The Construction of Childhood Depression in South African Women's Interest Magazines

by

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Abstract

This qualitative study aimed to explore the constructions of childhood depression as portrayed in South African women's interest magazines. Departing from a postmodern paradigm and utilising a social constructionist framework, these magazines were regarded as part of larger mass media discourses on childhood depression. The magazines contribute to the construction of 'truths' about childhood depression in its audience. To explore the research question, three of the highest circulating magazines in South Africa containing texts related to childhood depression were identified. The magazines were aimed not only at women, but at both English- and Afrikaans-speaking women, and at African, Caucasian, and possibly Coloured women. The hardcopies of these magazines were sourced from the publisher for a period of approximately two years each. A total of 20 articles that spoke to childhood depression were identified in these magazines. Two forms of analysis were used in a mutually enriching and recursive manner. The contextual analysis allowed an enriched insight into the context of the articles. The thematic analysis gave way to themes and subthemes to emerge. It was found that although perceptions in these articles were most often in line with professional psychological knowledge, at times it failed to speak to uniquely South African concerns regarding childhood depression, and often reified problematic discourses. It was concluded that mass media may be a powerful tool to employ by government organisations, health professionals, and social scientists, to address problematic mental health discourses in South Africa.

Key terms

Childhood depression, Women's interest, Motherhood, Mass media, Magazines, Social constructionism, Gergen, Postmodern, Qualitative, Thematic analysis.

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May all beings have happiness and the cause of happiness.

May they be free of suffering and the cause of suffering.

May they never be disassociated from the supreme happiness which is without suffering.

May they remain in the boundless equanimity, free from both attachment to close ones and rejection of others.

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Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

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Date: _____

Chapter One: Introduction

> All psychological theorising and the full range of concepts that form the grounds for research become problematic as potential reflections of an internal reality and become themselves matters of analytic interest. Professional agreements become suspect; normalised beliefs become targets of demystification; the "truth" about mental life is rendered curious. (Gergen, 1985, p. 271)

The formation of "truths" about certain phenomena is at the same time more transparent and elusive than modernist epistemologies may attest. In a postmodern enquiry, it is the process of co-creation of perceptions that is of interest to a researcher. Thus, how certain ideas are co-created within society is the broader fascination of this study. More specifically, as a researcher, I am interested in exploring how childhood depression is constructed in a certain subsection (i.e. that of women's interest) of South African mass media. What are the perceptions that are created, and thus what are the held "truths" about depression in childhood?

This introductory chapter starts by providing a background and context for the study. This is followed by a brief explanation of the justification, aims, and the scope of the study, as well as the concepts central to the study. The chapter concludes with an outline of the mini-dissertation.

Background and context

Depression has harboured many guises, functions, and positions in societies across the globe. Fabrega (2005) suggested multiple ways of defining psychiatric conditions. These definitions range from the attribution of disorder to punishment for wrongdoing, to disorder as malevolence, and to medical or naturalistic attributions. The perception of depression is intricately interwoven with a variety of factors, amongst them the language, socio-economic circumstances, and dominant science of the time. To illustrate this interwoven nature of perceptions of depression, one may recall the varying perceptions of emotional experiences implicit in disciplines such as the humoral sciences, mentalism, or neurosciences.

Clearly, then, perceptions of depression vary widely, but all are seemingly founded in societies' very intentions to search for the "truth" of this common affective phenomenon of depression (Paykel, 2008). Such a search for an explanation and understanding of what depression entails has a long history.

Paykel's (2008) article on the concept of depression offers a brief yet informative overview of the history and classification of depression: Some of the earliest references to depression in the West were to "melancholia", meaning "black bile" as per Hippocrates' humoral sciences. The term "depression" to indicate a state of sadness only emerged as late as the 19th century. The present-day view and more dominant perception focuses on the interactions between our psychological and biological worlds, and less commonly on the impact of social discourse on experiences of and thinking about depression. Aragona (2002) begs the question whether mental disorders, such as depression, are merely biomedical terms, or whether they are also socio-political terms. He suggests that a quest for the definition of a mental disorder such as depression should consider various levels of abstraction.

