

**SPEAKING OF WOMEN'S 'NAMELESS MISERY':
THE EVERYDAY CONSTRUCTION OF DEPRESSION IN AUSTRALIAN WOMEN'S
MAGAZINES**

Suzy Gattuso, Charles Sturt University, Simone Fullagar, Griffith University, & Ilena Young, Charles Sturt University

Abstract

In this article we examine the tensions between current Australian depression policy directions and lay beliefs about depression as constructed and circulated through popular media, at a time when mental health education discourses promoting 'depression literacy' (Parslow & Jorm, 2002) are widening the boundaries of what is understood to be depression. Drawing upon research into articles on depression published in two women's magazines before and after the promulgation of the *National Action Plan for Depression*, we identify the cultural context of certain lay beliefs about depression as articulated through personal and celebrity stories, advice columns and resource links. The depression literacy literature privileges biomedical and psychological expertise in explaining depression and promoting help-seeking behaviour. In contrast, the magazine discourses foreground an individualising discourse of depression as a problem of self-management. They emphasise women's abilities to manage difficult life events and to build informal supportive relationships, which reinforces dominant notions of feminine identity as concerned with balancing competing demands and roles. We critique the national policy on depression literacy as taking insufficient account of women's belief structures, which leads, for example, to a limited analysis of stigma. We also critique policy for not engaging sufficiently with the gendered nature of depression and its relation to social inequities, something the magazines replicate. (208 words)

Keywords: Depression literacy, lay beliefs, print media, discourse

Introduction

One of the key mental health promotion strategies adopted in the Australian *National Action Plan for Depression* by the Commonwealth Department of Health & Aged Care (CDHAC, 2000) has been to improve the level of depression literacy across the whole population and those at risk (for example, women with new babies). Parslow & Jorm (2002) describe depression literacy in terms of specific behaviours that reflect accepted biomedical and psychological discourses. Within this approach the depression literate woman is directed to present her experience of emotional distress as depression, in terms congruent with the current diagnostic criteria, to a health professional, who can then provide help through psycho- or pharmacological therapies. A high level of depression literacy means knowing to promptly seek out and adhere to the approved treatments (antidepressant medication and/or cognitive behavioural therapy) by placing faith in experts. While women's agency is not denied—since self-help is also advocated—self-management is seen as not very effective in comparison with expert treatment. However, population research has shown that Australians have 'low levels' of depression literacy, preferring instead to seek alternatives to anti-depressant use such as exercise, vitamins and relaxation (Jorm, 2000).

Current policy directions emphasise biomedical discourses of depression, in the belief that identifying depression as an illness will help change lay beliefs that link depression to personal inadequacy or weakness, beliefs that have a stigmatising effect (McNair, Hight, Hickie & Davenport, 2002). The success of depression literacy campaigns can be evaluated in a number of ways. In the research described here we examine the penetration of the literacy message within popular culture, specifically

within two Australian women's magazines, *Cosmopolitan* [Cosmo] and *Australian Women's Weekly* [AWW]. How do Australian women's magazines describe and give voice to the 'nameless misery' of depression, as one article in the February 2002 issue of *Cosmopolitan* described it? What might be the implications for how we think about depression literacy and mental health policy?

As governments seek to promote depression literacy within everyday life, there is an apparent widening of the boundaries of mental illness categories (Busfield, 2002). Metzl & Angel's (2003) American research into the effects of SSRI antidepressant advertising from 1985 to 2000 on popular discourses about depression found a shift in normal/acceptable and pathological/treatable categories of womanhood. They argue that the discourses of depressive illness expanded to encompass normative life events so that women's difficulties with performing in marriage, motherhood, sex or sport came to be seen as symptomatic of psychiatric disease and thus the need for pharmaceutical solutions. However, a growing body of research problematises the process of changing lay belief systems to conform with diagnostic categories, as it transforms the political dimension of women's emotional distress into treatable illnesses (Outram, Murphy & Cockburn, 2004, Garfield, Smith & Francis, 2003, Lloyd & Hawe, 2003, Rowe, Tilbury, Rapley & O'Ferrall, 2003, Stoppard & McMullen, 2003, Busfield, 2002).

