

# Chapter 7

## Travelling with and Beyond Depression: Women's Narratives of Recovery and Identity

S. FULLAGAR

### Introduction

Despite the growing prevalence and variety of mental health 'problems' within contemporary societies there has been surprisingly little exploration of the relationship between emotional distress/well-being and tourism experiences. This chapter aims to contribute a feminist perspective to the growing body of research into 'wellness tourism' (Smith & Kelly, 2006) through a focus on travel within Australian women's narratives of recovery from depression. Hence, it builds upon the expanding literature on women travellers (Small, 1999; Tiyce, 2008; Wearing & Wearing, 1996; Wilson & Harris, 2006) by developing closer connections with work in disability studies, leisure studies and mental health (Fullagar, 2008; Fullagar & Brown, 2003; Kleiber et al., 2002; Stoppard, 2000). In particular I consider how meaningful travel experiences figured within women's stories of moving through depression and renegotiating their sense of self in recovery (Wilson & Harris, 2006). In this way I explore a tension shaping the travel experience between understanding the 'disabling effects' of being diagnosed as mentally 'ill' as well as the transformative possibilities travel affords women.

In this chapter I argue that the liminal space of travel affords us another way of understanding the relational and multiple nature of women's identity. Travel involves the movement away from home with its gendered responsibilities and expectations, as well as the movement towards other worlds and possible selves experienced within a relation to difference. In particular I focus on 11 narratives that identified the significance of travel within an Australian Research Council funded qualitative study involving 80 Australian women aged 20–75 who self-identified as recovering from depression. Ten women who identified themselves as travellers or tourists spoke of the embodied longing to move through places that gave them hope, desire and the vitality to escape the weight of depression. In contrast one woman spoke of how travel actually contributed to her

122

SECOND PROOF – Charlesworth – 06/09/10

depression rather than recovery. My analysis considers how women draw upon gendered discourses to articulate their recovering identity and identified three interrelated themes about travel experiences. These themes include; travel as a narrative of escape from gendered expectations of home, travel as a pleasurable form of risk taking and travel as a quest for a purposeful identity beyond deficit and depression.

Mental health and illness are also 'liminal' categories of human experience that have been culturally produced through the oppositional relations of the mind and body, reason and emotion, healthy and sick, normal and abnormal, self and other (Ussher, 1991; Wiener, 2005). In this context I explore how travel and tourism figure in the stories of those who are living with and moving through an identity formed around depression and gender. I conclude with a reflection upon the implications

of the study for the fields of tourism and mental health with respect to ways of thinking about well-being.

### Discourses of Depression and Recovery

Depression has been identified as the most common 'mental disorder' in Australia, and the single largest 'cause of disability' accounting for over \$3 billion annually in direct and indirect costs (Commonwealth of Australia, 2006). It is the third largest cause of disease burden for women and the eighth for men. Depression is also responsible for 9.8% of all years 'lived with disability' for women and 6.2% for men (Noble, 2005). Depression is a complex mental health condition in terms of its effects on an individual's life – chronicity and often lifelong recurrence, periods of instability and loss of employment/income, relationships and social connection, as well as the profound loss of self-identity and social worth that is calculated through the crude measure of 'years lost to disability'. The experience of depression varies in relation to its severity and treatment from hospitalisation in psychiatric care to the use of long term anti-depressants designed to maintain 'normal' functioning and alleviate distress. The ongoing embodied effects on individual lives are also highly temporal ranging from severe periods of incapacitation, emotional ups and downs, periods of 'normal' functioning, and these effects can be highly visible to others or largely invisible with distress unrecognised. Despite greater awareness depression is still stigmatised as a mental health disorder that is seen to reflect an individual's weakness, inability to cope with modern life or a biochemical imbalance in the brain (Crosbie & Rosenberg, 2007). Drawing upon insights from the social approach to disability it can be argued that the discourse and experience of depression has 'disabling effects' in that discrimination, stigma and devaluing of difference derives from socio-cultural norms that privilege a limited model of humanness (Mulvany, 2000).

