spain (n=1), India (n=1), and Australia (n=1). The bracketed digits indicate the number of identified articles from the countries listed.

Four of the studies focused mainly on the use of art therapy in individuals diagnosed with depression, whereas seven studies explored the significance and the use of metaphors and imagery in the experience of individuals diagnosed with depression. The following table (Table 2.3) provides an overview of the articles included in this study.

Table 2.3 Summary of articles

Title	Author / Date / Location	Aims and Objectives	Methodology	Sample Population	Main Findings
A realist review of art therapy for clients with depression.	Blomdahl, Gunnarsson, Guregard & Bjorklund / 2013 / Sweden	To explore and describe how art therapy works for clients with depression.	Systematic Review consisting of 16 articles published in 7 journals.	16 articles with a total of 521 participants, male and female, 18+ years of age.	8 therapeutic factors were identified: self-exploration, self-expression, communication, understanding and explanation, integration, symbolic thinking, creativity, and sensory stimulation. Results indicate that art therapy can be performed successfully.
A room with a view: a metaphor analysis of Vietnamese women's representations of living with depression using photo elicitation.	Palmer & Furler / 2018 / Australia	To examine if a photo elicitation method could provide Vietnamese women with another language set by which to represent their experience of depression in the face-to-face interview context.	Qualitative phenomenological design with use of photo elicitation and metaphor analysis. Participants were asked to take a minimum of 10 photographs and present 5 of these photographs for discussion during interview.	Total of 5 participants, all women, 18+ years of age.	The application of the lens of metaphor to the patterns within the photos provided a better understanding of the lived experiences for Vietnamese women diagnosed with depression.

Arts for the blues – a new creative psychological therapy for depression	Parsons, Omylinska-Thurston, Karkou, Harlow, Haslam, Hobson, Nair, Dubrow – Marshall, Thurston & Griffin / 2020 / UK	To present an interdisciplinary synthesis psychological treatment for depression, including talking and creative arts therapies.	Thematic synthesis from a total of 78 studies.	Individuals diagnosed with depression. No further information available.	Thematic synthesis resulted in 7 themes and 30 sub-themes, which highlight the value of combining psychotherapy with arts-based disciplines.
Evaluation of a brief art psychotherapy group for adults suffering from mild to moderate depression: Pilot pre, post and follow-up study	Zubala, MacIntyre, & Karkou / 2017 / UK	To evaluate a brief art therapy group for adults suffering from depression.	Mixed-method pilot pre, post and follow-up study, where adults diagnosed with mild to moderate depression participated in art therapy. Participants completed questionnaires at three points in time and the intensity of depression, levels of anxiety and general wellbeing were measured. Semi-structured interviews focused on participants' experience of therapy.	5 adults aged between 32 – 65 years of age, male and female, diagnosed with mild – moderate unipolar depression.	The questionnaires showed a statistically significant decrease in the severity of the participants depression both between the initial and the interim, and the interim and final scores following participation in art therapy. The semi-structured interviews elicited the following themes: enhancement of creativity, spontaneity, and motivation; acceptance of own feelings, expression of emotions; acceptance of depression.

Images on the void: An enquiry into the nature of depression through reflections on five commonly presented images.	Thorne / 2011 / UK	To find a pattern in the course of creative expression in the therapeutic journey through depression.	Visual exploration of images commonly used by individuals diagnosed with depression who attend art therapy.	Author refers to his clients (adults diagnosed with depression) throughout the article but they are not active participants within the study.	Five images were identified: Blackness, black hole/ vortex/ spiral, barren landscape, prison / cell/ pit/ well, crux/ dilemma/ divide.
Is this what depression looks like? Visual narratives of depression on social media.	Hussain / 2020 / USA	To examine illness narratives elicited through images on Tumblr.	Qualitative research with inductive thematic analysis. Participants were presented with 72 images related to depression taken from Tumblr as part of a semi-structured interview. Participants sorted the images based on personal relevance and discussed the images in detail.	14 individuals diagnosed with moderate to severe depression. Male and female, over 18 years of age.	Thematic analysis resulted in six themes which provided rich insight into the participants' depressive states, dysfunctional thoughts, suicidal ideation, lifestyle changes, help-seeking, and social struggles.

Living under a diagnostic description: navigating images, metaphors and sounds of depression.	Ronberg / 2019 / Denmark	To investigate how adults diagnosed with depression negotiate, navigate, and interpret depression.	Qualitative research with image analysis of the following images and metaphors: depression as a black dog, a jarring sound, and a broken brain. Data was collected through interviews and fieldwork.	10 individuals diagnosed with depression. Male (2) and women (8).	The images and metaphors explored provide different stories of how depression is experienced, what depression is, its causes, and how it is to be treated.
Metaphors of depression. Studying first person accounts of life with depression published in blogs.	Coll-Florit, Climent, Sanfilippo & Hernandez-Encuentra / 2021 / Spain	To analyse conceptual metaphors used by Catalan people suffering from major depressive disorder.	Analyses of metaphors used by persons living with depression, through a manual corpus annotation of 23 blogs authored by individuals diagnosed with depression.	23 Catalan individuals diagnosed with depression, who wrote frequently on a blog fostered by a mental health organisation. Males and females, adults.	302 metaphorical expressions were detected corresponding to three broad domains related to mental health: (i) metaphors of depression; (ii) metaphors of interpersonal communication and social context; and (iii) metaphors of medicine and professional treatment.

Looking on the dark and bright side: Creative metaphors of depression in two graphic memoirs.	Refai / 2014 / UK	To show how comics artists creatively portray the experience of depression by transforming entrenched metaphors into images.	A review of two graphic novels by two artists diagnosed with depression.	Artworks in these novels were analysed and compared to metaphors by Charteris-Black.	A number of images relating to depression were described, including darkness, falling, and brokenness.
The monster within: understanding the narratives of depression.	Hajela / 2012 / India	To explore how lay people understand and recover from depression.	Qualitative phenomenological design. Narrative interviews were conducted with 25 participants, and a thematic analysis was used to identify a number of themes.	25 individuals previously diagnosed with mild depression following a 'critical event', now fully recovered. Males and females between 24 – 35 years of age.	Results showed that lay people view health and illness as something integrated into daily life - a marked difference from the bio medical framework of understanding health and illness, which dissects a rich experience of depression into a list of symptoms.

Description of arts therapies practice with adults suffering from depression in the UK: Qualitative findings from the nationwide survey.	Zubala, MacIntyre, Gleeson, Karkou / 2014 / UK	To describe the specifics of the practice of arts therapies with depression.	Mixed methods research – grounded theory - which made use of a nationwide survey consisting of multiple-choice and single choice questions (quantitative) and four open-ended questions (qualitative).	395 arts therapists participated, of which 182 responses were considered relevant to arts therapies practice with depression in particular.	The arts therapists responses suggested that art therapy had the following benefits when working with clients suffering from depression: enhancement of creativity, improvement of well-being, regaining of confidence, and re-discovering of meaning and the sense of self.

In the following sections, a critique of the findings of the identified studies are presented, exploring depression through images and metaphors, and the use of art therapy in depression.

2.4   Critique of Studies Concerning Images and Metaphors in Depression

In this section, the methodologies of the studies identified concerning the use of art, images, and metaphors in depression will be critically discussed. Results of these studies will be discussed separately in the following section.

2.4.1   Studies Concerning Visual Art and Depression

The research concerning the significance of images and metaphors in describing the lived experiences of depression is undoubtably sparse. Studies which specifically make use of visual artmaking are even more limited, which is why this research study aims to contribute to this highly under-researched field. Two studies by Thorne (2011) and Refai (2014) certainly shed light on this unexplored domain, and their findings give one a lot to think about. Through art-therapy sessions with clients diagnosed with depression, Thorne (2011) was able to identify a number of images commonly associated with the experience of depression, and further concludes that these images assist the therapist in better understanding the patient's experience. Thorne (2011) explains that art in therapy is essentially the interchange of the patient's perceived image of their condition with the therapist's clinical image of the condition, and the way both parties assign meaning to the art that is created. Refai (2014) also takes a look at the way art has been used to portray depression by interpreting two graphic memoirs written and illustrated by two separate individuals diagnosed with depression. She presents two graphic novels: *Psychiatric Tales* by Cunningham (2010) and *Depresso* by Brick (2010) and highlights the way the authors creatively transformed entrenched metaphors of depression into powerful images.

Although these studies successfully identify and discuss conventional images used by individuals diagnosed with depression, they are not without their limitations. Although Thorne (2011) roots much of his interpretation in the works of Freud, Kristeva, and Kalsched, it is ultimately his own subjective interpretation that is explored, loosely based on the interpretations of his art-therapy clients. Similarly, Refai (2014) relies heavily on the work of conceptual metaphor theorist Charteris-Black to substantiate her interpretations, but an element of subjectivity prevails. In an attempt to avoid this limitation, participants in the present research study were specifically asked to provide their own interpretations regarding their artworks throughout their interviews. It is worth noting that subjectivity is at the heart of all qualitative research and is not always a limitation (Polit & Beck, 2014) as it provides unique insight into individual experiences (Brocki & Wearden, 2006). However, acknowledging subjectivity and bias is fundamental when viewing results of qualitative research (Polit & Beck 2014).

Thorne (2011) based his study on the interpretation of five commonly presented images associated with depression. However, he does not disclose how these images were identified, or how prevalent these images truly are. There is little information to be found on the participants that created the images in question, albeit that they were all above the age of 18 and diagnosed with depression. This lack of documentation and detail regarding the sample population and the way that data was collected was considered to be a significant limitation in this study. This present research study addressed this limitation by collecting further demographic details relating to participants including age, gender, and length of history of depression, and clearly outlining the process of recruitment and data collection.

Refai (2014) was thorough in describing her research process and the way images were interpreted. Nonetheless, her sample size is essentially limited to two individuals diagnosed with depression, both male, and therefore the results can hardly be generalised to all individuals who suffer from depression. The present study aims to contribute to this extant literature with a larger sample size. Additionally, participants in the presents study were asked to create artworks specifically targeted in depicting their experience of depression, as opposed to retrospectively analysing artworks with limited input from participants.

2.4.2   Studies Concerning Photo-elicitation and Depression

Hussain (2020) and Palmer and Furler (2018) explored the use of photo-elicitation in generating narratives of depression. Both of these studies chose to give their participants a voice through a visual medium to capture their worlds and explain their experiences differently. Palmer and Furler (2018) gave a comprehensive overview of the way participants were recruited according to specific inclusion and exclusion criteria. The authors also went to great lengths to fully explain the process by which ethical approval and consent from participants was obtained. Participants of this study were asked to take photographs of their daily life over a period of four weeks, five of which were to be discussed during semi-structured interviews.

The use of a camera was found to pose some limitations as some of the potential participants declined participation due to discomfort in using a camera. In addition, as Palmer and Furler's study (2018) focused on members of the Vietnamese community in Australia, the presence of a language barrier presented another limitation. The authors attempted to overcome this obstacle by including an interpreter at every stage of data collection and analysis, however they admit that certain metaphors and meanings may have gotten lost in translation. Additionally, not enough

funds were available to print consent forms in both English and Vietnamese, so consent forms were translated by an interpreter. Despite these obstacles, the authors managed to elicit rich and detailed data from their interviews, which were rigorously analysed using metaphor analysis and the three-stage approach by Oliffe et al. (2008). In this present study, great care was taken to provide a wide variety of simple art materials to avoid discomfort when using specific mediums. Moreover, information letters, consent forms and interview guides were written in both English and Maltese, ensuring that all participants had the option to communicate in their mother tongue. It is worth noting that the sample population in Palmer and Furler's study (2018) was made up entirely of women, and the total sample size consisted of five participants, despite having twelve participants originally invited to participate.

Although Hussain (2020) also made use of photo-elicitation in capturing the participants' lived experience of depression, participants were not asked to take photographs of their everyday lives. They were instead presented with 72 depression-related images from the social media website Tumblr. Participants were asked to separate these images into the following three piles: describes me most, neutral, and describes me least. The researcher thoroughly explained the rationale for choosing Tumblr as opposed to other social media sources and chose the relevant images together with a psychiatrist. Additionally, the way participants were recruited was clearly detailed and potential participants were subjected to Patient Health Questionnaire-9 (PHQ-9) testing to determine the severity of their symptoms. Only participants who scored 10-15 – i.e., moderately to severely depressed – were included in the study.

The sample population consisted of 14 participants, 12 of which were female and of varying ethnicities (predominantly Caucasian (9), Asian (3) and Hispanic (2)). Although this sample size is comparably larger than the previously discussed studies, Hussain (2020) maintains that the sample size can be further increased to obtain more detailed results. The approach used for the inductive thematic analysis was fully and clearly outlined. It is of note that the study is limited to individuals with moderately severe levels of depression as identified by the PHQ-9 and does not account for individuals with mild or very severe depression. The present study did not make any distinction between mild, moderate or severe depression – rather emphasis was placed on the fact that participants would be recovering from depression. This was done in an attempt to make engaging in art sessions and interviews easier on the participants, as the very symptoms of depression may have made it difficult for them to participate otherwise.

2.4.3   Studies Concerning Metaphors and Depression

Coll-Florit et al. (2021) conducted an exhaustive study of metaphors used in first person accounts of life with depression published in blogs. They identified an impressive total of 210 metaphors from a corpus of 23 blogs that were directly related to depression. This research was conducted as part of a project titled MOMENT: Metaphors of Severe Mental Disorders (Coll-Florit et al., 2018), where the main goal was to apply conceptual metaphor theory to the mental health field. The researchers based much of their research study on previous work by Charteris-Black (2012) and McMullen and Conway (2002). They wished to explore whether the largely English metaphors identified by these researchers were in any way similar to metaphors used by non-English speaking individuals – in this case, Catalan individuals diagnosed with depression.

The researchers gave a transparent and detailed account of recruitment, methodology and analysis used in their study. Metaphors were selected by an analyst based on the intended metaphoricity and the thematic relevance hypothesis formulation and were later analysed by applying the Metaphor Identification Procedure (Pragglejaz Group, 2007) in order to validate or reject the metaphoricity.

Two researchers (i.e., Hajela, 2012; Ronberg, 2019) both explored the use of metaphors in narratives of depression, although their objectives and findings differed. Ronberg (2019) chose to analyse three metaphors of depression from a fieldwork conducted in Denmark and explored how these metaphors were used by individuals who were living under the diagnostic description of depression. Hajela (2012), on the other hand, investigated the way lay-people in India understood and recovered from depression. In this case, the use of metaphor was a by-product of the narratives produced by the participants.

Ronberg (2019) analysed three metaphors that were commonly expressed by participants in a prior fieldwork where the researcher investigated adults' experiences of being diagnosed with depression. In this fieldwork, Ronberg (2019) actively participated in a volunteer-based self-help group, attended ten group sessions for individuals diagnosed with depression led by two psychotherapists, observed individual conversations between psychotherapists and three patients, and finally interviewed ten adults, male and female, about their experience with depression.

The data-collection appears to have been detailed, and the sample population adequate, however the researcher does not clearly outline the process or rationale behind the selection of the three metaphors discussed in this article. This was rather disappointing, as there may have been other metaphors mentioned by participants that were not included as part of the final report. The data analysis is rigorous and transparent – metaphors were identified from participant interviews and were then systematically divided into thematic clusters.

Hajela (2012) focused on Indian nationals who were diagnosed with reactive depression as opposed to endogenous depression or major depression disorder. Due to this subtle difference, the researcher's approach and results differed from the previously discussed studies. Hajela (2012) made use of narratives, as narratives were considered to be one of the most natural and significant ways people make and express meaning. The sample population consisted of a total of 32 participants chosen according to specific inclusion and exclusion criteria. Of these 32 narratives, 25 were included in the results as they were considered to be more emotionally open and richer in detail. The sample population was made up almost equally of both males and females between 24 – 35 years of age.

The study provides a comprehensive overview of the way participants were recruited, the way that their identity was protected, and the way that unstructured interviews were used to elicit the participants' narratives. Common themes were identified through thematic decomposition. It is noteworthy that the cultural background of the study's participants may have coloured the findings, such as the fact that many participants felt that depression was not an illness, but rather a natural reaction to a tragic life-event. This was taken into consideration when conducting the present study, as participants' views on their illness were often heavily influenced by their cultural background. The following section discusses the results obtained from the above critiqued studies.

2.5   Comparing Results from Studies Concerning Images and Metaphors in Depression

Visual imagery can be a powerful tool in evoking narratives of depression (Hussain, 2020). Indeed, Ronberg (2019) found that many patients viewed the image of depression as a 'black dog', for example, as an effective mediator capable of transforming the abstract diagnosis of depression into something far more tangible. In 2011, Thorne conducted a visual exploration of five images commonly presented in art therapy by individuals diagnosed with depression, with the intention of discerning a pattern in the course of creative expression. He unearthed five prevalent images, namely: (1) Blackness / The Void, (2) Black Hole / Vortex / Spiral, (3) Desert / Barren Landscape, (4) Prison / Pit / Cell / Well and (5) The Divide / Crux / Dilemma. Some of these images were found to be prevalent in other studies (Hussain, 2020; Palmer & Furler, 2018; Ronberg, 2019; Refai, 2014). Similarly, metaphors have long been used as a way of organising the shape and feelings of experiences (Palmer and Furler, 2018). Charteris-Black (2012) went so far as to suggest that the only way to effectively communicate about depressive illness is through metaphor, as the term 'depression' itself is essentially a metaphor from the Latin 'deprimere', meaning to 'press down'.

Coll-Florit et al. (2021) presented a study on the conceptual metaphors found in the discourse of people suffering from major depression in their writings on blogs. They identified a total of 210 metaphorical expressions which were used by blog authors to describe their experience with depression. Coll-Florit et al. (2021) divided these metaphors into three distinct categories: (1) life with depression, (2) the disorder, and (3) people with depression. The metaphors they presented were also identified in other studies (i.e., Palmer & Furler, 2018; Refai, 2014; Ronberg, 2019).

2.5.1 Depression and the Colour Black

Blackness and darkness are perhaps the images most commonly associated with depression. Indeed, Hippocrates and Aristotle were in some ways the first to associate 'blackness' with depression, in the way that they associated an excess of black bile with melancholia. In Thorne's study (2011), one of his patients described his depression as black snake coiled inside his belly, whereas other patients made use of the colour black in their artwork to portray a sinister 'nothingness'. In Hussain's study on the visual illness narrative of depression (2020), a participant poignantly stated that black is in fact *the* colour of depression. Many of his participants equated their depression to a sense of darkness – and the colour black was often used to portray this.

Unlike Thorne's study (2011) which made use of art-making sessions, Hussain's study (2020) made use of photo elicitation. 72 depression-related images downloaded from the social media website Tumblr were presented to the study's participants during semi-structured interviews. When participants were asked to identify the images which best represented their experience with depression, many chose images that were monochromatic, in black and white, or in gloomy shades of blue and grey - such as images of dark clouds and thunderstorms.

In Refai's (2014) exploration of two graphic memoirs by artists who had been diagnosed with depression, the colour black is prominent. In the first memoir (*Psychiatric Tales* by Cunningham, 2010), the artist heavily makes use of black ink to reinforce the association between depression and darkness. Indeed, one of the panels in this graphic memoir is entirely black, with the word 'darkness' printed in white. Panels that are completely white, grey, or black are known as "blind" panels and usually signal a loss of consciousness or sight. However, they may also suggest a refusal to show events which are too painful to depict through visual representation (Refai, 2014).

Similar to the image of 'blackness', studies have also shown the use of images such as that of a 'black hole' and a 'dark tunnel' to be commonly used both visually and in metaphorical language (Thorne, 2011). Thorne (2011) found that participants often drew and painted images of black holes, spirals, and vortexes to signify the process of a mental breakdown and imploding in on oneself. Similarly, participants in Hussain's study (2020) described their experience of depression as voyaging through an endlessly dark tunnel.

2.5.2   Depression as a Prison

In *Depresso* (2010), Brick draws the protagonist of his memoir falling down a deep pit, tying his experience of depression to the sensation of falling down a deep, dark well (Refai, 2014). The visual representation of a pit, well, or prison is often associated with depression, with many individuals feeling as though they are a prisoner of their illness (Thorne, 2011).

Indeed, Thorne (2011) presented several artworks of prisons, cells, and pits as part of his study on exploring images used in depression. His participants often expressed the sensation of being trapped and isolated and conveyed this experience through their paintings. In Hussain's study (2020), participants identified the image of an individual shackled with chains and a picture of a person looking through a barred window as visual representations of their depression. They associated these images with the feelings of hopelessness and helplessness commonly felt by individuals suffering from depression. Some participants also chose to include an image of a woman curled up in a foetal position on top of her bed, with the curtains drawn. Apart from a sense of entrapment, this image was also associated with social isolation and loneliness (Hussain, 2020).

A study by Palmer and Furler (2018) also touched upon this theme. Their study was also based on photo elicitation. Participants were asked to take photos of their everyday life and their experience of depression, which were later discussed in semi-structured interviews. Many of the participants in this study chose to take pictures of their rooms as a way of portraying their inner worlds. Palmer and Furler (2018) elaborate on these pictures by describing the flip side of the same coin – in addition to the participants' rooms representing a safe space, they also represented the way that depression 'imprisoned' them inside their homes, cut off and isolated from the outside world. Pictures of participants' rooms were used to exude the experience of being on the inside, cut off from the outer world where everything else seemed to be happening. Participants linked these photographs to feelings of sadness, loss and depression.

2.5.3   Depression as a Deserted Landscape

The picture of a deserted or barren landscape is another image identified by Thorne (2011). Participants in his study created artworks of barren landscapes to depict both their outer and inner world as one that was malnourished and dried up. These paintings often represented the scarcity of social interaction, and the dearth of new experiences, thoughts and ideas resulting from depression (Thorne, 2011). One participant used this image to illustrate her withdrawal from the outer world (Thorne, 2011). Similarly, one of the participants in Palmer and Furler's study (2018) chose to take photos of a deserted playground as a way of bringing across feelings of isolation, desolation, and loneliness.

2.5.4 Depression as a Downward Direction

Coll-Florit et al. (2021) found that many of their participants associated depression with a loss of emotional control, conceptualised as an uncontrollable downward movement such as 'sinking' into depression. Similarly, some of their participants described this phenomenon as a state of imbalance – an instability in their lives brought about by depression. Ronberg (2019) also explored this theme, suggesting that the downward directionality of depression forms part of a larger cultural background where 'good' is generally equated to an upward direction and 'bad' is considered a downward direction. According to Ronberg (2019), this directionality can also be seen in the way individuals diagnosed with depression physically present themselves – with a drooping and hanging posture.

Refai (2014) also noted that the term 'falling' is often used to describe most illness, in the way that one says, 'to fall ill', and depression is no exception to this. The expressions falling, going downhill, crashing, or descending into a depressive state are common in individuals diagnosed with depression (Refai, 2014). In *Depresso* (2010), Brick depicts one of his lowest moments as falling down a shaft into the darkness below. In addition to this visual representation of his experience, the author makes use of the word 'plummet', explaining that it felt as though he was tangibly falling down a hole. Refai (2014) interprets this as the metaphorical experience of sinking into the black hole of depression, also intimating a sense of terror and entrapment.

2.5.5 Depression as Frailty or Brokenness

In his study on navigating images, metaphors and sounds of depression, Ronberg (2019) found that the metaphor of a chemical imbalance in a broken brain was sometimes used to portray the experience of depression. Ronberg (2019) explains that he met this metaphor frequently in his fieldwork, where participants described feeling as though something was wrong with their brain, and that this 'brokenness' had to be fixed with medication. The advantage of the broken brain metaphor is that it provides an uncomplicated narrative of depression and lays out a solution that is relatively easy for others to understand (Ronberg 2019). Coll-Plorit et al. (2021) identified a similar metaphor where participants conceptualised themselves as fragile and easily breakable. In some instances, participants also compared themselves to a machine that was not working properly (Coll-Plorit et al., 2021).

In *Psychiatric Tales* by Cunningham (2010), the artist describes himself as 'too fragile'. Following this description, the artist makes use of a metaphorical chain breaking in half, accompanied by the words 'too easily broken'. Refai (2014) elaborates on this by saying that a chain is not typically considered to be a fragile object – therefore, the depiction of the mind as a weak object is unusual. Refai (2014) argues that this implies that the pressure the artist found himself under was so devastating that even the strongest person would have found it impossible to withstand it.

Contrastingly, Hajela (2012) found that many of the participants in their study despised the equation of depression with that of a mental breakdown. The participants of this study were very much opposed to the idea that depression be associated with brokenness and frailty (Hajela, 2012). Indeed, many believed that depression was not a disorder or mental illness in and of itself, and there was much resistance in consulting a psychiatrist (Hajela, 2012).

