

*Original Article***The process of major depressive disorder (MDD) in women referred to the health centers**

Souraj Rahmati-Khameneh*, Tayebeh Mehrabi**, Maryam Izadi-Dehnavi***, Ali Zargham-Boroujeni****

Abstract

BACKGROUND: Major depressive disorder is one of the most widespread psychological problems in the world. The feelings of a person who is affected by this condition is boring. This article aimed to shed light on the experiences of women with major depressive disorder.

METHODS: A qualitative approach with thematic analysis design has been used to describe the studied phenomenon as experienced by the participants.

RESULTS: Analysis of 92 codes from 12 interviewed participants brought about 4 main themes including loss, inappropriate marital life, cognitive errors, and economic condition.

CONCLUSIONS: This study revealed main concerns of the participants through their life and suggested that psychotherapists should be more sensitive to these aspects of their depress patients' experiences.

KEY WORDS: Major depressive disorder, women, qualitative research, psychosocial factors.

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Widespread developments in human societies have caused the complexities of human life and many other problems. There are some moments in every human life which a very tragic or devastating event may happen for the individual and he/she would feel the deep sense of unhappiness or sadness. Although this is a painful experience, the individual may possibly make a connection between tragic event and his/her own feeling and it may be improved over the time. When these feelings attack someone without the apparent causes so that he/she cannot overcome the feeling of loss, he/she would constantly feel hopelessness, tiredness and worthlessness and would desire to commit

suicide. This is the feeling individuals may experience in the major depressive disorder (MDD) period.¹

MDD period is a condition in which the individual at least may be in distress mood for 2-4 weeks and also may experience at least five cases of the following symptoms: depressed mood, reduction of the interest in all or most of the daily activities, unintentional significant loss/gain weight, insomnia or hypersomnia, restlessness or slowness in psychomotor, fatigue or loss of energy, causeless worthlessness or feeling guilty, difficulty in concentration or decision-making, and recurrent thoughts of death and suicidal tendencies.² The incident of MDD in women is two times more than that in

* PhD Student, ICOT University, UK.

** MSc, Department of Psychiatric Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

*** MSc, Department of Psychology, Mana Mehr Novin Co. Isfahan, Iran.

**** PhD, Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

Correspondence to: Ali Zargham-Boroujeni, PhD.

Email: zargham@nm.mui.ac.ir

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men but the reason is not clear yet. Ten to twenty-five percent of the adult women at least experience a severe depression period. This has been estimated between 5-12% in men which might be due to gene X, but it is not yet diagnosed correctly.³ Statistically, more than 15 million people in the U.S. are suffering from major depressive disorder. However, the number of those with mild depression would be much higher. That is why it is said that depression for the psychotherapists is like cold for the physicians. In the primary investigations, 5-10% of the adults suffer from MDD, but only one-third are diagnosed because in typical pattern of MDD, depression periods occur during the normal mood periods.⁴ Mood disorders are among recurrent illnesses and if the individuals do not cooperate in their own treatment, they would likely return to the health system.⁵ Therefore, investigating depression in these patients according to their own experiences may help the therapists treat their patients based on their own perspective and decrease the possibility of the disease returning to the clients. We hope the results of the present study help the mental health administrators implement appropriate planning for the women with depression. This study aimed to identify significant incidents in the life of the patients with depression and also, understand the context of life events in women with MDD. The main subjects and questions in this study were as the following: what are the experiences of the women with depression from the events and occurrences of the life? And what experience had caused depression?

Methods

The researchers in this study chose the qualitative approach design. Kirk and Miller believe qualitative research is an approach in the social sciences which basically relies on the people in their own environment and considers interaction with people in their own language and under the same condition they are in.⁶ Since the subject of the study -women with depression- had a qualitative phenomenon nature, this study was relatively selected as the qualitative

nature. Qualitative research cannot respond to the problems with quantitative research. Qualitative researchers try to explain phenomenon and natural conditions of people's life in the natural environment exactly similar to what they receive and interpret.⁷ The mission of the qualitative study is the deep understanding of why and how in the phenomenon and helps in elucidation and clarifying events, norms and values from the viewpoints of the participants of the study.⁸ Qualitative researchers have accepted a human-centered and holistic standpoint. This approach helps in understanding human experience and consequently is of high importance for the health system staff who consider care, communication and interaction.⁹