### Travelling with and Beyond Depression 123

SECOND PROOF – Charlesworth – 06/09/10

In contrast to biomedical and individualised models of depression that explain the cause of disability in terms of biochemical or psychological deficits, a growing body of research identifies depression as a deeply gendered, social phenomenon (Fullagar, 2008; Schreiber, 2001; Stoppard, 2000). Depression has been linked to a sense of loss of self experienced in relation to childhood abuse, family and domestic violence and other inequities that women experience in relationships, work and leisure (Stoppard & McMullen, 2003). In addition, depression is also linked to women's experience of marginalisation in relation to class, cultural, sexuality and age differences as well as cultural expectations that women 'be all things to all people'. There is a growing literature on women's experience of depression that identifies how recovery is connected to the negotiation of gendered identity beyond the normalised 'good woman' (as wife, mother, daughter) articulated through the heterosexual matrix (Stoppard, 2000). Hence, further exploration of what women identify as significant in their experience of recovery can help to shift popular and medical-therapeutic understandings from the pharmacological treatment paradigm towards a focus on meaningful experiences (such as travel). Recognition of leisure and travel practices that enable the transformation of self through recovery refocuses attention on the social processes that can enable change in different life domains (O'Brien & Fullagar, 2008). The recovery orientation in mental health policy and research has

also called for new ways of supporting people who continue to experience severe emotional distress that emphasises their capacities, potential capabilities and renewed life purpose beyond a simplistic notion of cure (Pilgrim, 2009). The capabilities approach advocated by Hopper (2007) draws insights from the social model of disability to acknowledge and challenge the social forces shaping the experience, conceptualisation and stigmatising response to 'mental illness'. Although the emphasis on individual capabilities is important in understanding the personal meaning of recovery there is also the need for a more critical understanding of the assumptions informing recovery discourses (Keane, 2000). The recovery of one's life and identity 'from' or 'within' mental illness (and social exclusion) still ties the self to a powerful narrative about disorder, dysfunction and disease (Davidson & Roe, 2007). Investigating the discursive repertoires that women use to talk about their travel experiences in the context of recovering from depression can help to identify other practices that support emotional well-being as well as other ways of experiencing humanness. For women travel narratives co-exist with a range of other narratives of gendered selfhood that give rise to particular discursive tensions within and across these identities. There is an emerging literature that explores this connection between narrative and identity transformation in both the leisure and tourism fields (Fullagar, 2002; Hood, 2003; Kleiber et al., 2002; Wearing & Wearing, 2001) as well as

124 Accessible Tourism  
SECOND PROOF – Charlesworth – 06/09/10

recovery focused research (Frank, 1998; McIntosh & McKeganey, 2000; Ridgway, 2001; Wirtz & Harari, 2000). The social model of disability that has informed research on leisure, sport and tourism identifies the sociocultural and physical barriers to participation and full citizenship (Darcy, 2004; Kwai-sang Yau et al., 2004). While the focus has largely been on the experiences of sensory, physical and learning disability, the links to the rather more slippery conceptualisation of mental health/illness requires further examination. There are commonalities that arise out of the recognition of diverse ways of experiencing humanness and constructions of capability that bring into question normalised assumptions underpinning the exclusion of difference.

### Women's Depression and Recovery Project

If travel enables women to mobilise a different experience of self-identity then how do we understand the gendered relation of freedom from, and freedom to, within the specific context of recovery from depression? How does travel as a relation with the 'otherness' of the world, cultural difference and even oneself, effect a transformation of women's identity in the process of recovery? And in particular what is the embodied significance of travel as a (non-medical) mode of healing? Travel offers a distinct spatio-temporal practice through which the recovering self is literally and metaphorically moved beyond the identity-related pressures that create the social conditions for depression to flourish. In this chapter I draw upon the narratives of travel that appeared in 11 stories out of the 80 that were gathered as part of an Australian Research Council funded project on women's recovery from depression. The project aimed to identify what women did and how they created meaning about their recovery in the gendered context of everyday life. In-depth interviews with a semi-structured format were conducted and fully transcribed by myself and research assistants within women's homes or preferred locations. Ethical approval for the study was granted by Griffith University. Women were asked a range of questions about

their experience of moving through depression, in particular, what helped and hindered their recovery. A diagnosis of depression was not required of participants (although the majority were diagnosed) and women responded to notices in community newspapers, fliers in health centres, email lists and radio interviews. Participants came from middle and working class backgrounds, were predominantly Anglo-Celtic, heterosexual, with a mix of mothers and non-mothers.

The sample included women with a range of diagnoses including mild, moderate, major, bipolar and post-natal depression. Often there were other issues such as anxiety, panic attacks and sometimes psychosis. The participants had extensive depression-related experience with 60%

Travelling with and Beyond Depression 125

SECOND PROOF – Charlesworth – 06/09/10

experiencing depression three times or more, 21% experienced two to

three episodes and 14% had depression once in their lives (5% unknown).

This highlights the complex issue of recurrence or relapse that has been identified in health policy and mental health promotion initiatives for depression. The majority of participants identified themselves as ‘recovering’ from depression with only a few identifying as fully ‘recovered’. In addition to, or instead of, medication the majority of participants in the study employed a wide range of everyday practices such as seeking social support, counselling, greater work-life balance as well as changing relationships and involvement in active leisure, travel and creative pursuits.