While, as Rowe et al (2003, p.683) point out, it is 'extremely rare' for lay persons with depression to be heard in the print media, within women's magazines there are numerous stories about women's everyday experiences of depression, its consequences and management. Magazines are one source of information about

depression, where meanings are ‘constructed and negotiated in an increasingly plural and complex environment of knowledge’ (Kangas, 2001, p.89). It is important to analyse popular media discourses of depression and how they support or conflict with professional discourses, since lay understandings of experiences diagnosed as depression draw upon a range of cultural meanings and forms of expertise. Magazine discourses offer another way of looking at how depression is presented to women readers, and examination of such key beliefs may provide new strategies to support the recovery from and prevention of depression (Furnham & Kuyken, 1991). The cultural context of health information and belief systems is often ignored or underestimated in public health research and policy (Petersen & Lupton, 1997). This is, however, an important oversight as Hood, Egan, Gridley & Brew (1999) argue that women’s belief structures about recovery may in turn limit access to and compliance with the ‘gold standard’ treatment of antidepressant medication and/or cognitive behaviour therapy.

As we have previously argued (Fullagar & Gattuso, 2002) there is a need for greater understanding of how public perceptions of depression are shaped by popular discourses and gendered expectations that produce an identification with professional expertise or a refusal and adoption of other sources of knowledge. Despite depression being a highly gendered phenomenon there has been little research into the cultural sphere of mental health literacy as it is interconnected with the material conditions of women’s emotional lives (Busfield, 2002, Stoppard, 2000).

Magazines: The popular context of health beliefs

Like other public health approaches, mental health policies and depression literacy strategies tend to adopt rather unsophisticated one way models of communication in which individuals are supposed to 'absorb' correct health messages when they circulate within the popular media (Petersen & Lupton, 1997). This means that policies lack a deeper analysis and understanding of the complex dynamic that exists between individual actions and identities, and media discourses about depression. People who refuse to take up the expert view of depression as illness can only be seen as non-compliant, ignorant or, in the dominant discourse, illiterate. There is no room within one-dimensional communication models for understanding how individuals actively produce other ways of understanding depression based on the intersection of their experience and various sources of information including media stories and social networks as well as through encounters with the health care system. From this perspective, it appears that there are serious limitations in the conceptual and practice dimensions of depression literacy strategies that could be addressed through a broader engagement with media research in sociology and cultural studies including not only the print media but also audiovisual and online media.

Magazines have been identified as a major source of health information for Australian women, who are also amongst the largest consumers of magazines in the world (Turner, Bonner & Marshall, 2000, Bonner, McKay, & Goldie, 1998). Women's magazines contribute to the creation of an imagined (heterosexual) feminine community of belonging where the everyday experiences of womanhood are played out (Hermes, 1995). They produce a collective imagining for individual women who can understand their own experiences in relation to the stories about other women,

along with lifestyle and health advice (e.g. homemaking, sexual practices, health care). Magazines are fitted into the fragmented work-home-leisure routines of women's everyday lives and are a source of reading pleasure and identity formation (McRobbie, 1996, Hermes, 1995). Hermes argues that women's magazines create a particular cultural space through which understanding and managing human emotions are negotiated. She states:

Different forms of insecurity are voiced through reading and thinking about feature stories and problem pages in the magazines. In some cases the magazines are primarily used to learn about other people's emotions and problems, in other cases readers are more interested in learning about their own feelings, anxieties and wishes. (Hermes, 1995, p.41)

Magazines participate in the construction of depression through the meanings they circulate about the cause, management and prevention of women's emotional distress and wellbeing. In speaking of women's 'nameless misery' as depression, magazines align themselves with the imperatives of mental health policy in widening the boundaries of diagnostic categories of depression. For example, the *National Action Plan for Depression* is concerned with the need to 'assess depressive symptoms that do not meet internationally-recognised criteria for depressive disorders, but that contribute to significant disability in daily life' (CDHAC 2000, p 19). This agenda is echoed in the following quotation from the women's magazine article on depression that prompted our research:

Are You Secretly Sad? If you can't remember that last time you felt anything but the blues, you could be suffering from one of the least-diagnosed forms of depression in which chronic sadness feels "normal"...For a growing number of Australians the blues are a way of life rather than an occasional hiccup. (AWW November, 2001)

Magazine discourses about depressive symptoms and treatments are produced through power-knowledge relations that draw upon a range of institutionally legitimated and experiential sources of expertise (Foucault, 1980). These multiple discourses shape

how women come to know that they are depressed and to adopt the actions that follow. However, magazines also problematise dominant medicalised definitions by circulating meanings that emphasise women's stories and experiences as sources of alternative knowledge in the everyday. In this research we examine the popular constructions of depression in everyday life for a predominantly female readership of two women's magazines.

Method

In selecting the Australian magazines for analysis we chose the two publications with the highest circulation rates for young women (Cosmo) and older women (AWW). The former has a circulation of 228, 216 with an estimated readership of 736,000. The latter has a circulation of 761,878, with an estimated readership of 3, 209,000 (<http://www.business.vu.edu.au>).

In the analysis all magazine items, mentioning the key words 'depression' or 'depressed' were collected. Items collected included feature articles, health and lifestyle advice, letters to the editor, self-help resources and personal narratives including celebrity stories. That we had collected all possible items was double-checked with the publisher's library database. Items were collected during two periods, from July 1998 to December 1999, and again from July 2001 to December 2002. These dates span a three year period around the time that the *National Action Plan for Depression* (November, 2000) was released, with the first period being pre-policy release, and the second period being post-policy release. The 18-month gap between the data collection periods allowed for the dissemination of policy through a range of popular and professional networks.

Items were sorted into primary and secondary categories where primary items were defined as those featuring depression as the main focus, while secondary items mentioned depression experienced as part of the phenomenology of another issue (e.g., anorexia). Items were scanned and then coded using NVivo[®] qualitative software. A coding structure with categories was developed through a close reading of a range of items using a discursive approach. The development of a categorised coding structure involved all three researchers, in an iterative process developing over five successive cycles. An initial categorisation was informed by theory, with the coding structure then developed as more items were read. This process followed a ‘theory smart’ approach as defined by Morse (2002), in which researchers build incrementally upon a foundation of what is known, to create a structure founded on theory but still open to deductive validity. During the first three cycles in coding development, major shifts in emphasis and coding were made, reflecting greater immersion in the magazine constructs. However, during the last two cycles, adjustments were made only to fine-tune the fit of the coding to the item content.

This categorised coding framework enabled an initial content analysis of magazine items, and then a closer discursive analysis of the meanings produced about the cause, management and consequences of depression (Lupton, 1999). Categories in the coding structure were:

- Reasons for depression
- Management of depression
- Consequences of depression
- Depression co-existing with other conditions

- Personal narratives and metaphors of depression

All articles were then coded into NVivo ®. During this stage the researchers were aware that inter-rater consistency and reliability could be a contentious issue in qualitative research (Armstrong, Gosling, Weinman & Marteau, 1997). Whilst recognising the potentially valuable diversity of perspective that multi-rater coding might produce, a decision was made to have one member of the team complete all coding for consistency reasons. In line with findings by Armstrong et al (1997), it was found during the analysis that, although there was general agreement on the themes present, there were differences of perspective as to how those themes should be interpreted. These differences were dealt with during the final analysis stage through each researcher working on a different aspect of the analysis, coming together to discuss, compare and contrast interpretations. Finally, the first author checked the correct placement of items within the subcategories of ‘Reasons for depression’ and ‘Management of depression’. (Subcategories are listed below.)