In this approach, human behavior is based on the meaning of the objects for them. Humans do not respond to the events directly but react to the concepts of the events. There is a world apart from the human senses perception which is interpreted based on the symbols and human language; consequently the human interactions have many effects on how they are interpreted and being understood.¹⁰ Therefore, thematic analysis has been selected as the method of this study and also has been used for analyzing the obtained data. Thematic analysis is a qualitative research method based on the searching themes which are used for explanation of the studied phenomenon by the participants.¹¹ The themes represent the subject which has importance in the study question. The themes are a group of codes which express similar concepts. But, judge will show what a theme is. The key role of the theme does not necessarily depend upon quantitative criteria but it is related to the fact that it indicates an important subject about the general research question.¹²

The study population included the women with depression who referred to the Nour Hospital clinic, Isfahan, Iran. The time of the interviews was in winter 2007. In qualitative study method, data collection continues until the basic elements of the study being saturated; i.e., until the participants do not add anything else to the

data or what they mention, do not conflict with the collected knowledge.^{7,13,14} In this study, the data started to be repeated after the 9th interview and when the number of the participants reached to 12, the researchers have come to realized that they were saturated. This was a purposive sampling method. As Holloway and Wheeler (2002) stated, the principle of collecting the in-depth and rich data guide the qualitative researchers in selecting the strategy and sampling.⁹ Qualitative sampling is not based on probability statistical theories; it is based on the theoretical or purposeful sampling. The samples are usually small and are studied based on in-depth method to have comprehensive information of the studied subject.¹⁵ The knowledge and motivation of the participants is very important in giving the information and most of the times in qualitative research, the volunteers are being used.¹⁶⁻¹⁸ Therefore, the participants of this study were selected based on the following criteria: 1. Women with MDD who were between 25-45 years old. 2. Women who were interested in participating in the study and expressing their experiences. 3. Women who were able to express the required information. The exclusion criteria were also as the following: 1. Women who had any problem due to physical or mental disease and could not express their own information and experiences (difficulties in speech and hearing or attention disorder, hallucination and illusion and so on). 2. Women who had been diagnosed with a hereditary or biological base for their depression. 3. Women with bipolar disorder.

In a thematic analysis study, the main source of information is an in-depth interview and conversation in which the researchers follow the statements of the participants about the required subjects through introducing repeated questions and help the participants to express their life experiences. On the other hand, they enter the participants' world using in-depth interview and explore their experiences.¹⁹

Data collection done using semi-structured in-depth interviews along with open-ended

questions, that have been recorded on tape. Observations and daily notes have been documented too. During the interviews, it was tried to help the participants to explain their experience without any effect on the discussion orientation. The behavior and responses of the participants during interviews also were observed and recorded.

The researcher, after obtaining necessary permits and receiving the letter of introduction from the Research Department of School of Medicine in Isfahan University of Medical Sciences, referred to the Nour Hospital clinic and received the letter of introduction for conducting the interviews. The researcher selected the study participants considering inclusion and exclusion criteria and after introducing herself and discussing the study objects, started conducting the interviews while emphasizing the confidentiality of the interviews and ethical considerations. In inappropriate conditions or the request of the depressed women, some other time was dedicated for the interview. To ensure the confidentiality of the interviews, some numbers were used instead of the participants' names. The interviews were held in a private room as far as possible (in a special and separate room in the clinic of the Nour Hospital) with open-ended questions. The sampling took from 2007.12.22 to 2008.3.5. The duration of each interview was varied from 60 to 130 minutes. All the contents were recorded on the tape with the consent of the participants and then, were fully written down on the paper. Generally, the questions centered on the state of the emotional experiences of depressed women and the emotional changes in their families including "How do you feel now?", "What type of emotions have you experienced?", "What feelings have you experienced?", and "What was the most important emotional experience which had the greatest impact on all aspects of your life?". It should be noted that all the interviews were conducted by the researcher herself. The interviews started 3 to 4 months after continuous use of antidepressant drugs prescribed by the psychiatrists; i.e., the time the participants themselves referred for the treatment and

relatively had mental and psychological stability.

Validity and Reliability of the data

Morse and Field (1995) had mentioned that in qualitative research, validity refers to the adaptation of the study findings on the reality; i.e., the findings of the study indicate the reality.²⁰ In the present study, the researcher applied the following strategies in order to make sure about the data validity:

- After conducting the interview, transcribing and coding the data, the researcher re-referred to the participants to assess the level of their agreement with her perceptions. In addition, the ambiguous contents were clarified and by this, an agreement was obtained among them.
- In order to use the comments of the professional and skilled referees, the recorded tapes and the transcribed and encoded texts were given to one of the experts for proposal reforms and comments.