Depression, as the present-day mental health problem, appears to be on the rise amongst adults and children (South African Depression and Anxiety Group [SADAG], 2007; World Health Organisation [WHO], 2015). In fact, according to the WHO (2015) it is the leading cause of disability worldwide, with a major impact on the global burden of disease. Moreover, depression affects not only the personal life of the person suffering from depression. It also has a significant detrimental impact on occupational and family functioning. Depression could lead to suicide, which is the second leading cause of death among children of 15 years and older (WHO, 2015).

The above statistics shows that children are not exempt from the devastating impact of depression. However, children are affected by depression in an idiosyncratic manner. Childhood is a formative and vulnerable period in development and considered the cornerstone of adult wellbeing. Hence, many mental health problems find a causal contribution or onset in this phase of development (Barkley & Mash, 2003; Kerig, Wenar, & Ludlow, 2012; Kessler et al., 2010). Both contemporary (e.g. developmental neurosciences) and classical (e.g. psychoanalysis) schools of thought agree that experiences in childhood play a significant role as the causal contribution or onset of mental health problems in adulthood.

The onset of mental health problems in childhood may impact a variety of different areas of the child's life. These include not only emotional wellbeing, but also scholastic, social, and family functioning. Developmental milestones may also be compromised. In certain instances, it may render the child more vulnerable to the development of mental health problems later in life (Barkley & Mash, 2003; Kerig et al., 2012; Kessler et al., 2010). Clearly, then, the mental health of children is of vital importance to both childhood and adulthood wellbeing. This is also, or perhaps especially, true for South Africa as a developing country facing many challenges that may compromise children's mental health and wellbeing.

The wellbeing of South African children gained prominence as a public health concern more than a decade ago, as evidenced by the efforts reflected in government policy regarding early childhood development (Department of Education, 2001). Central to this policy was the holistic development of zero to nine year olds and the importance of their wider environment. Interdepartmental collaboration was called for and operationalised in this policy. Yet, despite the longstanding inclusion of early childhood development as a public health concern, many challenges remain. As a psychologist in training, I have worked with caregivers of children with symptoms of depression and found that many still battle to come to an understanding of childhood mental health. Statistics on childhood depression support its continued prevalence (Naidu, 2008; SADAG, 2007).

In South Africa it is mostly women who are the caregivers of children (Statistics South Africa, 2013b). Although not the only medium shaping the "truths" that people hold, these female caregivers engage with mass media by watching television, listening to the radio, or reading magazines. Interactions with mass media may be quite significant in shaping what people come to believe is true. Women's interest magazines form part of such mass media and many of the women read popular women's interest magazines (Audit Bureau of Circulations of South Africa, 2014) and are hence informed by them. By exploring childhood depression as portrayed by these magazines one can gain a better understanding of what perceptions of childhood depression are being constructed in popular media which may in turn inform the perceptions held by its readers.

Accordingly, the texts of three of the South African women's interest magazines, namely *Move!*, *True Love*, and *Sarie*, that have the highest circulation figures (ABC, 2014), were analysed with the objective of gaining such an understanding. An underlying point of

departure was that mass media do not simply reflect a public understanding of ideas or reality but, more significantly, take part in co-constructing the realities people hold about an idea (Bechmann & Stehr, 2011; Petersen & Lupton, 1996). A further objective was that the understanding would enable me to make recommendations to those magazines with high circulation figures on the content on childhood depression in their magazines.

The Mass Media and the Academic Context

In view of my observation that caregivers are battling with an understanding of childhood depression, a literature investigation was undertaken. The first step in exploring this domain of interest was a preliminary search for content pertaining to childhood depression in South African mass media. Various electronic formats, such as online newspaper and magazine articles, were consulted which led to the conclusion that childhood depression features less strongly in such media than adult depression. This was clear from both the number of articles on childhood depression and the spectrum of depression-related childhood topics that were found. A preliminary academic literature search on mass media reflected a similar trend. In general, it would thus seem that there are significantly fewer studies that deal with the construction of childhood depression compared to adult depression in various formats of both the mass media and academic literature.

