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Young Women's Selfhood on Antidepressants: 'Not Fully Myself'

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Abstract

The impact of antidepressants on selfhood is well recognized but little is known about what this means for young women who take antidepressants during a key period for identity development. We analyzed interviews with 16 young women to explore the way that antidepressant use might shape selfhood. Thematic analysis was used to identify a range of potential self-related themes in the participants' narratives including a 'diagnosed self', 'an ill self', 'a normal self', 'a stigmatized self', 'an uncertain self' and a 'powerless self'. Themes highlighted the complex influence of antidepressants on young women's selfhood. Antidepressants offered legitimacy for distress and the opportunity to have a more 'normal' self, but also left the young women challenged by some of the negative associations with antidepressant use and uncertainty about their identity. Prescribers should be mindful of the impact of antidepressants on young women's developing selfhood.

Keywords

Depression; medication; self; young women

Introduction

Antidepressant use has increased significantly over the last several decades in many developed countries including New Zealand, where prescribing is reported to have increased 21% between 2008 and 2015 (Wilkinson & Mulder, 2018). Women make up the majority of those who use this medication, with 16% of New Zealand women prescribed antidepressants in 2015. Antidepressant prescriptions for young people have also risen significantly (Bachmann et al., 2016), and the growing number of young women being diagnosed with depression suggests that they might be a significant target for antidepressant prescribing (Mojtabai, Olfson & Han, 2016).

While antidepressant use is on the rise, the value of treating depression with antidepressants has been the subject of considerable debate in the research literature (Fountoulakis & Möller, 2011; Kirsch et al., 2008). In particular, concerns have been raised about whether the risks outweigh the benefits for young people (Coon et al., 2017). Besides the direct impact of these medications on depressive symptoms, antidepressants also have profound consequences for a sense of self as they are designed specifically to alter people's emotional experience of themselves and the world (Karp, 2006). With a growing number of young women taking antidepressants, it is vital to understand the consequences of this at a key point in their development of identity.