Perhaps this is a reflection of cultural difference, or perhaps the experience of reactive depression is different to major depressive disorder or endogenous depression. In the following session, the methodologies of studies concerning art therapy and depression are critically discussed. The findings emanating from these studies are explored separately at a later stage within this chapter.

2.6   Critique of Studies Concerning Art Therapy and Depression

Zubala et al. (2017) postulated that non-verbal communication and creativity such as in arts therapies might present an alternative treatment option for depression, however, their effectiveness remains unclear. Zubala et al. (2017) aimed to bridge this research gap by evaluating the efficacy of arts therapies for depression within a brief arts psychotherapy group for adults diagnosed with depression. The authors distinctly described the way that participants were recruited according to a number of inclusion and exclusion criteria. A total of five participants were recruited, both male and female between the ages of 32 and 65. The authors also clearly described their mixed-methodology, data collection and analysis including the use of standardised assessment tools such as the PHQ-9, GAD-7, and WHO-5 to measure symptoms pre-, post- and at follow-up stage. One of the most significant limitations identified by the study's authors was the lack of a control group. This prevented comparison and compromised conclusions regarding the efficacy of arts therapies in treating depression.

Additionally, the participants' formal diagnoses could not be confirmed, rather the researchers accepted participants based on a simple clinical assessment and what the participants disclosed. This meant that a number of participants may have had a number of comorbid psychiatric diagnoses. The present study attempted to avoid this issue by ensuring that participants had a formal diagnosis of depression issued by a psychiatrist, excluding any other diagnoses or comorbidities.

Prior to this study, Zubala et al. (2014) launched a nationwide survey aimed at all qualified arts therapists in the UK in an attempt to gain information on the specifics of the practice of art therapies in depression. The original survey consisted of multiple choice and single choice questions designed to elicit quantitative data, and an additional four open-ended questions aimed at collecting qualitative data. Zubala et al.'s study (2014) focused primarily on the qualitative results of this survey. Out of the estimated total of 3000 arts therapists qualified at the time, a total of 395 participated in the survey, 266 of which responded to the open-ended questions, of which only 182 were found to be relevant to depression. This sharp contrast in numbers was attributed to the fact that participants could only be reached through their professional associations, and thus the researchers were unable to distribute the survey to the entire population of qualified arts therapists. Zubala et al. (2014) identified this as the study's most significant limitation, as the actual number of practitioners who received an invitation to take part remains unknown. Despite this obstacle, Zubala et al. (2014) were successful in eliciting rich insights into the practice of arts therapies with depression through a grounded theory approach.

Blomdahl et al. (2013) published a systematic review aimed at exploring and describing how art therapy works for clients with depression. The researchers presented their search strategy in a clear manner that is easy to replicate, resulting in a total of 16 articles published in 7 journals. The inclusion and exclusion criteria used in identifying relevant articles was coherently discussed, as were the methods used for data extraction and analysis. The articles analysed encompassed a total of 521 participants, male and female, all over 18 years of age. Despite what appears at first glance to be a considerable sample size, there was a scarcity of research concerning art therapy and depression, which made it unfeasible to conclude just how effective the chosen art therapy techniques and therapeutic situations truly were.

The final study by Parsons et al. (2020) is a thematic synthesis from a total of 78 studies, also including a pilot illustrative group therapy workshop. The search strategy was plainly presented in a manner that is reproducible, including search phrases, databases and a list of inclusion and exclusion criteria. The included studies were subjected to a quality assessment guided by Thomas and Harden's (2008) guidelines prior to inclusion in the thematic synthesis. In spite of the richness of the data compiled from the 78 chosen studies, neither the thematic synthesis nor the pilot intervention resulted in formation of a standardised treatment package, and thus researchers were unable to test for the efficacy or effectiveness of arts therapies in depression.

The subsequent section discusses the results obtained from the above-critiqued studies concerning art therapy and depression.

2.7   Comparing Results from Studies Concerning Art Therapy and Depression

In their nationwide survey targeted towards arts therapists, Zubala et al. (2014) found that the respondents grouped their responses into three categories, namely concerning (i) arts therapists, (ii) their clients, and (iii) the nature of their practice. It became evident that the arts therapists' practice was influenced by a number of factors, particularly by the guidelines and targets by health services, as well as a number of theories (Zubala et al., 2014). When working with individuals diagnosed with depression, the respondents reported that arts therapies had a number of specific benefits, including heightened creative abilities, increased confidence, improved over-all wellbeing, and a regained sense of self. Many of the respondents appreciated that while verbal communication played a vital role in therapy, communication through the arts and the creative expression that comes with it added a valuable element.

Similarly, participants from Zubala et al.'s study (2017) expressed that engaging in an arts therapy group enhanced their creativity, spontaneity and motivation. Participants also felt that the arts made expressing their emotions easier, and that it better enabled them to accept their own feelings and to accept their diagnosis of depression. Additionally, being part of an arts therapy group increased their ability to be open with others and precipitated the realisation that sharing with other people may be beneficial. In spite of such positive findings, some participants still felt that the subject of depression remained as though it were an 'elephant in the room', and many found it difficult to discuss their experience within the group as they felt that it would cause distress to the other participants. A few participants also felt that the process of artmaking was sometimes anxiety-inducing.

Parsons et al. (2020) concluded that the leading processes involved in treating depression included: (i) connecting with the body; (ii) forming relationships; (iii) unearthing and processing difficult emotions, and (iv) integrating emotional material. In parallel to the studies discussed previously, Parsons et al. (2020) reiterate that the use of spontaneous creative expression has the potential to surpass the limitations posed by talking therapies. However, as voiced by some of the participants in Zubala et al.'s study (2017), the aspects of creativity may pose challenges for some and may heighten feelings of anxiety. The researchers were sensitive to this and recognised that ultimately there will always be individuals who were resistant to the arts whether in a general or therapeutic sense.

Blomdahl et al. 's systematic review (2013) found that one of the most frequently mentioned therapeutic factors of arts therapies was that of self-exploration, which the researchers linked to thought function and the experience of self. The result of this is often an improved self-awareness, which combats one of the most pervasive symptoms of depression – that of negative thinking (Blomdahl et al., 2013). The themes of self-expression and non-verbal communication were again highlighted in this study, appreciating the channel created by the arts for individuals to express themselves through colour, movement, symbols etc.

2.8   Conclusion

The purpose of this literature review was to explore the significance of art, imagery, metaphor, and art therapy in depression from a research standpoint. Although the research available on the subject is relatively scarce, findings have shown that the use of imagery and metaphor in narrating the lived experience of depression transcends time and culture. Further research is needed to explore the weight of these images and metaphors, particularly locally where the use of the arts in psychiatry is still in its infancy. The present study aims to address this local gap in the research, by exploring depression-related images created by participants from a local perspective. It will also focus solely on individuals who suffer from depression – a field that is at yet still poorly populated by literature. Additionally, the results will be enriched by participants' original artworks, created specifically to further explore their experience of depression. This sets the study apart from other similar research, as existing literature so far has solely dealt with metaphors, photo-elicitation, or artworks that were created by individuals outside the context of the research study.

The following chapter will outline the research methodology used in this study, together with its philosophical underpinnings and ethical considerations.

Chapter 3

Research Methodology

3 Research Methodology

3.1 Introduction

This chapter outlines the way the study was planned and executed, whilst exploring the rationale behind each decision. The purpose of this study is to explore the lived experience of individuals diagnosed with depression through art making. Keeping this objective in mind, the use of a phenomenological research design was deemed to be the most appropriate choice. Phenomenological studies aim to uncover what people have in common, also referred to as 'essences/essential structures', by drawing on themes which emerge from the lived experience being studied (Gerrish & Lacey, 2010). The rationale behind this decision is further explored throughout this chapter, together with operational definitions and the study's aims and objectives. Furthermore, a description of sampling methods, participant recruitment, data collection and data analysis are also be presented. The final section in this chapter targets the ethical considerations taken prior to and during this study.

3.2 Aim and Research Question

The main research question pertaining to this study was this: *How can art be used to portray the lived experiences of individuals who have been diagnosed with depression?* This study was born of two interlinked objectives. The first was to gain insight into the impact on individuals recovering from depression. The second objective, was to understand these complex lived experiences through the use of art. This study not only seeks to understand the lived experience of the participants, but also the way that art can be used to capture that experience as an image.

3.3   Operational Definitions

For the purpose of this research, the term 'psychiatric inpatients' refers to individuals who are receiving treatment for depression within an inpatient psychiatric facility. The Oxford English Dictionary (OED, 1989) describes the word inpatient as: "a person who stays in hospital whilst receiving treatment".

The term 'lived experience' is described by the Oxford Dictionary of Media and Communication (2011) as "knowledge about the world gained through direct, first-hand involvement in everyday events". In this study, the term 'lived experience' refers to the participants' experience of depression and all the difficulties, consequences, and events associated with it.

3.4   The Research Paradigm

Kuhn (1962) first defined the word paradigm as an 'achievement' comprising of two identifiable characteristics:

i.   Being out of the ordinary, new, and pioneering, and thus able to attract the researcher.

ii.   Being vague and puzzling enough to allow for the researcher to investigate and resolve.

Put together, Kuhn (1962) states that a paradigm is simply a shared scientific practice – including theory, law, application, and instrumentation. He concludes that researchers who practice according to a shared paradigm are faithful to the same views, ideals, and standards of practice. Similarly, Guba and Lincoln (1994) describe a paradigm as a 'worldview'. This worldview stipulates the essence of the world, the ways in which an individual finds his place within it, and the relationships that exist between (Guba & Lincoln, 1994).

Guba and Lincoln (1994) further suggested that any paradigm can be summarised by the responses to the following three fundamental questions:

i. The ontological question: What is the form and nature of reality?

ii. The epistemological question: What is the nature of the relationship between the inquirer and what can be known?

iii. The methodological question: How can the inquirer learn what can be known?

Qualitative research has its philosophical underpinnings in constructivism (Salvador, 2016). In the upcoming section, I will discuss the basis of constructivism and the way it lends itself to this study.

3.4.1 Constructivism

The constructivist approach refers to an epistemology in which knowledge is built or constructed (Neimeyer & Levitt, 2001). Neimeyer and Levitt (2001) proposed that the constructivist researcher views knowledge as a product of the psychosocial process of finding meaning. They also suggested that constructivism is largely concerned with the practicality and pragmatic utility of knowledge, as opposed to its validity.

Constructivism is based on a relativist ontology, a subjectivist epistemology, and a dialectic/hermeneutic methodology (Guba, 1990). Constructivists believe that there exist different realities depending on the individual, and that both the inquirer and the inquired are a single being (Guba, 1990). Interaction between the inquirer and the inquired is what generates the findings (Guba, 1990). Findings are portrayed as separate, detailed interpretations, then compared to form one or a few acceptable constructions (Guba, 1990).

The subjectivist epistemology of constructivism lends itself well to qualitative research (Crotty, 1998). It implies that findings and meaning can be found only through interaction between the inquirer and the inquired, and that knowledge is born of interchanging experiences and ideas (Crotty, 1998). Furthermore, constructivism places great importance in the inclusion of participants' values in the inquiry, building knowledge from the constructions of both researcher and participant (Guba and Lincoln, 1994). The participants' voice is described as that of the 'passionate participant' – diligently promoting the reconstruction of their own previous constructions (Guba & Lincoln, 1994).

Moreover, it is acknowledged that each participant's experience creates a different reality, which is the basis of what Guba (1990) describes as relativism. Obtaining knowledge of these experiences requires active engagement with participants, consequently making objectivity unachievable. This does not mean that the knowledge obtained is of inferior quality – rather, it is precisely the relationship and connection forged between the researcher and the participant that will bring valuable information to the surface (Guba and Lincoln, 1994).

The following section delineates the rationale behind the chosen research approach and methodology, based on the constructivist research paradigm.

3.5   Research Design and Rationale for Chosen Method

Shaw (2001) proposed that choosing the appropriate research method depends on what the researcher aims to discover, as well as the kind of data to be collected. Qualitative research involves building a theory from the data that emerges, often from a more subjective point of view where the researcher is in close contact with the participants of the study (Ahmed et al., 2016; Polit & Beck, 2014). The scope of this study is to obtain knowledge of the participant's experience of living with depression whilst using an artistic element to obtain that same information as an image. There is no existing theory or hypothesis that is leading this study. Rather, information will be construed through an inductive approach, and thus a qualitative research approach. According to Onwuegbuzie and Johnson (2006), qualitative studies are better suited for the identification and understanding of the perceptions, experiences, and the meanings given to those experiences by the research participants. There are various methods of qualitative research, namely ethnography, grounded theory, historical research, narrative inquiry, case studies, and interpretive phenomenological analysis (IPA).

Defined briefly, Ethnography is a strategy of inquiry aimed at examining a culture, subculture, or social group over time (Creswell, 2007; Gerrish & Lacey, 2010). Grounded theory is a multi-stage process of gathering information from participants, identifying relationships between categories of data, and deriving an abstract theory from the said categories (Creswell, 2007). Historical research systematically gathers and assesses information related to past events and is often used to evaluate phenomena observed throughout history whilst unearthing new information (Polit & Beck, 2014). The purpose of narrative research is to understand people's lives and the way it is perceived (Creswell, 2007; Polit & Beck, 2014).

This understanding is brought about through storytelling, where participants narrate stories from their own life (Polit & Beck, 2014). Case studies are often used when conducting an in-depth exploration of a program, intervention, or individual (Creswell, 2007). While most studies focus on a specific phenomenon or variable, the core of inquiry in a case study is the case itself (Polit & Beck, 2014).

IPA was considered to be the preferred research design as it is based on the experience of human life and aims to uncover the 'essences/essential structures' that people have in common by drawing on themes which emerge from the lived experience being studied (Gerrish & Lacey, 2010). This rationale is explored in further detail through the following sections.

3.5.1 Interpretive Phenomenological Analysis (IPA)

IPA is concerned with the way participants make sense of their own experiences, perceptions, understandings, and views (Brocki & Wearden, 2006). It is particularly relevant to research in health psychology due to its alienation from the biomedical model of disease and illness and its focus on the nature and experience of illness (Brocki & Wearden, 2006). IPA allows for the detailed exploration of highly subjective experiences and possibly finding common ground in shared phenomena (Brocki & Wearden, 2006). It is considered to be an experiential approach (Reicher, 2000) and recognizes that understanding experiences is a complex process entailing clear descriptions of the participants' own experience and the researcher's interpretation of the participant's account of their experience (Smith et al., 2009).

The use of art and imagery in this study serves as a visual aid to the participant's description of their experience with depression. The art created by the participants, augmented by their verbal accounts, provides a rich and detailed picture of what living with depression truly feels like. By combining an IPA approach with an emphasis on metaphor and imagery, participants will be given a voice to clearly share experiences which would otherwise remain unheard.

Prior to this research, the present researcher worked within an acute psychiatric setting and currently works as part of a psychiatric liaison and crisis team. Part of the researcher's job is to assess, treat, and interact with individuals diagnosed with depression. From a hermeneutic phenomenological point of view, IPA recognises and acknowledges the researcher's bias due to personal experience, preconceptions, prejudice, and pre-assumptions (Smith et al., 2009). IPA recognises that not only is bracketing and removing such biases impossible, but further suggests that the researcher's experiences serve to enrich the interpretive analysis (Smith et al., 2009).

IPA is built upon three philosophical pillars of knowledge, namely phenomenology, hermeneutics, and idiography (Smith et al., 2009). These are discussed in greater detail in the following sub-sections.

3.5.2 Phenomenology

Phenomenology can be construed as both a philosophy and a methodology (Langdridge, 2007). Philosophically, its principal aim is to understand individuals' perceptions of the surrounding world, and the way people experience their own lives (Langdridge, 2007). As a methodology, phenomenology requires the researcher to collect data through interaction with participants and report findings from analysis (Creswell, 2007).

Phenomenology as we know it today stems from two approaches: descriptive phenomenology developed by Edmund Husserl, and interpretive or hermeneutic phenomenology by Martin Heidegger (Connelly, 2010). Husserl's phenomenology was first established in the 20th Century as a challenging philosophical response to the highly objective, positivist and empirical Cartesian philosophy (Sloane & Bowe, 2013). Philosophically speaking, Husserl presented phenomenology as a means of delving deeper into reality by connecting reality to the individual (Sloane & Bowe, 2013). In contrast to the dualism of Cartesian philosophy, Husserl emphasised that reality is not separate from the individual, but rather that reality is an amalgamation of 'objects of knowledge' presented to and experienced by human consciousness (Spinelli, 2005). Husserl eventually coined this interpretation of reality as the 'life world' (Langdridge, 2007).

Heidegger developed interpretive / hermeneutic phenomenology as a 'follow-on' to Husserl's descriptive phenomenology (Sloane & Bowe, 2013). While Husserl's descriptive phenomenology places the observer as a separate entity that simply observes the meanings of human experience, essences, and phenomena, Heidegger implies that the observer exists within the phenomena being investigated (Sloane & Bowe, 2013). Heidegger argued that it is impossible for the researcher to investigate phenomena whilst remaining detached and impartial (Langdridge, 2007). Furthermore, the researcher's use of language and interpretation of the participant's

'meaning-making', and the manner in which they connect meaning to phenomena is the crux of hermeneutic phenomenology (Sloane & Bowe, 2013). In fact, it was established early on in this research that the researcher could not do away with pre-understandings of the participants' experiences due to their professional role as a psychiatric nurse – rather, it was essential that the researcher reflects on these preconceptions.

Hans Georg Gadamer further developed hermeneutic phenomenology into a philosophy now referred to as Gadamerian hermeneutics (Sloane & Bowe, 2013). The essence of this philosophy is that language reveals being, and that understanding phenomena can only come about through language (Langdridge, 2007; Sloane & Bowe, 2013). In a nutshell, Gadamer asserted that language is representative of the world, and that language exists only because reality is represented within it (Sloane & Bowe, 2013). He came to this conclusion from an ontological perspective, drawing from Heidegger's influence and focusing on 'being' as opposed to the epistemological focus on 'knowing' (Sloan and Bowe, 2013). Over a period of decades, phenomenology subtly evolved into a method of scientific study (Sloane & Bowe, 2013), or rather, a family of methodologies including descriptive, hermeneutic, interpretative phenomenological analysis, and template analysis (Langdridge 2007).

Max van Manen used Gadamer's focus on language to further develop a hermeneutic approach to phenomenology. The use of language, such as language used in interviews, is what elicits data (Langdridge, 2007). Described separately, phenomenology chronicles the way that one orients themselves to their lived experience, whereas hermeneutics entails the interpretation of lived experience (Sloane & Bowe, 2013). This fits in perfectly with the aim to understand the lived experiences of the study's participants. The following sub-section elaborates on the term hermeneutics in further detail.

3.5.3   Hermeneutics

Hermeneutics is often referred to as the study of interpretation, as it is in essence the process of specifying and justifying a methodology of interpretation, primarily of written text, but also including verbal and non-verbal communication (Scholz, 2015). As a theory, hermeneutics was largely developed by Schleiermacher, Heidegger and Gadamer. Heidegger's theory is particularly suited to APA, as he was primarily interested in the existential analytic of *Dasein* – that is, human existence, and the experience of being in the world (Scholz, 2015). At the heart of his theory, Heidegger questions what it means to be a human being (Scholz, 2015). A large part of IPA is built on a combination of an empathic hermeneutics with a questioning hermeneutics, as the lived experience of the participant is explored through the interpretations of both the participant and the researcher (Smith & Eatough, 2007). The crux of IPA is in trying to achieve an understanding of what it would be like to experience a phenomenon from the participant's view through a process of engagement and interpretation (Smith & Eatough, 2007). Smith (2011) describes this process as a double hermeneutic, in which the participant is attempting to make sense of their own experience and their own personal world, while the researcher is trying to understand the participant's world. In the following sub-section, the final theoretical underpinning of IPA – idiography – is examined.

3.5.4   Idiography

IPA is idiographic in nature as it involves the meticulous analysis of cases as opposed to the nomothetic approach (Smith, 2007). Idiographic research is concerned with the understanding of subjective phenomena, in contrast to nomothetic research which aims to explain and generalise objective phenomena (Smith, 2007).

In idiographic research, this is achieved by conducting a detailed examination of an individual case until some degree of saturation is achieved prior to moving on to another case (Smith, 2007). Consequently, the results obtained from idiographic research may add depth and meaning to existing nomothetic research, creating a complete picture of the phenomenon in question (Smith, 2007). The next section explores the sampling techniques used in this study, and the way participants were recruited.

3.6   Sampling and Recruitment Techniques

IPA seeks to gather rich, detailed data of the participants' lived experience, making the quality of data far more important than quantity. An in-depth analysis of fewer participants is viewed as far more favourable than shallower accounts of a larger number of participants (Smith et al. 2009). This is especially important when considering that the present researcher is still a novice with little experience of qualitative research.

Qualitative research favours non-probability sampling, namely convenience sampling, snowball sampling, and purposive sampling. Non-probability sampling is better suited to qualitative research as its objective is to explore meanings and realities as opposed to generalizing results to a specific population (Polit & Beck, 2014).

Purposive sampling was considered to be the superior choice as it allows the researcher to choose participants deliberately according to specific characteristics (Devers & Frankel, 2000; Polit & Beck, 2014). Purposive sampling ensures that participants are chosen according to their ability to yield in-depth information pertaining to the research question (Polit & Beck, 2014). Thus, for the purpose of this research, a purposive sample of five participants who had been diagnosed with depression were recruited.

Participants were recruited via two intermediaries to avoid any feelings of coercion to participate in the study. Both intermediaries were experienced mental health nurses working within an acute psychiatric setting. Each intermediary was provided with information letters detailing the inclusion criteria, as well as details pertaining to this research study. Intermediaries were instructed to make initial contact with potential participants who fit the inclusion criteria provided. Participants were recruited from Admission Wards 1, 2 and 3, due to their position as acute wards receiving multiple patients with various diagnoses at the local psychiatric hospital. Due to difficulties in recruiting an adequate number of participants, individuals were also recruited from the TMS (transcranial magnetic stimulation) service, which exists specifically for individuals who suffer from depression.

Recruitment of participants was based on the following inclusion criteria: (i) adult males or females who were willing to participate in an art session and were willing to share their experience with the researcher, (ii) persons who were diagnosed with unipolar depression; and (iii) persons who were currently recovering from depression within a psychiatric hospital. The inclusion criteria were then extended to encompass individuals who made use of the TMS Service due to depression.

Participants were excluded if they: (i) were diagnosed with comorbid psychiatric disorders, (ii) had a history of depression but were hospitalized due to unrelated reasons at the time (such as social issues, homelessness or substance misuse), or (iii) were still in the acute phase of their depression at the time of interview.

The intermediaries approached potential participants and provided them with an information letter (Appendix A) and consent form (Appendix B) - available in both English and Maltese. The intermediaries were asked to explain the study to potential participants and answer any queries that they may have had. Participants who agreed to participate then liaised with the intermediaries to arrange a date for the art session and interview. A signed copy of each participant's consent form was passed on to the researcher by the intermediaries. Prior to the art session and interview, participants were once again informed that they were free to withdraw from the study at any time without providing a reason, that their withdrawal from the study would not result in any negative repercussions and that any data collected would be deleted.

The following section provides details relating to the demographic details of study participants.

3.7 Demographic Details of the Participants

A total of five individuals were recruited to participate in this study. All individuals had been diagnosed with depression by a psychiatrist and were in the last stages of recovery from depression. There were three males and two females participating in this study. At the time of the interviews, their ages ranged between 26 to 55 years, with a mean age of 40.6 years.

Table 3.1 summarises the demographic details of the study's participants, including the number of years spent living with depression. Further details such as occupation are not included to preserve the participants' anonymity. All participant names have been pseudonymised for identity protection purposes.

Table 3.1

Demographic Details of Participants

Name	Age	History of Depression
Emily	26	10 years
David	35	8 months
Benjamin	40	5 years
John	47	20 years
Katie	55	5 years

The following section delineates the data collection procedure.

3.8 Data Collection

The scope of the study is to obtain rich, verbal, and visual accounts of persons diagnosed with depression. Achieving this requires intensive qualitative analysis of detailed personal accounts which are derived from the participants (Smith, 2011). To generate such data, Polit and Beck (2014) suggest the use of qualitative self-report methods, or qualitative observational methods.

The use of observational methods was disregarded as this method collects loose and unstructured observational data and is often used to complement self-report data (Polit and Beck, 2014). Qualitative self-report methods such as structured / unstructured interviews and focus groups were considered. Focus groups are an efficient way of gathering everybody's thoughts, views, and opinions simultaneously (Polit & Beck, 2014).