Sanders, Montgomery, and Brechman-Toussaint (2000) published an article on research that was conducted on a similar topic as my study. They examined the impact of mass media on children's behaviour problems. Furthermore, they delved into the implications this study might have for public health approaches to family mental health.

No other studies that directly investigate the link between mass media and childhood mental health could be located. These findings are based on a search via various academic research databases, namely Web of Science, Proquest, EBSCOhost, and Google Scholar by myself, my supervisor, and a library assistant at the Merensky Library of the University of Pretoria. Similar studies, but on adult depression, are more common (e.g., Clarke, 2009; Gattuso, Fullagar, & Young, 2005). From this, one can conclude that mass media and academic literature on mass media appear to overlook childhood depression. This is the case despite the emergence of childhood depression as a major public health concern, the fact that childhood is a highly susceptible and foundational period in human development, and that

depression has far-reaching repercussions for childhood development and later adult mental health and wellbeing (Kerig et al., 2012).

Justification and Aims

Children are considered as part of the vulnerable population in South Africa and constitute 36% to 37% of the South African population (StatsSA, 2013b). In 2013 Statistician-General P. J. Lehohla (StatsSA, 2013b) stated that the parental environment of children is one of the most important factors impacting the development of children in South Africa. Psychologists face this reality in that they encounter not only children in isolation but also their adult caregivers. Therefore, it is important that psychologists or any health care practitioner be mindful of the views that may be held by caregivers. More specifically, these caregivers may be informed on mental health issues, such as childhood depression, by various sources, which includes their social, religious, and cultural affiliations. In turn, these realities on childhood depression are constructed from mass media sources that flow from these affiliations. It is from the engagement of caregivers with such sources that they come to hold certain realities.

Women's interest magazines are a form of mass media that may inform or construct realities about childhood depression. If this is a prominent source of information about childhood mental health issues, such persons will necessarily act on and live according to the realities that they hold as true and important. The perceptions that are created by information in the mass media may in turn impact on how child care and intervention strategies such as parenting, psychoeducation, and psychotherapy are conceptualised and applied (Sanders et al., 2000).

Because it has such far-reaching consequences, it is of critical importance that childhood mental health, and particularly childhood depression, be studied and investigated. While academic research and studies are important, it is also important to focus on mass media information, such as women's interest magazines, because of the influential role it plays in the construction of reality for primary caregivers. These primary caregivers are the people who are in closest and most frequent contact with a child. As psychologists it is important to be aware of the constructions created by caregivers, for it may impact on the way childhood depression is understood, and the way prevention and treatment of childhood depression is approached.

The aim of this study is to explore the constructions of childhood depression as portrayed in South African women's interest magazines. In the light of the aim, the following research question was developed: What are the constructions of childhood depression in South African women's interest magazines?

To answer to the research question and interrogate the aim of the study, the following objectives were formulated:

(i) To search for and retrieve childhood depression articles from three identified women's interest magazines: *Move!*, *True Love*, and *Sarie*.

(ii) To use a contextual analysis to gain insight into the context within which the thematic analysis would be conducted.

(iii) To use thematic analysis as a method to generate themes from these articles, and to use social constructionism as theoretical lens from which to construct an understanding of the themes that were found.

Scope and Definitions

This study takes the form of a mini-dissertation, in partial fulfilment of the Master of Arts degree in Clinical Psychology. To ascribe to the confines set out by the format of a mini-dissertation, the question has been devised to be limited in scope. Furthermore, as qualitative research upholds, the study is interested in particulars, i.e., specific situations, within which certain phenomena are qualitatively explored.

The definition of a child in this study is any person between the ages of zero and 18 years old. Thus, it includes not only early childhood, but also early adolescence. This definition of a child is in line with the South African Children's Act (No. 38 of 2005).