Youth, Selfhood and Antidepressants

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3 Youth has long been viewed as an important period for the development of identity.
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5 Traditional theorists conceptualized this as an internally driven developmental stage focused
6
7 on the making of a coherent identity. Erikson (1968), for example, situated ‘identity versus
8
9 role confusion’ as the predominant conflict between the ages of 12 and 19 although he did not
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11 see identity seeking as a finite process which was resolved during this period. In more recent
12
13 years, youth researchers have challenged the idea of an absolute demarcation of adolescence
14
15 and adulthood, recognizing instead that in contemporary societies there is an extension of
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17 some aspects of adolescence up to the mid-twenties, sometimes called ‘emerging adulthood’
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19 (Tanner & Arnett, 2009). In this period, identity issues remain paramount for young people.
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24 While developmental theories still provide a framework for some researchers
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26 interested in youth identity, others have drawn from narrative theory to conceptualize identity
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28 as a more fluid product of the stories that people tell about their lives (McAdams, 1985). In
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30 this article we use the concept of selfhood to describe the way that individuals make sense of
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32 their own identities through narratives (McAdams, 1985). From this perspective, people are
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34 seen as active in constructing their own identities through the stories they tell about
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36 themselves. At the same time, it is recognized that these stories are shaped (as well as
37
38 constrained) by the cultural resources available to them (McAdams, 2011). These cultural
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40 resources are multiple and contradictory allowing for a range of different identity
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42 constructions that may be more or less salient for different individuals and social groups at
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44 different times (Bamberg, De Fina & Schiffrin, 2011). These narrative identities have
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46 consequences for the way that people live and experience their lives.
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51 Young people’s narratives of selfhood are shaped by contemporary cultural
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53 representations of youth and the contexts in which these are constructed (White & Wyn,
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55 2013). Some of these influences include the pressure to develop an individually negotiated
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57 and self-actualized identity in spite of social conditions that make this difficult (Illouz, 2008).
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3 This is likely to be particularly challenging for women who experience a range of social
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5 adversities thought to explain their higher rates of depression (Nolen-Hoeksema, 2001;
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7 Ussher, 2010). What counts as self-actualization is also gendered. McRobbie (2008), for
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9 example, has argued that there is particular pressure on young women in a post- feminist era
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11 to live up to expectations that they should be successful and in control of their lives.
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15 Young women are also developing selfhood in a time in which mental health
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17 problems are increasingly ascribed to a biochemical vulnerability. Rose (2003) uses the
18
19 concept of ‘neurochemical selves’ to describe the way that, in recent times, understandings
20
21 of distress have become inextricably linked to biology and argues that this helps to establish a
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23 boundary between what is considered normal and abnormal in society. Dominant discourses
24
25 represent depression as a biochemical disease with references to this in online health
26
27 information about depression and in advertisements for antidepressants (Metzl & Angel,
28
29 2004). Karp (1993) describes how taking antidepressants reinforces a biochemical
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31 understanding of selfhood. As he puts it: “putting the first pill into one’s mouth begins both a
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33 revision of one’s biochemistry and one’s self” (p. 346).
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38 LaFrance (2007) investigated women’s experiences of using antidepressants and noted
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40 that participants in her study welcomed a prescription of the medication as it legitimized their
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42 distress as a medical problem. She argued, however, that this interpretation ultimately
43
44 provided ‘cold comfort’ to the women, delegitimizing the real sources of their distress the
45
46 social world (p. 135). The bio-medicalization of distress is a salient issue for women whose
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48 emotion is often reduced to biology (Ussher, 2010). Young women’s distress, in particular, is
49
50 often dismissed as ‘emotional volatility’ associated with the biological changes of puberty
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52 (Sparks, 2002). This minimizes the unique demands on teenage girls, who are learning to
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54 navigate a social environment that requires much of young women while simultaneously being
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56 stressful and devaluing (Wiklund et al., 2014). Defining young women’s distress as an illness
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3 and treating it with medication has the potential to undermine the significance of their distress
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5 as a reasonable response to the challenges they face in society. On the other hand, Fullagar
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7 (2009), who provided a critical analysis of women's experiences with antidepressants, noted
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9 that the medication also conjures up the compelling possibility of restoring 'normality' for
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11 women who cannot live up to what society expects of them.
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15 In addition, taking antidepressants has important consequences for people's sense of
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17 agency and control over their lives. Fullagar (2009) argued that taking antidepressants in order
18
19 to feel better might render women's own efforts to improve their lives invisible. The authors
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21 have, in another article, described a process in which antidepressant use gave women a sense
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23 of agency in dealing with their distress, but also noted how the biochemical model and longer
24
25 term use of antidepressants undermined this agency (Cartwright, Gibson & Read, 2018)
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29 Researchers have highlighted other complex ways in which antidepressants can affect
30
31 people's selfhood. A range of studies have suggested that while people who used
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33 antidepressants felt that the medication helped with their symptoms, this often came at the cost
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35 of experiencing themselves as damaged or wounded (Metzl & Angel, 2004). Garfield, Smith
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37 and Francis (2003) captured the paradoxical way that while antidepressants made some people
38
39 feel better, this came with a sense inadequacy that they were needed in the first place. As they
40
41 put it, this left the antidepressant user "returning to normal functioning while losing the sense
42
43 of being normal" (p. 521). But while there is a substantial body of research on adults using
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45 antidepressants, there is less which explores how these issues might play out in relation to
46
47 young people's developing sense of self. One of the few available studies on young women's
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49 experiences with antidepressants draws from interviews with 12 participants. This research
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51 suggests that young women might face a similar conflict between feeling better on
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53 antidepressants and struggling with the negative connotations of an illness identity (Knudsen,
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55 Hansen & Traulsen, 2002; Knudsen, Hansen, Traulsen & Eskildsen, 2002; Knudsen, Hansen
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3 & Eskildsen, 2003). Knudsen, Hansen and Traulsen (2002) also highlight the impact of the
4
5 stigma associated with using antidepressants, using the phrase “double stigma” to capture the
6
7 experience of treating a stigmatizing problem (i.e. depression) with a stigmatized medication.
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10 While the existing research indicates that antidepressant use might have significant
11
12 effects on young women’s developing sense of self there has been surprisingly little attention
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14 paid to the significance of selfhood as a developmental issue for this age group. The current
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16 research aims to contribute to the limited body of knowledge about young women’s
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18 experiences of using antidepressants and to explore the significance of this for their developing
19
20 selfhood. In this article we address the question: ‘How do antidepressants shape selfhood in
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22 young women?’
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26 **Methodology**

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28 Our methodology draws from a narrative approach which is based on the idea that we
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30 all naturally story our experiences in order to make sense of our experience (Gergen, 1998). A
31
32 narrative approach recognises that people tell their own stories of their lives but that these are
33
34 constrained by the cultural resources available in a particular time and place. Narratives thus
35
36 allow the possibility of seeing both individual meaning making and the influence of society on
37
38 this (Clandinin & Connelly, 2000). While narratives provide a way for people to organise their
39
40 experiences and create meaning, storytelling is also the way people produce and communicate
41
42 their sense of self. In telling a story, a person connects events across time, which in turn, creates
43
44 a coherent sense of self, with a past, present and future (Elliot, 2005). In doing this, individuals
45
46 draw upon the available models of identity and self in society at large and the culturally
47
48 sanctioned plotlines or “scripts” that go along with these, in order to construct their sense of
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50 self (Gergen, 1998). From this perspective, identity emerges as a product of the narrative itself.
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56 In this study we asked young women to tell us their story of using antidepressants in
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58 their own words. While identity was not the only focus of our attention, the methodology lent
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3 itself to an exploration of selfhood. Our initial readings of the data confirmed this as an
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5 important area in which to focus our analysis.
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8 This perspective requires that we adopt a reflexive position on our own roles in this
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10 research (Ezzy, 2002). As mental health professionals, the researchers were in close contact
11
12 with the dominant discourses around the value of antidepressants in treating depression, but we
13
14 were also privy to other stories in private or therapeutic settings where we heard about the
15
16 struggles people experienced with this medication. Celine Wills who conducted these
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18 interviews is also a young woman who was attuned to some of the challenges associated with
19
20 this period of life.
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24 The research was approved by the University of Auckland Human Participants Ethics
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26 Committee and all participants provided written informed consent to take part in the study.
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28 **Participants**