Unfortunately, focus groups are often at risk of gathering biased data due to participants not engaging in an equal manner – often one finds that one or two participants will dominate the conversation leaving other participants' opinions unheard (Fontana & Frey, 1998). Additionally, in light of the restrictions posed by the COVID-19 pandemic, gathering groups of 5 or more participants into a shared environment was considered to be unsafe.

The following section (section 3.8.1) describes the use of semi-structured interviews in the present study, whilst section 3.8.2 provides details re the art sessions conducted by a psychotherapist.

3.8.1   Data Collection: Semi-structured interviews

The use of structured interviews was thought to be counter-intuitive to the scope of the study with such interviews designed to be rigid and controlled. A detailed interview schedule is planned by the researcher in advance, with questions designed to elicit specific data. While this makes structured interviews quick and reliable, it limits the power participants have over their own interviews and may result in important data being missed (Smith & Eatough, 2007). Unstructured interviews, on the other hand, are non-directive and are carried out without having a set of predetermined questions.

Unstructured interviews are intended to flow naturally like every-day conversations, while simultaneously remaining purposeful (Smith & Eatough, 2007). Unstructured interviews require skill, as the interviewer must steer the direction of the conversation into eliciting relevant data whilst attempting to exert as little control over the conversation as possible (Smith & Eatough, 2007).

Being a novice researcher, the most appropriate data collection method was deemed to be the use of semi-structured interviews which were audio-recorded and then transcribed for analysis. Hoffding and Martiny (2015) postulated that in order to generate knowledge and data through interviewing, the researcher should assume an empathetic position, thus creating a reciprocal relationship between the interviewer and interviewee. Smith and Eatough (2007) similarly describe semi-structured interviews as an open dialogue, where the researcher modifies their initial questions to empathically fit the participants' responses – probing further into interesting points made by the participants themselves.

A semi-structured interview guide (Appendix C) was drafted in both English and Maltese to facilitate the interviews. The interview guide consisted of seven open-ended questions specifically designed to elicit rich data without constraining the participants' answers. The questions posed by the researcher asked about the way participants experienced depression, how the illness effected their daily lives, and the coping strategies they used. Questions were also directed at eliciting information regarding their experience of the art session and the meaning behind their artwork. Based on the researcher's experience of working with individuals diagnosed with depression, questions were designed with particular sensitivity to avoid distressing the participants.

Interviews ranged from 35 to 55 minutes long. Each interview was audio-recorded for transcribing and analysing at a later stage. Recording the interviews was preferred to physically taking down notes, as such a method relies heavily on the researcher's ability to concentrate on what is being said while simultaneously writing everything down in real time. Additionally, writing while listening may leave the participant feeling uncomfortable, unheard, and disrespected (Smith & Osborn, 2003).

The interviews took place immediately following an art session, discussed below, with a short break in between. They were carried out in a private, quiet environment, and for the most part free of interruptions and distractions. The first part of the interview focused on the participants' experience with depression – their history, premorbid personality, coping strategies, and the ways that living with depression has affected their lives. The second part of the interview discussed the symbolism and imagery used by the participants during the prior art session, and its relevance to their experience of depression.

3.8.2   Data Collection: Art Sessions

Interviewing was not the only data collection method employed in this study. Prior to conducting the interviews, participants were invited to take part in an individual art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. This art session was used as a creative opportunity for participants to create a visual representation of their experience with depression, adding depth to the data collected during their interviews.

The registered art psychotherapist was an invaluable addition to these sessions, as she expertly guided unsure and self-proclaimed 'non-creative' participants into creating images that represented the complexity of their experience, as reiterated by the participants at the end of these sessions. The art works created by the participants were also used as a way of prompting participants during their interviews. Participants were encouraged to take their images home with them, while the researcher kept pictures of the images to supplement the data elicited from the interviews. The researcher was also present during these sessions so as to better understand the process and meanings behind the participants' artworks.

Following consultation with the art psychotherapist, it was decided that the art sessions would be left as open as possible to allow the participants' creative liberty in capturing their experience. Open questions such as 'what would your experience of depression look like?' and 'what images come to mind when thinking about your experience with depression?' were used to guide participants in the right direction. Both the art psychotherapist and the researcher made it abundantly clear to the participants that their artistic skills would not be judged or criticized and that the only point of interest was the imagery they chose to represent their experience.

Participants were given a wide array of artistic tools and supplies to choose from, including pencils, pencil colours, markers, paper of varying size, paints, clay, and craft supplies. Participants were encouraged to choose whichever mediums they felt most comfortable with and were given time prior to the session to experiment with different tools and supplies. Some participants needed no more than a single prompt to start creating, whereas others required frequent cues and assistance.

What colours come to mind when thinking about your experience? etc.) based on her experience as an art therapist working with depressed clients to facilitate and encourage the participants' creative process. Sessions were held in a quiet room within the psychiatric hospital itself. Hospital staff were informed prior to the session taking place and were asked to kindly avoid disturbing the participant unless absolutely necessary. Each art session took approximately 60 minutes to complete. The following section describes the steps involved in the data analytic phase.

3.9   Data Analysis

As discussed previously, IPA is primarily concerned with trying to achieve an understanding of what it would be like to experience a phenomenon from the participant's point of view (Smith 2011). Ultimately, IPA is built on a double hermeneutic, as aside from the meaning made by the participant from their experience, the researcher's interpretation of the participant's experience is equally important (Smith, 2011). Data analysis is therefore multi-directional, requiring familiarisation and engagement with the transcript, followed by a process of interpretation (Smith & Eatough, 2007). When dealing with multiple participants, Smith & Eatough (2007) suggests that the transcript of each interview is looked at in great detail prior to examining the next. The process of analysis by Smith & Eatough (2007) is outlined as follows.

1. **Familiarisation with participant accounts** – Each transcript was read multiple times whilst listening to the audio-recording. In the left-hand margin, annotations were made regarding significant remarks made by the participant. The process of re-reading the transcripts enabled the researcher to become more familiar with the text, and to identify interesting points. Other features of discourse such as pauses, laughing, sighing or crying were also highlighted when found to be relevant to the transcript. All participants chose to carry out their interviews primarily in English, although some Maltese words and phrases were used throughout. These phrases were placed in italics and an English translation was written in brackets.

2. **Identifying emergent themes** – Once the initial annotations were done, the transcripts were re-read in order to develop the emergent themes. Here, the initial notes taken during the first few readings were transformed into concise phrases, written into the right-hand margin. In line with Smith & Eatough's (2007) guidelines, these phrases were more abstract, allowing theoretical connections to appear within and across different transcripts while remaining grounded within the specifics expressed by the participants. Similar themes were noted to emerge within the same transcript – in this instance, the same theme title was repeated.

3. **Connecting the themes** – Themes were initially listed chronologically according to the stage in which they appeared within the transcript. Following this, connections between emergent themes were identified based on commonalities and differences. Some of the themes were clustered together beneath a single super-ordinate heading, whereas other themes became a super-ordinate concept in their own right. As these themes emerged, the transcripts were re-read once again to ensure that the connections made sense within the words of the participants. Once themes were identified and organised, they were titled and then summarised into a table.

4. **Writing up the narrative** – At this stage, the finalised themes were translated into a narrative account. This account was presented in a comprehensive and systematic manner, including a substantial number of verbatim extracts from participants' interviews to support each theme.

The final sections in this chapter explores the trustworthiness of data, reflexivity, and ethical considerations.

3.10 Trustworthiness of Data

Qualitative research has received significant criticism of bias partly due to the fact that many qualitative researchers neglect giving a sufficient description of their assumptions and methods, especially regarding data analysis (Gunawan, 2015). Sandelowski (1993) posited that trustworthiness can be viewed as a matter of persuasion, and argued that in qualitative studies, validity should not be viewed in the same manner as it is for positivist researchers.

Trustworthiness in qualitative research may be further categorized into sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance (Yardley, 2000). This is achieved by ensuring credibility, transferability, dependability, and confirmability, explained as follows by Parahoo (2006):

i. Credibility: the degree to which the study's findings reflect the participants' experience, achieved by clarification of participant responses and accurate transcriptions.

ii. Transferability: the degree to which the study's findings can be generalised to similar populations or settings. Due to the homogeneity of the group, the findings generated relate to persons who are in the recovery phase of depression.

iii. Dependability: the degree to which the study may be replicated. This was achieved by providing detailed descriptions for every step of the research process.

iv. Confirmability: the degree to which the participants of the study and existing research agree with the researcher's interpretation of the findings.

3.10.1 Sensitivity to Context

This refers to the extent in which the research findings represent the original data collected from participants' accounts. As previously discussed, a considerable number of verbatim excerpts from participants' interviews were inserted into the narrative to support each theme, according to the guidelines by Smith and Eatough (2007). This gave the study's participants a strong voice within the researcher's interpretations. Additionally, as advised by Yardley (2000), the researcher familiarised herself with relevant existing literature as well as the philosophical underpinnings of the utilised research method. Findings were later presented and discussed alongside the existing literature, drawing on comparisons and contrasts between the two.

3.10.2 Commitment, Rigour, Transparency and Coherence

Commitment and rigour describe the thoroughness in data collection (Yardley, 2000). Throughout the data collection process, the researcher ensured that participants felt at ease to speak freely and made use of therapeutic skills to gently probe participants for detailed information. Throughout the process, a personal journal was kept by the researcher for the purpose of recording thoughts, ideas, and other annotations. Additionally, discussions took place between the researcher and the art psychotherapist following data collection sessions, where both parties reflected and feedback regarding the experience shared by the participant. Transparency and coherence, on the other hand, refers to the clarity of the research process (Yardley, 2000).

In this study, the research process was clearly detailed, and a rationale was provided for every decision that was taken. The recruitment of participants, data collection methods, and data analysis were all plainly described earlier on in this chapter.

3.10.3 Impact and Importance

Smith and Eatough (2007) suggest that IPA research should strive to include Yardley's (2000) final pillar – impact and importance. This principle states that one's research should provide the reader with interesting, important, or useful information. It is hoped that this study will be of use in filling out some of the gaps in the research concerning the use of art in eliciting narrative of depression. As advised by Smith et al. (2009), the final report was assessed repeatedly by the academic supervisor to further ensure clarity in the narrative. The following section outlines the personal reflections which occurred throughout this study.

3.11 Reflexivity

Hermeneutic phenomenology relies heavily on the researcher's self-awareness and ability to reflect on the way their data collection methods and pre-conceptions might impact the data produced in the study (Langdridge, 2007). Cohen and Crabtree (2006) further added that the researcher should actively and systematically attend to the context of knowledge construction throughout the entirety of the research process – being aware of the pre-conceptions and biases that exist and understanding the implications of these biases in research decisions. Max van Manen (2007) described phenomenology as reflection of the lived experience, with reflection playing a significant role in the investigation.

Van Manen (1988) postulated that throughout the research process, the researcher should be aware of their personal affect and the potential biases that might arise as a result. Having worked with individuals diagnosed with depression and other psychiatric disorders for over three years, I was acutely aware of the negative repercussions mental illness had on people's lives. Due to this pre-existing knowledge, I initially found it challenging to frame interview questions in a neutral manner. For example, I found myself asking 'Did you find that depression made you socially isolated?' as opposed to 'How did depression affect your life?'. This issue was quickly addressed following a reading of the first interview's transcript and by practicing interview questions alone prior to the actual interviews. Although it was easy to perceive depression as an intensely negative experience, I was cautious not to allow my experiences and pre-existing knowledge to influence the interview questions. This attentiveness may have worked well to reduce the level of subjectivity in these interviews (Malterud & Hollnagel, 1999).

Additionally, it was difficult to completely shed my role as a psychiatric nurse and take on the role of an interviewer. My nursing instinct when faced with individuals sharing a difficult experience was to be therapeutic - to build a relationship of mutual trust and respect, and to give sound clinical advice. During the first interview, I found it rather difficult to ignore this instinct and instead focus on simply asking questions and eliciting information. This became easier as the interviews progressed. The final section details the ethical considerations taken prior to commencement and during the research study.

3.12 Ethical Considerations

Data collection began only after permission from the University of Malta Research Ethics Committee (UREC) board was obtained (Appendix J). Approval was also obtained from the psychiatric hospital's Data Protection Officer (Appendix F), Chief Executive Officer (Appendix D), and the Chairperson of Psychiatry (Appendix E). The following precautions were taken to ensure that this study was carried out in an ethical manner:

1. Two intermediaries (psychiatric nurses) were chosen to recruit participants on the researcher's behalf to avoid feelings of coercion.

2. Every participant was provided with an information letter and consent form written in both English and Maltese. (Information letters and consent forms may be found in Appendices A and B).

3. Participants were accompanied throughout their art session by an Art Psychotherapist. Art sessions were held in a quiet room within the hospital. A copy of the information letter and consent given by the Art Psychotherapist can be found at Appendix G.

4. Participants were frequently reminded of their right to withdraw from the study at any time without providing a reason. They were also reminded that their withdrawal from the study would not result in any negative repercussions, and any data collected would be deleted. Participants were informed that their personal details would not be included in the study, and that their names would be pseudonymised.

5. Interviews were held in a quiet room within the ward, at a time that was convenient to the participants.

6. During the interviews, participants were reminded of their right to refuse to answer certain questions, and that they could choose to stop the interview altogether. They could also choose to stop their art session at any time. This would not have resulted in any negative repercussions.

7. If participants felt that they were becoming distressed in any way, the service of a Registered Mental Nurse was available at no financial cost. The information letter and consent from Ms. Tonna can be found at Appendix H.

8. Coded audio-recordings and transcripts of interviews were stored on the researcher's personal computer that is password protected and in an encrypted format. All data collected was pseudonymised meaning that the transcripts were assigned codes. Additionally, data was stored securely and separately from any codes and personal data. This data could only be accessed by the researcher whilst the academic supervisor and examiner(s) would have access to coded data only, although should exceptional circumstances arise, the academic supervisor and examiner(s) can be granted access to personal data for verification purposes.

3.13 Conclusion

This chapter described in detail the main research question, as well as the research methodology used in collecting and analysing data. The trustworthiness of data, reflexivity, and ethical considerations were also discussed. The following chapter presents the research findings of the study.

Chapter 4

Results

4   Results

4.1   Introduction

This chapter presents the data collected throughout the research study, together with the participants' and the researcher's interpretations. The first part explores the artworks created prior to the participant interviews, touching upon the significance of these images and the way that they represent the participants' experience of depression. Images of participants' artworks are included to further substantiate this discussion. The second part highlights the themes that emerged from interview transcripts, following the process of data analysis. As recommended by Smith et al. (2009), findings are presented together with direct verbatim excerpts from the participant's interviews.

Despite being given the option to speak in either Maltese or English, all participants preferred to conduct their interviews in English, although Maltese words and phrases were used intermittently throughout. These Maltese expressions have been italicised in the excerpts, and an English translation has been provided in brackets. In some instances, the researcher's questions or prompts are included in square brackets prefixed by an 'I' within the excerpts to provide further context and clarity. The insertion of an ellipsis (…) was used to signify a pause in the participant's speech.

All participants' names have been pseudonymised to safeguard participant confidentiality as follows: Emily, Katie, John, David and Benjamin. Three of these participants (Benjamin, David and Katie) were inpatients at the local psychiatric hospital at the time of the interview, whereas the remaining two (John and Emily) were outpatients attending for TMS appointments. The following section begins with a brief introduction and summary of the images created by the study participants.

4.2   Images of Depression – Introduction

Prior to conducting semi-structured interviews, participants were asked to create one or multiple images to visually capture their experience of depression. The following table (Table 4.1) provides a summary of the main depictions extracted from the patients' artworks, that depict the patient's experience of living with depression.

Table 4.1

Summary of the main depictions of living with depression as elicited from participants' artworks

Images	Impact of Image	Participant's Interpretation	Significance
Foetal position.	Crawling into oneself.	"To be, sort of, close to myself. As in… you feel so insignificant and so small that you don't even want to take up any space in the room." Emily, p. 6, Lines 32-34.	- Smallness, vulnerability, and insignificance. - Social withdrawal and isolation.
The sea, sinking boat.	Sinking downwards uncontrollably	"I have drawn a sinking sailing boat. 'Cos that literally was how I felt. Like I was sinking, knowing that I would not be able to sort this out by myself." – Katie, p.6, Lines 51-53.	- Becoming overwhelmed by the experience. - Loss of control.
Flatlining ECG.	Life has ended.	"It's flatlining in the sense that the heart has stopped, life has stopped. From that point of view, so it's not a death wish. Life as I knew it, and as I wanted it to be, had stopped." – Katie, p.7, Lines 5-9.	- Ceasing to exist - Monotony
Before and after.	Grieving one's past self.	"Wishing my life to be as it was, not so very long ago." – Katie, written in her artwork.	- Change in identity - Grieving pre-morbid life.
The colour blue.	Feeling blue.	"The colour blue represents the depression because, you know, we all feel blue when we're down, when we're sad." – David, p.3, Lines 42-44.	- Use of colour to depict sadness
Vibrant colours.	Finding hope in recovery.	"So, basically, it's a bunch of colours with a little bit of white coming out to portray, 'what's next?' I have no idea what's next, what's going to happen in my life…" – Emily, p. 7, Lines 31-33.	- Use of colour to depict recovery and hope for the future

The participants' visual artwork is now discussed accompanied by excerpts taken from the interviews.

4.2.1   Crawling into Oneself

Figure 4.1

David's Representation of his Experience of Depression
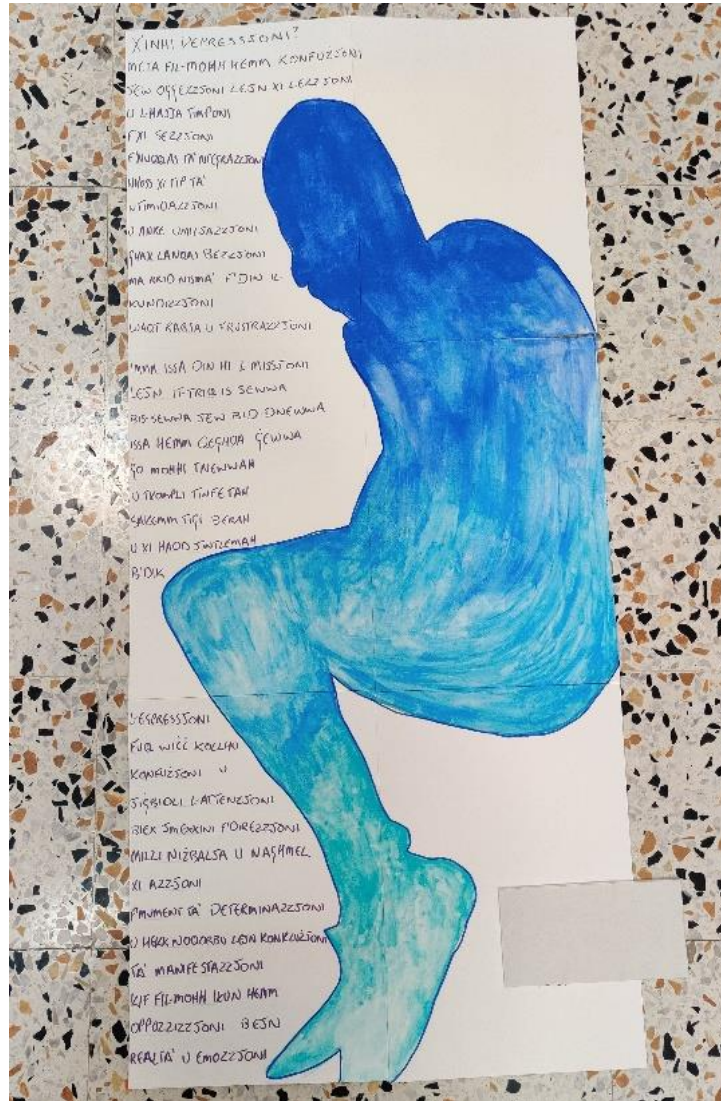
Both David and Emily made use of the foetal position in their work to represent a sense of 'smallness' and vulnerability. David was the first participant recruited in this study, and he had been looking forward to participating – so much so that he planned his image out beforehand.

He immediately began working on painting a figure of himself in a foetal position because he often found himself curled up in bed throughout his experience of depression.

"I spent a lot of time here in bed, you know, feeling down, not wanting to

mix with people, wanting my own space and all the time in this shape

(referring to foetal position) of crawling into my own self, you know." –

David, p. 4, Lines 8-11.

He goes on to clarify that he viewed this foetal position from a dual perspective. On one hand, it represented safety and familiarity, similar to being in the womb as an infant, whereas it also represented a barrier to society, leading to social withdrawal and isolation.

"This is me, the outline of me, ehm when I'm feeling depressed, in bed,

you know like when you're in your mother's womb (referring to foetal

position), ehm…that's how you feel when you're sad, when you're sick.

You know you want to get back to that comfort zone." – David, p. 3,

Lines 34-38.

"Both safety, both, ehm, isolation, alone… sadness, depressed, to cut out

from society. It hurts." – David, p. 4, Lines 16 and 19.

Figure 4.2

Emily's Representation of her Experience of Depression
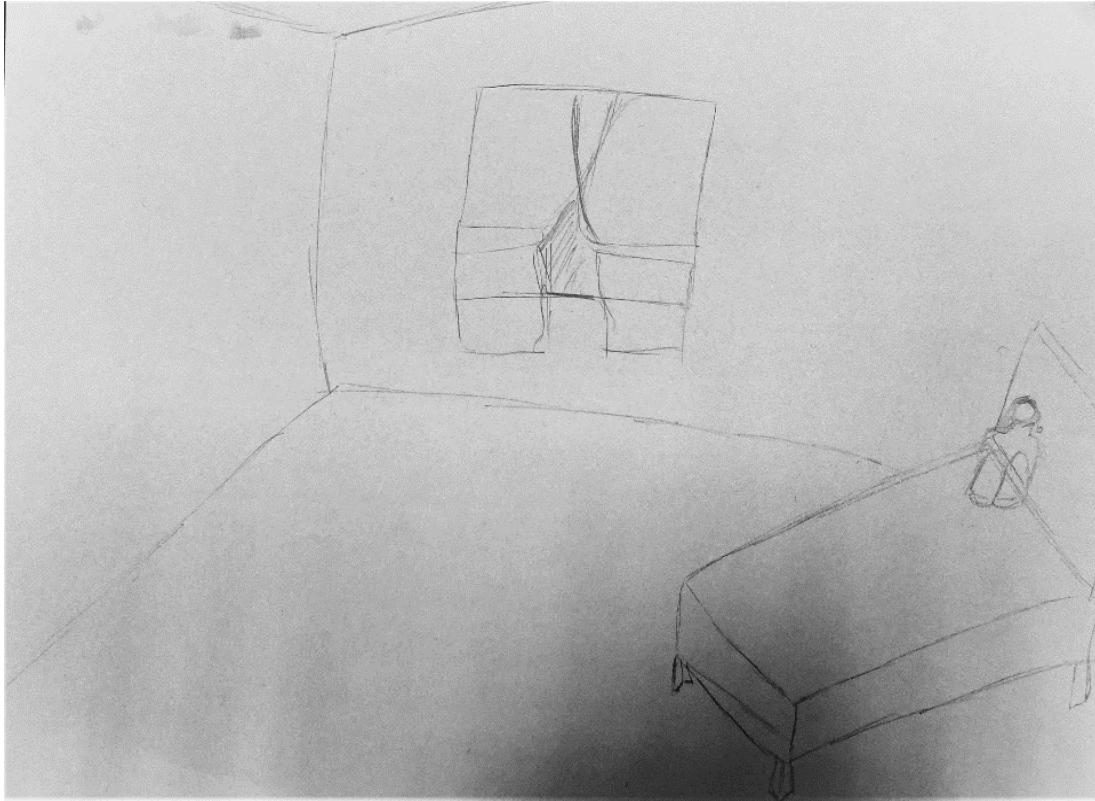
Emily chose to create two artworks: the first representing her experience of depression (Figure 4.2), and the second depicting her experience of recovery (Figure 4.10). In her first artwork, Emily created an image of a small figure, curled up in foetal position on a large bed, within an equally large room. Similar to David's interpretation, Emily made use of the foetal position to provide a visual representation of how small, vulnerable, and insignificant she felt while she was depressed.

"You feel so insignificant and so small that you don't even want to take

up any space in the room. Even though there's ample space, you just

want to be small." – Emily, p, 6, Lines 32-34.

This image of 'smallness' was further emphasised by the size of her bedroom. Emily chose to surround the figure on the bed with an enormous, empty room, with nothing in it apart from a large bed, and a window with the curtains drawn. The darkness in her bedroom and the drawn curtains on her window provided a barrier between herself and the outside world. She felt that this image aptly captured the isolation and social withdrawal she experienced while suffering from depression.

"I used to love being in the dark and, like…

[Why do you think that was?]