In terms of the 11 interviews in which travel was identified, ten women talked of how travel helped their recovery while one spoke of how it contributed to her depression. For Nora (56 years) travelling non-stop across Canada with her sister and nieces left her feeling unstimulated, lonely and disconnected from her family. Travel in this instance was not an experience of freedom but served to reinforce Nora’s self-blame as she attributed her depression to ‘her nature and bad mental habits’. The other ten women aged from 30 to 69 years (most were over 50 years) spoke to varying degrees about how travel figured in their recovery with some speaking in much greater detail than others. In the analysis I identified the themes across the range of participants and also considered how discourses of gender and risk played out in the way participants created a narrative of the travelling self in their own story of recovery from depression (Alvesson & Skoldberg, 2000). I acknowledge that writing this chapter is also a research process through which I reproduce what participants said at a particular point in time. Hence, I do not claim to provide a representative account or generalisable findings, but rather offer an interpretative glimpse into the narrative accounts of a particular group of Australian women.

### Getting Away – Ambivalent Relationships with Home and Work

Of the ten participants who felt travel was a positive force in their recovery from depression, seven women talked about the importance of getting away from pressures at home or work to have time and space to be themselves. The other three women talked about their desire to travel in terms of a strong life interest or identity project (two were retired).

Whether it was getting away for a short time or travelling over a longer period many women identified powerful experiences articulated through embodied and emotional metaphors that had changed them in some way.

With respect to the gendered context of such experiences travel figured as a site of identity formation that enabled women to perform a different feminine self – a self that was not primarily defined by relations of care

for others nor by depression. In particular women who were mothers valued travel as a time-space for reflection on their own desires and a positive emotional experience. For women without children who had high pressured jobs travel also provided a freer emotional space as Harriet (30 years) said, ‘that three weeks of being completely away from it (workplace issues) . . . the change of scenery, sharing a room with a very dear friend who didn’t mind if I burst into tears at the dinner table . . . those sorts of things really did make a difference, it was very healing to have that complete psychic break’.

In everyday life the multiplicity of women’s desires (for their own lives, and in relation to others) tended to be submerged by the feeling of emotional overload related to maintaining family relationships, a lack of support from husbands, multiple care and/or work responsibilities and the loss of an autonomous sense of identity. For example, Delia (49 years) as a mother with young adults at home was able to enjoy a novel week away by herself on the coast (paid by a friend) to reflect, rest and breathe. The independence she experienced during that week away stayed with Delia as a positive source of hope that a sense of emotional wellbeing was possible amidst the ongoing struggles. Meredith (41 years) talked about how a holiday away from family enabled her to feel differently about herself, ‘when I’m away from my home situation. . . I feel free and strong. Like I’m my own person. I can do things I want to do. When I get caught up in the domestic situation (two children and husband), I just get weighed down again. I have so many responsibilities I don’t feel free to be what I want to be. . .’. Juanita (56 years) echoed this sentiment when she talked about saving hard and travelling ‘on the smell of an oily rag’ to go overnight to a music festival or to undertake longer trips overseas with her daughter, friends or by herself as her husband was reluctant to go. She said ‘I guess what the travel represents is my younger self. . . not being burdened, being unencumbered and meeting people. . . when I am with those people I am not burdened by the hard work of the children and the husband. . . we only have one life’. Juanita also drew upon the metaphoric travel relation between home and away when describing depression as ‘being paralysed, not wanting to go out the front door’. In contrast she described recovery as ‘closing the door of my house and being out there’. Travel in this sense involves taking an emotional risk as women cross a gender threshold and step beyond normalised gender expectations that others hold (children, husbands, ageing parents) and that they often hold of themselves (pleasing others first). Getting away figures as a powerful metaphor in these narratives of recovery as it signifies a key moment in which women refuse to accept the gendered conditions that produce emotional distress and it mobilises their desire for other emotionally satisfying experiences.

Travelling with and Beyond Depression 127

SECOND PROOF – Charlesworth – 06/09/10

### Travel as Ethical Relation of Care for Self

Beyond the desire to get away from home many women identified the importance of travel as the freedom to create an ethical relation to self that involves caring for themselves (O’Grady, 2005). Allie (69 years) talked about how she had developed purposeful practices (meditation, exercise, writing, music, volunteering, social connection and travel) that prevented depression dominating her life. These leisure practices enabled her to perform a different relation to self, ‘I self nurture, I’ve got a number

of strategies for caring for me and putting myself first, it's really easy now I'm retired!'. As an extension of these everyday activities travel offered a kind of hopefulness and purpose, 'Travelling is my big thing . . . I've travelled a fair bit in Australia, even when the kids were little, I'd cart them along and we'd go camping and so on, and I only started travelling overseas in 1990. I'm just back from China'. In contrast to the sacrificing, other pleasing and responsible self who often lacks a sense of entitlement to leisure of her own, the travelling self that women identify actively engages in seeking pleasurable, enjoyable and at times challenging experiences.