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30 Participants were recruited from a large pool of people that took part in an online survey
31
32 on antidepressant use which was widely advertised through the media in New Zealand (Read,
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34 Cartwright & Gibson, 2014). Having completed the survey, potential participants registered
35
36 their interest in taking part in a follow-up interview study. Sixteen participants aged between
37
38 18 and 25 years who had taken antidepressants for six months or more were included in this
39
40 study. Thirteen participants identified as New Zealand/European, while one identified as New
41
42 Zealand/European and South African, one as Chinese and one as Tongan/ Filipino. Eight of the
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44 participants were students while the remaining participants were employed (in occupations that
45
46 included counsellor, nurse, teacher, youth worker, fundraiser, café worker and office manager).
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48 Seven participants were taking antidepressants at the time of the interview, while the other
49
50 eight participants had stopped taking them between six months- two years earlier. The length
51
52 of time that participants had taken this medication ranged from 6 months to 8 years, and the
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54 average length of time was 3 years and 4 months. Seven participants had started taking
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3 antidepressants during their teenage years and the majority of others in their very early
4
5 twenties. We did not require participants to have had a formal diagnosis, but most identified
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7 with a label of depression although a small number also recognized anxiety as a part of their
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9 difficulties.
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11 **Data Gathering**

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15 All interviews were conducted by Celine Wills at a time and place convenient to the
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17 participant. Interviews lasted between three quarters of an hour and two and half hours. The
18
19 interviews were digitally recorded and transcribed verbatim.
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21
22 The interviews were conducted in a narrative style designed to prioritize the
23
24 participants' own accounts of their experiences with antidepressants (Riessman, 2008). The
25
26 interviews began with the researcher asking participants to tell their story of how they began
27
28 taking antidepressants. This usually elicited a response that lasted between 10-20 minutes,
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30 where the researcher's responses were limited to non-verbal signals of attentive listening. Once
31
32 the participant's story had been elicited, the researcher asked the interviewee to go back to parts
33
34 of their story in order to gain more information. Questions were generally open-ended and
35
36 designed to encourage spontaneous descriptions of the participants' own understandings the
37
38 significance of the medication in their lives (Riessman, 2008). Given the depth and richness of
39
40 the interviews, the sample size was considered sufficient for this analysis (Malterud, Siersma
41
42 & Guassora, 2016).
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47 Understandably, talking about their experiences of taking antidepressants was an
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49 emotional experience for many participants. Some became tearful at different points during the
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51 interview. The researcher aimed to listen attentively, be validating and empathetic, and let the
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53 interviewees know that they could take a break should they need to. Despite this, all
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55 interviewees chose to complete their interview. The researcher checked with each of them at
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57 the end of the interview how they were feeling, and offered a list of resources for support.
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Data Analysis

Transcripts were analyzed using thematic analysis, which involves coding content around common themes (Braun and Clarke, 2006; Braun & Clarke, 2012). In the analysis described in this article we focused specifically on the way that the participants represented their selfhood in relation to antidepressant use. Initially, the printed transcripts were read and re-read in order to gain an overall understanding and familiarity of the text, and to begin noticing patterns throughout the text. After this, transcripts were then analyzed line by line, and initial codes were generated. After coding all the data, we identified all codes that related to selfhood and began a process of generating themes which related to the research question. All themes were then reviewed based on relevance to and inclusiveness of data, which involved combining some themes, and discarding others. Data within each theme were discussed between the researchers to ensure appropriate fit and sufficient data inclusion. Once themes and subthemes had been established, one of the final stages was naming these themes, and defining them more clearly. This meant organizing the data in a coherent manner, analyzing and writing a detailed account of each theme.