Just… I couldn't be bothered with the outside world. I just wanted to be

in my own world." – Emily, p. 6, Lines 41-44.

Emily felt that her bedroom was the ultimate representation of her experience with depression, given that she spent so much of her time in it. Just as David viewed his foetal position from a dual perspective, Emily also saw her bedroom as something that was simultaneously both positive and negative. On one note, Emily felt that her bedroom was a space of comfort and safety, where she could be alone with her thoughts.

"I think my whole experience with depression…I just wanted to be in my

room, alone. So it's something that… even eating outside in a restaurant,

all of a sudden I would get this feeling of wanting to be back in my room.

That's all I used to want. For me, it was my safe place, because in my

room I wouldn't bother anyone."

- Emily, p.7, Lines 1-5.

Although Emily viewed her bedroom as her 'safe space', and still does, there was a particular element in her bedroom which was heavy with sadness and trauma – her mattress. The mattress in her artwork, on which the figure of herself is curled up, is the same mattress she had overdosed on and was eventually sick on during one of her lowest moments. In the process of recovery, Emily disposed of this mattress as a way of 'forgetting' the incident and distancing herself from it by removing physical reminders.

"The only thing is the mattress that I threw up on. I couldn't stand it. I

wanted to change it. That used to bring me a lot of bad memories, just the

mattress. The room was fine, but the mattress I wanted to get rid of." -

Emily, p. 7, Lines 16-19.

The following section focuses on the imagery of depression as sinking downwards and struggling to remain afloat.

4.2.2 Sinking Downwards Uncontrollably

Figure 4.3

Katie's Representation of Depression as a Sinking Boat
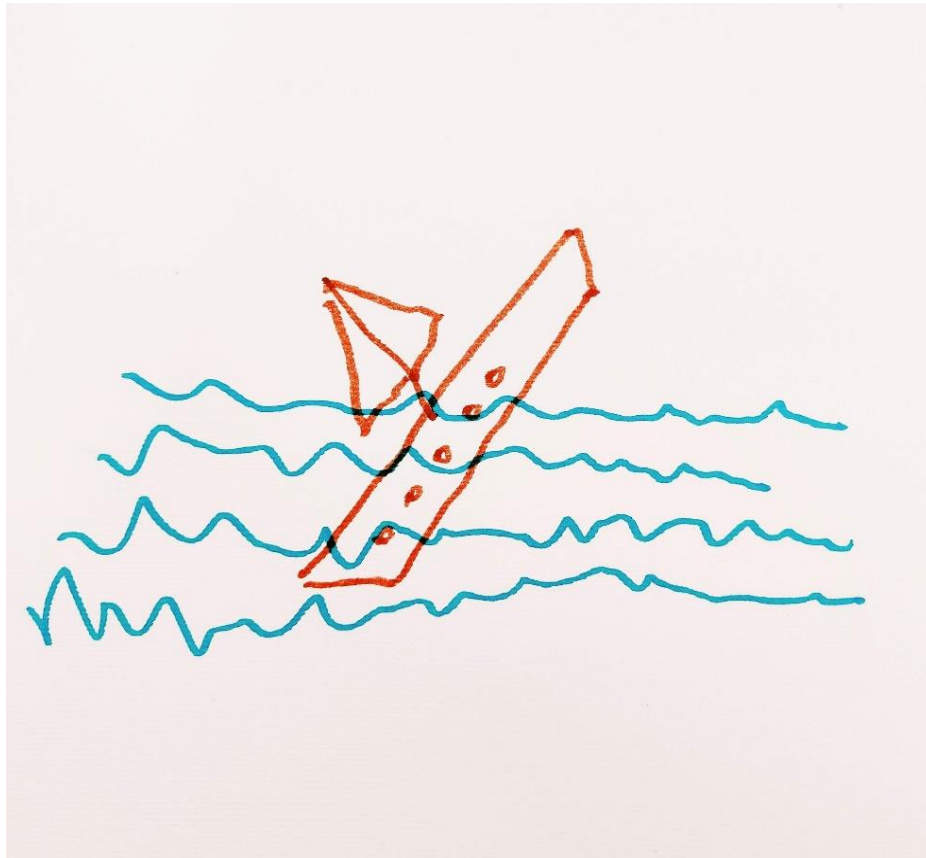
Katie admitted to having been rather sceptical about the art process of the study, initially finding it to be a daunting experience. However, she went on to surpass her expectations, creating simple yet poignant depictions of her experience with depression.

"Even if it looks so on paper, I'm surprised by myself, that I managed to

come up with some things to think about."

– Katie's Interview, p.6, Lines 42-43.

Katie's first image was a drawing of a sailing boat, sinking beneath the waves (Figure 4.3). The drawing speaks of a sense of hopelessness, helplessness, and loss of control. Katie made use of the sea waves crashing over the boat to signify the experience of being 'drowned' by her depression – the boat representing Katie in a state of depression, sinking into the sea that under normal circumstances would have kept her afloat.

"That literally was how I felt. Like I was sinking, knowing that I would

not be able to sort this out by myself. It was larger than me, than my

existence." - Katie, p.6, Lines 51-53.

John continued to build on this theme in his own interview and artwork (Figure 4.4). Similar to Katie's drawing, John chose to fill up his page with repeated blue lines, which he described as ripples and waves. The concept of 'waves' to represent hurdles and difficulties plays a big part in the way he envisions depression and life in general.

Figure 4.4

John's Representation of Depression as the Sea
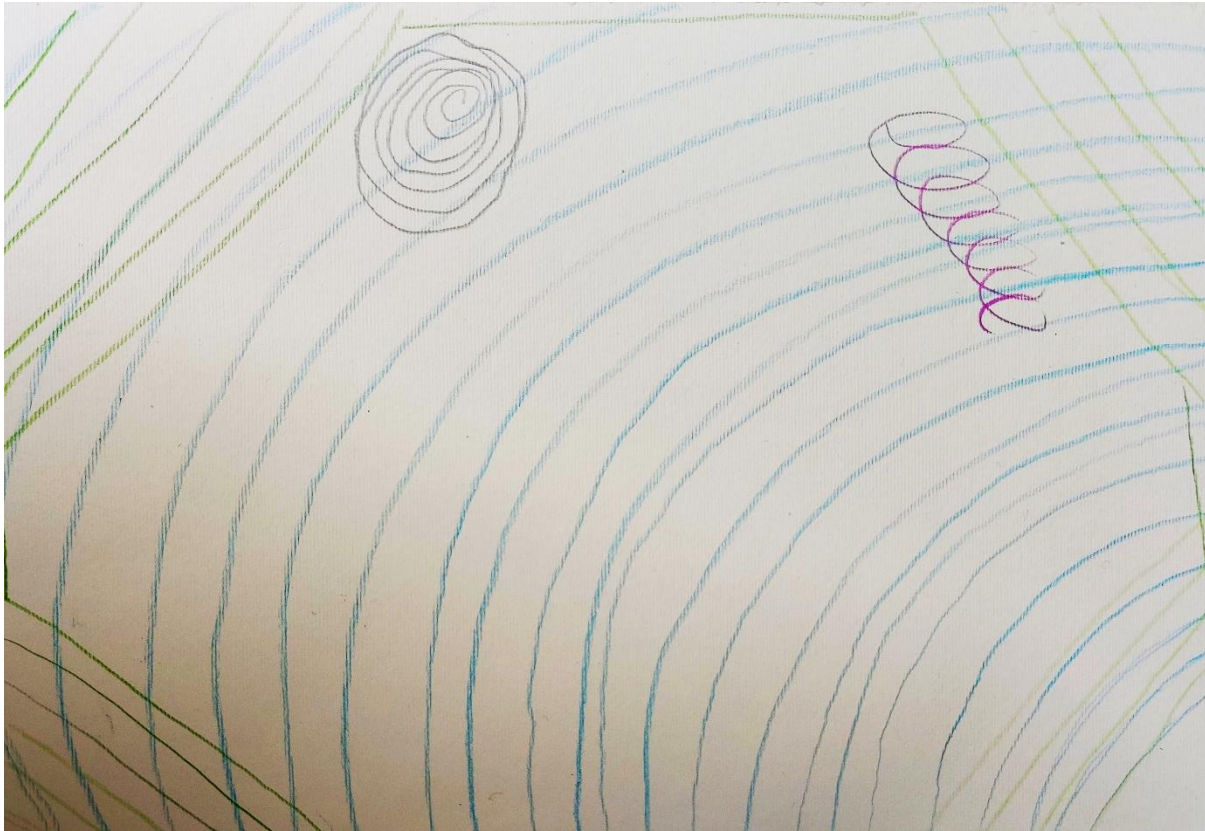
"It's like the sea with the waves always coming, like when you have a

puddle and you drop a stone in it, and the water forms ripples in circles

around it." – John, p.5, Lines 17-19.

John used waves to provide visual representation of the challenges and trials of life – the bigger the wave, the tougher the challenge. He described bouts of depression as forming part of some of the waves of life.

John went on to comment on the varying sizes of the waves in his drawing, explaining that smaller waves were easier to cope with, whereas bigger waves would push him under, making it difficult to stay afloat.

> "Sometimes, life throws waves at you, sometimes small ones and
> sometimes big ones that push you downwards under the water."
> – John, p.5, Lines 33-35.

As in Katie's artwork, the image of something as unpredictable and chaotic as the sea speaks volumes about the sense of hopelessness and loss of control experienced by individuals having depression. John described this as never knowing when the waves will hit, or how large or powerful they will be, making it difficult to prepare himself in anticipation.

> "You never know which kind of wave is coming towards you. You can't
> prepare yourself because you wouldn't know what's coming.
> I: [I see, it takes you by surprise.]
> Yes, and all you can do is try to stay afloat." – John, p. 5, Lines 43-47.

The next section explores the way participants depicted death and 'flatlining' – a word used by participants to describe the monotony brought about by depression.

4.2.3 Life has Ended.

Figure 4.5

Katie's Representation of Depression as a Flatlining ECG
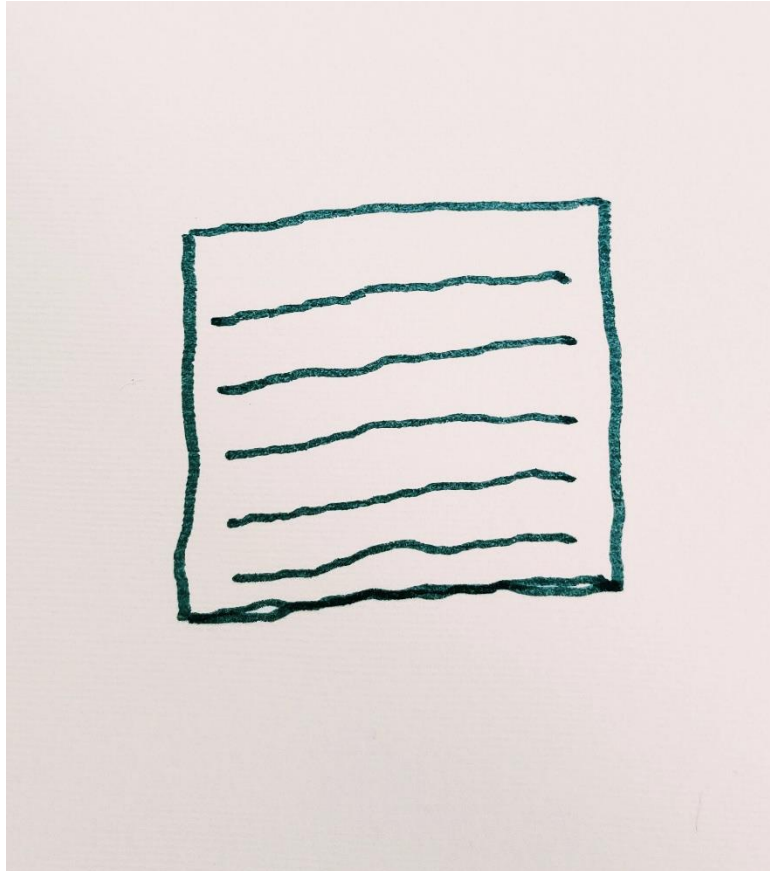
One of Katie's images was that of a flatlining ECG (Figure 4.5). Katie felt that this visual picture aptly explained the feeling that life had stopped, and that depression had caused living to cease. With this image, she delicately touched upon the notion of ceasing to exist, as she felt that although she was still biologically and physically alive, her 'true self' had died when she began suffering from depression.

"You might be alive physically but not emotionally … it's flatlining in

the sense that the heart has stopped, life has stopped. From that point of

view, so it's not a death wish. Life as I knew it, and as I wanted it to be,

had stopped." – Katie, p. 7, Lines 5-9.

Figure 4.6

David's Poem, Section
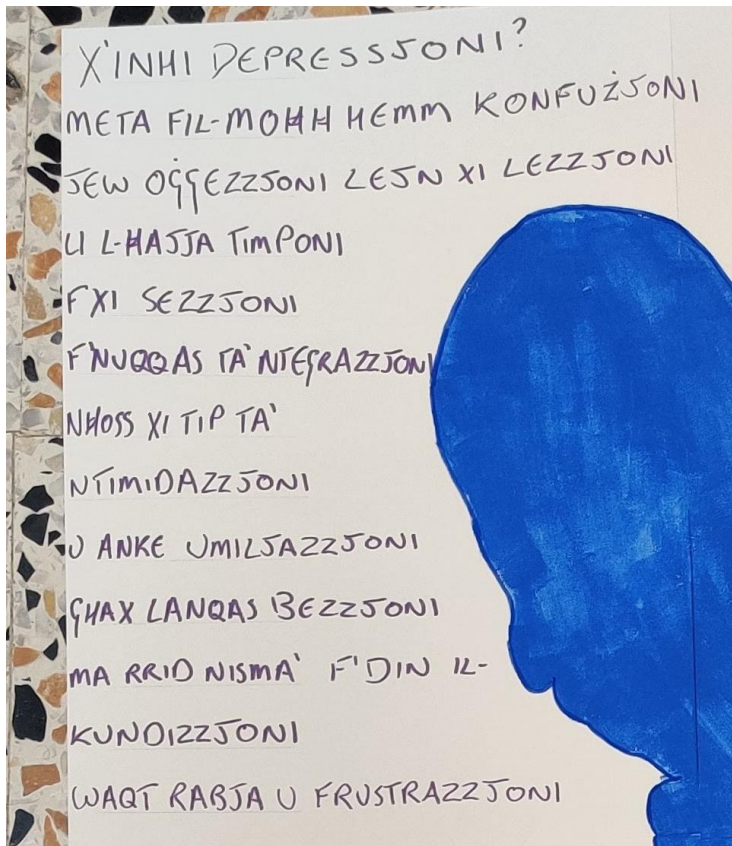
Translation:

What is depression?
When the mind fills with
confusion -
or objects to a lesson
taught by Life.
In a time of
lessened integration,
I feel a type of intimidation
And also, humiliation and nothing
can comfort me when I am in this
condition of anger and frustration.

David also mentions the concept of 'flatlining' in a poem (Figure 4.6) he wrote to accompany his artwork. Prior to his art session, David had very enthusiastically prepared a poem reflecting his experience of depression to annotate his artwork. During his interview, David made it clear that the structured format of his poem was intentional with a very distinct message.

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Throughout the poem, David made use of a number of words structured in a repetitive rhyming sequence, with the intention of making the poem sound monotonous when read aloud. This monotony was something he strongly associated with his experience of depression, as it contrasted greatly to his pre-morbid bubbly personality.

"Usually the poem flows, like music. This is… this poem, it has a lot of the same rhymes, like '*dipressjoni, konfuzjoni, bezzjoni, sezzjoni, integrazzjoni, intimidazzjoni'* (depression, confusion, blessing, section, integration, intimidation) … you know so it's flatlining … It flatlines like the depression, you know." David, p.6, Lines 26-32.

The next section depicts the ways in which participants mourned their 'past' selves, prior to their diagnosis of depression.

4.2.4   Grieving one's Past Self

Figure 4.7

Katie's thoughts on the past and future
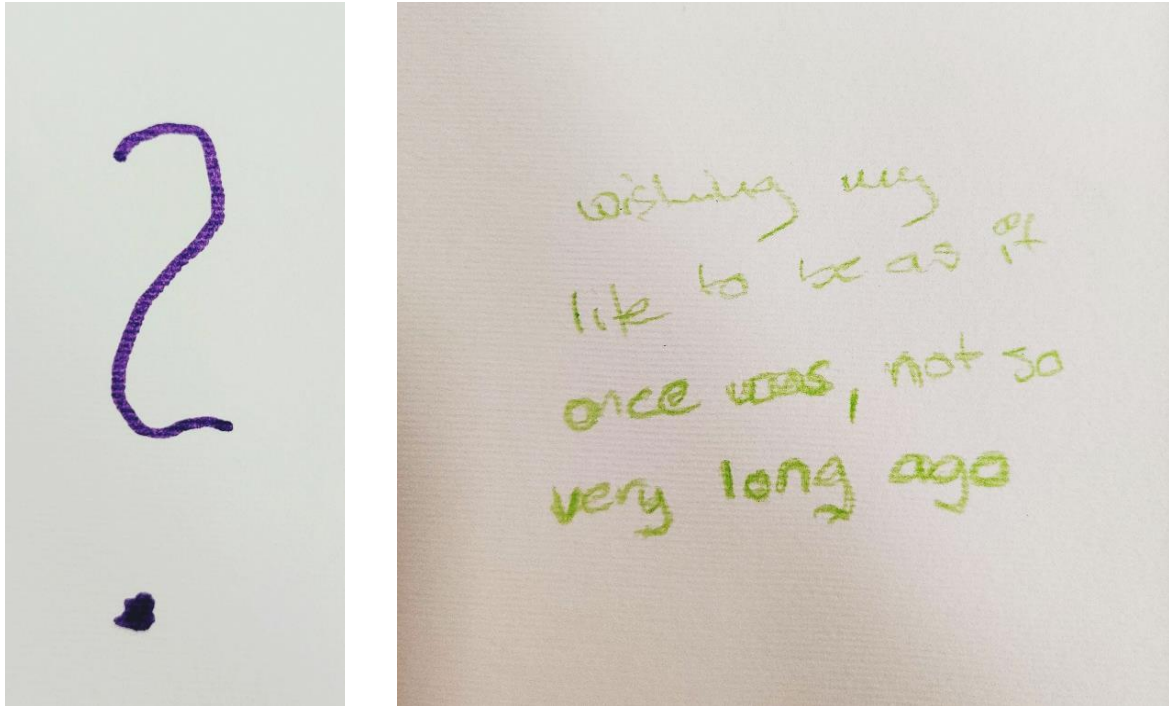
In addition to her drawings of a sinking boat and flatlining ECG, Katie also drew a question mark reflecting on the future and the unknown. She also reflected on the way her life was prior to her depression, and her desire to return to her 'true' self.

Benjamin found it extremely difficult to create an image that accurately captured his experience of depression and required frequent prompting from the art psychotherapist. When prompted to envision depression within himself, Benjamin drew two simple faces (Figure 4.8) – one smiling, one frowning – and very decisively wrote the word 'before' just above the smiling face. He wished to depict the changes in identity, personality, and emotions brought about by depression, emphasising the fact that he was previously a very positive and determined individual.

Figure 4.8

Benjamin's Representation of his Experience of Depression

"Qabel dejjem kont niġġieled jien, jien ġelliedi (before, I always used to

fight, I'm a fighter). But now, I feel that I'm sinking fast because…I

don't have the skills. If I had the skills, I would fight. But as it is…I'm

fighting against what?" – Benjamin, p.4, Lines 3-6.

Benjamin also included stick figure drawings of his wife and two children, standing next to their home. In his drawing, these figures are crossed out twice in black and blue crayons, emphasising the disconnection that emerged between him and his family as a result of depression. This depiction of social isolation and loss will be further explored in the theme "In my own bubble" which explores the way participants withdrew from society and the world around them.

The final sections exemplify how colour was used to accurately describe participants' experience of depression and recovery.

4.2.5   Feeling blue

Almost all participants took great care in selecting the colours they attributed to their experience of depression. In his artwork, David chose to paint his entire figure in varying shades of blue, as he felt that blue was the most appropriate colour when describing depression, whilst touching on the expression of 'feeling blue' (Figure 4.9).

> "The colour blue represents the depression because, you know, we all
>
> feel blue when we're down, when we're sad"
>
> – David, p. 3, Lines 42-44.

David made use of different shades of blue to represent the varying severity of episodes of depression. He explained that even while depressed, there were days when the sadness, the 'blue', was worse and darker than other days.

Figure 4.9

David's Use of the Colour Blue to Represent Depression

"I feel with depression you're not always… You're always down, yes, but

there's a bit more 'up down', 'low down'"

– David, p. 10, Lines 12-14.

John also adopted the colour blue to represent depression (Figure 4.4), however, his decision was based on more positive reasoning. John chose the colour blue because he identified it as his favourite colour, despite associating it with such a difficult experience. When asked about the reasoning behind using a colour with a positive connotation to depict an experience of such pain, John explained that he has learned to live with his depression, and that he chooses to look at things from the perspective of an optimist.

I: ["Why did you associate your favourite colour with such a difficult

experience?]

Because whether you like it or not, you have to live it. It's useless

thinking about how difficult depression is. Yes, it's very difficult, but I

have to live with it." – John, p. 7, Lines 8-12

4.2.6   Finding Hope in Recovery

Figure 4.10

Emily's Representation of Recovery

Emily's two artworks immediately show significant contrast in the colours chosen to represent the experience of depression and the experience of recovery. Her painting of recovery (Figure 4.10) is an abstract explosion of colour. Emily found it challenging to depict her recovery, as she expressed feeling as though her life was now a 'bunch of colours'. She purposely left an unfinished area of white in her painting to signify the unknown of the future and all that is yet to come.

"So, basically, it's a bunch of colours with a little bit of white coming out

to portray, 'what's next?' I have no idea what's next, what's going to

happen in my life…" – Emily, p. 7, Lines 31-33.

Contrastingly, her drawing of depression (Figure 4.2) is black and white, using only pencil, and void of any colour. This lack of colour is reminiscent of the 'lack of joy' associated with depression.

The following section explores the two super-ordinate themes, namely 'A New Me in Me' and 'A Search for Meaning', and the subsequent themes and sub-themes which emerged from an analysis of interview transcripts. A summary of these themes can be found in Table 4.2.

Table 4.2

Summary of themes elicited from participants' interviews

Excerpts	Super-Ordinate Themes	Themes	Sub-Themes
"Maybe because I've always been strong, dependable… and that's how I want to be, and that's how I… that's my image of myself, which now has had to change drastically – Katie	A new me, in me.	A different identity.	- Changes in identity and self-perception. - Decreased motivation and energy levels. - Difficulty coping with activities of daily living. - Lack of focus and concentration.
"Sometimes it attacks you in a way that it makes you eat a lot; other times it makes you sleep a lot" – John		A physical change.	- Changes in appetite. - Bed-seeking behaviour and experiencing exhaustion.
"I wouldn't want to speak to them you know? I wouldn't put any effort into my friendships so eventually you start to push people away. I didn't even like my own company, so other people definitely didn't like my company either." – Emily		An emotional journey.	- Feeling guilty about one's illness. - Experiencing anger and irritability. - Sadness and despair.
		In my own bubble.	- Withdrawing from society and isolating oneself. - Attempting to keep up appearances. - Difficulty coping with work and other responsibilities.
"I knew that since it (suicide attempt) didn't work that time, that I'm still alive for some reason. I'm still trying to figure out the reason but, like, I know I'm still here for a reason." – Emily	A search for meaning	Better to be dead.	- Thoughts of death and dying. - Existing VS Living - Experience of attempted suicide.
		I am here for a reason.	- Ways of coping with depression. - Finding meaning and hope amidst hopelessness.

4.3   A New Me, in Me.

A recurring struggle experienced by all participants was the realisation that their identity had changed throughout their bouts of illness with depression. Participants found that the significant changes in the psychological, emotional, physical, and social aspects of their life were difficult to come to terms with. This super-ordinate theme has been further divided into themes dealing with psychological changes, biological changes, emotional changes, and social changes. The following sub-sections explore each theme individually, drawing on excerpts from participant's interviews to depict their experiences more accurately.

4.3.1   A Different Identity

"I'm a happy-go-lucky person, always happy. I have a beautiful family.

Anke meta kont żgħir kelli familja sabiħa, ħuti... (Even when I was

young, I had a beautiful family, my siblings…) *Ma tantx ħa jibghu proud*

bija (They're no longer going to be proud of me)." – Benjamin, p. 1,

Lines 4-7.

This is the way Benjamin chose to begin his interview, when asked to give a general description of himself. He began on a positive note, describing himself as a happy-go-lucky individual with a beautiful family. However, this sunny image of his personality quickly turned sour, as he lamented over the fact that his family would no longer be proud of him due to the condition that he now struggled with.