Findings

In this article, the findings in relation to the first two of these categories—reasons for depression and management of depression—will be presented. We concentrate on discourses about the management of depression since these relate to patterns of help seeking that are particularly relevant to the recommendations of the *National Action Plan for Depression*. Table 1 shows the breakdown of items into those with a primary focus on depression and those where depression is secondary to other issues. The number of items after the release of the *National Action Plan for Depression* was almost double the number in the pre-release period, with the number of items with a

primary depression focus having almost tripled. Increased numbers of secondary depression items could reflect increased interest and concern, but could also reflect a widening of the usage of the term 'depressed' in popular discourse to replace other terms such as 'stressed'.

(insert table 1 near here)

Overall across both periods, AWW presented nearly a third more items on depression than did Cosmo, as is shown in Table 2. Primary and secondary items showed similar distribution patterns across the two magazines, and this was taken to be a coincidence despite both magazines being produced by the same publishing house.

(insert table 2 near here)

Table 3 documents the distribution of item types according to magazine source.

Feature articles and personal life stories are the most common type of item related to depression, although there is a difference between the two magazines. Cosmo has more feature stories while AWW has more personal life stories. The 'other' category refers to letters to the editor, book reviews, resource information and advice on health or lifestyle.

(insert table 3 near here)

An interesting feature of coverage was the use of celebrity articles and Table 4 shows the distribution of stories featuring celebrities according to magazine source. The AWW had a much higher number of items featuring celebrities, while Cosmo focused on stories about everyday women's lives. In the 1980's there was an increase in celebrity stories in the Australian media generally (Turner et al, 2000). Celebrity stories have also been a feature of mental health promotion campaigns as part of *National Action Plan for Depression* initiatives (e.g. Beyondblue website www.beyondblue.org.au). Such stories are used to destigmatise depression but to date

we know of no research on their impact on stigma and hence the implications of potentially glamorising and normalising depression remain unexamined.

(insert table 4 near here)

We turn now to the thematic analysis of the two categories being presented. In the discussion that follows, percentage refers to the number of items in which a particular theme is mentioned compared to all items (N=163). Under the first category, reasons for depression, the themes raised are ranked below in order of occurrence. A category used to store items referring to depressive feelings, without explicit or implicit attribution to a reason for those feelings, has been excluded and thus the percentages listed do not add to 100.

Reasons for depression

Depression as a reaction to life events	25%
Depression as related to relationship issues	17%
Depression as secondary to other conditions (e.g., anorexia)	16%
Depression as related to a characteristic of self (e.g., not coping)	13%
Depression as a type of illness	12%
Depression as related to social factors (e.g., work-life balance)	6%
Depression as genetic/familial	5%

Within these categories the magazines privilege explanations of depression causality that emphasise women's experiences and struggles with the competing demands on their everyday lives, identities and relationships (family, friendship, heterosexual relations, work, motherhood, health, loss, grief, violence). However, an increasing emphasis on depression as an illness, with 80% of items under this category being published during the post-release period, would also seem to reflect the emphasis on

defining depression as an illness within depression policy and the depression literacy literature.

Turning to the management of depression category the themes identified within the magazine texts are ranked as follows. More than one theme can appear in an item, and therefore the percentages listed do not add to 100.

Management of depression

Self management of depression	44%
Seeking support from family or friends	21%
Seeking medical help	17%
Seeking psychological help	10%
Taking up leisure activities	10%
Making lifestyle changes	8%
Using alternative health methods	5%

Self-management was by far the most dominant strategy for the management of depression that presented itself in these items. It refers to women dealing with depression without recourse to medical or psychological help. Presentation of information on positive strategies of self-management was more dominant than negative (62%). Positive strategies presented included, for example, care of the self and cognitive reappraisal:

I started reading a lot of self-help books, practising self-affirmation and learnt from Buddhism to take each moment for what it is worth. (Cosmo November, 2002)

Negative strategies included, for example, self-medicating with non-prescription drugs, nicotine or alcohol:

I used alcohol to calm my nerves and placate my nameless misery. (Cosmo February, 2002)