Trustworthiness was improved in the present study by documenting each step of the research process in detail, including research design, methods, analysis and conclusions, so that it could be open to scrutiny (Riessman, 1993). Reflexivity was fostered through on-going dialogue between the researchers about each transcript and its significance as well as the themes as these were developed. This also means that there is a high degree of transparency and that researchers could repeat this work, even if they do not necessarily get the same results (Shenton, 2004). Dependability was improved in the present study through peer review. This was achieved through co-researchers and colleagues reading sections of the raw data to determine whether the findings were plausible based on the data. The researchers engaged in an on-going dialogue about each transcript.

Findings

Through this analysis we identify themes that relate to the participants' representations of their selfhood in relation to antidepressants. These themes were not mutually exclusive and many participant accounts contained a combination of these different kinds of selfhood, sometimes in apparent contradiction with one another.

A Diagnosed Self

Participants described how in the process of first being prescribed antidepressants, they came to understand their distress as a problem with a label. Some felt that it made their problems seem "more real," and that it meant acknowledging that they had difficulties. As one participant explained: "I felt like it was the end of the line, and I just had to acknowledge I had a real problem."

Most were given a formal label of depression which they felt lent legitimacy to their experiences and demonstrated that their problems were "serious." One participant explained that receiving her psychiatrist's diagnosis made her feel like, "it's not just like me making it up, it is actually as bad as I think it is kind of thing." Other participants also conveyed that, without the medical diagnosis, their problems would not be taken seriously. As one young woman put it: "I was actually really worried that she would tell me that there was nothing wrong with me or something. So, it was a relief to hear actually it was depression." In this way, being given a label and taking antidepressants eliminated questions in these young women's minds about whether or not they were allowed to feel as they did.

A number of the participants recalled a history in which their distress had been downplayed or treated as an expected part of being an adolescent girl. One participant explained how her doctor responded to her disclosure of distress:

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3 She just thought, I was a teenager at that time, it was just teenage thoughts and emotions
4 and there's nothing really to it, so she kind of downplayed it, which didn't leave me in
5 a good position because it's just like wow, if it's just nothing then why am I feeling this
6 way and why am I feeling so hopeless.
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12 The doubts that the young women expressed about being taken seriously also appear to have
13 been internalized in the participants' own self-understanding as the following quote suggests:
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15 "I think I just sort of saw it as just like being a teenager really and just being angsty and all that
16 kind of stuff rather than this is like an issue, yeah." In retrospect, she said that she felt that it
17 was difficult for her to "figure out" that she was depressed because teenagers are "emotionally
18 volatile anyway."
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26 Despite participants describing relief in response to receiving a diagnosis and an
27 antidepressant prescription, this experience also led to negative changes in the way that they
28 saw themselves. They used a range of words to describe how being diagnosed as having a
29 problem made them feel, including "a failure," "not coping," "defeated," "damaged," and "not
30 normal." One participant elaborated on how receiving her first antidepressant prescription
31 made her feel:
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40 I felt like it kind of, it made me feel like different, it made me feel kind of like damaged
41 almost... it just made me feel kind of like crazy almost, not crazy but like just different
42 than other people.
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47 For the young women in this study, accepting an antidepressant prescription countered
48 ideas that they were 'making up' their distress but also raised some significant challenges for
49 their selfhood.
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53 **An Ill Self**

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56 Many of the participants used the language of physical illness to describe themselves
57 during periods of distress, often referring to themselves as having been "unwell" or "sick"
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3 during these times Taking antidepressants seemed to confirm an illness identity as the
4 following quote suggests: “You know the fact that you’re taking a pill was an indication that
5 you’re really, really sick and you know so that’s sort of proof that you’re not coping and you’re
6 sick.”
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12 While most participants seemed aware of the contribution of difficult life events to their
13 distress, taking antidepressants seemed to necessitate at least a degree of acceptance of a
14 biochemical view of their emotional experience. Participants sometimes seemed to be
15 searching for a way to reconcile the impact of difficult circumstances with a biochemical view
16 of the self as the following quote illustrates: “Well I know that what you experience in the
17 outside world and your life can affect your brain and the way it works and everything that is
18 happening in you.”
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28 Most narratives suggested that there was comfort in accepting this view of their
29 depression. One participant explained how in spite of having some uncertainty about the role
30 of biochemistry in her depression, adopting this model brought legitimacy for her distress: “It
31 meant that, it allowed me to justify to myself. I mean I don’t really know whether that whole
32 biological model is true or not but it meant that I was able to justify it.” She elaborated the
33 need for justification particularly in relation to other people’s social expectations adding; “[I
34 can] justify it I guess to mum and to others too, that it was a biological thing.”
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45 The overt or tacit acceptance of a biochemical basis for their distress also brought with
46 it a range of challenges for the young women’s selfhood. Taking on a view that they had some
47 kind of biochemical imbalance brought with it a sense of helplessness associated with an illness
48 identity. One young woman, for example, talked about becoming “institutionalized” and said
49 that it was possible to get stuck in the “sick role.” Several participants said that they felt that
50 being on antidepressants underlined the fact that they could not “cope” on their own. One
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3 participant, for example, said that being on antidepressants made her feel “like I couldn’t
4 manage my psychological issues myself without a pill.”
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8 The implicit association between antidepressants and biological illness seemed to bring
9 legitimacy to the young women who feared they might not otherwise be taken seriously, but
10 also positioned them as helpless and reliant on medication.
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14 **A Normal Self**