In the context of this study, a broad consideration of depression as mood state was employed rather than the exclusive prerequisite of a relevant mood disorder diagnosis. Kerig et al. (2012) regard depression as a spectrum, ranging from the level of a symptom, to a syndrome, and to a disorder. Depression as a symptom is a common phenomenon, often being an appropriate response to a painful event. It may, however, become a more disruptive and uncommon phenomenon, and as such become regarded as a disorder. In this study, depression is referred to as a symptom, syndrome, or a disorder. This implies "feelings of sadness and loneliness, as well as worry and nervousness", through to "profound levels of

these symptoms" (Kerig et al., 2012, p. 291). This broad view of depression is used in this mini-dissertation as the aim of the study is not to research depression as a diagnostic concept, but rather to explore depression as portrayed or constructed in a specific genre of mass media.

Mass media, for purposes of this mini-dissertation, is defined as any communication channel used to simultaneously reach a large number of people, and include magazines, newspapers, television programmes, and text messages (Wimmer & Dominick, 2011). In such popular or mass media, and in contrast to the point of departure in academic literature, references to depression are typically not based on its diagnostic meaning.

While the definition of what actually constitutes a "theme" is not frequently discussed in thematic analysis, Willig (2013) does observe that a commonality in the various descriptions of a theme is the key descriptor of a "pattern" in the data. This was also found to be the case in this literature search (e.g., Joffe, 2012; Braun & Clarke, 2006; Boyatzis, 1998). Such patterns of meaning can contain either manifest content – referring to the direct mention of themes – or latent content – referring to implied themes (Joffe, 2012).

Other thematic analytic terms also need a brief clarification. Braun and Clarke (2006), as the pronounced guides in this research process, offer concise definitions and have been utilised accordingly in this study. The data corpus is the entire body of collected data for a particular research project. The data set refers to all the data from the corpus that have been utilised for the particular analysis. A data item denotes each individual piece of data that was collected. A data extract is an individually coded piece of data extracted from a data item. A code generally refers to a semantic or latent piece of interesting information. It does not yet constitute a theme in itself, the latter being a much broader unit of analysis.

The division of *women's interest magazines* is not defined by Media24, the media company from which the three of the magazines with the highest circulation figures were retrieved. Neither does popular online magazine stores, such as *www.mysubs.co.za* or *www.magazines.co.za*, illuminate what is meant by this category. Media24 does, however, list their women's interest titles, which lends itself to a description of women's interest magazines:

- Parenting and pregnancy (*Baba en Kleuter*).
- An orientation towards connecting, supporting, and celebrating women in South Africa (*Fairlady*).

- Wedding planning (*True Love Bride*).
- Creative crafts (*Ideas*).
- Weight loss (*Lose It!*).
- Food, with an orientation towards South African food (*Sarie Kos*).
- Fashion, beauty, and lifestyle for African women (*True Love*).
- Celebrity news and news that reflects readers' roots in the community and religion (*Move!*).
- Home decor (*Home*).

Dissertation Outline

The mini-dissertation is set out in the following way: This first introductory chapter is followed by a review of the relevant literature in *Chapter Two*. *Chapter Three* explores the research assumptions and process inherent to this study. The findings of the study are set out in *Chapter Four*. *Chapter Five* contains a discussion on the findings, as well as the concluding remarks.

Chapter Two: Literature Review

The aim of this chapter is to create a conceptual framework regarding the literature and research relevant to the study. As such, it is the academic context in which the study is situated. Furthermore, a motivation for the study is provided by means of an exploration of what is available (and not available) on the research topic. The chapter therefore begins with a summary on the historical background of depression before turning to present-day views of depression. The latter includes literature on depression as a "disorder", an exploration of the definition of clinical depression, and the aetiology and prevalence of depression. Depression and anxiety are then discussed in the light of its academic understanding. Next, childhood depression is discussed, starting with a comparison to adult depression, followed by a discussion of the prevalence of childhood depression, its neglect in the public service and academia, and the vulnerability of children. Mass media and, more specifically, South African mass media are explored. The last section summarises the implications of the literature review.

Despite the fact that a significant body of research exists on childhood and depression, research on how it is portrayed in mass media is neglected. Literature pertaining to the construction of childhood depression in South African mass media appears absent and very limited internationally.[1] Yet in order to conceptualise my argument, I draw from the relevant international and South African literature that motivate why it is of value to ask the present research question.