Phyllis (62 years) had a long history of hospitalisation and therapy for depression, abuse and had received different mental illness diagnoses, yet she found travel to be a new kind of freedom that enabled her to care for herself differently. She started travelling independently after a breakdown: 'I had to learn that it wasn't selfish to consider yourself . . . it was a big revelation about human rights, to be able to say "no" without explanation . . . Travel was the thing I was free to do . . . I go really frugally, cheap places all on my own . . . I've got to be free . . . I walk everywhere and I absorb cultures . . . you learn to just get about in other cultures, with no language and to me that was such a challenge and so rewarding . . . the thing (in my life) that thrills is travel'. Travel offered Phyllis a means of experiencing her emotions as positive aspects of identity and her sense of capability as an independent woman. To further illustrate the significance of travel in facilitating relations of self care and self knowledge within a complex process of recovery from depression I provide a more detailed account of one participant's narrative. This biographical context can provide a more nuanced understanding of different kinds of meaningful travel experiences – in this case it was a one week stay at a health retreat.

### Phoebe's story

At the time of the interview Phoebe was 43 years old, married a second time with one child and worked as a teacher. She had experienced depression since childhood but had been 'diagnosed' four years ago after a traumatic incident at work when she was threatened with violence by a

128 Accessible Tourism

SECOND PROOF – Charlesworth – 06/09/10

male student. At this time Phoebe miscarried her second child which resulted in anxiety, panic attacks and severe sleep deprivation and led her to admit herself into a private psychiatric hospital for several months to rest and recuperate. Phoebe's treatment before hospitalisation had primarily involved anti-depressants, hormones and sleeping tablets. She felt that this treatment did not really help the recovery process, 'that 12 months really messed me up'. The realisation that drug treatments and therapy sessions were not going to 'fix' her depression 'was a turning point I think in my recovery, when I realised it was never going to be any one thing; there was a lot of work to do here. A lot of stuff to deal with . . . And I needed to do many things, in many ways, in order to heal'. Phoebe talked about how her experience of recovery over the past five years had been very up and down as depression was a very 'intangible' condition that was not recognised as legitimate in society. Her experience of recovery was one of moving forward and sliding back as she shifted out of her 'comfort zone' to try new things in her leisure time, relationships or take on more responsibility in her work as a teacher.

Phoebe began to change the gendered expectations about being a 'good woman' at work and home that had contributed to her emotional

overload, 'I sort of still realise that I struggle with that wanting to do a good job, and wanting it to be wonderful and great at my own expense'. She also made changes in her relationships at home by 'facing the reality of what was going on in my marriage' (lack of emotional support). She sought out individual and couple therapy to deal with childhood issues of abuse, domestic violence in her first marriage and the effects on her sense of self, 'I was a survivor. You know, I sort of took on that role quite a bit . . . now I think I've got a bit of a goddess/warrior-ess thing happening . . . I've had a very dysfunctional family'.

Phoebe identified the gendered conditions that contributed to her depression, 'For women in particular, I think we bury ourselves and we lose ourselves in pleasing and we think it's not okay to be who we are.' Recovery involved developing greater self-awareness about 'speaking her truth', 'asking for help' (at school and from her husband) and enacting a range of recovery practices to maintain her well-being, 'I'm starting to learn the things that work for me, the things that I need to do in order to stay well'. These embodied practices (exercise, yoga retreats, meditation and journal writing) helped her control negative thoughts and moved her into a different ethical relation to self that generated affirming emotions. Yet, acting on her desire for change when she was not feeling well was the most difficult part of recovery 'because you've got to be your own advocate at a time when you're probably least able to do it'. At one of her yoga classes Phoebe recalled being struck by a comment someone made about the importance of addressing mind-body disconnection, 'She said "We forget that we have a body, a lot of us see ourselves as a head