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16 Many of the participants in this study felt that their distress set them apart from others
17 in their adolescence and early adulthood, and some alluded to antidepressants contributing to
18 a sense of normality. One participant for example explained how ‘depression’ had left her
19 feeling “sad and tragic” through her teenage years. She explained how she had tried to hide her
20 struggles from those around her and to pass for normal amongst her peers. When this failed
21 she “sort of became that was who I was” and “what I built my identity around.” With many
22 participants having experienced a disruption to selfhood during their teenage years,
23 antidepressants seemed to bring the welcome possibility of being ‘normal’. One participant
24 expressed it like this:
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37 For me it makes me feel how I imagine how everyone else feels. I love it. Like I feel
38 like I experience highs and lows and then, as any normal person would. I don’t feel like
39 I am always low or drugged up on a high or anything like that, I just feel normal.
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44 For some antidepressants also facilitated not only feeling better within themselves, but also
45 believing that their social functioning had improved. Several participants spoke about how
46 antidepressants enabled them to ‘fit in’ and find friends in a way that they hadn’t previously
47 been able to do:
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53 But now I’m I guess like an average person which is good. Because I used to think
54 myself as different from my friends and whatnot. But now I’ve got a few good friends.
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58 It’s good.
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3 But while some narratives described a more normal self with antidepressants, other participants
4 described how the appearance of ‘normality’ brought with it what they experienced as a loss
5 of self. One participant articulated how being on antidepressants made her feel as though she
6 was no longer her authentic self. She described how she felt antidepressants had muted her
7 ‘real self’ which was “loud,” “impulsive” and a “little bit crazy.” On antidepressants, she said,
8 she lost interest in the things around her and in her relationships with friends. Other participants
9 spoke about feeling “flat” or “numb” on antidepressants. One participant explained how she
10 felt she lost something of herself on antidepressants:
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21 And so I did notice just little things in my personality just weren’t there like um
22 obviously caring about my friends which is a big thing and um just little things like I
23 noticed once I’d come off them like singing along to music, like I stopped doing that
24 and stuff. I just didn’t really exist I guess.
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30 A few participants articulated the internal experience that antidepressants that although
31 antidepressants had made them behave more ‘normally’ it had made them feel strange and
32 different:
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37 Yeah it just kind of made me feel like I wasn’t quite normal anymore like it just kind
38 of made me feel like it was a point of difference. Yeah, it just made me feel like weird,
39 like I wasn’t normal. I don’t know how to describe it other than that, but like just
40 different, yeah.
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47 Participants’ accounts conveyed the value of finding a more functionally normal self
48 on antidepressants but also losing a sense of a more vital, idiosyncratic self for some,
49 paradoxically, felt less normal.
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53 **A Stigmatized Self**

54 Participants spoke about how taking antidepressants also produced a stigmatized self.
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56 A number of participants articulated their expectation that taking antidepressants would elicit
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3 judgements from others. Several said that they chose not tell anyone that they were taking
4 antidepressants. As one participant explained, “I just thought I can’t be bothered being judged
5 for it.” Another suggested that that being on antidepressants made her feel that she owed
6 everyone she spoke to an explanation “like an AA introduction.”
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12 While most of the young women in this study described having some support from
13 close friends and family, these same communities were also the source of some of the more
14 severe judgements that they received about their antidepressants use. One participant, for
15 example, explained how her family who lived in a rural area would struggle to understand why
16 she was using antidepressants. She imagined her mother saying “that’s [her] and she’s
17 depressed and she probably takes drugs and stuff, you know.” She explained that when she
18 tried to speak to her mother about it, she would change the subject.
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28 Several other participants also described negative reactions from family members about
29 them being on antidepressants. One participant explained that her mother “didn’t understand
30 that [she] was sick and I needed them.” Another said that her mother said “it was just like
31 psycho mumbo jumbo and someone had just put the ideas in my head, because I presented as
32 absolutely fine, you wouldn’t have known anything was wrong. So she didn’t necessarily
33 believe it.”
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42 Some young women felt that they had others in their lives who “meant well” and wanted
43 to help, but did not understand what they were going through. One young woman talked about
44 her grandmother trying to “cheer [her] up” by getting out travel books from the library for her,
45 since this was something she usually enjoyed. She said of people in general, that there can be
46 “a lot of judgement,” and that people think “you can just cheer yourself up, but you can’t. You
47 do need something beyond, even just a friendly face, you need something far beyond that to
48 get out of it.” Similarly, another participant, said she felt like her friends were trying to “fix
49 her,” and would offer her advice, like “if you just get up and you put on your favorite t-shirt
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3 and you go out and you put a smile on your face and it will all be okay.” In these cases, friends
4 and family were portrayed as not understanding how “serious” their difficulties were, and
5 therefore were not fully accepting of their illness identity.
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10 In response to this, participants would turn to friends and family members who they felt
11 understood them better. Some said that opening up about their experiences changed existing
12 relationships in positive ways, and contributed to them forming new relationships. One
13 participant, for example said of a work friend, “Yeah I had had a couple of breakdowns at work
14 and so yeah she kind of needed to know what was happening, and once I had explained the
15 whole situation, we became really good friends after that.”
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24 Participants’ narratives suggested that they expected that their antidepressant use would
25 be negatively judged by others. In close relationships their primary concern was that their
26 distress would not be taken seriously which led to judgements about their antidepressant use.
27 Participants actively fended off stigma by, in some cases, hiding their antidepressant use and
28 in others by seeking out people who would understand them.
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35 **An Uncertain Self**