Historical Background

Until the beginning of the 21st century, the history of depression appears to have been largely unwritten (Rousseau, 2000). According to Rousseau (2000), one of the major contributions of this time was the development of the term "depression" itself, which was first used by Samuel Johnson in 1750. Before this time, the various terms and concepts that

[1] These findings are based on a search via various academic research databases (Web of Science, Proquest, EBSCOhost, Google Scholar) by myself, my supervisor, and a library assistant at the Merensky Library, University of Pretoria.

today denote depression were integrated into the cultural milieu within which it occurred. It also had subtle variations in its experience (Rousseau, 2000), and this might still be the case in developing countries such as South Africa even today. Thus, what is known as depression today has seen many transitions throughout history, with authors such as Lawlor (2012) braving the complex and inexhaustible task of tracking the history of depression. Lawlor attempts to provide a history of depression of the past 2 000 years, not without critique, ranging from the humoral sciences and the related "melancholia" (meaning black bile) to current tensions between biological and cognitive models of depression.

Of particular relevance to this study is the history of child psychiatry. Jean-Jacques Rousseau was responsible for having a significant positive impact on the public's view of and interest in the child in the late 18th century (Baethge, Glovinsky, & Baldessarini, 2004). This was primarily because of his philosophy on childhood education and development. He noted that children had great developmental potential that could be cultivated in a healthy living environment and by means of intellectual stimulation, so as to become reasonable contributors to society. Henry Maudsley was one of a few prominent figures, together with Wilhelm Griesinger and Emil Kraepelin, to describe children with mental disorders (Baethge et al., 2004; (Rey et al., 2015). Despite Rousseau's efforts to enhance the public's view on children, during the late 19th century Maudsley still openly asserted that the quality and quantity of the mind is proportionate to the extent of psychopathology that can be experienced (Rey et al., 2015). Thus, according to Maudsley, the underdeveloped nature of the child's mind could not experience the same psychopathology as was recognised in adult patients.

In the late 19th century and early 20th century, child psychiatry developed into a distinct speciality. Hermann Emminghaus is credited as the founder of developmental psychopathology and a pioneer of child and adolescent psychiatry. He held quite a different view to the one prevailing at the time. According to this dominant view, the child was regarded as an underdeveloped adult. In contrast, Emminghaus asserted that children's psychological makeup was unique and qualitatively different to that of adults (Baethge et al., 2004). This development is inextricably linked to the development of childhood theory (Rey et al., 2015), which is explored in the section *Childhood Depression*.

Depression Today

Depression as disorder

When depression is viewed from a temporal perspective, one can appreciate the meanings it held at different times. Today such meanings, or constructions, are likely to be more abundant than ever. Although we speak of depression as "disorder" as a given reality, we need to also bear in mind that in this clinical context it is constructed as such. One can thus argue that different constructions of concepts, such as depression, serve different purposes. Gilman (2014) offers an insightful article on the exploration of the construction of mental illness as a disability. She stresses the importance of a complex interplay of, and fine line between, medical and popular images of mental illness. While she does not negate the existence of mental illness whatsoever, she does argue for a more critical understanding of how we decide to categorise mental suffering, based on the unique imaginings of mental illness by different societies.

This study holds that there are numerous constructions of depression, each originating from a specific context. As such, depression as "disorder" or "mental illness" is but a subjective understanding of the concept. This is the construction of depression typically found in diagnostic nosologies. Health sciences today primarily employ definitions found in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) and the *International Classification of Diseases* (10th ed.; *ICD-10*; World Health Organization [WHO], 1992) which portray depression as a disease entity. The point of departure is that a mental illness is a collection of symptoms that together constitute a diagnosable mental disorder. If a patient meets certain criteria, it can be said (or be spoken into reality) that she or he suffers from depression.

Although depression as diagnosable disorder does serve useful purposes, there are potential hazards in this kind of conceptualisation. For instance, if depression as disorder is reified as the only valid definition or truth then alternative understandings, meanings, and voices may be closed off. Furthermore, ascribing a disorder to a person carelessly may lead to viewing the person as if she or he *is* the diagnosis. This could have evident negative repercussions, such as stigmatisation, pathologising behaviour and experiences, and lack of empathy for the person diagnosed.