According to the above mentioned measures, reaching four criteria including trustworthiness

of the qualitative data and their analysis which were credibility, dependability, conformability and transferability seemed possible.

Data analysis method

Today, thematic analysis is used widely but there is not any obvious concordance between researchers on how to do it. Most of the steps in thematic analysis are qualitative, the same as other qualitative studies including interviewing with open-ended questions, written down the interview text, primary codes and classification codes in order to obtain the themes. The process of the thematic analysis is shown in Table 1 according to Aronson. In general, thematic analysis concentrates on the patterns and themes of the life and individuals' behavior.²¹

Ethical considerations

All the common ethical considerations in the humanity research were observed and also were approved by Ethical Research Center of Isfahan University of Medical Science. This study was sponsored and funded by Isfahan University of Medical Sciences.

Table 1. The process of thematic analysis study

Step	Description
Familiarization with the data	Written down the data from the tape, read and reread the data, noting the original ideas
Producing original codes	Encoding the important aspects of the data in all the data collection systematically, sorting the data to any related code.
Searching the themes	Sorting out the data to the potential themes, collecting all the data related to any possible theme
Revising the themes	Reviewing the themes which are fully related to the extracted codes (level 1) and total data collection (level 2) so that it indicates a general map from the analysis process
Defining and naming the themes	Continuous analysis for defining the features of every overall themes and stories, and establishing clear definitions and names of each theme
Reporting	Final analysis of the selected abstract form the data, connecting the analysis to the study questions and existing evidences

Results

In this study, in order to obtain the main objective of the study, some of the women with depression who referred to the Nour Hospital clinic from 2007.12.22 to 2008.3.5 were interviewed. Until data saturation, among 12 participants, 8 were housekeepers and 4 were employees. They were variable in terms of educational degree from the intermediate school education to MSc. Their age ranged from 25-45 years old and their mean age was 34.08 years. The characteristics and profiles of the participants are shown in Table 2. It should be noted that if the duration of depression is long, it is because the large part of the participants after mood changes and depression had no treatment for several years or had not taken the drugs regularly and believed regular use of those

drugs is equal to the dependency to the medication. Most of the participants changed their psychiatrists several times long before they made sure about the appropriate effectiveness of the treatment and keep using the drugs.

The recorded tapes were written down on the paper and the texts were read until an original idea obtained. In the primary coding which was the next stage after thematic analysis, the researcher set the extracted concepts in 92 codes which included concepts such as feeling guilty, sense of rejection, sensitivity to speech of others and feeling the inner conflict and struggle. The researcher then searched for the themes among the codes. Analysis of 92 codes brought about 4 main themes. The main themes included Loss, Inappropriate marital life, Cognitive errors, and Economic condition which are divided into

Table 2. Demographic characteristics of the study subjects

Number	Age	Education	Duration of depression	Patient status	Occupation	Marital status
1	39	High school 3rd year	5 years	Outpatient	Housekeeper	Married
2	26	intermediate school, 2nd year	1 year	Outpatient	Housekeeper	Married
3	44	BA (educational Science)	2 years	Outpatient	preschool manager	Married
4	37	High school graduates	7 years	Outpatient	Housekeeper	Married
5	42	Guidance school, 1st year	3 years	Outpatient	Employee	Married
6	33	Guidance school, 3rd year	4 years	Outpatient	Housekeeper	Married
7	39	High school, 3rd year	2 years	Outpatient	Self-employment	Married
8	35	Guidance school, 2nd year	4 years	Outpatient	Housekeeper	Married
9	29	Guidance school, 3rd year	7 years	Outpatient	Housekeeper	Married
10	32	Guidance school, 1st year	11 years	Outpatient	Housekeeper	Married
11	28	Guidance school, 3rd year	1 year	Outpatient	Housekeeper	Married
12	25	High school, graduate	6 years	Outpatient	Teacher	Married

some subgroups shown in Figure 1. The cognitive errors were the most important theme because it was associated with all the other themes and had special effect on them. Here, there are some of the examples of the participants' quotations in each level and their associations with cognitive errors.

1. Loss and the associated reactions

Participant No. 6: I had a weird feeling since my mother passed away. I could not analyze the

things. The most common feeling I had was feeling of guilty because if I had taken care of her more, she could have survived (personalization → cognitive error).