Travelling with and Beyond Depression 129

SECOND PROOF – Charlesworth – 06/09/10

walking around in space.'" And it hit me that I had been so removed from my body for so long . . . women who've been sexually abused; that's often their experience . . . I knew that I needed to start doing some things to get back into my body'. Phoebe decided to go away to a health retreat for a week to experience her self differently and engage in adventure activities that she would normally find terrifying. She describes the week away as 'very eye opening in that I was amazed at what my body could do. I did things that I had never done before and I did things that I was terrified to do. I climbed this pamper pole . . . why they call it a pamper pole has got me beat, there's nothing pamper about it at all; it's this bloody great telegraph pole . . . (you) actually pull your whole body weight . . . it's got these things in it. And you climb up and you stand on the top . . . and you're in a harness, and you jump off . . . absolutely terrified . . . but it was good terrifying and I'd forgotten there's a good terrifying; I'd spent so many years (as a single parent) with my heart in my throat . . . those years were tough . . . And I had forgotten there are good ways to be . . . stressed and afraid . . . And the other thing I did was the flying fox. Once again; jumping off a cliff . . . And learning to trust . . . trust in support systems and that sort of thing . . . you have a choice . . . you can do the 'sloth for a week' thing, where you lay by the pool. You can do the middle of the road, which I did, which was sort of quite a lot of exercise and . . . there's yoga, there's weights . . . there's the tribal dance which I loved, and circus sort of things'. Phoebe likened these intensely embodied experiences to learning cognitive techniques that changed not only her thinking but, 'it's challenging your emotions, it's getting to your core self'.

The liminal space of the health retreat opened up a very different experience of self that was produced through the embodied pleasure in risk taking and the feeling of trust in her capabilities. Phoebe spoke

about this different feeling of aliveness in an intense momentary sense of wonder, 'There was something else that happened there . . . I was walking back down this hill and I had this really weird experience where I was just overcome with peace, and I saw myself clearly for the first time in my life. And it was all good . . . I was a thing of beauty, and grace . . . and I understood for the very first time, my connectedness to everything; to every blade of grass, to everything. And I saw my place, and I saw my insignificance, and my significance . . . I get shivers when I think about it . . . when I journal about it; I cry . . . it wasn't a high . . . it was just a deep understanding of my place . . . And a deep love for myself and for everything around me . . . like I haven't had that experience to that degree since. It was very brief . . . but I just got it, I just understood. . . And I knew that I would be okay, and I knew that I had a purpose here on earth . . . I was able to really let go of that victim role; I knew that I would never see myself as a victim anymore'. This powerful memory was central in Phoebe's story about the process of recovery as one of ongoing learning

### 130 Accessible Tourism

SECOND PROOF – Charlesworth – 06/09/10

about 'what I need to keep doing in order to take care of myself, and still learning those boundaries and those limits, and learning when I'm overwhelmed and when I'm taking on too much'. The health retreat experience as a site of learning or self-knowledge offered Phoebe a very powerful sense of capable feminine embodiment. Although she was not experiencing chronic depression at the time Phoebe attended the nurturing space of the retreat her story stands in stark contrast to many women's comments about the limitations of 'medicated rest' offered by the psychiatric hospital. The public mental health system provides very limited forms of in and out patient 'treatment' for depression and the private system is often too costly for many women. This means that there is little publicly funded intervention support for women who really need to get away to rest, reflect and experience a different sense of identity beyond the emotional spiral of depression.

### Becoming Travellers – From Fear to Freedom

The theme of overcoming fears that kept women trapped in feelings of depression and helplessness was evident in women's narratives about the freedom of travel. In order to act on the desire to travel women had to take a number of emotional risks and confront fears such as risking upsetting their husbands and the assumed gender order of the household, speaking up assertively about their own wishes and venturing into the unknown. Allie (69 years) made the connection between her desire to travel and risk extending herself (and her limited finances) and the desire to overcome the gendered fears that often fed her depression. When asked about her metaphor for recovery Allie said it is 'freedom from fear . . . freedom to be who you are . . . I have no fear now . . . I think it's fear that keeps us locked into depression . . . [it] might be fear of what other people will think of you, or not living up to expectations'. Allie identified how as an older woman she was able to more easily question and let go of the gendered expectations to be the perfect wife, worker or mother. The metaphor of letting go also literally freed her up to experience different cultures and places through her emerging identity as a traveller.

This desire to overcome fear was also echoed in Anya's (36 years) metaphor of the journey of depression that she had struggled with since adolescence. She said, 'You may be travelling alone . . . [there are] certain

dangers that you experience. And the worst of which, of course, is being alone and having to travel alone in quite a seriously dark space . . . And each year there are times when you actually have to hike quite solidly through thick forest, but you might find yourself in an open field for a little while. And then, at some point, you're going to have to climb up the other side of the valley to get to the next valley, and you have to work

Travelling with and Beyond Depression 131

SECOND PROOF – Charlesworth – 06/09/10

your arse off to do that. But at some point you come to a peak and then following that peak, you're going to have to descend again into the next valley'. When asked about her metaphor for recovery Anya spoke through a different, enlivened tone of voice about feeling 'Surprised – perpetually surprised. Surprised at myself, at my capacity. Like, I can push myself so much further than I do, and I'm capable of so much more. And I think . . . and I'm not necessarily talking about work or productivity or employment or money, it's actually more about capability . . . like, just not being afraid'.