Mental suffering, in whichever cultural milieu it is considered, exists across the globe, and there is a marked difference in the way it is understood, diagnosed, and treated throughout history and across cultures (Aragona, 2002; Gilman, 2014; Paykel, 2008). For purposes of this mini-dissertation, depression is acknowledged as a relative reality, or a construct within a specific context.

The following discussion specifically addresses one such construction of depression. This is the construction “depression as mental illness", or clinical depression, as commonly used by psychologists and psychiatrists.

Defining clinical depression

A discussion on clinical definitions necessitates a reflection on the two most prominent Western nosological systems, namely the DSM and the ICD (now developing its 11th edition). The DSM was developed by the APA and provides a classification of mental disorders with associated criteria and diagnostic codes (APA, 2013). The ICD, on the other hand, was developed by the WHO and offers a diagnostic coding standard for all diseases and is not limited to psychiatric diagnoses (WHO, 1992).

Although both systems have integral relevance in the South African practice of clinical psychology, they play different roles. The DSM’s classification system with its associated criteria is the primary system used by mental health professionals in South Africa. It is also adhered to by the pharmaceutical industry and health management organisations, and used in South African courts of law. There are many reasons for its dominant use in South Africa. These include that this is the inherited psychiatric system in South Africa and its use is merely perpetuated (Burns & Alonso-Betancourt, 2013). Although Burns and Alonso-Betancourt (2013) do not clarify from whom this system is inherited, one may presume a psychological imperialism at play, whereby Western systems, such as the DSM, are generalised to non-Western contexts. Furthermore, the DSM is much more comprehensive as far as psychiatric diagnoses are concerned than the ICD system (APA, 2013; WHO, 1992). In South Africa, the ICD is primarily used in the private and public sectors for its ICD-10 coding system. The DSM-5 codes are also derived from the ICD-9 as well as the ICD-10 codes (APA, 2013).

Despite being widely accepted, the DSM has not gone without criticism. An article by Burns and Alonso-Betancourt (2013) offers a scathing South African perspective on the

DSM, questioning both the validity and reliability of the DSM-5. The most serious concern they raise in this regard is that the institutional needs of the APA, rather than patient safety and public welfare, are reflected by this lack of validity and reliability. They therefore argue for an adoption of the ICD in South African psychiatry and provide multiple reasons for the ICD's increased validity and reliability, compared to the DSM practices. Some reasons include that the ICD prioritises public health and that it has gained global credibility.

However, the ICD has also been subject to criticism. While the ICD covers both psychiatric and non-psychiatric diagnoses, it has been criticised for not being as comprehensive as the DSM in its coverage of psychiatric diagnoses (Allers, 2008; Collin, 2008). The conceptual controversies in both these nosological systems have sparked renewed attention with the recent or developing new editions of DSM-5 and ICD-11(Stein, Lund, & Nesse, 2013).

Despite the criticisms of the DSM, it still dominates the clinical psychological landscape, and it is not the intention of this study to engage in this critical, yet necessary, debate of nosological system utilisation. The seminal *Synopsis of Psychiatry* by Kaplan and Sadock (Sadock & Sadock, 2007) corresponds with the DSM-5 (APA, 2013) and defines depression as a mental state encompassing feelings of sadness, loneliness, despair, low self-esteem and self-reproach. These feelings may further be accompanied by psychomotor retardation or agitation, withdrawal from interpersonal contact, vegetative symptoms such as insomnia and anorexia, and in some cases, recurrent thoughts of death or suicide. The DSM-5 criteria also recognise that the impact of depression reaches beyond subjective distress and can have profound repercussions on the individual's occupational functioning, interpersonal relationships and physical health (APA, 2013).

The DSM-5 (APA, 2013) recognises seven different depressive disorders. These are disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder, premenstrual dysphoric disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder. A person might be diagnosed with such a depressive disorder or episode, although depression is not only tied to these seven disorders. It is a widely experienced symptom and presents in many other non-depressive disorders as well.