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37 Participant accounts suggested that many were unsure about whether to attribute
38 changes in their wellbeing to themselves, or to the antidepressants that they were taking. Some
39 of those whose lives had improved after they began taking antidepressants, felt unsure whether
40 it was antidepressants, or other factors, such as lifestyle changes, that had made a positive
41 difference. As one participant explained that “so much happened in that time, so it’s quite hard
42 to tease out kind of the true effects if you like of the antidepressants”.
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51 Participants not only had difficulty attributing positive change to antidepressants, but
52 they also couldn’t decide whether negative experiences could best be attributed to
53 antidepressants or to themselves and their difficulties. One participant, for example, articulated
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3 her difficulty in deciding whether her problems with memory and concentration were a feature
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5 of depression or a product of the antidepressants:
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8 I used to be quite a sharp thinker and didn't really have trouble writing anything and
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10 like since like about two years ago I just have like writer's block....If it's an effect of
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12 depression then it will go away if I'm feeling better but if it's a side effect of medication
13
14 that will mean it will be like this until I get off it or I have to change another one.
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16

17 As participants experienced going on and off antidepressants at different times, this
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19 situation became even more confusing. One participant, for example, described going off
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21 antidepressants as being a difficult time in her life, but said that at that time, she was unaware
22
23 that she may have been going through withdrawal from this medication, and wondered if
24
25 withdrawal contributed to this. Another participant similarly, said that it took her a "couple of
26
27 months" to figure out that the emotional numbing she was experiencing was the result of taking
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29 antidepressants and not just "her."
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33 Participants also experienced changes during the process of taking the same
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35 antidepressants, adding to the complexity of what changes in the self could attributed to the
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37 medication. Not only were participants confused about whether to attribute changes in their
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39 wellbeing to antidepressants or to something else, but they were also unclear about whether
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41 their emotional experience was being influenced by the antidepressants they were taking, or
42
43 was in fact an expression of their 'real selves'. As one participant put it, she wondered "Is what
44
45 I'm feeling the drugs or is what I'm feeling me?" People also wondered who they would be
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47 once they stopped taking antidepressants. Another participant explained, "I guess I really don't
48
49 know who I'd be if I came off them. Like, I don't know where my natural space is anymore."
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54 While some participants appeared to be actively engaged in a process of trying to work
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56 out who they were, this seemed more difficult for participants who had been on the medication
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3 for longer periods. One participant who had been on antidepressants for six years explained
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5 that she had given up on trying to make sense of her identity:
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8 Over time I just stopped thinking about whether it was the drugs or whether it was me.
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10 After 6 years you've kind of got to give up on that question if it's left unanswered...

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12 You're just going to be like, well it's not coming, so I'm going to stop trying....
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15 This last quote highlights the impact of longer term antidepressant use on this
16
17 participant. This was particularly relevant for a number of other participants who had spent
18
19 most of their adolescent and early adulthood taking medication as the following participant
20
21 graphically conveys:
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24 No, I realized, like when I started, sort of after the year of going on and off medications
25
26 and trying to keep track of different ones through the day or anything, I was just
27
28 exhausted by it. It was stress in itself worrying about it all and I was quite hazy all the
29
30 time, because I was sort of coming off one thing and onto the other and I couldn't really
31
32 remember why I had come off one or onto the other and I didn't know what was normal
33
34 anymore. So the baseline for am I better or not wasn't clear. I didn't know if I was
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36 improving or if it was making it worse because I couldn't actually remember what it
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38 was like not being on medication.
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42 Participants' accounts conveyed the difficulty of constructing a coherent sense of self when
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44 they were unsure about whether what they were experiencing was because of the medication
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46 or other aspects of themselves or their lives. This was particularly difficult for those who could
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48 not have a clear sense of themselves prior to taking antidepressants.
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50 51 **A Powerless Self** 52