Within the self-management category there is a particular neo-liberal discourse that emphasises individual responsibility for self and for recovery. This discursive formation of depression as an individualised problem has also been identified in other research into depression (Bennett, Cogan & Adams, 2003, Lloyd & Hawe, 2003). In these items this is evidenced in statements about women actively overcoming depression through practices that emphasise self-sufficiency. For example:

I'd deal with this on my own. I'd always been self-reliant. (Cosmo February, 2002)

Individualised notions of depression also work to stigmatise women's 'failure to get over it'. Women are positioned as both the source of responsibility and as potentially the source of blame if self-help fails, as the following suggests:

But if your friend insists on wallowing in her sadness, it can be helpful to set limits. "Make clear that you'll only listen to sad stuff for a limited time, after which your conversation has to turn to other topics," advises Gordon. "That's being a really good friend. If she still doesn't perk up, recommend she see a psychologist, so she can take responsibility for her emotions, and leave time for your friendship." (Cosmo November, 2002)

Characterising feminine identity as weak and irrational echoes historical discourses about women as hysterics whose minds and bodies were dominated by hormonal and emotional extremes (McMullen, 2003). An Australian psychologist is quoted as referring to women's 'irrational expectations' about families:

When the dream does not fit reality, he argues, women get 'very upset and angry or depressed and anxious'. (AWW August, 2001)

The second strongest category under management of depression was the strategy of seeking support from family or friends. Examples referring to such support include:

*After sobbing into my Froot Loops for a few days I turned to my friends.
(Cosmo August, 1998)*

*Don't be afraid of the feeling...confide in a good friend or a loved one.
(Cosmo November, 2001)*

In these texts women's identity is constructed as relational and connected, which is in contrast to the individualism emphasised in the first category. An emphasis on connectedness assumes that supportive relationships exist for women with depression, and that women can exercise self-responsibility to create these informal support networks. Such support may be lacking, however, as the following comment indicates:

At first I was angry and frustrated that people couldn't be more supportive, but you can't expect people to understand how bad depression can be if they have never experienced it themselves. And while I still feel alone at times, I accept that it's not easy for friends to come to terms with the fact that I have depression, especially without forming a judgment. Living with this illness every day has made me stronger. Though the pain I have caused those who love me is always in my mind. (Cosmo October, 2002)

Where seeking professional help was mentioned as a management strategy, it reflected current biomedical and psychological understandings of depression literacy. While this discourse of depression management was not predominant, it often co-existed alongside individualised and relational discourses of self-management. A typical example follows:

A course of anti-depressants accompanied by a form of counselling called cognitive behavioural therapy, which teaches you how to have a more realistic attitude to yourself and life events, can be effective in treating it. (AWW November, 2001)

Leisure and lifestyle changes were mentioned in relation to the management of depression in both positive and negative ways. Positive statements related to developing healthy lifestyles involving exercise, social interaction, time out for

oneself and achieving balance. Negative statements related to leisure practices such as compulsive shopping, alcohol and drug use, over-eating, and obsessions linked to excess:

Whenever I'm having a fat day, I go to Sportsgirl and try on clothes. I love it because I'm a size 10 in most stores, but a size 8 in their label. It's a quick depression fix. Anna, 29, personal assistant. (Cosmo September, 2002)

It helps to step out of your mind and experience the world through your five senses. When you are engaged in pleasurable activities such as making love, enjoying a coffee or soaking up the sun as you wait for the bus, notice what you're thinking, feeling and doing, and savour that moment... Regular exercise can also be effective therapy as it releases endorphins, the body's natural feel-good chemicals. Then there are simple day-to-day strategies to keep the blues at bay. If you're a stressed out working mum, leave the washing up and the laundry and once a day indulge in a pastime you enjoy - whether it's talking on the phone to a friend or reading a good book. If you live by yourself, plan something for most nights, such as dinner with friends or a movie marathon, so that you avoid evenings in an empty house. (AWW November, 2001)

In this sense leisure experiences provided an antidote to depression, and helped increase coping skills, rather than provoking a deeper reassessment of how women's work-leisure-family-identity relations are organised and valued. The temporal metaphors of balancing competing demands and taking time out for self were often mentioned to describe the way women negotiate home, work, and heterosexual relations, but references to power differences and gender inequities remained largely implicit.