As a means of determining how pervasive depression is in the DSM-5 and amongst different disorders, the key phrase "depress" (in order to pick up variations such as

"depression", "depressive", or "depressed") was searched. The phrase was found in the vast majority of the different groups of disorders in the DSM-5, e.g., the group of schizophrenia spectrum or other psychotic disorders, and the group of trauma- and stressor-related disorders. It was found in descriptors of symptoms, specifiers, associated features, as well as comorbidity. The only group of disorders in which depression was not present was elimination disorders. In the latter group only "associated psychosocial stress" was implied.

The APA appears to be very aware of the pervasiveness of depression within the DSM-5. It explains that despite the new DSM-5 remaining categorical in its classification system, it recognises that "mental disorders do not completely fit within the boundaries of a single disorder" (APA, 2013, p. xii). Depression (along with anxiety) is one such symptom domain that occurs in multiple diagnostic categories, ranging as broadly as reactive attachment disorder to dissociative identity disorder. In the DSM-5 depression is considered to be one of the prominent symptoms or preliminary diagnostic indicators. For example, where immediate diagnosis is required the DSM-5 recommends that, if depression is a prominent symptom, the preliminarily diagnosis of depressive disorder – other specified or not elsewhere specified be made before further investigation is commenced.

The cause of depression is not any more categorical, singular, or linear than the pursuit of its diagnosis. Different perspectives on the cause of depression highlight different aspects of its phenomenology.

The aetiology of depression

The aetiology of depression is multifactorial and complex, as the variety of different types of theorists who have attempted to understand its origins attest (Rey, Bella-awusah, & Liu, 2015). Theories vary from organic to various psychosocial theories (including psychoanalytic, behavioural, cognitive, and family systems theories) and biopsychosocial models (Carr, 2006; Gotlib & Hammen, 2014). This is also the case for children, where a complex interaction between many organic and psychogenic factors may be at play (Maughan, Collishaw, & Stringaris, 2013; Rey, Bella-awusah, et al., 2015). The scope of the aetiology of depression is nearly inexhaustible and often inconclusive (Rey, Bella-Awusah, & Liu, 2015). In addition, in a deeper exploration of the causes of depression, it is vital to bear in mind how remarkably inseparable and interactive these causes can become (e.g., Gotlib & Hammen, 2014). For the purpose of this mini-dissertation, only a brief summary of

the aetiology of depression is offered, with different causes discussed separately for the sake of clarity and overview.

Organic causes of depression are not uniform and focus on many different aspects of human biology. Biological theories range from theories related to genetics, neuroanatomy and neurobiology, the endocrine system, to the immune system, circadian rhythms, and seasonal rhythms (Carr, 2006). Genetics and neuroscience (from a neurochemical, and neural anatomical and circuitry standpoint) are also introduced into the realm of organic causes of depression. From a psychogenic perspective, primarily early adverse experiences are introduced due to the research question pertaining to childhood depression. Both developmental psychopathology and attachment theory are considered, with a brief overview of other psychogenic factors. However, throughout the focus on the organic and psychogenic perspectives, it will be evident that an integration of the two perspectives, known as a biopsychosocial perspective, is emerging across these theories (e.g., Siegel, 2001; Thapar, Collishaw, Pine, & Thapar, 2012; Tully, Iacono, & McGue, 2008).

Levinson (2009) offers an introduction and overview of research into the link between depression and genes. The application of ever-improving molecular-genetics methodologies assisted in this research. Yet, he emphasises that the search is all but conclusive and that there is no pervasive genetic understanding of the vulnerability to depression. Genome-wide association studies have not yet identified replicated gene variants associated with depression, and genetic studies are further complicated by psychosocial contributions in the family context (Thapar et al., 2012; Tully et al., 2008). Despite the inconsistency or lack of clarity on what exactly is inherited among the research findings in general, there is sufficient research to support gene-environment interactions in the development of depression (Carr, 2006; Maughan et al., 2013; Rutter, Thapar, & Pickles, 2009).