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54 Taking antidepressants brought the participants into a regular relationship with a health
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56 professional who prescribed the medication. Many of the participants had attended an initial
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58 medical appointment at the insistence of their parents, usually their mother. While their parents
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3 were often described as being supportive, this meant that the young women were frequently
4 positioned as children in their first interactions with a prescriber.
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8 Although some participants described having been given good information and a choice
9 about taking antidepressants, most felt pressured to some degree by their doctor or other adults
10 in their lives. Participants conveyed the difficulty that young women might face in standing up
11 to an adult health professional, who in some cases was also male. One participant described
12 the doctor's appointment which led to her being prescribed antidepressants as follows:
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19 He was just pretty much like take them, don't go home Google this, what it is or
20 symptoms, just take them. ... So he said just take them, I don't care what anyone else
21 says, just take them. He was very forceful but in a nice way, not mean, but you just
22 need to take them at this point.
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28 Another participant explained how seeing her childhood doctor made it particularly difficult to
29 speak out:
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33 Well the thing with my doctor is she is my family doctor so I've been going since I was
34 little but she's the sort of person, it's just like you need to do this, so do it. I didn't
35 actually know anything about the medication.
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40 For young people, it seems that there was little attention paid to the usual practices of informed
41 consent in health settings as this participant indicates: "I didn't really get a choice over it. It
42 was this is what you're taking, do as you're told type approach. It was no sort of informed
43 decision making stuff."
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49 The participants, who were in many cases teenagers, felt themselves less
50 knowledgeable or able to ask questions about antidepressant use than an adult might in similar
51 circumstances.
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56 Several of the young women also described how they had felt inconsequential in their
57 busy doctors' offices. One participant for example said she felt like "just another person on
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3 their list” and that “I felt like they weren’t like, they cared but they didn’t really remember who
4 I was or like know who I was other than their notes.” Several others spoke about how having
5 only brief appointments with their doctor, made them feel unimportant. Many also complained
6 that there had been little follow up from their doctors after the initial prescription
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12 A few participants described how, over time, they had been increasingly able to assert
13 themselves in appointments with their doctors, and began to feel more “in control” of their
14 medication use. One participant described how she had been able to refuse an additional
15 medication suggested by her prescriber, explaining: “But if that was 10 years ago, I would have
16 gone with it. Yeah, so at the time I was just doing whatever the doctor thought was best really
17 and just hoping that would work.” However, overt assertiveness of this kind appeared rare in
18 participants’ narratives and most of the young women opted to assert greater control in a covert
19 manner, for example, by choosing to stop taking antidepressants without the input of their
20 prescriber.
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33 Participants described how their engagement with health professionals over
34 antidepressants made them feel powerless and their distress, unimportant. While some learnt
35 to assert themselves more actively in these relationships over time, most experienced
36 themselves as being subject to the power of the prescribing health professional.
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42 Discussion

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44 The impact of antidepressant use on young women’s selfhood needs to be understood
45 within the wider context of the way that gender and youth shape identities in contemporary
46 societies. The young women in this study appeared to be motivated by concerns that their
47 distress would be trivialized and treated as an expression of the emotional volatility expected
48 of young women (Sparks, 2002). Against this context, receiving a diagnosis associated with a
49 biochemical etiology and which requires the use of medication, was seen as a source of relief
50 and legitimation for the women. However, the acceptance of the diagnosis, its etiology and the
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3 medication that goes along with it seemed to entail the acceptance of an illness identity which
4 carried other more negative meanings for the young women in this study. In particular,
5 accepting the power of the medication in dealing with their problems meant giving up a sense
6 of control over their lives and the autonomy that young people value so highly (Authors, 2013)
7 and which is reiterated in the idealized representations of young women-hood in post-feminist
8 societies (McRobbie, 2007).
9