Natural health foods and therapies (e.g. St John's Wort, meditation) were occasionally suggested as alternative ways of managing depression. There was little discussion of side effects and this natural remedies discourse tended to mirror the biomedical desire for a pharmacological solution to the problem of depression. For example:

Counselling and meditation helped Pamela "through a lot of the pain". So did crystal therapy, which involved holding the stones or placing them on various energy points or meridians on the body. "It may sound like hocus pocus, but at that particular time in my life it helped me a lot." (AWW September, 1998)

St John's Wort has long been the frontrunner for treating anxiety and depression naturally, now there's a potential new kid on the block. A South American sage, Salvia guaranitica, has shown impressive results in treating these conditions. (AWW December, 1999)

Lifestyle change tended to be characterised by a functionalist discourse concerned with fitting women back into 'productive roles' within the private or public sphere. There was little critical questioning of the structure or organisation of social life as it contributes to women's emotional distress. Overall there was minimal reference to changing inequitable work, leisure or family patterns and relationships as a means of managing depression. The following advice is an example that points towards work issues but again tends to individualise problems as being about stress and feeling devalued rather than referring to, for example, discrimination or inflexible family-work practices:

Lifestyle changes, too, can exacerbate or reduce symptoms. "Many people with low-grade depression blame it on their job and may resign or go freelance or take long-service leave, expecting their feeling of depression to miraculously disappear," Professor Hickie explains. "But this often can increase symptoms. A better approach is to seek a job where you feel valued and are not too stressed." (AWW November, 2001)

Discussion

The increase in magazine items referring to depression is evidence that the term is being more widely applied than in the past, and supports the view that, in popular culture, depression is becoming a more common descriptor of certain emotional experiences and dilemmas of feminine identity. This suggests that policy is influencing media reporting on depression and public awareness in everyday life. However, while there is an increase in the number of items referring to depression in these two magazines following the publication of the *National Action Plan for Depression*, the information contained in these items is not necessarily congruent with how depression literacy is framed within that policy.

In contrast to depression literacy discourses that emphasise reliance on professional expertise, the discourses in these magazines invite women to imagine themselves as responsible for self-managing depression and building supportive relationships. The dilemma in this is that such a belief system can also contribute to an isolating individualism that leads to a less effective resolution of distress, and can exacerbate women's tendency to blame themselves for not managing the increasing complexity of their lives. Reflecting these discourses, research by Outram et al (2004) found that the major barrier for midlife Australian women seeking help for psychological distress was their belief that they should cope alone.

These discourses continue to foreground a level of responsibility for being depressed that draws upon an individualised discourse of personal inadequacy as the reason for depression. Given the dominance of such beliefs, it is perhaps understandable that women come to accept the formulation of depression literacy in terms of illness and treatment with antidepressant medication. Biomedical treatment promises to exorcise the sense of shame associated with not being a good enough woman to 'get over it' through one's own actions, by locating control over emotional distress 'outside the individual' (Rowe et al, p 694). Paradoxically, as Garfield et al (2003) have noted, by adopting the gold standard advice on depression one loses the sense of being 'normal' because one is ill, and returns to 'normal' functioning through dependence on medication.

The items considered in this study present what appear to be multiple strategies for the management of depression. However, only the biomedical and psychological

discourses are legitimated within current policy frameworks. What still remains largely invisible within policy and within the magazine discourses are the social structures and processes that create conditions that undermine wellbeing and exacerbate emotional distress in the lives of many women. Both qualitative and quantitative research have identified the significance of non-medical factors in the experience of depression. These include poverty and class differences, childhood abuse and family violence, inequities in work, leisure and education, along with the burden of care connected to rural and urban isolation (Australian Bureau of Statistics 2002, Brown & Harris 1978, McGrath, Puryear Keita, Strickland & Felipe Russo 1990, Stoppard & McMullen, 2003) Given the effect of privation and abuse, for example, in many women's lives it is not surprising that some women accept depression itself as being a 'normal' emotional category of experience given the gendered expectations that govern their lives (Stoppard, 2000).