When comparing his musings on identity to other participants' interviews, his thoughts and views on the changes that individuals go through when experiencing depression remain very much in line with other participants' observations. For example, Katie, who was in the process of recovery at the time of the interview, similarly observed the following.

"I've always been strong, dependable… and that's how I want to be, and that's how I… that's my image of myself, which now has had to change drastically, and that itself doesn't make me very happy." – Katie, p. 5, Lines 8-11.

Katie repeatedly referred to this 'previous' image of herself throughout her interview. She viewed herself as a strong, dependable woman, which in turn made it all the more challenging to accept her diagnosis of depression. Katie expressed significant denial when it came to accepting her depression.

"I don't think I have a reason to be depressed. I have a good job, I have good, loyal friends who have… who have had many disappointments due to my behaviour. I don't have… I have all the requisites for a good life."
I: [But you've studied psychiatry and I think you know as well as I do that sometimes an illness is just an illness.]
"I know, but I don't think… I refuse to believe that it applies to me." – Katie, p. 4, Lines 37-44.

David aptly described this contrast between his pre-morbid self and his 'depressed' self as the process of finding a new version of himself within his existing self. Prior to his experience with depression, David viewed himself as a 'happy-go-lucky' person, just as Benjamin described in his own interview. Following months of depression resulting in admission to a psychiatric hospital, David identified another 'self' – his depressed self.

> "I found a new me…in me. Where before I was this flamboyant, you
>
> know, happy go lucky kind of guy now unfortunately there's also this
>
> depressing, unhealthy…sick…" – David, p. 2, Lines 15-17.

Aside from the challenges of fluctuations in identity, the psychological repercussions of depression also manifested themselves as the inability to experience pleasure in activities participants previously enjoyed. Emily very suitably described the phenomenon of anhedonia in the following way:

> "Um…basically *kont nħoss litteralment* (I used to literally feel) that, like,
>
> everything was a chore." – Emily, p. 2, Lines 3-4.

Similarly, Katie described feeling as though everything in her life had lost its importance, including her job which she had previously been so invested in.

"I: [Because your job seems to be quite important to you.]

Well, yes, but nothing was important to me anymore.

I: [So there wasn't a sense of loss when you weren't going to work?]

No. And my laptop, um, my work laptop, the battery has gone

completely, so I haven't even checked the many thousands of emails that

are probably… you know, people from other companies that want to be

paid. It's just another thing that needs to be done, sometime in the

future." - Katie, p. 5, Lines 52- 54, p. 6, Lines 1-7.

John reported feeling an overwhelming lack of motivation to engage in activities he had previously enjoyed, such as sowing vegetables in his field and carpentry. He found that this decreased motivation made it more challenging to partake in hobbies as opposed to managing tasks at work. John found it easier to carry out his duties at work than he did to engage in activities for the sake of joy and pleasure alone.

"I actually find it more difficult to get started on hobbies and things that I

enjoy doing. When I'm at work, tasks have to be done, so I tend to start

working on them faster. I can't just tell my boss that I don't feel like

working. When it comes to things that I enjoy doing, it takes me a while

to work up the motivation to start them."

– John, p. 2, Lines 33-38.

The lack of motivation experienced by participants when depressed made it increasingly difficult to effectively care for themselves. Many participants noted a lack of personal hygiene, an inability to care for pets, children and elderly parents, and inaptitude at maintaining a healthy lifestyle.

"The flat was not clean, the cats' litter trays were a disaster, um, they got their food and water though but just about. It was so scary, um… it was terribly scary to become like that."

– Katie, p. 5, Lines 3p.1-34.

"I cannot seem to go about to do normal chores, take care of my dogs that I love so much. And still you know, I mean, it's like…I cannot take care of them at this point in time. I can barely take care of myself."

– David, p. 2, Lines 21-26.

Benjamin and Emily also noted that they experienced difficulty in focusing and concentrating on tasks at work. This affected their performance at work and at school: Benjamin was eventually boarded out of one of his earlier jobs due to depression, and Emily failed a number of exams whilst studying for her accounting degree.

"I couldn't focus. It's like I was looking at the whole page and couldn't focus on the actual email, it felt like I was taking a snapshot with my eyes." – Benjamin, p. 3, Lines 7-9.

"Fl-iskola ukoll (at school as well) – I wouldn't be able to concentrate

and I found that exams were more difficult."

– Emily, p. 2, Lines 37-39.

The following section explores the sub-theme of biological changes identified by participants experienced throughout depressive episodes.

4.3.2 A Physical Change

The DSM V outlines a number of physical and biological symptoms associated with depression, including weight loss / weight gain, changes in appetite and sleeping patterns, fatigue, and an observable reduction of physical movement (American Psychiatric Association, 2013). All participants in this study noted such changes within themselves, and expressed the difficulties brought on by such symptoms. At her lowest moments, Katie reported feeling so exhausted that she was unable to leave her bed for days on end, and that she barely ate anything at all.

"I stayed in bed for a whole month, and didn't wash, I hardly ate, maybe

every five days or something like that."

– Katie, p. 5, Lines 29-30.

This sense of exhaustion and overwhelming fatigue was experienced by all participants, along with an inexplicable desire to remain in bed.

"I just used to sleep. When I'm very unwell, I end up sleeping all the

time… Last year I spent almost a month asleep because I was so unwell."

– John, p. 2, Lines 42-46.

"I: **[**How were you spending your days lately whilst at home?]

Naħdem u norqod naħseb. (I think just working and sleeping).

I: [Ok. Were you sleeping a lot?]

Yes, a lot. Depression was crawling in."

– Benjamin, p. 1, Lines 19-22.

In contrast to Katie's experience with decreased appetite and weight loss, Emily found

herself eating larger amounts of food in an attempt to comfort herself. She described herself as a

'comfort eater', which caused her to gain weight throughout her experience with depression. This

had negative repercussions on her already fragile self-esteem, creating a vicious cycle of weight

gain and guilt which worsened her depression.

"So, um, so with the depression, obviously, I was comforting myself a lot

with food, and, um, *u tlajt* (I gained) fifteen kilos. I mean, now I've

stopped and I'm feeling good but it's going to be difficult to lose that

weight now. And like, all of a sudden, a bunch of my clothes weren't

fitting me anymore…it's hard. And it's hard to love myself from the

outside *xi kultant* (sometimes)." – Emily, p. 3, Lines 41-46.

The next section explores the emotional changes experienced by the participants throughout their lived experience of depression.

4.3.3 An Emotional Journey

"There's a lot of anger. I feel a lot of anger, yes.

I: [Towards yourself?]

Mhm.

I: [How come?]

Because I think I should have stopped the train while there was time for it, while there was, um… I should have realised that I needed help." –

Katie, p. 4, Lines 16-22.

This sort of rhetoric – guilt, anger, frustration – was prevalent throughout three of the participants' interviews. Katie and Benjamin in particular carried a lot of anger directed towards themselves and expressed this anger repeatedly throughout their interviews. They seemed to blame themselves for their illness; feeling as though they could and should have done something to prevent it from happening.

John observed an acute change in his emotional state while depressed. A pre-morbidly calm, gentle, and quiet individual, John reported becoming easily irritated and short-tempered when experiencing an episode of depression, so much so that he began to view increased irritability as a sign of relapse. This emotional change would often leave John feeling guilty about his reactions.

"I would start to feel angry and I would begin to snap at people who

spoke to me.

I: [How do you feel when that happens?]

I always feel very sad and guilty after. Even when I raise my voice a little

bit, that's not me. I tend to be like a door-mat, and everyone walks over

me." – John, p. 3, Lines 1-6.

David described feeling void of any emotion except sadness. He viewed depression as an

utter lack of joy, excitement, and any other human emotion excluding sadness

.

"Your emotions are almost dead, you know, you don't feel anything

except sadness" – David, p. 9, Lines 11-12.

The emotional repercussions of depression were especially well-articulated by participants

when speaking about their artworks. The feeling of hopelessness and loss of emotional control in

particular was frequently described throughout participants' artworks and interviews. As

previously discussed in Section 4.2.2, participants felt so engulfed by their depression that they

expressed a staggering feeling of hopelessness and helplessness, often pictured as drowning.

"Sometimes it's a small wave and it passes quickly with medication, but

other times it's more difficult to manage. And other times I manage to

control it. It depends on the episode.

I: [Well in reality it's difficult to control the waves.]

Exactly. You never know which kind of wave is coming towards you.

You can't prepare yourself because you wouldn't know what's coming.

I: [I see, it takes you by surprise.]

Yes, and all you can do is try to stay afloat." – John, p. 5, Lines 40-49.

The upcoming section explores the social withdrawal and isolation brought about by depression and its symptoms as experienced by the participants of this study.

4.3.4   In my own bubble.

Social isolation and withdrawal were perhaps the most commonly talked-about aspect of depression throughout all of the interviews held in this study. All participants felt that they inadvertently stopped engaging with other people as a direct result of their depression, whether because they felt too exhausted to do so, or because they felt that they were a burden on the people around them. David was particularly affected by this isolation, having been a self-described 'party starter' and 'social butterfly' prior to his depressive episode.

"Now that I'm going back out into the community, it's…it's even harder.

'Cos I've closed myself into this bubble, and now I cannot…ehm….

before I was, as I told you I was this social butterfly. I seem to have lost

that skill. I cannot…ehm… seem to claim it back again."

– David, p. 1, Lines 30-34.

Emily also expressed feeling isolated from the world around her as a consequence of her depression. She viewed herself as a drain on the mental energy of the people she engaged with. Emily equated her view of a 'depressed person' with 'bad company', and rationalised that if even she was unable to enjoy her own company, it was unfair to expect other people to do so.

"I wouldn't put any effort into my friendships so eventually you start to

push people away. How long will people continue to message you if you

continue to give them short answers? This is the same thing I would do,

if I see that someone doesn't want to speak to me, I would try maybe

once or twice u daqsekk (and that's all). So I understand them. One

hundred percent. It's not nice having the company of a depressed person.

It isn't.

[I understand.]

I didn't even like my own company, so other people definitely didn't like

my company either. So…yes I see that it had a big impact on my life

socially." – Emily, p. 2, Lines 27-37.

Benjamin experienced social isolation in much the same way as Emily did. He felt that depression brought about a change in the way he interacted with others, and in the way other people engaged with him. Benjamin observed that when relapsing into a depressive episode, this tendency to self-isolate was one of the earliest red flags, signalling that his symptoms were returning.

"Ġennint in-nies ta madwari żgur. (I drove the people around me crazy,

I'm sure.) They see you distressed, and… people don't like to see you in

that manner. I was always so sulky. And it also destroys your life as well

għax ħafna nies ma jiġux ma ġenbek... (because people avoid you)."

– Benjamin, p. 2, Lines 6-10.

"When I'm ok, then the people around me are ok too. But when I'm

depressed, I isolate myself from everybody."

– Benjamin, p. 2, Lines 28-29.

Katie also identified social withdrawal as an early symptom of returning depression. Katie was one of the few participants who was unable to pinpoint the exact beginning of her depression, as she felt that it was a gradual accumulation of emotional and behavioural changes that occurred over a period of months. However, she observed that one of the earliest signs was having an increased desire to spend time alone. This was highly out of character, as she had previously described herself as a very social being who spent much of her time in the company of friends.

"I think it was wanting more 'me' time and thereby denying myself

friends and the company of others." – Katie, p. 3, Lines 41-42.

Following this realisation, Katie went on to mention that there had been friends who had reached out to her in an attempt to offer support, but that she had denied their efforts. She repeatedly expressed the need she felt to 'keep up appearances', and that she did her best to hide the severity of her symptoms from the people around her.

"I: [Did any friends reach out to you perhaps?]

They tried to but I didn't allow them, or in the cases where I did, I didn't

tell them the truth.

I: [Must have been quite lonely.]

It was, but I didn't sense it then." – Katie, 6, Lines 11-15.

Despite being a naturally reserved and somewhat withdrawn person, John still experienced a decrease in social interaction while he was depressed. He recalled finding it increasingly difficult to express himself, which would cause him to close in on himself, withdrawing from the people around him. John was unable to pinpoint a specific reason as to why this would happen, but he recounted feeling generally uncomfortable around people throughout episodes of depression.

"When I've been depressed these last two years it has really affected my

ability to be around people, especially in large groups.

I: [What do you feel when you're around large groups of people?]

I feel uncomfortable. You won't be able to understand it, but I feel really

bothered by them."

– John, p. 3, Lines 18-24.

The following section explores the super-ordinate theme 'A Search for Meaning', which reflects on the participants' perceptions of life and death, the ways in which they coped, and how they found meaning in their suffering.

4.4 A search for meaning.

In this super-ordinate theme, participants described how they tried to make sense of their experience and explored their lowest moments, particularly moments that led to death wishes and suicidal ideation. They also discussed the ways in which they rose to these challenges and eventually recovered from them. In the following paragraph, I discuss a brief example of how one participant (John) found purpose in his experience of depression, before moving on to discuss the themes in further detail.

A close examination of John's artwork (Figure 4.4), demonstrates repetitive green lines criss-crossing over the blue ones, creating a border around the page. John purposely drew these lines as a representation of his field – a personal space that gave him satisfaction and purpose in his life. The field provided John with far more than a space to practice agriculture; it created a pocket of stability and control in a life that otherwise felt chaotic.

Now that John was almost fully recovered from his depression, he appreciated his field to a greater extent, and was looking forward to spending more time there in the future.

"It (the field) revolves around me and wraps me like a blanket. It's one of the few places where I can do whatever I want. If I feel like planting seeds, I can do that, if I feel like doing something else I can do whatever I want to." – John, p. 6, Lines 13-16

The following themes explore in further detail the participants' search for meaning through their lived experience of depression.

4.4.1   Better to be Dead.

The most emotionally challenging parts of the interviews were the discussions about death and dying. Most participants admitted to having had passive death wishes or active thoughts of suicide at some point in their lived experienced with depression. The mentally and emotionally devastating consequences of depression became all too clear when these painful experiences were explored.

Emily, although almost fully recovered at the time of the interview, became tearful when describing her experience of attempted suicide almost a decade earlier. Despite her distress, she was adamant about finishing her story during the interview, as though to prove to me and to herself that she went through this terrible experience and survived.

"I drank and took a lot of pills. Then I threw up myself, I barely

remember anything. I stayed two days in my bed and told my mum I was

sick. I told my boyfriend a few months later."

– Emily, p. 5, Lines 9-12

Emily described feeling immense guilt following her attempt, and still carries that guilt with her to this day. She kept her attempt a secret from her loved ones because she did not wish to burden them with the pain she was experiencing. The only person she entrusted with her experience was her boyfriend a few months after the attempt – her family and friends are still unaware of what she went through.

David also felt that thoughts of death and dying were a big part of his experience with depression. He explained that these thoughts stemmed from a place of deep hopelessness and despair and did not necessarily mean that he truly wished to die, but rather that living had become too much to bear.

"I have had suicidal thoughts and those are the moments of determination

when I say, you know 'fuck it', I don't care about life anymore and this is

what I want to do now with my life, just waste it away."

– David, p. 8, Lines 36-39.

John is a veteran when it comes to depression, with a history spanning across the last twenty years of his life. Throughout his experience, John adopted a practical attitude in coping with thoughts of death and suicide.

"I used to tell myself that dying wouldn't solve anything. Most of the

thoughts I used to have were more of the 'I'd rather be dead than alive'

kind of thoughts, not the… I did sometimes have thoughts of suicide but

mostly I would just think that it would be better if I were dead."

– John, p. 4, Lines 45-49.

Katie touched upon the theme of existing as opposed to living towards the end of her interview when discussing her artworks. Although she denied having any thoughts of ending her life, she admitted to feeling as though she were already 'non-existent'.

"I mean, in the sense that if you don't participate in life, contribute, if

you don't socialise… what is there? You might be alive physically but

not emotionally." – Katie, p. 7, Lines 1-3.

The following theme delves into the ways that participants gave meaning to their suffering, how they overcame the despair associated with suicidal ideation and death wishes, and their views on the future.

4.4.2   I am here for a reason.

The title of this theme was taken from Emily's interview, where she speaks about her experience of attempted suicide and its aftermath:

"I tried taking a lot of pills…it did not work – and I'm happy it didn't

because… Even though throughout the years, up until a few months ago I

still had those thoughts, but I knew that since it didn't work that time,

that I'm still alive for some reason. I'm still trying to figure out the

reason but, like, I know I'm still here for a reason."

– Emily, p. 4, Lines 46-50

Emily and John both tried to make sense of and give meaning to their experience of depression throughout their interviews. Perhaps this was because they were both further along in their journey of recovery than the other participants and were therefore able to look back at their experience from a different perspective. Emily and John were better able to express hope for the future than their fellow participants. This hope for the future was reflected not only in their words, but also in their artworks. When painting her recovery, Emily (Figure 4.6) purposely left her painting unfinished, representing all that is yet to come.

"I: [So, sort of, the painting is unfinished?]

Exactly.

I: [And the white is representing…]

My future, and all the adventures I will have." – Emily, p. 7, Lines 35-38

In dealing with his depression, John firmly believed that God would not burden him with more struggles than he was able to cope with. This gave him a sense of hope when struggling with episodes of depression.

"I: [What were the things that gave you courage throughout these years?]

Well, you have to have a bit of courage. Not any special amount, but you

have to try to continue living with what God has given you."

– John, p. 3, Lines 44 – 46.

Despite his significant history of depression, John maintained a powerfully optimistic attitude when speaking about his experience and how he coped with it.

"If you don't at least try to be positive, you cannot move forward. Even

now, I'm going through some difficult things, but I try to focus on the

positive because if I focus too much on the negative I will end up in bed.

I know that I will end up in bed if I focus on the negative. The fact that

I'm doing well at the moment with the medication and the TMS means

that I can cope with these difficult circumstances much better than if I

had been depressed." – John, p. 7, Lines 33-39.

Towards the end of his interview, David took a spiritual approach to his experience of depression. Similar to Emily's interpretation of suffering, he too believed that everything happens for a reason.

"I believe in change yes but obviously always forward. I don't believe…

Everything happens for a reason, I don't believe to change what I did

now, for example, you know, nothing. I never go back to change, what's

done is done." – David, p. 8, Lines 11-15.

4.5   Conclusion

The interviews in this study gave participants the opportunity to share their personal experiences with depression, while the art sessions provided a creative window for non-verbal self-expression. Most participants admitted to having been quite sceptical about creating their own artworks, but eventually warmed up to the idea and surpassed even their own expectations. All participants were grateful for the chance to share their experience so openly with someone.

"[If there is anything you would like to add, please go ahead.]

No, I'm fine but thank you, it has been enlightening and it's given me a

lot to think about." – Katie, Page 8, Lines 19-22.

The following chapter provides a critical discussion of this study's findings in relation to the extant literature. The strengths and limitations of this study are identified towards the end of the next chapter.

Chapter 5

Discussion

5   Discussion

5.1   Introduction

The purpose of this study is to explore the way art and imagery can be used to elicit first-hand accounts of the lived experience of depression. In this chapter, findings from this study are discussed critically in comparison to extant literature. Personal interpretations of findings are also included in this section. Ultimately, I intend to conclude this chapter with an overview of the strengths and limitations of the study.

The following sections have been organised according to the themes identified in the previous chapter, beginning with a discussion on the images created by the participants and the way these compare to existing literature, followed by a critical exploration of the themes and metaphors identified during participants' interviews. Prior to this analysis, a brief review of the participants' demographic details and the way these compare to other studies in this field will be examined.

5.2   Demographic Details of Participants

This section will identify the demographic details of the study's participants. These details will then be compared to the demographic characteristics found in other relevant literature.

A total of five individuals participated in this study: three males and two females. It would have been interesting to compare these demographics to other studies making use of artmaking in eliciting narratives of depression, but unfortunately this information is scarce. The study by Thorne (2011) which targeted depressed clients from an art therapy group, although providing rich results, does not provide any demographic details of its participants, excluding their age and diagnosis.

Refai's (2014) study explored the visual narrative of two graphic novels by two male artists who suffered from depression, but it is unclear as to why Refai chose these two graphic novels in particular, and whether the authors were included in the interpretation of their artworks. Fortunately, the studies by Palmer and Furler (2018) and Hussain (2020) pertaining to the use of photo-elicitation and depression provided detailed demographic data pertaining to their participants. In contrast to the present study where participants were predominantly male, studies by Hussain (2020) and Palmer and Furler (2018) had a sample population consisting almost entirely of women. Alternatively, studies by Ronberg (2019) and Hajela (2012), who explored the use of metaphors in narratives of depression, both had participant groups made up equally of males and females. The participants in the current study were twenty-six, thirty-five, forty, forty-seven, and fifty-five years old. This is comparable to Zubala et al.'s study (2017) which dealt with participants between the ages of 32 and 65.

Regarding diagnosis, all participants in this study were diagnosed with unipolar depression by a psychiatrist. Individuals with comorbid mental illness such as bipolar depression or a combination of depression and anxiety were not accepted to participate. Although it was specified to the study's intermediaries that participants should not be acutely depressed at the point of interviewing, it seemed that participants were at different stages of their recovery from depression – a few where almost fully recovered (n=2), whereas some were still experiencing residual symptoms of depression (n=3). It proved challenging to find participants who were all at the same stage of recovery. This may have affected the way participants viewed and depicted their experience of depression, with individuals who were further along their recovery viewing it in a more hopeful and positive light.

The following section will provide a discussion about the images created by the participants in relation to depression-related images found in existing research.

5.3   Depression and Artworks

As explored in the previous chapter, the participants of this study created a number of deeply meaningful artworks representative of their experience with depression. This section will discuss the images created by these participants in comparison to depression-related images and artworks found in existing literature.

5.3.1   Depression and Isolation

Social isolation was arguably one of the most predominant themes that emerged from participants accounts of their experience with depression. In her drawing, Emily depicted this as an empty bedroom, exaggerated in size, featuring a small figure of herself curled up on an equally exaggerated bed. Her drawing also calls attention to a window set against one of the bedroom walls, with the curtains decidedly drawn, casting the room in darkness. She mentions these curtains time and time again, emphasising the fact that they were always shut tight throughout her struggle with depression, whereas now that she has recovered, they have been flung open wide. The curtains represent a barrier from the outside world, from society, providing safety yet consequently loneliness and isolation. The foetal position is one that shows Emily curled in on herself, using her body as a barricade against the outer world, whilst also indicating an attempt to protect herself.

In his painting, David makes use of the foetal position in a similar way. He requested at the start of his art session I draw an outline around his body, as he himself lay in foetal position over six large papers taped together. This made his painting deeply personal, as he literally painted his

physical self onto the page. David explained that this position embodied his entire experience with depression, as he had spent much of his time whilst depressed lying in bed, curled up and alone. Both participants purposely left their artworks void of any other figures, excluding themselves, to accentuate the isolation they experienced throughout their depression. It is of note that the foetal position was not seen in any of the artworks or photographs represented in extant literature.

The 'emptiness' of these artworks can also be seen in the artworks found in other studies. For example, Thorne (2011) found that many of his participants often painted images of deserted landscapes such as deserts to signify social isolation. In Palmer and Furler's (2018) photo-elicitation study, a participant chose to photograph an empty playground – an environment that on any normal occasion would have been bursting with life and social activity. Neither of these studies, however, depict figures of any shape or form.

Benjamin created something entirely different to signify social isolation. He very simply made a crude stick-figure drawing of his home, his wife, and his two children with large crosses drawn over them, marking them as losses secondary to his depression. No literature was found that consisted of this sort of extremely literal imagery, as the artworks presented by other participants were often of a more metaphorical nature.

The link between depression and social withdrawal has been supported by various studies conducted over the years. Studies suggest that the relationship between the two is bi-directional, where social withdrawal predicts symptoms of depression and vice-versa (Santini et al., 2020). Loneliness and depression are inextricably linked, and it can be sometimes challenging to pinpoint which of the two appears first, as they eventually merge into a vicious cycle (Matthews et al., 2016).

A study by Teo et al. (2020) went a step further and postulated that although social isolation is often secondary to depression, it also depends heavily on the individual's personality traits and level of social connection. In spite of this, all of the participants in this study mentioned social isolation as a repercussion of depression, despite having very different personalities and social backgrounds. Evidently, the link between depression, social withdrawal, and pre-morbid personality is a field that requires further research and investigation.

5.3.2 Depression and Falling / Drowning / Sinking

Images of sinking and drowning were used by two participants in this study to provide a general picture of what it felt like to experience depression. Katie was the first to make use of this pictorial analogy, having drawn a sailing boat being tossed on the waves of a rough sea. As discussed in Chapter 4, she made use of this image to symbolise her struggles against the waves of depression, explaining that she often felt as though she were drowning. John similarly created an artwork made up almost entirely of waves and ripples, where each wave symbolised a trial of life, many of which were episodes of depression. He compared the size of the waves to the severity of the depressive episode, explaining that although some waves were easier to manage, others would overwhelm him, making it impossible to stay afloat. The concept of drowning or sinking indicates a loss of control – participants felt so engulfed and over-burdened by their depression that they expressed a staggering feeling of hopelessness and helplessness.