For Anya travel was one of the most important experiences in her recovery and could be described as a life project through which she created memories via photographs and stories that were shared with others at home. She spoke of enjoying her independence and not needing others, 'So travel is a key, it always makes me feel better . . . I had a counsellor once who told me that I had to learn how to be happy without being on a bus, or a train, or moving with a back pack on'. Anya's travelling self was produced in complete contrast to her depressed and anxious self that was governed by fears and expectations she could never quite meet. The pleasure of travel was about 'arriving . . . or just exploration, it's sort of inspiration – the capacity to adapt to something new, as well. Like, I've travelled to some really challenging places, where a lot of people wouldn't feel very comfortable. And dealt with a lot of kinda strange situations and everything is invigorating'. In the context of independent travel fear and risk were a source of embodied pleasure through which Anya performed a strong sense of capable womanhood. As she says, 'Without any stress whatsoever, I can pack a bag and be on the other side of the world tomorrow. I have no worries about that. I don't feel there's any risk. I have complete confidence and control . . . and if something is not working, it's okay I can cope with it somehow. I know how to cope with it . . . I spend a lot of my spare money on travel, take photographs, I love photography . . . it's actually a creative thing . . . I don't buy much. I just take photographs. And I experience culture, it's enough for me.'

Anya invoked a family narrative of travel as she identified with her father who was a great traveller (he did not live with her as a child) and encouraged her interest through National Geographic magazines. She described travel as 'fun' and recognised this was something often missing in the seriousness of her everyday life, feelings of pressure to succeed and sense of over responsibility. Anya contrasts her travel pleasures with the neo-liberal demand that she be productive at work and occupied in her leisure at the expense of her emotional wellbeing, 'I mean being productive is all very well and good of course. It's sort of like "I've got a spare three hours, what can I do now?" Instead of "what do I need?" at this moment'. She contrasts this with 'the whole travel thing is like. . . if I

132 Accessible Tourism

SECOND PROOF – Charlesworth – 06/09/10

know I've got the ticket to go overseas, I'm happy. I don't even have to be overseas. There's the ticket okay . . . I went to India in December. I bought the ticket in July, I was happy for months'. Travel affords Anya a sense of hope that counters the weight of depression that is intertwined with her everyday life and the competitive, success oriented and status seeking characteristics of the social world. Central to her recovery was an embodied sense of experiencing herself differently, 'I'm having fun, well you don't intellectualise it, you're actually experiencing it. And then later you realise "oh cool" and it was good. Like, only recently have I really been having fun'. For Anya travel was also a space for reflection on her ethical relation to self and world, 'And I have to monitor my behaviour at work sometimes . . . to make sure I don't overdo it . . . a lot of that work stuff is daily satisfaction and that's why I like it. What did change though recently, spending a month in India really made me realise how much I have, how ambitious I am – without any reason really, how much small things matter – being a genuine honest person'. As a liminal space travel invoked reflection on the different places and people in the present as a relation to women's reflection on their past and future selves. The compelling question about who they desired to be in life was more easily addressed away from the gendered pressures of home that had become embodied in the form of paralysing fears. Travel generated disturbing pleasures that invoked different emotions and it was the embodied nature of such experiences that women identified as vital in moving their sense of self beyond the narrow confines of depression. These travel narratives offer an important insight that much 'mental health' literature ignores – the importance of recognising experiences that invoke connections between mind-body-emotion as the material base of women's identities beyond illness categories (Phillips, 2006).

## Discussion and Conclusion

Travel as a metaphor for the journey of self knowledge also resonates with the metaphor of recovery as a journey of experiencing healing that moves the self beyond the stasis of depression. In this study women draw upon gendered discourses to articulate their recovering identity in relation to travel experiences in three major ways. These themes include; travel as a narrative of escape from gendered expectations of home, travel as a pleasurable form of risk taking and travel as a quest for a purposeful identity beyond deficit and depression. These findings resonate with recent work on the meaning of women's travel experiences identified in relation to the healing of loss and grief, the significance of independent risk taking and the transformative movement of identity (Tiyce, 2008). Feminist research identifies how the meaning of travel for western women is highly gendered in relation to the demands of home, expectations of

Travelling with and Beyond Depression 133

SECOND PROOF – Charlesworth – 06/09/10

paid work and the desire for 'freedom from' such norms or 'freedom to' experience oneself differently in the world. In this study women's travel embodied an emotional experience of risk taking that was connected to the gendered norms of home that regulate women's identities as 'good' mothers, wives, daughters, workers etc. as well as the dangers, pleasures and surprises generated through new experiences. The gendered risk discourses that shaped how women ascribed particular significance to travel differed from masculine notions of risk implied in activities aimed at overcoming and conquering physical or emotional limits. Risking one's safety through travel may indeed inform women's desire to overcome or

resist limits, but this played out in a different way for women who have been positioned as 'risky identities' due to their mental illness diagnosis, feelings of emotional turmoil, shame and stigma (their mental health difference).