Conclusion

Although more research needs to be done on how women 'read' and interpret media discourses on depression, we contend that analysing popular culture as a source of the formation of beliefs about depression opens up new ways of exploring the production of meaning about mental health in everyday life. The media reflects cultural values as well as shaping them. Thus, a critical analysis of media discourses can contribute to a rethinking of the nature of depression literacy for women.

Such an approach acknowledges the power-knowledge relations that govern the dissemination of health promotion strategies, where expert discourses are privileged. To be effective, policy can benefit by taking account of the belief systems that already exist within popular culture. Such analyses have relevance to practice and policy directions because they acknowledge the 'emotional knowing' (Hermes, 1995) that women develop about themselves and others. If such knowing is brought into policy development, it can be mobilised to promote new ways of tackling depression prevention and recovery that may be more effective since they are grounded in beliefs that exist within popular culture.

Depression literacy strategies currently presume a genderless subject, whilst much evidence points to the higher rates of depression amongst women. Given the prevalence of depression among women, policy directions need to consider how women's depression experiences and management strategies are gendered. As an example of where and why this matters, the conceptualisation of 'stigma' in relation to depression requires a more sophisticated analysis, since for women potential stigma may be reduced by their recognising depression as illness, and at the same time paradoxically increased by their not being able to 'cope' alone. Such entrenched beliefs underpinning the 'irrational' thoughts that are the target of cognitive behavioural therapies may, given social forces, be difficult to address without broader community strategies that tackle gendered expectations influencing women's belief systems within the cultural domain of everyday life.

The existence of different belief systems about depression is acknowledged at times within the literature on depression literacy. Thus Parslow & Jorm (2002, p 120) state:

Messages about depression treatments should appeal to various belief systems about treatment: medical, psychological, and lifestyle. Messages focusing solely on the helpfulness of medication, for example, may be ignored by people with strong lifestyle belief systems.

However, mental health policy and promotion would benefit by going beyond assertions about individual beliefs to acknowledge more critically how women's emotional lives are constituted through social processes and gender inequities. Rather than presume policy experts hold the 'truth' about the management and prevention of depression, we need further research and engagement with women's ways of knowing and negotiating the everyday power relations that are implicated in the experience of emotional distress.

Table 1 : Distribution of Primary and Secondary items according to date of publication

	Pre-release Jul 98-Dec99	Post-release Jul01`-Dec02	Total
Primary items	5	14	19
as a percentage	8.6	13.3	11.7
Secondary items	53	91	144
as a percentage	91.4	86.7	88.3
All items	58	105	163
as a percentage	100	100	100

Table 2 : Distribution of Primary and Secondary items according to magazine source

	AWW	Cosmo	Total
Primary items	11	8	19
as a percentage	11.8	11.4	11.7
Secondary items	82	62	144
as a percentage	88.2	88.6	88.3
All items	93	70	163
as a percentage	100	100	100

Table 3 : Distribution of feature/life story items according to magazine source

	AWW	Cosmo	Total
Feature items	32	37	69
as a percentage	34.4	52.9	42.3
Life Story items	39	23	62
as a percentage	41.9	32.9	38.1
Other items	22	10	32
as a percentage	23.7	14.2	19.6
All items	93	70	163
as a percentage	100	100	100

Table 4 : Distribution of celebrity/everyday items according to magazine source

	AWW	Cosmo	Total
Celebrity items	42	8	50
as a percentage	45.2	11.4	30.7
Everyday items	51	62	113
as a percentage	54.8	88.6	69.3
All items	93	70	163
as a percentage	100	100	100

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