The search for supplementary literature on the subject led to the discovery of a different take on this sort of imagery as seen in the children's book 'The Red Tree', by Shaun Tan (2001). In 2016, Church conducted an analysis of various children's books dealing with mental illness, including 'The Red Tree'. Church (2016) describes how the author makes use of falling red leaves throughout the book to symbolise depression, at one point having the protagonist of the story almost drowning in them. Although this is decidedly different from the drowning images created by John and Katie, the metaphorical significance remains the same. Church (2016) comments on the way Tan (2001) makes periodic visual references to the sea in his story, suggesting that the sea intimates the weightlessness of both sleep and death. In the same way that John and Katie envisioned their experience of depression as a perilous journey across tempestuous seas, Tan (2001) shows his protagonist battling heaving waves in a little boat, utterly alone.

Interestingly, the image of the sea and that of drowning was not mentioned in any of the critiqued studies. Perhaps the fact that participants of this study created artworks related to the sea is a nod to island culture, having grown up in such close proximity to the sea. Existing literature instead shows that participants opted to create images of falling or sinking. Although the imagery is different, the symbolism remains the same – the experience of falling also communicates a complete loss of control. As aptly described by Refai (2014) – the metaphorical sensation of falling, crashing, plummeting and descending are visual expressions commonly used by individuals who have been diagnosed with depression. Coll-Florit et al. (2021) also found that many of their participants made use of the word 'sinking' to visualise a loss of emotional control, equating it to an uncontrollable downward motion.

Drowning, sinking, falling, crashing – such perceptible words tie in exceedingly well with the symptoms of helplessness and hopelessness commonly experienced by individuals who suffer from depression. Hopelessness is arguably one of the most significant pre-determining factors of suicidal ideation, putting individuals who experience it at a much higher risk of harming themselves (Beck et al., 1993). Indeed, John admitted to having experienced thoughts of suicide multiple times in the past, and Katie also expressed feeling that there was not much point to life.

Adding a more positive note to this bleak visual narrative, John also made use of the sea and waves to signify an element of perseverance and determination. Although acknowledging that the waves would sometimes overpower him – resulting in a 'drowning' – he also brought attention to the fact that there were also moments, particularly when receiving adequate psychiatric treatment, where he was stronger than the 'sea' of depression. John visualised this as staying afloat despite the stormy waters he found himself in by occupying himself with hobbies and tasks.

5.3.3 Depression and Colour

Most of the participants in this study predominantly made use of the colour blue to represent their experience with depression. With Katie and John, the use of the colour blue was secondary to their interpretation of depression as the sea. David, however, chose the colour blue as part of the expression 'feeling blue' when describing the sensation of feeling low or sad, showing the importance of language and its meaning in the conceptualisation of a phenomenon. Building on this theme, David painted a life-size figure of himself in varying shades of blue, ranging from navy blue to sky blue to turquoise. David explained that the varying shades of blue denoted the varying severity of his depression as it fluctuated over a period of months. This image evokes a melancholy sense of being filled to the brim with sadness.

There is no space inside his figure painting untouched by blue paint, implying that the depression has not left any room for other emotions or experiences. In David's painting, the blue paint appears almost pervasive, in the same way that depression was pervasive when taking over his life.

As previously discussed, Emily created two paintings in her session – one to signify her experience of depression, and one representative of her recovery. The contrast between them is evident in the colours she used. Where her painting of recovery is an abstract amalgamation of colours, her artwork of depression is a pencil drawing made entirely in grey. Rather than a colour in itself, grey appears to be more of an absence of colour, in much the same way that depression is an absence of joy. The children's picture book 'Misery Moo' by Jeanne Willis (2003) is also built on this colour scheme, as analysed by Church (2016). Church (2016) noted how Willis (2003) introduced the image of a grey and oppressive cloud at the very start of her book, raining over the protagonist. The 'greyness' of the overall image evokes a dismal and disheartening feeling within the viewer, mirroring what the depressed protagonist is going through (Church, 2016).

It is intriguing to note that the colour blue was not used by any of the participants in existing literature as a way of representing depression. Rather, the colours black and grey seem to have been favoured. Thorne's (2011) participants often used the colour black in their art therapy sessions to portray a 'nothingness'. One of his participants created the thought-provoking image of a black snake, explaining that depression often felt as though a black snake was coiled tightly inside his belly.

Similarly, in Refai's (2014) exploration of two graphic memoirs depicting the authors' experience of depression, the colour black is prominent. The first memoir, (*Psychiatric Tales* by Cunningham, 2010), features an entirely black panel, with the word 'darkness' printed in white. Refai (2014) explains that such panels are referred to as "blind" panels and usually signal a loss of consciousness or sight. In this context, the artist may have used it to suggest a refusal to depict painful events (Refai, 2014).

It is difficult to say why participants attribute particular colours to specific emotional states. During their art sessions, I recall that many participants found it difficult to comment on the rationale behind their colour choices, as it was often an intuitive decision. Perhaps the repeated use of the colour blue by this study's participants is once again a nod to the sea that surrounds them, and which is strongly associated as a key characteristic of the island, however, one can never be entirely sure. Further research could explore this aspect further in persons at different stages of recovery from depression.

5.3.4   Depression and 'Flatlining' / Death

Two participants in this study made indirect references to death through their visual interpretations of depression. Katie used the image of a flatlining ECG to aptly describe the notion of ceasing to exist, having felt that her life had stopped since becoming depressed. She equated depression to an absence of life and felt that the simple picture of a flatlining ECG summarised this perfectly. In Emily's drawing of her darkened bedroom, the mattress on which the small figure is curled up is a significant reference to her attempted suicide by overdosing on medication. She explains that following her attempt, she had vomited over this same mattress, and that it continued to haunt her throughout the years despite having it deep-cleaned.

As part of her recovery, Emily finally discarded this mattress, literally and metaphorically getting rid of these traumatic memories that had continued to plague her. The exploration of death and suicide in artworks by depressed individuals appears to be a sorely under-researched field. There is one article by Hartman (2018) that investigated the artworks of American artist Mark Rothko, who completed suicide in 1970. Hartman (2018) commented on how one art critic sensed impending doom from the change in Rothko's colour scheme, which had taken a turn to darkened greys, browns, reds and black. While Rothko's paintings were never outrightly morbid, Hartman (2018) explained that the artist was preoccupied with death for much of his life, at one point expressing that the only serious thing in life was death. Hartman (2018) felt that Rothko's paintings expressed this sentiment, in the artist's use of colour and his ability to paint objects almost translucently, appearing neither alive nor dead.

When discussing the subject of art and suicide, one must mention Edouard Manet's Le Suicidé (1877). The painting depicts a formally dressed man who has fallen backwards onto his bed, holding a revolver in his right hand which only moments prior had been used to complete suicide (Ilg, 2002). The painting is focused solely on this male figure and his bed, the only other furniture in the room being a small bedside table and a photograph hung on the wall (Ilg, 2002). Although the subject matter in Manet's painting is far more morbid, it does bear some resemblance to Emily's pencil drawing in the way that the figure and the bed are at the very heart of the artwork. In both artworks, the bed on which the figures lay has strong ties to death, whether completed as in Manet's painting, or attempted as in Emily's drawing.

The following sections will explore the themes identified from participant interviews, and the way that these relate to the critiqued literature and any relevant supplementary literature. The discussion will be divided according to the identified super-ordinate themes, and the themes that then emerged. The comparison between themes and literature has been summarised in Table 5.1, where findings from the present study have been placed opposite similar findings from international literature.

Table 5.1

Summary of themes opposite existing literature.

Findings extracted from available literature	Findings extracted from the present study
<u>The consequences of depression.</u>	<u>The following themes emerged from the super-ordinate theme "A New Me, in Me":</u>
A participant in the study by Ronberg (2019) described a change in self-understanding. She previously viewed herself as 'superwoman' – strong and capable – but now views herself as a vulnerable person. Coll-Florit et al. (2021) identified the 'split self' metaphor when interviewing participants with depression. Participants in their study described feeling as though they were an entirely different person when struggling with depression and expressed the wish to return to their previous 'true' self. Hussain (2020) found that his participants also expressed difficulty performing daily tasks at home, at school, and at the workplace.	<u>A Different Identity.</u> Katie viewed herself as a strong and dependable person but admitted in her interview that this image of herself changed drastically during her experience with depression. Although Benjamin and David were both self-described happy-go-lucky, social, and outgoing individuals, they both experienced a crisis of identity as a result of their depression. They suddenly found that there was another side to them – depressed, sick, a disappointment. All participants described a lack of energy and motivation which effected their ability to engage in daily tasks and previously enjoyable activities.
The DSM V outlines a number of physical and biological symptoms associated with depression, including weight loss / weight gain, changes in appetite and sleeping patterns, fatigue, and an observable reduction of physical movement (American Psychiatric Association, 2013). Hussain (2020) supports the observation that depressed individuals experience increased fatigue and reduced physical activity. Participants in his study reported spending hours at a time sleeping or laying on their couches.	<u>A Physical Change.</u> Emily gained 15 kilos secondary to her depression. She described the distressing experience of outgrowing many of her clothes, and how this continued to have destructive consequences on her already fragile self-esteem. Participants noted that they were spending an extended period of time in bed. They described feeling fatigued and exhausted and were spending much of their time asleep. This was noted by all participants in this study, but mostly by Katie and John, who would sometimes spend a period of days at a time in bed when highly unwell.

	An Emotional Journey.
Hussain (2020) found that participants experienced sadness, hopelessness, and self-loathing. They described depression as a cycle of self-dislike, leading to depression, leading to disliking oneself even further.	Participants described feeling as though they were turning into a worse version of themselves, and often struggled with intense guilt as they felt that their illness was somehow their fault.
Hussain (2020) also found that participants often felt as though they were living in a state of 'nothingness' or 'numbness'.	
A participant in the study by Coll-Florit et al. (2021) reported feeling guilty about being a burden on others..	Emily, John and Benjamin felt particularly guilty about the way their depression effected their loved ones and the people in their lives.
Ronberg's (2019) study discussed the way one participant felt that depression changed her personality, making her more irritable and difficult to be around.	John described becoming increasingly irritable and short-tempered whilst depressed – this was a sharp contrast to his previously calm and gentle personality.
Coll-Florit et al. (2021) found that many of their participants made use of the word 'sinking' to visualise a loss of emotional control, hopelessness, and helplessness. 'Drowning' was not used. Charteris-Black (2012) – identified the metaphor 'depression is descent'.	All participants experienced an element of hopelessness and helplessness at some point in their experience of depression and expressed this either through their artworks or in their interviews. Katie and John used the image of drowning to express this. David, Emily and Benjamin expressed elements of hopelessness in their interviews, describing themselves as no longer resilient, and being unable to make plans for the future.
	In my own bubble
Participants in a study by Hussain (2020) found it difficult to engage with other people, explaining that it felt like being on one side of a wall, while trying to interact with people on the other side.	Participants felt that they lost their ability to socialise with others as a direct result of their depression. This was particularly painful for those like Benjamin and David, who were highly social beings.
From the same study by Hussain (2020), another participant expressed the need to isolate herself in her room where she could let the tears flow without being judged.	Many felt the need to isolate themselves, as this was the only way they could feel comfortable and safe. Emily, for example, valued her bedroom as a safe space where she could be alone with her thoughts.
A study by Coll-Florit et al. (2021) found that participants felt pressured to repress their emotions so as not to be labelled as crazy or hysterical.	Katie stressed how important it was to keep up appearances and act as though she were fine, even when struggling so significantly with severe depression.
	Emily also felt that she was 'bad company', and that she was a drain on the energy of other people. Isolating herself was her way of protecting other people from the effects of her depression.

	The following themes emerged from the super-ordinate theme "A Search for Meaning"
	Better to be Dead.
Orsolini et al. (2020) postulated that individuals who suffer from depression are at a high suicide risk of approximately 15%. A study by Shamsaei, Yaghmaei, and Haghighi (2020) found that depressed individuals who attempted suicide did so for a number of complex reasons, the most common being the belief that the world would be a better place without them.	Emily attempted suicide by overdose several years prior to her interview. She did not inform anybody following this incident, although she eventually told her boyfriend a few months later.
Hussain (2020) had a number of participants who expressed having thoughts of ending their life – no attempts were made, but some participants had made plans to do so. Participants felt that their suicidal ideation stemmed from a sense of 'nothingness'.	David and John both experienced thoughts of dying, but these thoughts took the form of passive death wishes as opposed to active suicidal ideation. They both experienced times in their lives were living too difficult to bear.

Katie expressed feeling as though she were not really alive due to her depression. She pondered over what could be considered truly living, as opposed to simply existing, and touched upon this theme in her artwork by drawing a flatlining ECG. |
| | **I am here for a reason.** |
| Hussain (2020) found that participants identified a number of strategies to help cope with their depression, including spending time with trusted and genuine people, crying, and conversing with professionals. Others found that exercise such as walking was helpful in alleviating the symptoms of depression (Charteris-Black, 2012; Harris, Cronkite and Moos, 2006). | John found meaning in his agricultural hobbies – his field created a pocket of stability and control in a life that otherwise felt chaotic. |
| In his book 'A Search for Meaning', Victor Frankl (1946) gave testimony to the belief that the only way to survive suffering is to find meaning in it. | John also stressed the importance of having courage. He believed that God would not burden him with more struggles than he was able to cope with. This gave him a sense of hope when struggling with episodes of depression. He also felt that it was important to maintain a positive attitude whenever possible.

Emily's failed overdose led her to believe that she was still alive for a reason. This prevented her from making any other attempts at ending her life, even though she still experienced suicidal thoughts.

David also expressed the belief that everything happens for a reason. Despite his suffering, he maintained that given the choice, he would not change the past. |

5.4   A new me in me

This first super-ordinate theme revolves around the many-faceted changes frequently expressed by the participants of this study. Participants felt deeply altered by their experience of depression; psychologically, emotionally, physically, and socially. The following sub-sections will discuss the changes experienced by the participants in the context of existing literature. Moreover, the findings of this study may help to provide meaning to some of the results extracted from the critiqued and supplementary literature.

5.4.1   A Different Identity

In a way that was often heart-breaking, participants expressed feeling as though they were no longer their 'true' selves while living with depression. As seen in the interview excerpts discussed in Chapter 4, participants perceived themselves as becoming weaker, more vulnerable, with one participant even making use of the word 'sick'. Katie, for example, viewed herself as a strong and dependable person, but admitted in her interview that this image of herself changed drastically during her experience with depression, primarily due to the fact that she felt unable to carry on with simple every-day tasks and activities. This change in self-perception is corroborated in the literature. For example, in Ronberg's study (2019), a participant described that she previously viewed herself as 'superwoman' – strong and capable – but now views herself as a vulnerable person. There is a certain grief associated with this change in understanding, as both participants grieve the loss of the person they used to be.

Another facet to this loss of identity is the concept of the 'split self' metaphor as identified and discussed by Coll-Florit et al. (2021) in their study on the metaphors of depression. Coll-Florit et al. (2021) found that just over 25% of the metaphors identified in their study were directly related to the concept of the 'split self'. One participant expressed feeling as though there were two parts to them, their 'true' self, and their 'ill/depressed' self, and felt as though the 'ill/depressed' self was battling against and taking over their 'true' self. Another participant remarked that she was an entirely different person when struggling with depression, and that she longed to return to the person she knew she was and still is, deep down. These observations were also sustained by the participants in this study, in almost the exact same words. Katie explained that in the early stages of her experience with depression, she found it challenging to identify with being a 'depressed person', as she felt such great discordance between the image of a depressed person and her perception of herself. David, for example, described the contrast between his 'true' self and his 'depressed' self as the process of finding a new version of himself within his existing self. He described his 'true' self as flamboyant, social, and happy-go lucky, whereas his 'depressed' self was labelled as unhealthy and sick.

Participants also expressed a deep lack of motivation and energy which made it difficult to engage in tasks which they previously perceived as simple and easy. Katie and Emily commented on the fact that suddenly, everything felt like a chore, and things which previously brought them joy were now no longer important to them. Similarly, John lamented over no longer being able to find the energy to engage in hobbies such as gardening. This is mirrored in the research conducted by Hussain (2020), where participants expressed difficulty performing daily tasks at home, at school, and at the workplace when struggling with depression.

5.4.2 A Physical Change

In addition to the psychological repercussions of depression, participants also experienced a number of physical and biological changes. Emily, for example, was a victim of extreme weight gain throughout her experience with depression. Having described herself as a 'comfort eater', Emily reported gaining 15 kilos at one point throughout an episode of depression. She described the distressing experience of outgrowing many of her clothes, and how this continued to have destructive consequences on her already fragile self-esteem. Weight gain is just one of the many physical and biological symptoms of depression listed by the DSM V (American Psychiatric Association, 2013), yet it is scarcely mentioned in any of the critiqued or supplementary literature.

Other biological symptoms identified by the American Psychiatric Association (2013) in the DSM V include changes in appetite and sleeping patterns, fatigue, and an observable reduction of physical movement. Fatigue was one of the most commonly reported symptoms expressed during participant interviews, experienced by all participants in this study. All participants reported spending extended periods of time laying in bed, sometimes days on end, as in Katie and John's experience. Hussain's (2020) study corroborates this, having had participants who reported spending hours at a time on their couches, and sleeping for most of the day. While Emily and David spent most of their time in bed as a way of disconnecting from the outside world, Katie, John, and Benjamin described feeling so exhausted that they were physically unable to get out of bed. Katie and John both spent an entire month in bed at the lowest point of their depression – barely eating or drinking, and Benjamin described his life while depressed as an incessant cycle of work and sleep.

5.4.3   An Emotional Journey

A participant in Hussain's (2020) study described their experience of depression as a multitude of emotions. They went on to add that depression often felt like a cycle of self-loathing, leading to worsening depression, leading to more self-loathing, and so on and so forth. This interpretation of depression was not used by any of the participants in this study, however, participants did express that they often felt as though they were turning into a worse version of themselves as a direct result of their depression. They often struggled with intense feelings of guilt, as they were sometimes plagued by the belief that their illness was their fault in some way. John, for example, struggled with guilt in the context of an acute change in his emotional state while depressed. He reported becoming easily irritated and short-tempered when experiencing an episode of depression, leading to hostile verbal exchanges with other people both at work and at home. This emotional change would often leave John feeling guilty about his reactions. A participant in Ronberg's (2019) study corroborates this, explaining that she often felt that the 'black dog' – a term she used to describe her depression – often caused her to think and say things which were hurtful and negative. She described herself as being highly irritable and difficult to be around when depressed.

Emily and Benjamin became acutely aware of the way their emotional state when depressed effected their loved ones and the people they surrounded themselves with. While Benjamin's guilt seemed to stem primarily from the fear of not being able to support his family due to his depression, Emily's guilt was very much entwined with the way her emotions affected her relatives and friends. This guilt was so pervasive that she continued to remain secretive about her mental state even following her overdose, in an attempt to avoid burdening her loved ones with the knowledge of her depression.

Guilt appears to be a common emotion experienced by individuals suffering from depression, as reiterated by a number of studies (Coll-Florit et al., 2021; Hussain, 2020; Ronberg, 2019). An element of hopelessness and helplessness, and loss of emotional control, was seen throughout participants' artworks and interviews. As previously discussed in section 5.3.2 concerning the images of drowning, sinking, and falling - participants felt so engulfed by their depression that they expressed a staggering feeling of hopelessness and helplessness. In the literature, hopelessness is often visualised as a downward motion, such as in the study by Coll-Florit et al. (2021), who found that many of their participants made use of the word 'sinking' to visualise a loss of emotional control. John and Katie used the image of drowning beneath crashing waves to aptly visualise the loss of control over their own emotions, thoughts and feelings. The sea was viewed as a powerful, chaotic force that one could not resist but that only served to pull the helpless person downwards, similar to the experience of a person with depression who encountered forces more powerful than themselves. On the other hand, David verbally expressed how hopeless he felt by reflecting on how strong and resilient he perceived himself prior to his depression. When struggling with depression, David felt that he had lost this fighting spirit, and thus felt that he was unable to overcome the hurdles presented to him.

Hussain (2020) found that participants often expressed feeling numb and empty. As opposed to the rollercoaster of guilt, sadness, and hopelessness discussed above, participants in Hussain's (2020) study described feeling void of all emotion. This 'nothingness' seemed to be linked to the fatigue and exhaustion often experienced by individuals suffering from depression. Participants in the present study did not share the sensation of numbness as the participants in Hussain's (2020) study did, despite still experiencing overwhelming fatigue and loss of energy.

5.4.4   In my own bubble.

As discussed in the previous chapter, social isolation was one of the most challenging consequences of depression faced by the study's participants. All participants felt that depression directly hindered their ability to engage with other people, whether because they felt too exhausted to do so, or because they felt that they were a burden on the people around them. For those like David and Benjamin, who were pre-morbidly highly sociable, 'life of the party' individuals, this isolation was particularly devastating. Even when almost fully recovered from depression, David continued to feel as though he had lost the social skills that had previously made him a self-described social butterfly. Similarly, John also felt as though he had lost the ability to function around people, particularly when in large groups. This difficulty in social functioning is corroborated by research, as aptly described by a participant in a study by Hussain (2020), who described feeling as though she were standing on one side of a wall, trying to communicate with the people on the other side.

Social isolation was at times not physical or literal – Katie, for example, also began to isolate herself by putting on a mask in an attempt to keep up the image of her 'true' self. Katie stressed how important it was to her to hide the severity of her symptoms from the people around her as she feared that she would be judged or looked down upon. Even when friends and family reached out to her, she continued to insist that she was alright, despite struggling greatly with worsening depression.

A study by Coll-Florit et al. (2021) found that participants felt pressured to repress their emotions so as not to be labelled as crazy or hysterical. Sadly, mental illness is still heavily shrouded in stigma, and this is felt strongly by individuals who have depression (Hussain, 2020). Indeed, participants in Hussain's (2020) study described feeling as though they were playing a game of hide-and-seek in attempting to dodge stigma by avoiding social events, concealing their true feelings, and putting on a mask of happiness.

At times, social isolation was viewed as a coping mechanism or a safety net. Emily, for example, would often isolate herself in her bedroom as she felt overwhelmed in the company of others. Her bedroom represented a safe space where she could be alone with her thoughts and emotions and would find comfort in the fact that she was not 'bothering' anyone. From the same study by Hussain (2020) mentioned previously, another participant expressed the need to isolate herself in her bedroom where she could let the tears flow without being judged. She found this to be cathartic and healing and viewed it as a way of coping with overwhelming emotions.

Emily's primary reason for social isolation, however, seemed to be neither fatigue nor the need to remain in her 'safe space'. Rather, Emily consistently seemed to view herself as a burden on her loved ones and felt that her company could in some way hurt them or bring them down. She described herself as 'bad company' and explained that it is not enjoyable to have the company of a depressed person. Isolating herself was her way of protecting other people from the effects of her depression. It is interesting to note that this rationale did not appear in any of the critiqued or supplementary literature.

The following section and sub-sections will explore the super-ordinate theme 'A Search for Meaning' in the context of existing literature.

5.5   A Search for Meaning

This super-ordinate theme shows how participants reflected on their suffering, the meaning extracted from their experience, and the way that their experience ultimately shaped them into the people they are today. There were elements of spirituality which emerged, as well as simple coping strategies such as returning to hobbies and accepting the support of professionals.

5.5.1   Better to be Dead

Thoughts of death and dying were persistent in almost all participant interviews, whether in the form of past attempted suicide, or in the form of passive death wishes. Orsolini et al. (2020) postulated that individuals who suffer from depression show a high suicide risk rate of approximately 15%. From all the participants in this study, Emily was the only one who had previously attempted suicide, and her recollection of this event was heart-breaking. She struggled to narrate the details of this traumatic event with tears in her eyes, yet she was adamant about finishing her story. She attempted suicide by overdose several years prior to her interview and did not inform anybody of the incident except for her boyfriend, whom she confided in a few months later. She kept her attempt a secret for months due to the fear of burdening her loved ones and the intense guilt that was present throughout her experience of depression. A study by Shamsaei et al. (2020) found that depressed individuals who attempted suicide did so for a number of complex reasons, the most common being the belief that the world would be a better place without them, having severe internal conflict, experiencing grief, poor social connection, overwhelming financial difficulties, and feeling misunderstood by the people around them. Although Emily never mentioned a specific trigger for her attempt, she ticked all of the boxes suggested by Shamsaei et al. (2020), excluding financial difficulties.