For women who have experienced marginalisation because of their mental health-illness identity travel involved taking substantial emotion risks in terms of how others may have judged their 'coping abilities' in challenging situations. The pleasure of risky travel (enjoying the emotional challenge) can be seen in contrast to the 'safe' expectation that women will do the emotion work of caring for others at home, family and in paid work as their primary source of identity. Travel, like leisure and sport, has been theorised as a site of women's resistance to gender discourses that inferiorise the feminine, the body and emotions in relation to privileging the masculine, mind and rationality as defining aspects of humanness (Wearing & Wearing, 1996). The findings from this study suggest that travel is not only a site of resistance against gender norms but importantly is a site for the positive performance of different identities for women that emphasise capability, mind-body connection and ethical reflexivity.

Within women's narratives of recovery travel figured as a means of transforming the ethical relation to self and hence emotional well-being. Hence, the travel narratives through which women retell and reconstruct their sense of self are a powerful cultural medium that is sustained beyond the immediacy of experience through photos, memories and the discourses of mobility. From a post-structuralist perspective the identity of women travellers can be characterised by multiplicity and this stands in stark contrast to the singularity of the depressed, immobile self who feels little desire to engage with the world (as a participant said, a state of 'un-wanting' that is barely living). In this way travel narratives throw into relief the normalising discourses and moral codes of selfhood that govern women's subjectivities as good/immoral, worthy/shameful, successful/failures, useful to others/self-determining purposeful life. Depression is tied up with self-limiting practices of femininity and in contrast these narratives of travel invoked desires to discover unknown aspects of self

#### 134 Accessible Tourism

SECOND PROOF – Charlesworth – 06/09/10

and world – competence, capability, autonomy, self reliance. This ethical relation involved taking risks, thus overcoming some of the self-limiting feminine practices of risk avoidance and fears about the likelihood of relapse in recovery. Travel was a means of addressing the risk of depression returning by embracing risk – generating a range of emotions (joy, surprise, wonder, fear) that countered the fearful stance embodied in depression. The risks and pleasures experienced through travel practices can open up a liminal space through which women travellers engage in the process of restorying their identities, desires and modes of becoming feminine subjects.

The insights generated through understanding women's recovery from depression can inform a more critical appreciation of the social forces that shape how emotional distress and well-being are experienced. There are also practical implications for tourism services in relation to understanding the different meanings and motivations for travel, questioning assumptions made about people experiencing mental health issues and a more critical appreciation of how gender issues shape women's identities. In addition, there are broader issues of work-life

balance that arise for employers who regulate access to annual leave entitlements and hence can promote or impede women's opportunities for travel and time out. Important questions for governments arise in relation to the funding of mental health services through the rhetoric of rehabilitation, community inclusion and recovery, that exists in tension with individualised treatment-focused regimes. In Australia public funding is available to support women's recovery via individualised therapy and medical treatment. Yet, many women in this study identified how the process of recovering their sense of identity beyond depression was very much connected to the pursuit of meaningful experiences such as leisure and travel. In this sense recovery is about supporting individual capabilities while recognising collective issues of exclusion and hence it requires much more than expert driven treatment. Women's recovery is practiced and performed through experiences that produce a sense of emotional well-being, challenge gender norms through the exercise of human rights and require an active engagement with the world.