Participant No. 12: After three years past from my mother's death, I was still frustrated and alone; she was my only companion and pal (focusing on the bad events of the life → cognitive error).

Participant No. 12: Separation from the children for 12 years has no difference with the death. What do you think how hard it could be

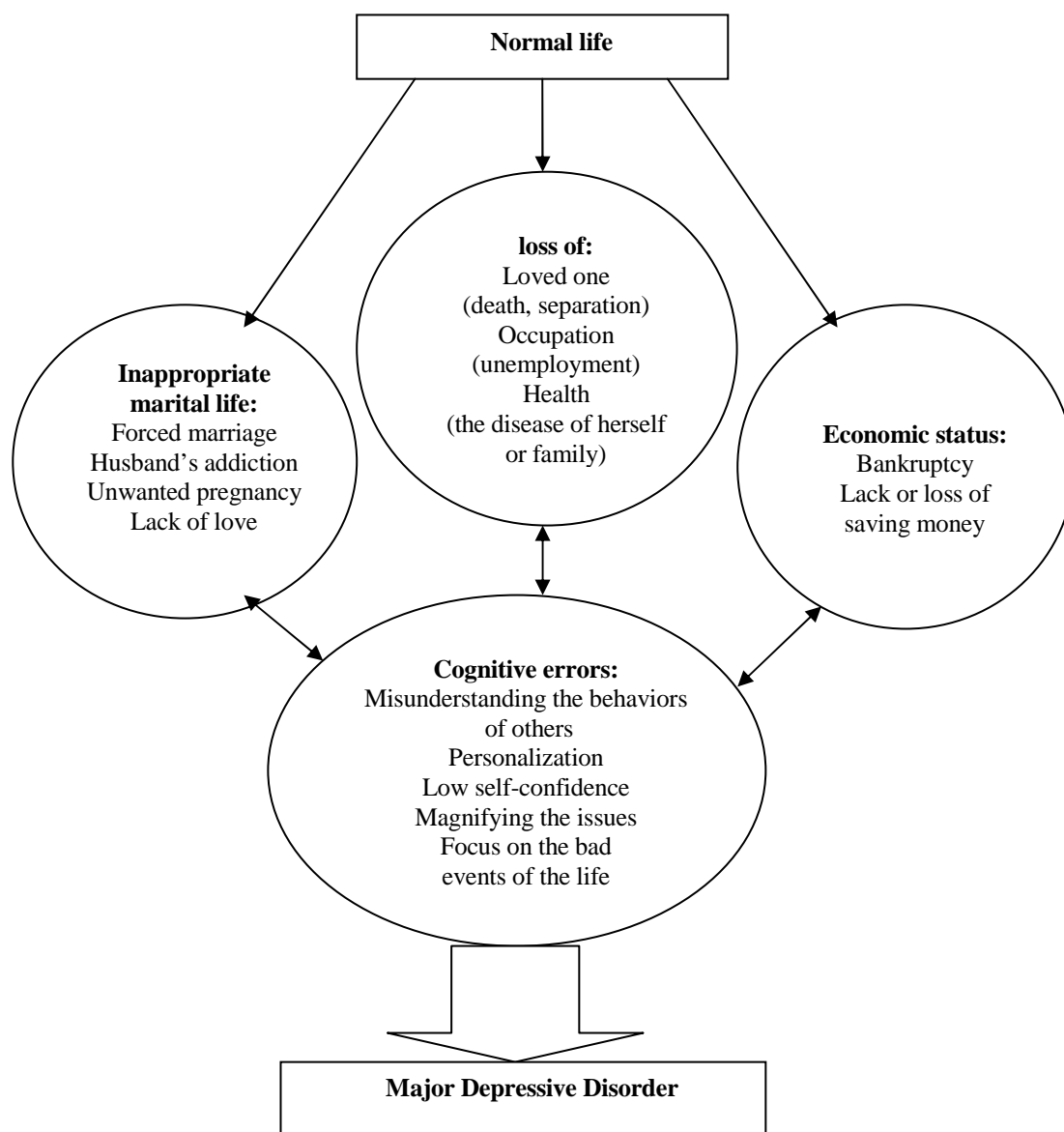


Figure 1. General schema from the main themes and their association

that a mother left her children because of the bad mood of her husband? Staying away has no difference with dying unless when someone lost a beloved one; no one can understand children's feeling anymore and be worry about their future. By separation from the children, you are all the time worrying about them and cannot do anything for them (magnifying issues → cognitive error).