10
11 In addition to providing legitimacy for their distress, antidepressants also offered the
12 possibility of a 'normal' selfhood to these young women. Having struggled with feeling
13 different and under pressure to conform to expectations, antidepressants seemed to enable
14 young women to find a degree of acceptability that they sought. This echoed the findings of a
15 Swedish study of young people and depression described the key theme of young people's
16 narratives as, "my greatest dream is to be normal" (Danielsson, Bengs, Samuelsson, &
17 Johansson, 2011, p. 612) and fits with developmental literature which recognizes the
18 importance of fitting in for young people (Milner, 2013). Most of the young women in this
19 study eagerly traded more vital and perhaps eccentric parts of themselves for a self that might
20 be more muted, but was more acceptable to others. Emotional numbness was reported as a
21 side effect of antidepressants by two thirds of 1829 New Zealand antidepressant users who
22 took part in a survey from which the current study's participants were recruited (Read,
23 Cartwright & Gibson, 2014). The potential for antidepressants to dull strong emotions during
24 a period in which emotional experience is thought to be central to development is particularly
25 concerning (Crone & Dahl, 2012).
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28
29 One of the most important analytic findings in this study was the loss and uncertainty
30 the young women experienced in relation to their selfhood. While similar confusion about
31 selfhood is recognized to be common amongst adults using antidepressants (Malpass, Shore &
32 Sharpe, 2009), this phenomenon takes on more significance for a group who have begun taking
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3 antidepressants before they had developed a strong sense of selfhood. Unlike adults who might
4 wonder whether they experienced their ‘true self’ on antidepressants, these young women had,
5 in many cases begun taking antidepressants at a time traditionally associated with self-
6 discovery during which they are still negotiating key aspects of their identity (Silva, 2012). It
7 was particularly poignant to note how those who had been on antidepressants for longer periods
8 had given up the quest to make sense of ‘who they were’.

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17 In constructing their selfhood, the young women in this study also appeared to have
18 been influenced by the communities they inhabited, their friends, their families and their health
19 providers. While some of these communities had been were supportive, the young women in
20 this study had to negotiate real and anticipated stigma from people they worried would judge
21 them for taking antidepressants and, in some cases, this appeared to have become a guilty secret
22 that set them apart from others. The potential for their choices to be stigmatized might have
23 been particularly strongly felt by the young women in this study, given the importance on social
24 acceptance in this developmental period (Milner, 2013).

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The young women in this study also experienced challenges to their selfhood through
their engagements with health professionals around antidepressant prescribing. While many
patients struggle to exercise power in the face of the authority of a health professional, young
people are likely to be at a particular disadvantage in these settings (Harper, Dickson &
Bramwell, 2014). Researchers have pointed to the importance of having young people involved
in decisions about interventions designed to address depression (Simmons, Hetrick & Jorm,
2011). The failure to do this may impact on young women’s developing sense of agency.

While this analysis suggests that using antidepressants poses many potential challenges
young women’s developing selfhood it also demonstrated the potential for young women to
negotiate these successfully and to construct a more positive selfhood in spite of these
challenges. The young women in this study sought legitimacy and normality but they also

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3 sometimes resisted the constraints of these safer selfhoods and recognized the value of a more
4 vital and agentic self. Some actively fended off stigma and found support that they felt matched
5 their own needs. A few had also learned to claim their own power in dealing with health
6 professionals over time. An evaluation of the potential impact of antidepressants on young
7 women's selfhood also needs to be weighed against the influence of distress and depression
8 (and the life circumstances that might contribute to this) on young women's selfhood. We
9 cannot know what kind of selfhood challenges these young women would have faced had they
10 not taken antidepressants.
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21 The current research has focused on the experiences of young women who are largely
22 New Zealand European. While the sample reflects the significantly higher rates of
23 antidepressant prescribing in this group (Wilkinson & Mulder, 2018), it would nonetheless be
24 of value to gain the perspectives of members of other demographic groups and across different
25 cultures where experiences are likely to be different to those of this this group of participants.
26 In particular, more targeted research with ethnic minorities, such as Māori and Pacific Island
27 youth would be important in the New Zealand context. It would also be useful to conduct
28 longitudinal studies that might provide insight about how narratives of selfhood change over
29 time for those who have continued taking antidepressants, as well as those who have stopped
30 taking them. Further knowledge on the perspectives of family and friends who are close with
31 young women who take antidepressants, might shed light on influences such as support and
32 stigma in the social contexts that they inhabit.
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49 While taking antidepressants is recognized to have significant effects on adults, its
50 effects on young women's developing sense of self are likely to be even more profound. Youth
51 is a period of life within which identity issues are paramount and people begin explore narrative
52 possibilities that will contribute to their future selfhood (McAdams, 2011). While
53 antidepressants offer young women legitimacy for their distress and the possibility of 'normal'
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3 functioning, they also represent a significant challenge to selfhood at a time when it is just
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5 beginning to take shape.
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8 Prescribers should be wary of the potential of antidepressants to disrupt the processes
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10 that contribute to a relatively coherent and positive sense of self and to be aware of their own
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12 role in supporting young women through this. This research has highlighted that young women
13
14 can feel pressured into taking antidepressants by medical professionals, and are not always
15
16 given the information that they require to make an informed choice. As it has been discussed,
17
18 this has a negative impact on their sense of self. Professionals providing care to young women
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20 who are, or have used, antidepressants might need to explore the effects that these have had on
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22 their identity development and work with them to help construct a more solid sense of self.
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