## References

- Alvesson, M., and Skoldberg, K. (2000) *Reflexive Methodology: New Vistas for Qualitative Research*. London: Sage.
- Commonwealth of Australia (2006) *Select Committee on Mental Health: A National Approach to Mental Health – From Crisis to Community*. Canberra: Senate Select Committee.
- Crosbie, D., and Rosenberg, S. (2007) *COAG Mental Health Reform. Mental Health and the New Medicare Services: An Analysis of the First Six Months*. Canberra: Mental Health Council of Australia.
- Travelling with and Beyond Depression 135  
SECOND PROOF – Charlesworth – 06/09/10
- Darcy, S. (2004) *Disabling Journeys: The Social Relations of Tourism for People with Impairments in Australia – An Analysis of Government Tourism Authorities and Accommodation Sector Practice and Discourses*. University of Technology, Sydney, Sydney.
- Davidson, L., and Roe, D. (2007) 'Recovery from' and 'recovery in' serious mental illnesses: One strategy for lessening the confusion plaguing recovery. *Journal of Mental Health* 16 (4), 459–470.
- Frank, A. (1998) Stories of illness as care of the self: A Foucauldian dialogue. *Health* 2 (3), 329–348.
- Fullagar, S. (2002) Narratives of travel: Desire and the movement of feminine subjectivity. *Leisure Studies* 21, 57–74.
- Fullagar, S. (2008) Leisure practices as counter-depressants. *Leisure Sciences* (1) 1–18.
- Fullagar, S., and Brown, P. (2003) Everyday temporalities: Leisure, ethics and young women's emotional well-being. *Annals of Leisure Research* 6 (3), 193–208.
- Hood, C. (2003) Women in recovery from alcoholism: The place of leisure. *Leisure Sciences* 25 (1), 51– 79.
- Hopper, K. (2007) Rethinking social recovery in schizophrenia: What a capabilities approach might offer. *Social Science and Medicine* 65 (5), 868–879.
- Keane, H. (2000) Setting yourself free: Techniques of recovery. *Health* 4 (3), 324–346.
- Kleiber, D., Hutchinson, S., and Williams, R. (2002) Leisure as a resource in transcending negative life events: Self-protection, self-restoration and personal transformation. *Leisure Sciences* 24 (2), 219–235.
- Kwai-sang Yau, M., McKercher, B., and Packer, T. (2004) Traveling with a disability more than an access issue. *Annals of Leisure Research* 31 (4), 946–960.
- McIntosh, J., and McKeganey, N. (2000) Addicts' narratives of recovery from drug use: Constructing a non-addict identity. *Social Science and Medicine* 50, 1501–1510.
- Mulvany, J. (2000) Disability, impairment or illness? The relevance of the social model of disability to the study of mental disorder. *Sociology of Health and Illness* 22 (5), 582–601.

- Noble, R. (2005) Depression in women. *Metabolism: Clinical & Experimental* 54 (5 Suppl 1), 49–52.
- O'Brien, W., and Fullagar, S. (2008) Rethinking the Relapse Cycle of Depression and Recovery: A qualitative investigation of women's experiences. *Social Alternatives* 27 (4), 6–13.
- O'Grady, H. (2005) *Woman's Relationship with Herself*. London: Routledge.
- Phillips, L. (2006) *Mental illness and the Body: Beyond Diagnosis*. London: Routledge.
- Pilgrim, D. (2008) 'Recovery' and current mental health policy. *Chronic Illness* 4 (4), 295–304.
- Ridgway, P. (2001) Restorying psychiatric disability: Learning from first person recovery narratives. *Psychiatric Rehabilitation Journal* 24 (4), 335–343.
- Schreiber, R. (2001) Wandering in the dark: Women's experiences with depression. *Health Care for Women International* 22 (1), 85–98.
- Small, J. (1999) Memory-work: A method for researching women's tourist experiences. *Tourism Management* 20, 25–35.
- Smith, M., and Kelly, C. (2006) Wellness tourism. *Tourism Recreation Research* 31 (1), 1–4.
- Stoppard, J. (2000) *Understanding Depression: Feminist Social Constructionist Approaches*. London: Routledge.
- 136 Accessible Tourism  
SECOND PROOF – Charlesworth – 06/09/10
- Stoppard, J., and McMullen, L. (eds) (2003) *Situating Sadness: Women and Depression in Social Context*. New York: New York University Press.
- Tyce, M. (2008) Healing through travel: Two women's experiences of loss and adaptation. Paper presented at the Where the bloody hell are we? conference. Cauthe, Gold Coast.
- Ussher, J. (1991) *Women's Madness: Misogyny or Mental Illness?* New York: Harvester Wheatsheaf.
- Wearing, B., and Wearing, S. (1996) Refocussing the tourist experience: The flaneur and the choraster. *Leisure Studies* 15 (4), 229–243.
- Wearing, S., and Wearing, B. (2001) Conceptualizing the selves of tourism. *Leisure Studies* 20 (2), 143–159.
- Wiener, D. (2005) Antipsychiatric activism and feminism: The use of film and text to question biomedicine. *Journal of Public Mental Health* 4 (3), 42–47.
- Wilson, E., and Harris, C. (2006) Meaningful travel: Women, independent travel and the search for self and meaning. *Tourism* 54 (2), 161–172.
- Wirtz, H., and Harari, R. (2000) Deconstructing depression: A narrative groupwork approach. *Journal of Narrative Therapy and Community Work* 1 & 2, 42–51.
- Travelling with and Beyond Depression 137