David and John both experienced passive death wishes throughout their experience with depression, but never any suicidal thoughts or ideation. They both described times throughout their experience with depression where life appeared to be too difficult to bear. Their thoughts of death and dying stemmed primarily from a place of intense hopelessness and despair. Neither John nor David ever acted on these thoughts. For David, a major protective factor was the love he had for his dogs, whereas John took a very practical stance and firmly told himself that dying would not solve anything in the long run. Hussain (2020) also had a number of participants who expressed having thoughts of ending their life – no attempts were made, but some participants had made plans to do so. However, these participants felt that their suicidal ideation stemmed from a sense of 'nothingness', as opposed to hopelessness and despair.

As opposed to experiencing death wishes or suicidal ideation, Katie expressed feeling as though she were not really alive due to her depression. She pondered over what could be considered truly living, as opposed to simply existing, and touched upon this theme in her artwork by drawing a flatlining ECG. Katie felt that her lack of participation in life, her isolation and withdrawal from the world, and inability to care for herself had turned her into a shell of the person she once was – physically alive, but not emotionally. Intriguingly, these complex reflections on life with depression were not shared by any other participants in this study, nor any of the critiqued or supplementary literature.

5.5.2 I am here for a reason.

In coping with his depression, John found satisfaction in his agricultural hobbies. He felt that his private field created a pocket of stability and control in a life that otherwise felt chaotic. Indeed, gardening has been shown to create a deep connection with the living world, and time spent in nature has been linked to better mental well-being (Black, 2019). The benefits of gardening on over-all health are based on robust evidence, as studied by Soga et al. (2017) in their meta-analysis on the relationship between gardening and mental health.

David turned to poetry in coping with his experience of depression, despite often lacking in motivation. Such creative activity was found to be soothing and cathartic. The use of creative writing has been shown to benefit persons suffering from depression, as it creates a distance between the individual and the difficult emotions experienced (Cooper, 2013). Hussain (2020) found that participants cited that crying in a safe space was also helpful in expelling difficult emotions. Participants from Hussain's (2020) study also coped by confiding in trusted and genuine friends, and by seeking help from professionals. Others found that exercise such as walking was helpful in alleviating the symptoms of depression (Charteris-Black, 2012; Harris et al., 2006). Exercise has been shown to be not only a positive coping skill, but also an effective treatment in reducing symptoms of depression (Bross et al., 2002).

John also stressed how valuable his faith was to him. He believed that God would not burden him with more struggles than he was able to cope with. This gave him a sense of hope when struggling with episodes of depression. He also felt that it was important to maintain a positive attitude whenever possible.

This is reminiscent of Victor Frankl's testimony to the belief that the only way to survive suffering is to find meaning in it, as expressed beautifully in his book 'A Search for Meaning' (1946). John appeared to share much of Frankl's ideology, and was firm in his belief that courage and hope were pivotal in his recovery from depression.

John's motivation to continue living even through suffering was simple, based on the love for his elderly parents, and the simple joy of working his field and taking care of his plants. As uncomplicated and modest as this may same, it was enough to keep him moving forward in his recovery. Additionally, research has shown that being religious may serve as a protective factor against suicide due to belief that life is sacred and may also result in a more rapid recovery from depression by providing a sense of community and purpose (Dein, 2006).

Emily's failed overdose led her to believe that she was still alive for a reason. As traumatic and tragic as this experience was, her failed attempt is what prevented her from making any other attempts at ending her life, even though she still experienced suicidal thoughts. Looking back at her overdose, Emily expressed her relief at the fact that it was unsuccessful, and strongly believes that her survival is a testament to a higher purpose. She made use of this belief to quieten further thoughts of death and suicide by reminding herself that her overdose failed for a reason, even though she does not yet know what that reason is or may be. During her interview, she smiled and stated that she was still trying to 'figure it out'.

David similarly expressed the belief that everything happens for a reason. Despite his suffering, he maintained that given the choice, he would not change the past. This was a significant statement to make, especially considering the fact that prior to his experience with depression, David had just been diagnosed with HIV.

Despite his suffering, David still held on to the belief that the events in his life played out in this way for a reason unbeknownst to him and used this as a thread of hope which aided his recovery. This philosophical approach to suffering was not shared by other participants in critiqued or existing literature relating tom this topic. Individuals in other studies appeared to take a more concrete stance to living through suffering by adopting coping strategies as discussed earlier on in this section.

The following section will explore the strengths and limitations of the current study, before moving on to the concluding chapter.

5.6   Strengths and Limitations

This section presents an account of the strengths and limitations identified in this study.

5.6.1   Strengths

- From a methodological standpoint, this study presented in-depth information regarding the lived experience of depression. The use of IPA ensured that participants' voices would be heard clearly throughout the study's narrative through the use of verbatim excerpts from interview transcripts. Moreover, face-to-face interviews and guaranteed confidentiality, created a safe space for participants to voice their experiences honestly and without fear of judgement. Furthermore, participants (all Maltese or English speaking) were encouraged to speak in whichever language felt most natural to them, including a combination of the two. Interviews were all conducted by the researcher, and all interviews were introduced with the same opening question to better ensure dependability.

- One of the benefits of semi-structured interviews is flexibility, which allowed participants to raise points and topics of interest which had not been initially included by the researcher.

- In addition to the data collected during interviews, the use of artmaking was included to further illustrate the participants' lived experience of depression. The artworks provided unique insight into participants' experiences from a visual perspective and added depth to their verbal narratives.

- Another strength that can be attributed to this study when comparing it to extant literature is that it focused specifically on the diagnosis of unipolar depression, and that the artworks were created with the singular aim of illustrating the participants' lived experience of this illness. This has so far not been replicated in any other studies, as existing literature has either focused on a variety of different diagnoses or has looked at artworks concerning depression which were created outside of the research context.

- Reflective notes were kept throughout the research study particularly prior to and following interviews and art sessions to reduce possible bias. Additionally, the data analysis was audited by the researcher's academic supervisor.

5.6.2 Limitations

- Qualitative research does not aim to produce generalisable results and therefore, the findings of this study may not be an accurate representation of all individuals living with depression. That being said, the aim of this study was not to provide generalised findings, but rather to elicit detailed narrative of lived experiences of depression, and the way that these experiences can be depicted through artwork.

- Although all participants were past the acute phase of their depression, they were all noted to be at different stages of their recovery. Finding individuals who were at exactly the same point of recovery proved to be impossible, hence the participants can be considered a relatively homogenous group. This may have contributed to dissimilarities in the perspectives and narratives expressed by different participants.

- It is of note that some individuals were far more naturally creative than others. This may have influenced the quality and level of expressiveness across the artworks produced. Certain individuals may have found artistic expression easier than others, thus creating a more honest and authentic image of their experience with depression.

- The fact that the researcher is still a novice, and that this was their first attempt at conducting phenomenological research also posed a limitation to this study.

5.7   Conclusion

The present study has contributed to extant literature by providing in-depth investigation into the lived experience of depression, and the way that this lived experience can be expressed through art. The artworks provided further depth to participants' accounts by transforming the experience of depression into expressive images and visual metaphors. The final chapter summarises the entire research methodology and findings and provides a list of recommendations.

Chapter 6

Conclusion

6   Conclusion

6.1   Introduction

This chapter aims to lay out a brief summary of the research study. The first section provides a recapitulation of the aims and objectives of this research, the methodology used, and the results obtained. Following this summary, a discussion of the strengths and limitations of the study are presented. Recommendations for clinical practice, education, health and social policies and future research are also presented.

6.2   Summary of Research Study

As reiterated in the previous chapters, there is some literature available regarding the way the experience of mental illness can be communicated through art, images, and metaphors, but very little exists with a specific focus on the diagnosis of depression (Charteris-Black, 2012; Coll-Florit et al., 2021; Hussain, 2020; Palmer and Furler, 2018; Refai, 2014; Ronberg, 2019; Thorne, 2011). Furthermore, there is a dearth in literature regarding the use of art making as a way of eliciting participant experiences of unipolar depression, and the few studies that exist do not specify whether the patients were in the acute or recovery phase of their illness. The purpose of this study was to address these gaps in the literature by placing the artworks created by individuals recovering from depression at the forefront and looking at the way these personal images reflect the lived experience of depression. The stage of recovery has been shown to influence the individual's perception of depression.

The phenomenological study focused solely on adults recovering from unipolar depression, excluding those with dual diagnoses and other comorbidities. A total of five participants - three males and two females - were recruited with the help of two intermediaries from the acute admission ward at the local psychiatric hospital. Intermediaries ensured that participants met the inclusion criteria – all were individuals above the age of 18 with a solitary diagnosis of depression. Individuals who were still acutely depressed were not recruited to be a part of this study, as the nature of depression would have made it difficult for participants to engage in artistic activities and interviews. Interested participants were invited to participate in an art-session facilitated by a registered art psychotherapist, followed by a semi-structured interview which was audio-recorded and then transcribed for analysis. The art session was used as an opportunity for participants to create a visual representation of their experience with depression, adding depth to the data collected during their interviews. The data collected from the interviews were analysed according to guidance by Smith et al. (2009), resulting in two super-ordinate themes, six themes, and seventeen sub-themes. The significance of participants' artworks was discussed during their interviews, and images were compared to other pictures of depression found in the literature. The following sub-sections summarise the super-ordinate themes identified, as well as the significance of the artworks created by the participants.

6.2.1 Summary of Artworks

Many of the themes elicited from participant interviews were reflected in their artworks. The theme of social isolation, for example, is reflected in Emily's drawing of her bedroom, with the purposely drawn curtains representing a barrier to the outside world. The foetal position was depicted by both Emily and David in their artworks, which showed an image of the participants curled tightly into themselves, using their bodies as a protective yet isolating barricade.

Both artworks were void of any other figure drawings excluding those representing themselves, highlighting the loneliness of their experience. Benjamin did choose to include the figures of his family in his artwork, but later crossed them out to portray his isolation from them.

Hopelessness and helplessness were also shown in participants' artworks, depicted by a drowning sensation. Katie created a picture of a sinking sailing boat, while John drew a number of repetitive blue lines to represent waves in the sea. They referred to depression as the 'waves' that pulled them down and their experience of survival as 'staying afloat'. At their lowest points, they explained feeling as though they were drowning, with this imagery communicating a message of complete loss of control.

The relationship between depression and colour was also explored. Three out of five participants chose to make use of the colour blue when representing depression – two made use of blue as a reference to the sea, which represented context in which the person was 'drowning', and the third used the colour blue as part of the phrase 'feeling blue' to signify feeling sad and low. The use of varying shades of blue was also used by one participant (David) to denote the varying severity of his depression as it fluctuated over the months. On the other hand, Emily chose to draw her artwork of depression entirely in grey. Emily viewed grey as an absence of colour, in much the same way that depression is an absence of joy, whilst associating recovery with bright and vibrant colours.

Some artworks also hinted at the theme of death. The most straightforward of these was a drawing of a flatlining ECG which was used to describe the notion of ceasing to exist, viewing depression as an absence of life. Emily's artwork also bore an indirect reference to death, where the mattress on which the small figure in her drawing is curled up is connected to her attempted overdose.

6.2.2   Summary of Super-Ordinate Themes

The first super-ordinate theme, ***a new me in me***, reflected just how deeply altered participants felt by their experience of depression; psychologically, emotionally, physically, and socially. All participants expressed feeling as though they were no longer their 'true' selves, and often felt as though a battle was being fought between their 'true' self and their 'depressed' self. The incongruity between the pre-morbid self and the changes in personality caused by depression was extremely distressing to all participants. As David aptly described, the experience felt as though he were discovering a 'new' self – depressed, unhealthy, vulnerable, sick – within his 'true' self. This change in identity was often accompanied by the inability to experience pleasure in hobbies, and a lack of motivation and energy which made it difficult to engage in tasks which they previously perceived as simple and easy. There was a distinct trace of grief present when participants spoke about the people they used to be, before they were diagnosed with depression.

In this super-ordinate theme, participants also identified a number of biological repercussions of depression, particularly weight gain and fatigue. All participants reported spending extended periods of time in bed, sometimes even for days on end due to an overwhelming sense of exhaustion and fatigue. Emotional consequences were also noted, with participants experiencing acute feelings of guilt, often feeling as though their illness was their fault in some way. This guilt was further fuelled by an increased irritability, which caused participants to react harshly to others. An element of hopelessness, helplessness, despair and loss of emotional control was also prevalent throughout participants' interviews and artworks, commonly pictured as drowning. Participants often reflected on a loss of resilience and felt that depression had rendered them unable to overcome even seemingly small hurdles.

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The social aspect of depression was also explored in great depth, as all participants felt that depression directly hindered their ability to engage with other people. Three participants were particularly affected by this dilemma, having previously been highly social and outgoing individuals. There was a perceived societal expectation to hide their symptoms from the people around them that led participants to wear a metaphorical mask.

Another facet of social isolation was also explored, where it was instead viewed as a coping mechanism and an act of protecting oneself. One participant would often isolate herself inside her bedroom - her safe space - where she could be alone with her thoughts and emotions. She would find comfort in the fact that she could exist without judgment, without bothering anybody else.

The second super-ordinate theme, *a search for meaning*, explored participants' thoughts on death and dying, and identified the ways in which participants gave meaning to and coped with their experience of depression. Of the five participants in this study, one had attempted suicide by overdose, two had thoughts of ending their lives, and one reported feeling as though she were already dead. This heavy aspect of depression was a particularly emotional one to speak about, and participants often struggled to finish voicing their thoughts on the matter. The driving forces behind thoughts of death, dying, and even attempted suicide appeared to be a belief that the world would be a better place without them, and an overwhelming sense of hopelessness which made life appear as though it were not worth living. One participant took a different stance on the subject, stating that her depression had led to lack of participation in life, brought about by social isolation and an inability to care for herself. She felt that all of these had turned her into the shell of the person she once was – physically alive, but not emotionally.

Strategies such as re-engaging in hobbies, turning to family and friends, and seeking professional assistance were all identified as helpful ways of coping. A spiritual element was also touched upon by one of the participants who believed that God would not burden him with more struggles than he was able to cope with. This filled him with a sense of hope and purpose despite his suffering. There was a recurrent theme throughout several of the participants' testimonies that conveyed the belief of 'being here for a reason'. For instance, one participant (Emily) expressed relief that her overdose was unsuccessful, and strongly believed that her survival is a testament to a higher purpose. These beliefs helped to instil a fighting spirit, even when their situation appeared hopeless.

The following section provides a number of recommendations based on the findings of this research study.

6.3   Recommendations

To conclude, recommendations for education, practice, and future research are laid out in the following sub-sections, as indicated by the findings of the current study.

6.3.1   Recommendations for Clinical Practice and Education

- Participants who were inpatients at the local psychiatric hospital at the time of the interview expressed during art sessions that the ward environment was often not ideal for individuals recovering from depression. Although they were grateful for the supportive and caring health care providers (HCPs), they felt that the ward itself was often highly chaotic and would have appreciated having a quiet space to themselves. Having designated relaxation rooms on the wards may help in providing a pocket of stability for patients suffering from depression, particularly since the concept of having a 'safe space' was mentioned by many of the participants to be a helpful coping strategy.

- Participants felt that the process of artmaking helped them to better visualise their experience and offered them a visual perspective of their illness. Incorporating routine art sessions on the wards – whether in the form of formal art therapy sessions held by an art psychotherapist, or in the form of informal art sessions held by other HCPs trained in art – may aid recovery in patients diagnosed with depression. This intervention may also be transposed to community services, with art sessions being held on an outpatient basis.

- All participants described experiencing social withdrawal and isolation throughout their experience of depression. Building on to the previous recommendation, hosting community collaborative art groups and projects targeted towards persons diagnosed with depression can be a therapeutic way of encouraging depressed individuals to integrate with others while sharing their experiences. Such projects can be hosted by HCPs within community mental health centres.

- One of the challenges participants faced was in explaining their experience of depression to their loved ones. Participants often felt misunderstood by the ones closest to them. Involving patients' relatives and friends in psychoeducational sessions hosted by HCPs and explaining patients' needs within may help in making the experience of depression feel less lonely. It is also recommended that existing educational and support services by NGOs are better advertised, as many participants were unaware that such services even existed.

- Participants commented on the fact that they often hid their symptoms from the people around them to avoid stigmatisation and ridicule. They often felt that society would label them as 'weak' or 'sick' if their symptoms were too visible, and that this often made them feel as though they were a burden to society. The use of public education programmes and campaigns to educate the general public and challenge such discriminatory behaviours may be effective in reducing the stigma faced by these individuals. This can be achieved via online learning, leaflets, and booklets, or by hosting public lectures.

- While participants acknowledged in their art sessions that most HCPs addressed their issues and needs in a sensitive and professional manner, they commented on the fact that not all HCPs were able to do so in such an empathic manner and that this had a detrimental effect on their recovery. Continuous professional training such as workshops and seminars are recommended to help HCPs maintain and improve their professional and therapeutic skills. Including further training at an undergraduate and postgraduate level may also help HCPs understand the experiences of such patients better.

6.3.2   Recommendations for Future Research

- It is recommended that this study be replicated using more homogenous samples such as males/females, or individuals belonging to a specific age group. It would also be interesting to replicate this study using a younger sample population of children or adolescents who may be more receptive to the use of artmaking.

- Further research is needed to explore the use of artmaking in eliciting narratives of depression. While this study focused on a single artmaking session due to time constraints, participants often felt that it was not enough to fully articulate their experience of depression. Hosting multiple art sessions throughout the recovery stage may result in more detailed and expressive artwork.

- Longitudinal studies aimed at exploring the use of artmaking in depression over time may be useful in identifying differences in the progression of participants' artworks. Such studies may be better able to depict the full experience of depression at its progressive stages though art by looking at differences in colour, content, and visual metaphor.

- Future studies may wish to explore the differences between 'creative' depressed individuals, and 'non-creative' depressed individuals. The artworks created by these two populations may be very different in content and detail, despite having the same diagnosis of unipolar depression.

6.4 Conclusion

Depression is a complex and debilitating mental illness that effects of 300 million people globally. This study aimed to explore the lived experience of this illness though an artistic lens. This was achieved by meeting with individuals diagnosed with depression, who under the guidance of a registered art psychotherapist, created artworks that honestly depicted their experience of depression. The findings identified in this study are intended to add depth and meaning to existing narratives of depression by presenting these experiences as tangible images. It is hoped that this dissertation will provide HCPs the opportunity to understand patients' experience of depression from a different perspective, through images created by those who know depression best.

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Appendix A – Participant's Information Letter and Consent Form (English)

Dear Participant,

I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements, I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"**. The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. The benefit of your participation in this study is that it would help us gain a better understanding of the way art can be used to explain and visualize the experiences of persons diagnosed with depression, and the way perceptions change throughout admission. Furthermore, all data collected from this research shall be used solely for the purpose of this study.

Once you have begun to feel better and are close to being discharged from the ward, you will be invited to attend an art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. Ms Camilleri will help you to express whatever you may be feeling, and the way you now perceive life through art. Following this session, you will be asked to participate in an interview of approximately 60 minutes. During this interview, we will explore your lived experience with depression and the way your perceptions may have changed from admission to present, your experience of recovery, as well as further exploring the artwork you have created. The interview will be conducted by myself as the researcher and will be held in a quiet room within the ward.

During the interview, you may choose not to answer particular questions and may stop the interview at any time without stating a reason. Unless you have any objections, the interview will be audio taped. I can assure you that confidentiality will be maintained throughout the study and that your identity and personal information will not be revealed in any publications, reports or presentations arising from this research. All data collected will be pseudonymized meaning that the transcripts will be assigned codes and that this data will be stored securely and separately from any codes and personal data. This data may only be accessed by the researcher whilst the academic supervisor and examiner(s) will have access to coded data only, although there may be exceptional

circumstances in which the academic supervisor and examiner(s) would require access to personal data for verification purposes.although there may be exceptional circumstances in which the academic supervisor and examiner(s) would require access to personal data for verification purposes. although there may be exceptional circumstances in which the academic supervisor and examiner(s) would require access to personal data for verificationalthough there may be exceptional circumstances in which the academic supervisor and examiner(s) would require access to personal data for verification purposes. The coded audio-recordings and transcripts will be stored on my own personal computer that is password protected and in an encrypted format.

In the event that you feel distressed due to participation in this study, the service of a Registered Psychiatric Nurse, Ms Danica Tonna, will be available to you at no extra cost. Should you require this service, I ask that you contact me on the details provided below.

Participation in this study is completely voluntary and you are free to accept or refuse to take part without giving a reason. You may withdraw from the study at any time without giving a reason. Furthermore, if you choose to withdraw from the study at any point this will not have any negative repercussions on your care and any data collected will be deleted. A copy of the information sheet and consent form will be provided for future reference. As a participant, you have the right, under the General Data Protection Regulation (GDPR) and national legislation that implements and further specifies the relevant provisions of said regulation, to access, rectify and where applicable ask for the data concerning you to be erased. Once the study is completed and the results are published, the data will be retained in anonymous form. Any personal details will be destroyed.

Thank you for your time and consideration. Should you have any questions or concerns do not hesitate to contact me on 79980930 or by e-mail on amy.bonnici.14@um.edu.mt or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt.

Yours Sincerely,

_____   _____

Amy Bonnici
Researcher

Dr Josianne Scerri
Research Supervisor

Consent Form

"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"

I, the undersigned, give my consent to take part in the study conducted by Amy Bonnici. The purpose of this document is to specify the terms of my participation in this research study.

1. I have been given written and verbal information about the purpose of the study and all questions have been answered.

2. I understand that I have been invited to participate in an art session conducted by an art psychotherapist prior to discharge. I am aware that throughout this session I will be guided in expressing whatever I may be feeling, and the way I perceive life through art.

3. I understand that following this art session I will be invited to participate in an interview of approximately 60 minutes. I am aware that this interview will explore my lived experience with depression and the way my perceptions may have changed from admission to present, as well as further exploring the artwork I have created.

4. I understand that both the interview and the art session will be held inside a quiet room within the ward. I am aware that the interview will be audio recorded and transcribed (written down as it has been spoken).

5. I am aware that the transcripts will be coded and that this data will be stored securely and separately from any codes and personal data.

6. I am aware that the researcher is the only person who has access to this data. Examiners and academic supervisors will have access to coded data only. There may be exceptional circumstances which allow the supervisor and examiner(s) to have access to personal data too for verification purposes.

7. I am also aware that the coded audio-recordings and transcripts will be stored on the researcher`s personal computer that is password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published.

8. I am aware that my artwork will be photographed and the original copies returned to me.

9. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.

10. I also understand that I am free to accept, refuse or stop participation at any point in the study before or even during the second interview without giving any reason. This will have no negative repercussions on myself and any data collected from me will be deleted.

11. I also understand that my contribution will serve to gain a better understanding of the way art can be used to explain and visualize the experiences of persons diagnosed with depression, and the way perceptions change throughout admission.

12. If I feel that the study has distressed me in any way, a Registered Mental Nurse (Ms Danica Tonna) will be available to provide a service at no financial costs on my part.

13. I understand that under the General Data Protection Regulation (GDPR) and national legislation that implements and further specifies the relevant provisions of said regulation, I have the right to access, rectify, and where applicable ask for the data concerning me to be erased.

14. I also understand that once the study is completed and results are published the data will be retained in anonymous form. Any personal details will be destroyed.

15. I will be provided with a copy of the information letter and consent form for future reference.

16. I have read and understood the points and statements of this form. I have had all the questions answered to my satisfaction, and I agree to participate in this study.

Participant: _____

Signature: _____

Date: _____

_____   _____

Amy Bonnici   **Dr Josianne Scerri**
Researcher   Research Supervisor

Appendix B – Participant's Information Letter and Consent Form (Maltese)

Għażiż/a Parteċipant/a,

Jiena Amy Bonnici u naħdem bħala infermiera tal-psikjatrija. Fil-preżent qed insegwi Master's in Mental Health Nursing mal-Università ta' Malta. Bħala parti mir-rekwiżiti tal-kors, qed nagħmel riċerka bit-titlu "Exploring the perceptions of inpatients with depression through art and imagery". L-għan ta' dan l-istudju hu li nesploraw l-esperjenzi ta nies li qedin jieħdu kura għad-dipressjoni ġewwa l-isptar, u naraw kif il-perċezzjonijiet jista' jkun li jinbiddlu tul l-ammissjoni. Is-sehem tiegħek f'dan l-istudju jista' jgħin biex ikollna aktar għarfien dwar kif l-arti tista' tintuża biex tispjega u tirrepreżenta l-esperjenzi ta' nies li jgħixu bid-dipressjoni. Kull informazzjoni miġbura tintuża biss għall-għan jew l-għanijiet ta' dan listudju.

