

ENGLISH SUMMARY

This thesis is an examination of the complex experiences of what we call depression in everyday life, including embodied experiences of depression. It is also an examination of the multifaceted and ambiguous experiences of getting a depression diagnosis, and an exploration of the in-depth processes involved in learning to live under the description of depression.

Research on depression is vast, ranging from work that deals with the phenomenology of depression based on mainly philosophical reasoning to macro sociological perspectives on multiple determinants to why so many people are haunted by depression in contemporary time. However, when it comes to qualitative research with a diagnostic perspective on depression based on first-person accounts, literature is sparse. The purpose of the thesis is to contribute to remedy this lack by investigating how adults understand, interpret and enact a diagnosis of depression in everyday life.

In the thesis, I follow the tradition of medical anthropology, in that I study the meanings people attach to experiences of depression as well as the macrosocial processes that impinge on it. I do this by paying attention to embodied, intersubjective, cultural and social dimensions of people's lives, insofar as I understand experience, a central concept in the dissertation, as socially and culturally embedded.

The thesis is based on ethnographic fieldwork among adults diagnosed with depression in Denmark. The empirical material that works as the pivotal point in the thesis is more specifically generated from interviews providing first-person accounts of experiences of depression. Furthermore, the fieldwork consists of observing and participating in meetings in a volunteer-based support group hosted by a patients' association, spending a week at a summer folk high school ("sommerhøjskole") for people diagnosed with depression, and observations in a depression group led by two psychotherapists at an outpatient psychiatric department. Finally, I have followed various depression fora on Facebook and the media coverage of depression. The fieldwork has whirled me into a world of pain, sorrows, disappointments, personal and social failures and normative expectations that are difficult to meet, but also one of hope, valuable existential considerations, care and communities

The thesis consists of ten parts. The first six chapters provide the introductory frame, where I present the methodical and theoretical framework of the project, and I place the thesis within existing research.

The first chapter is an introduction, followed by chapter 2 about methods and methodology where I also present the fieldwork.

In chapter 3, I provide a historical background that outlines where the diagnosis of depression comes from. This leads to the present-day diagnostic cultures where a psychiatric and biomedical understanding of suffering has become victorious. This is followed by a literature review of qualitative research on experiences of depression as well as diagnostic processes.

In chapter 4, I outline my approach to experience, and I place it within the anthropology of experience. I also review phenomenological themes qualitative studies on experiences of depression have examined.

In chapter 5, I outline what a diagnosis is, I present the sociology of diagnosis, and I review qualitative research that examines experiences of being diagnosed in general, and with depression, in particular.

In chapter 6, I present macro sociological perspectives on why so many people suffer from depression in contemporary time. More specifically, I depict voices that claim the high prevalence number is caused by a faulty diagnostic system, a powerful pharmaceutical industry and finally normative transformations of individuality.

This is followed by three articles that provide glimpses into experiences of diagnostic processes, as well as accounts of life with depression.

In the first article, “Struggling with a depression diagnosis: Negotiations with diagnostic categories”, I follow the life of a single person, Bridget, and her struggles with learning to live under the description of depression. The article deals with resistance and dispute in diagnostic processes and illustrates how these are not once-and-for-all-dealt-with matters but rather messy, complicated and variable processes, that involve several actors and multiple relations to the diagnosis. Bridget’s story furthermore depicts the dominance of a biomedical gaze and diagnostic categories when a person is to comprehend illness experiences in Denmark.

In the second article, “Living Under a Diagnostic Description: Navigating Images, Metaphors and Sounds of depression”, I explore how people use cultural repertoires on depression in the process of subscribing to a diagnostic understanding of suffering. I argue that metaphors, images and sounds play a significant part in the process of transforming clinical depression diagnoses into images that resonate with illness experiences and unique lives. I suggest that these cultural repertoires provide a space for a kind of inventive play with the diagnosis, pointing to a selectivity and creativity in how people relate to a diagnosis in present-day diagnostic cultures.

The third article, “Depression: Out-of-Tune Embodiment, Loss of Bodily Resonance, and Body Work”, is driven by an aspiration to examine illness experiences of depression rather than the diagnosis. Thus, I explore depression as an out-of-tune embodi-

ment, characterized by disturbances of bodily experiences and loss of bodily resonance. I furthermore depict my informant's endless efforts of trying to attune to the rhythm of everyday life through different kinds of body work. As in the first article, this article challenges the dominant diagnostic understanding of depression as a neurobiological, inner, and individual disorder, by arguing that depression primarily is experienced as a bodily and relational phenomenon in quotidian life.

I end with a conclusion where I summarize the general findings. Taken together, the three articles argue that the diagnosis of depression is negotiated, interpreted and used in a variety of ways by people living under the description of depression in everyday life. Hence, the incorporation of a depression diagnosis into the personal lives of the afflicted, happens in a range of ways, pointing to a flexibility, creativity and selectivity in how adults experience, interpret and use a depression diagnosis in everyday life.

I also illustrate in the thesis how experiences of depression and diagnostic processes are informed by and entangled with factors external to the individual such as normative desires of being a good person, of keeping a good job, and of being accepted in general. Another central argument in the thesis is thus that depression cannot be reduced to an individual or intra-psychic brain disorder, insofar as depression is experienced as a very bodily and relational phenomenon in everyday life.