2. Inappropriate marital life

Participant No. 11: I didn't want to marry my cousin; I had no interest to him at all. Both families insisted on doing it. After one year past from our wedding, he had an accident and died; then, my family and his family told me it was because of you, he died because you disliked him so much. I was widowed for two years until my husband's brother asked me to marry him and again my family forced me to marry him. This time I had no interest for him either (lack of control → cognitive error).

Participant No. 10: When my husband got addicted, I could not stand his addition to all the misery I had; he did not accept for withdrawal. Therefore, I took my three children to my father's house. I have lived there for nine years (focus on the bad events of the life → cognitive error).

3. Economical status

Participant No. 6: The pension cannot suffice for our life; my husband also cannot find a job; of course, we can't force him to do so, because he is a veteran; besides he has mental problem (taking the responsibility of others → cognitive error). Participant No. 10: When I went to my father's house, I had no saving; my husband took all my gold forcibly and spent it for smoking. I had to get some money from my father to spend for the life of my children (shortage of self-confidence → cognitive error).

Discussion

In this section, the findings of the study are compared with those of other studies.

1. Loss and associated reactions

One of the life events which depressed women in our study was separation from the loved

ones that had a lot of pressure on them. Losing a person whom someone has a strong relationship with is one of the most stressful events of the life. Harris (1990) mentioned that losing one of the parents can be one of the causes of helplessness in adulthood, which may cause depression. The stressful life incidents such as bereavement, grief of losing the loved ones, hard physical disease or etc. have adverse effects on the individual's health and finally, the individual would lose his/her control in adapting with the condition which would cause the subsequent consequences including psychological problems.²² O'Neil in a study conducted on 744 students found that occurrence of lack can cause depression due to previous lack of the individual.²³ Many other studies also approved the effect of different types of underlying lack on depression.²⁴⁻³²

2. Inappropriate marital life

The statements of the participants indicated the destructive effects of the forced or inappropriate marriages. One of the experts of behavioral sciences and social pathologists stated that 45% of the imposed marriages would lead to failure and 55% of them -if keep living together- would permanently lead to arguing, contention and struggling among the couples.³³ Another researcher also described that the condition of the children in families with an addicted father is very critical and believed that the reason is the destructive role of such fathers which can cause disorder in the process of socialization of the children. Even perhaps separation of such fathers from the family would be beneficial for the children and the wife.³⁴ The women of this study mentioned forced marriage, family disputes and loneliness as their depressive factors. The reports of many conducted qualitative studies on different countries also indicated the association of marital condition or family disputes with depression of the women. These researchers have announced the prevalence of widowed, divorced and women with family disputes higher than the normal level.³⁵⁻³⁸

3. Economical status

The participants of the study mentioned economical problems as one of the most important

factors of stress. Other conducted studies also mentioned this subject. Kendler (2002) mentioned that one of the major causes of depressions is severe socio-economic problems which their long-term effects can be quite negative.³⁹ Boss (2003) also stated that the severity of economical crises affect the social, biological and personal factors and make the individual vulnerable.⁴⁰ In this case, there are many evidences such as the study conducted in Ethiopia which showed relative poverty among the women of a society is associated with higher prevalence of depression.⁴¹ In the present study, the interpretation of the participants' statements showed that after experiencing stress and in facing with different types of difficult conditions, they first tried to deal and compromise, and then they have been distressed and used various defense mechanisms. But finally, due to lack of success (such as lack of patience and tolerance, increasing the problems and facing one problem after another, prolonged duration of tolerance and irreparability of the trauma and damages under the effect of cognitive errors) they experienced mental confusion. As is shown in Figure 1, there are four main themes in the experiences of the women with depression and the most important one was cognitive errors of the patients. In another study in 2007, the researchers announced that individuals' wrong views about

their life events make them ready for suffering from OCD, such as comprehensive depression.⁴²

In general, the results of the present study stated the experiences of the women with depression. Such women should be heard. Their emotional, sensational, cultural, social, economical and supportive experiences should be considered when special services are needed. According to the findings of the present study which indicated the importance of cognitive errors in depression of women, it seems if psychotherapists can modify these cognitive errors for patients in treatment measures, they would take an effective step in improving the problems of such patients. In this regard, conducting a thematic analysis research aiming to identify improving cognitive errors of the depressed women from their own view analysis can be an effective help. In addition, the effectiveness of these measures can be evaluated through an experimental study.

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