Meta inti tibda tħossok aħjar u tkun kważi wasalt biex terġa tmur lura id-dar, ser tiġi mistieden/mistiedna biex tipparteċipa f'sessjoni ta' l-arti immexxija minn Ms Noelle Camilleri, li hija terapista ta l-arti. Ms Camilleri tkun tista tgħinek tesprimi dak li tkun qed tħoss u il-perċezzjonijiet tiegħek permezz ta l-arti. Wara dan, ser tiġi mistieden/mistiedna biex tipparteċipa f-intervista ta' madwar 60 minuta. Tul din l-intervista, se nkunu qed nesploraw l-esperjenza tiegħek bħala persuna li tgħix bid-dipressjoni, l-esperjenza ta l-irkupru, u kif il-perċezzjonijiet tiegħek forsi nbiddlu matul il-waqfa tiegħek ġo l-isptar. Se niddiskutu ukoll l-arti tiegħek. L-intervista se tkun immexxija mir-riċerkatriċi ġo kamra kwieta fis-sala stess.

Waqt l-intervista, m'intix obbligat/a li twieġeb il-mistoqsijiet kollha u tista' twaqqaf l-istudju fi xħin trid mingħajr ma tagħti l-ebda raġuni. Dan mhux ħa jkollu riperkussjonijiet negattivi fuq il-kura tiegħek. Sakemm m'għandek l-ebda oġġezzjoni, ir-risposti tiegħek se jiġu rrekordjati bl-awdjo. Nassigurak li se tinżamm ilkunfidenzjalità matul l-istudju kollu u l-identità tiegħek u kull informazzjoni personali miġbura mhuma se jiġu żvelati mkien fit-teżi, ir-rapporti, il-preżentazzjonijiet u/jew il-pubblikazzjonijiet li jistgħu jirriżultaw minnha. Kull tagħrif miġbur se jiġi pswedonomizzat, jiġifieri id-data kollha se tkun protetta permezz ta' sistema ta' kodiċi u miżmuma separatament mill-informazzjoni personali.

Ir-Riċerkatriċi biss ser ikollha aċċess għall-informazzjoni miġbura, filwaqt li s-Superviżura akkademika u l-eżaminaturi se jkollhom biss aċċess għal data kkodifikata. Is-Superviżura akkademika u l-eżaminaturi jista jkollhom bżonn aċċess għall-informazzjoni miġbura għal skop ta' verifika. L-awdjo rrekordjat u d-data kollha se jinħażnu fuq il-kompjuter personali tar-riċerkatriċi permezz ta' kodifikazzjoni tad-data (data encryption) u li hi protetta b'password. Barra minn hekk, il-materjal stampat se jinqafel f'post sigur.

F'każ li tħoss li l-istudju ħoloqlok diffikultà u tixtieq li tiddiskuti x'qed tħoss ma' infermiera psikatrika Ms Danica Tonna, li se jkun qed tipprovdi servizz ta' għajnuna mingħajr ħlas min-naħa tiegħek. Biex titlob dan is-servizz, nitlob li tikkuntatjani fuq id-dettalji msemmija fl-aħħar ta dan id-dokument.

Il-parteċipazzjoni tiegħek f'dan l-istudju hija għażla għal kollox volontarja u inti ħieles/ħielsa li taċċetta jew tirrifjuta li tieħu sehem mingħajr ma jkun hemm konsegwenzi fil-konfront tiegħek. F'kas li inti tagħżel li twaqqaf il-parteċipazzjoni tiegħek, linformazzjoni dwarek tiġi mħassra. Se tingħata kopja tal-ittra ta' informazzjoni u tal-formula ta' kunsens sabiex tkun tista' taċċessahom fil-futur. Barra minn hekk, skont ir-Regolamenti Ġenerali dwar il-Protezzjoni tad-Data (GDPR) u l-leġiżlazzjoni nazzjonali li timplimenta u tispeċifika aktar il-provvedimenti relevanti tar-regolamenti msemmija, inti għandek id-dritt li taċċessa, tirretifika, u fejn japplika titlob sabiex titħassar id-data li tikkonċerna lilek. L-informazzjoni personali kollha se titħassar hekk kif jintemm dan l-istudju ta' riċerka u jkunu ppubblikati r-riżultati miksuba.

Grazzi ħafna tal-ħin u s-sehem tiegħek f'dan l-istudju. F'każ li jkollok xi mistoqsijiet jew tixtieq tiċċara xi ħaġa, tista' ċċempilli fuq 79980930 jew tibgħatli email fuq amy.bonnici.14@um.edu.mt. Tista' wkoll tikkuntattja lis-Superviżura Dr Josianne Scerri fuq 23401175 jew billi tibgħat email fuq josianne.scerri@um.edu.mt.

Dejjem tiegħek,

_____   _____
Amy Bonnici   **Dr Josianne Scerri**
Researcher   Research Supervisor

Formula ta' Kunsens tal-Parteċipanti

"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"

Jien, hawn taħt iffirmat/a, nagħti l-kunsens tiegħi biex nieħu sehem fl-istudju mmexxi minn Amy Bonnici. L-għan ta' dan id-dokument hu li jiġu speċifikati t-termini tal-parteċipazjoni tiegħi f'dan l-istudju ta' riċerka.

1. Jien ingħatajt informazzjoni miktuba u verbali dwar l-għan tal-istudju u l-mistoqsijiet kollha twieġbu.

2. Nifhem li se nkun qed nipparteċipa f'sessjoni ta l-arti immexxija minn Ms Noelle Camilleri, li hija terapista ta l-arti. Nifhem li tul din is-sessjoni se nkun qed tesprimi dak li nkun qed nħoss u il-perċezzjonijiet tiegħi permezz ta l-arti.

3. Nifhem li wara din is-sessjoni, ser niġi mistieden/mistiedna biex nipparteċipa f-intervista ta' madwar 60 minuta. Nifhem li tul din l-intervista, se nkunu qed nesploraw l-esperjenza tiegħi bid-dipressjoni, u kif il-perċezzjonijiet tiegħi forsi nbiddlu matul il-waqfa tiegħi ġo l-isptar. Se niddiskutu ukoll l-arti tiegħi.

4. Nifhem li is-sessjoni ta l-arti u l-intervista se jsiru ġo kamra kwieta ġo s-sala stess. Jien konxju/a li r-risposti tiegħi se jkunu qed jiġu rrekordjati permezz ta' tagħmir awdjo u se jinkitbu r-risposti fuq formuli apposta.

5. Naf ukoll li se ssir kodifikazzjoni tad-data u din se tinżamm separatament millinformazzjoni personali.

6. Naf ukoll li r-riċerkatriċi hi l-unika persuna li se jkollha aċċess għal din l-informazzjoni, filwaqt li s-Superviżura akkademika u l-eżaminaturi se jkollhom aċċess għal data kkodifikata biss. Is-Superviżura akkademika u l-eżaminaturi jista jkollhom bżonn aċċess għall-informazzjoni miġbura għal skop ta' verifika.

7. Barra min hekk, naf li l-awdjo rrekordjat u d-data se jinħażnu fuq il-kompjuter personali tar-Riċerkatriċi permezz ta' kodifikazzjoni tad-data (data encryption) u li hi protetta b'password. Barra minn hekk, naf li l-materjal stampat se jitqiegħed f'post sikur u se jinżamm sakemm joħorġu r-riżultati.

8. Nifhem li l-arti tiegħi se jiġi fotografat, u l-arti l-oriġinali se nżommha jien.

9. Naf li l-identità tiegħi u l-informazzjoni personali mhumiex se jinkixfu fit-teżi, fir-rapporti, fil-preżentazzjonijiet u/jew fil-pubblikazzjonijiet li jistgħu jirriżultaw minnha.

10. Nifhem ukoll li jien liberu/a li naċċetta, nirrifjuta jew inwaqqaf il-parteċipazzjoni f'kull ħin bla ma nagħti raġuni. Dan mhux ħa jkollu riperkussjonijiet negattivi fuqi. Nifhem ukoll li la darba nirtira minn dan l-istudju, linformazzjoni miġbura se tiġi mħassra.

11. Nifhem ukoll li l-kontribuzzjoni tiegħi ser isservi biex ikollna aktar għarfien dwar kif l-arti tista' tintuża biex tispjega u tirrepreżenta l-esperjenzi ta' nies li jgħixu bid-dipressjoni, u kif il-perċezzjonijiet forsi jinbidlu matul waqfa ġo l-isptar.

12. Madanakollu, jekk inħoss li l-istudju ħoloqli diffikultà u nixtieq li niddiskuti x'qed inħoss, naf li l-infermiera psikjatrika Ms Danica Tonna se tkun qed tipprovdi servizz ta' għajnuna mingħajr ħlas min-naħa tiegħi.

13. . Nifhem ukoll, li skont ir-Regolamenti Ġenerali dwar il-Protezzjoni tad-Data (GDPR) u lleġiżlazzjoni nazzjonali li timplimenta u tispeċifika aktar il-provvedimenti relevanti tarregolamenti msemmija, jiena għandi d-dritt li naċċessa, nirretifika, u fejn japplika nitlob sabiex titħassar id-data li tikkonċernani.

14. Naf ukoll li meta jintemm l-istudju u r-riżultati jkunu ppubblikati, l-informazzjoni personali miġbura titħassar.

15. Fl-aħħar nett, naf ukoll li se ningħata kopja tal-ittra ta' informazzjoni u tal-formula ta' kunsens sabiex inkun nista' naċċessahom fil-futur.

16. Jien qrajt u fhimt il-punti u d-dikjarazzjonijiet f'din il-formula. Inħossni sodisfatt/a bittweġibiet li ngħatajt għall-mistoqsijiet li kelli, u qed naċċetta minn jeddi li nipparteċipa f'dan l-istudju.

Parteċipant:_____

Firma:_____

Data:_____

_____   _____
Amy Bonnici   **Dr Josianne Scerri**
Researcher   Research Supervisor

Dear Ms Agius,

My name is Amy Bonnici and I am a psychiatric nurse. I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art".** The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. I am writing this to ask whether you would be interested in acting as an intermediary for recruitment of participants within this study.

We are interested in recruiting participants from Mixed Admission Ward (Cohort A and Cohort B), due to its position as an acute ward receiving multiple patients with various diagnoses. We will be focusing on persons, both male and female, who have been diagnosed with depression. They may be first-time admissions or readmissions. Data collection will take place in the form of semi-structured interviews whilst incorporating the use of imagery and art. Once they are well on their way to recovery and close to being discharged from the ward, participants will be invited to attend an individual art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. This art session will serve as a way of exploring the participant's perceptions now that they have received treatment and are approaching discharge into the community. An interview of approximately 60 minutes will be held following this art session, exploring their lived experience with depression and the way their perceptions may have changed from admission to present, as well as further exploring the artwork they have created. Interviews will be managed by myself. All interviews and art sessions will be held in a quiet room directly on the ward.

I would appreciate your help in recruiting participants for this study. This will involve distributing copies of information letters and consent forms to potential participants during the recruitment stage and answering any queries that they might have. It is important that consent forms are signed and recollected by yourself. I will provide you with copies of information letters and consent forms in both English and Maltese. Participants have the right to keep a copy of the consent form. I will make extra copies of each for this reason. In your role as a Registered Mental Nurse in MAW Cohort B, I ask that you kindly recruit participants from this ward.

It is of utmost importance that I am not involved with the recruitment of participants in any way, so as to avoid possible feelings of coercion. I ask that you do not inform me of any potential participants that decline the invitation to participate.

If you intend to accept this role, kindly sign this letter in approval. You may contact me on 79980930 or by email on amy.bonnici.14@um.edu.mt, or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt. Thank you in advance!

Kind Regards,

_____

Ms Amy Bonnici

_____

Dr Josianne Scerri

I agree to act as an intermediary for this study.

Ms Janice Agius, RMN

Dear Ms Taliana,

My name is Amy Bonnici and I am a psychiatric nurse. I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"**. The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. I am writing this to ask whether you would be interested in acting as an intermediary for recruitment of participants within this study.

We are interested in recruiting participants from Mixed Admission Ward (Cohort A and Cohort B), due to its position as an acute ward receiving multiple patients with various diagnoses. We will be focusing on persons, both male and female, who have been diagnosed with depression. They may be first-time admissions or readmissions. Data collection will take place in the form of semi-structured interviews whilst incorporating the use of imagery and art. Once they are well on their way to recovery and close to being discharged from the ward, participants will be invited to attend an individual art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. This art session will serve as a way of exploring the participant's perceptions now that they have received treatment and are approaching discharge into the community. An interview of approximately 60 minutes will be held following this art session, exploring their lived experience with depression and the way their perceptions may have changed from admission to present, as well as further exploring the artwork they have created. Interviews will be managed by myself. All interviews and art sessions will be held in a quiet room directly on the ward.

I would appreciate your help in recruiting participants for this study. This will involve distributing copies of information letters and consent forms to potential participants during the recruitment stage and answering any queries that they might have. It is important that consent forms are signed and recollected by yourself. I will provide you with copies of information letters and consent forms in both English and Maltese. Participants have the right to keep a copy of the consent form. I will make extra copies of each for this reason. In your role as Deputy Charge Nurse of MAW Cohort A, I ask that you kindly recruit participants from this ward.

It is of utmost importance that I am not involved with the recruitment of participants in any way, so as to avoid possible feelings of coercion. I ask that you do not inform me of any potential participants that decline the invitation to participate.

If you intend to accept this role, kindly sign this letter in approval. You may contact me on 79980930 or by email on amy.bonnici.14@um.edu.mt, or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt. Thank you in advance!

Kind Regards,

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Ms Amy Bonnici

_____

Dr Josianne Scerri

I agree to act as an intermediary for this study.

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Ms Graziella Taliana, DCN

Dear Dr Xuereb,

My name is Amy Bonnici and I am a psychiatric nurse. I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art".** The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. I am writing this to ask whether you would be kind enough to approve this study and the recruitment of participants from Mixed Admission Ward (Cohorts A and B).

We are interested in recruiting participants from Mixed Admission Ward (Cohort A and Cohort B), due to its position as an acute ward receiving multiple patients with various diagnoses. We will be focusing on persons, both male and female, who have been diagnosed with depression. They may be first-time admissions or readmissions. Data collection will take place in the form of semi-structured interviews whilst incorporating the use of imagery and art. Once they are well on their way to recovery and close to being discharged from the ward, participants will be invited to attend an individual art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. This art session will serve as a way of exploring the participant's perceptions now that they have received treatment and are approaching discharge into the community. An interview of approximately 60 minutes will be held following this art session, exploring their lived experience with depression and the way their perceptions may have changed from admission to present, as well as further exploring the artwork they have created. Interviews will be managed by myself. All interviews and art sessions will be held in a quiet room directly on the ward. All data collected will be pseudonymised meaning that the transcripts will be assigned codes and that this data will be stored securely and separately from any codes and personal data. This data may only be accessed by the researcher whilst the academic supervisor and examiner(s) will have access to coded data only, although there may be exceptional circumstances in which the academic supervisor and examiner(s) would require access to personal data for verification purposes. The coded audio-recordings and transcripts will be stored on my own personal computer that is password protected and in an encrypted format.

Ms Graziella Taliana, Deputy Charge Nurse will be acting as an intermediary for MAW Cohort A, while Ms Janice Agius, Registered Mental Nurse will be acting as an intermediary for MAW Cohort B. They will distribute copies of information letters and consent forms to potential participants during the recruitment stage and answer any queries that they might have.

I will not be involved with the recruitment of participants in any way, so as to avoid possible feelings of coercion. Intermediaries will not inform me of any potential participants that decline the invitation to participate.

Provided that you have no objection to inpatients from MAW participating in this study, I ask that you kindly sign this letter in approval. You may contact me on 79980930 or by email on amy.bonnici.14@um.edu.mt, or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt. Thank you in advance!

Kind Regards,

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Ms Amy Bonnici

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Dr Josianne Scerri

Dear Dr Grech,

My name is Amy Bonnici and I am a psychiatric nurse. I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements, I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"**. The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. I am writing this to ask whether you would be kind enough to approve recruitment of participants from Mixed Admission Ward (Cohorts A and B).

We are interested in recruiting participants from Mixed Admission Ward (Cohort A and Cohort B), due to its position as an acute ward receiving multiple patients with various diagnoses. We will be focusing on persons, both male and female, who have been diagnosed with depression. They may be first-time admissions or readmissions. Data collection will take place in the form of semi-structured interviews whilst incorporating the use of imagery and art. Once they are well on their way to recovery and close to being discharged from the ward, participants will be invited to attend an individual art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. This art session will serve as a way of exploring the participant's perceptions now that they have received treatment and are approaching discharge into the community. An interview of approximately 60 minutes will be held following this art session, exploring their lived experience with depression and the way their perceptions may have changed from admission to present, as well as further exploring the artwork they have created. Interviews will be managed by myself. All interviews and art sessions will be held in a quiet room directly on the ward.

Ms Graziella Taliana, Deputy Charge Nurse will be acting as an intermediary for MAW Cohort A, while Ms Janice Agius, Registered Mental Nurse will be acting as an intermediary for MAW Cohort B. They will distribute copies of information letters and consent forms to potential participants during the recruitment stage and answer any queries that they might have. I will not be involved with the recruitment of participants in any way, so as to avoid possible feelings of coercion. Intermediaries will not inform me of any potential participants that decline the invitation to participate.

Provided that you have no objection to inpatients from MAW participating in this study, I ask that you kindly sign this letter in approval. You may contact me on 79980930 or by email on amy.bonnici.14@um.edu.mt, or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt. Thank you in advance!

Kind Regards,

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Ms Amy Bonnici

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Dr Josianne Scerri

Appendix F – Approval from Data Protection Officer

From: Balzan Oswald at Health-Mental Health Services
Sent: 29 July 2020 09:21:03
To: Bonnici Amy at Health-Mental Health Services
Subject: RE: Request for Approval of Study

Dear Amy, GOOD MORNING,

I want to remind you that you cannot approach patients directly and force them to participate. You have to recruit participants through your intermediary Ms.Taliana.

Also be aware that participants may opt to withdraw from participation at any time.
A consent FORM is to be drafted, and presented to each participant before you commence your questionnaire. Kindly send me a copy of this Consent Form.

PERMISSION GRANTED

Oswald Balzan
Principal
Mount Carmel Hospital
Health-Mental Health Services

t +356 23304014   **e** oswald.balzan@gov.mt

Appendix G – Art Psychotherapist's Agreement Letter

Dear Ms Camilleri,

My name is Amy Bonnici and I am a psychiatric nurse. I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"**. The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. We are interested in recruiting participants from Mixed Admission Ward (Cohort A and Cohort B), due to its position as an acute ward receiving multiple patients with various diagnoses. We will be focusing on persons, both male and female, who have been diagnosed with depression. They may be first-time admissions or readmissions. Data collection will take place in the form of semi-structured interviews whilst incorporating the use of imagery and art. Once they are well on their way to recovery and close to being discharged from the ward, participants will be invited to attend an individual art session. This art session will serve as a way of exploring the participant's perceptions now that they have received treatment and are approaching discharge into the community. I am asking whether you would be interested in conducting these sessions within your role as an art psychotherapist. An interview of approximately 60 minutes will be held following this art session, exploring their lived experience with depression and the way their perceptions may have changed from admission to present, as well as further exploring the artwork they have created. Interviews will be managed by myself. All interviews and art sessions will be held in a quiet room directly on the ward.

If you intend to accept this role, kindly sign this letter in approval. You may contact me on 79980930 or by email on amy.bonnici.14@um.edu.mt or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt. Thank you in advance!

Kind Regards,

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Ms Amy Bonnici

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Dr Josianne Scerri

Ms Noelle Camilleri, Art Psychotherapist

Dear Ms Tonna,

My name is Amy Bonnici and I am a psychiatric nurse. I am currently reading for a Master's degree in Mental Health Nursing at the University of Malta. As part of my course requirements, I am conducting a research study entitled, **"Navigating the Storm to Recovery: Lived Experiences of Depression through Art".** The aim of this study is to explore the experiences of persons admitted to inpatient psychiatric care with depression, and the way their perceptions may change from admission to discharge. This is to request that should a participant experience any distress due to my study that they can seek assistance from yourself.

We are interested in recruiting participants from Mixed Admission Ward (Cohort A and Cohort B), due to its position as an acute ward receiving multiple patients with various diagnoses. We will be focusing on persons, both male and female, who have been diagnosed with depression. They may be first-time admissions or readmissions. Data collection will take place in the form of semi-structured interviews whilst incorporating the use of imagery and art. Once they are well on their way to recovery and close to being discharged from the ward, participants will be invited to attend an individual art session conducted by Ms Noelle Camilleri, who is a registered art psychotherapist. This art session will serve as a way of exploring the participant's perceptions now that they have received treatment and are approaching discharge into the community. An interview of approximately 60 minutes will be held following this art session, exploring their lived experience with depression and the way their perceptions may have changed from admission to present, as well as further exploring the artwork they have created. Interviews will be managed by myself. All interviews and art sessions will be held in a quiet room directly on the ward.

I am requesting that should a participant experience any distress that they may be referred to you and that you may assist them accordingly. Kindly state your approval by signing this letter. You may contact me on 79980930 or by email on amy.bonnici.14@um.edu.mt or my supervisor Dr Josianne Scerri on 23401175 or by email on josianne.scerri@um.edu.mt. Thank you in advance!

Kind Regards,

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Ms Amy Bonnici

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Dr Josianne Scerri

Appendix I – Interview Guide (Maltese and English)

Interview Guide

"Navigating the Storm to Recovery: Lived Experiences of Depression through Art"

English Version

1. Can you tell me a little bit about yourself?

2. Can you describe your experience of living with depression?

3. Can you describe your experience of today's art session?

4. Can you describe your artwork?

5. Why did you choose to draw (subject of artwork)?

6. What meaning does this artwork hold for you?

7. Is there anything you would like to add?

Maltese Version

1. Tista' tgħidli ftit dwarek innifsek?

2. Kif tiddeskrivi l-esperjenza tiegħek bħala persuna tgħix bid-dipressjon?

3. Tista' tiddeskrivi l-esperjenza tiegħek ta' s-sessjoni ta l-arti li ħadt sehem fiha llum?

4. Tista' tiddeskrivi l-arti tiegħek?

5. Għaliex għażilt li tpinġi (is-suġġett ta' l-arti)?

6. X'tifsira għandha din l-arti għalik?

7. Tixtieq iżżid xi ħaġa oħra?

Appendix J – Ethical Approval

Research Ethics HEALTHSCI <research-ethics.healthsci@um.edu.mt>
to Rosienne, me, Josianne ▾

Wed, 29 Apr 2020, 15:38 ☆ ↩ ⋮

Dear Amy,

Further to my previous email, please note that UREC-DP has reviewed your application. Approval is granted **on condition** that the following issues are addressed by the researcher and verified by the FREC before the research commences:

1. Informed Consent Form / Information Sheet
1.1 The information sheet and consent form state that if a participant decides to withdraw from the study, their data will be retained in an anonymised form. The researcher should note that the data of participants who withdraw from the study should be deleted whenever possible, and that it should only be retained anonymously if it is impossible to delete (e.g., after anonymisation). She is kindly requested to amend her documentation to clarify this.
1.2 The information sheet states that the supervisor and examiners will have access to coded data only, while the consent form acknowledges that there may be exceptional circumstances in which the supervisor and examiners would require access to personal data too, for verification purposes. This should be stated in both documents.

Please forward the amended documents with track changes **to Dr Rosienne Farrugia**, in copy, to be approved oBo FREC. **Once the FREC has verified that all the issues raised above have been addressed, you may proceed with your study.**

Please forward me:
1. A soft copy of the documents a), b) and c) **merged in ONE pdf document**:
    a) the revised pages only made in Word using track changes.
    b) the endorsement email from your supervisor.
    c) the endorsement email from Dr Rosienne Farrugia.

2. An updated soft copy of the appendices in a zipped file **(without track changes).**

by not later than Wednesday, 6th May 2020.

Thanks and Regards,
Christabel

Christabel Vella
FREC Secretary

Ritienne Grima <ritienne.grima@um.edu.mt>
to Research, Josianne, me ▾

Thu, 6 Aug 2020, 14:49 ☆ ↩ ⋮

Dear Amy
I have reviewed your updated FREC application. I confirm that all the necessary documents are in order and your application is approved on behalf of FREC.
Ms Christabel Vella will need to update your records. Kindly send her the updated form and necessary documentation on research-ethics.healthsci@um.edu.mt.
Best wishes
Ritienne Grima

Ritienne Grima Ph.D
Senior lecturer
Head, Department of Communication Therapy
Chairperson, Faculty Research Ethics Committee
Faculty of Health Sciences
University of Malta
Tel.: (+356) 2340 1142