Sigmund Freud, generally considered to be the father of modern psychology, postulated that psychological phenomena had a neural substrate. At the time, such phenomena could not be linked to their neural substrates due to limited technological resources for the study of neuroanatomy and its functions. This resulted in his investigation of the mind focussing more on a phenomenological exploration of psychological phenomena (Freud, 1920/1955). Neuroscientific contributions to depression have, however, evolved rapidly in the past 50 years due to advances in technology to study the brain. Inquiry into the workings of depression has gradually been refined. Thase, Hahn, and Berton (2014), in their review of the

role of neurotransmitters in depression, state with great certainty that it supports the notion that clinical depression is a biopsychosocial disorder with multifactorial causality.

Various neurotransmitters contribute in idiosyncratic ways to the causation of depression, but the two main monoamine neurotransmitters are noradrenaline or norepinephrine (the same chemical) and serotonin (Carr, 2006; Thase et al., 2014). Much more complex than a mere deficiency in these neurotransmitters (as previously thought), a sophisticated systemic process involving the reduction in the sensitivity of post-synaptic receptor sites is one of the leading hypotheses of this perspective (Carr, 2006; Thase et al., 2014).

In the affective neurosciences the focus is more on the neuroanatomy and neural circuits involved in the regulation of emotions in depression (Gotlib & Hammen, 2014). Jaak Panksepp is one of the contemporary pioneers, and even considered the founder, of affective neuroscience (Coenen & Schlaepfer, 2012). He identified seven affective pathways within the brain, consisting of the FEAR, CARE, LUST, PANIC, SEEKING, PLAY, and RAGE systems.[2] Panksepp and his colleagues suggest that an impaired SEEKING system is strongly related to the experience of clinical depression (Panksepp, Wright, Döbrössy, Schlaepfer, & Coenen, 2014).

The gap between organic and psychogenic causes of depression is closing. Clinicians such as Dan Siegel and Allen Schore are at the forefront of this growing integration (e.g., Siegel & Payne Bryson, 2011; Schore, 2003). In addition to a focus on the academic and scientific aspects, they are concerned with informing both health professionals and the lay public of developments in the field.

The notion that depression finds its aetiology in early adverse experiences (Goodman & Lusby, 2014) has been a central to psychology since its inception. Various early adverse experiences have a causal contribution, including exposure to prenatal stress, inadequate parenting, early trauma, abuse, neglect, peer conflict, and bullying (Goodman & Lusby, 2014; Maughan et al., 2013; Rey, Bella-awusah, et al., 2015). In a chronic form these stressors appear to be much more significant causal factors than acute stress, especially in females (Thapar et al., 2012).

[2] The author coined the terms FEAR, CARE, LUST, PANIC, SEEKING, PLAY and RAGE in this capitalised format.

One of the primary explanations for the role of early adverse experiences is the developmental psychopathological perspective. It emphasises that the point in development at which the adverse experience takes place is vital, because this gives an indication of what developmental milestones and needs may have been disrupted by the adverse experience. It also gives an indication of what milestones and needs have already been met at the time of the adverse experience (Goodman & Lusby, 2014; Kerig et al., 2012). Such a perspective welcomes, and often integrates, many different models of depression, from biological systems, attachment theory, and cognitive diathesis models, to emotional expression and regulation models (Goodman & Lusby, 2014; Schore, 2003; Siegel, 2001).

Another prominent theory offered to explain the significant impact of early adverse experiences is that of attachment theory. Attachment theory has come a long way since Bowlby (1969, 1973) and Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978), and has seen a strong resurgence with the emergence of relational neurosciences (e.g. Cozolino, 2014; Fishbane, 2007; Schore, 2003; Siegel, 2001). The basic premise of attachment is that emotional functioning and affect regulation originate in the infant's experience of a secure relational environment with her caregivers (Bowlby, 1969; Fishbane, 2007). At the time the caregivers were often equated with the mothers (Bowlby, 1969). However, in two recent studies, paternal mental health (Giallo et al., 2015) and paternal involvement in parenting (Twamley, Brunton, Sutcliffe, Hinds, & Thomas, 2013) were found to be closely linked to a child's mental health from infancy to adolescence.

Various other psychogenic factors also contribute to the development of depression, ranging broadly from chronic medical conditions to being an indigenous minority child. Environmental influences such as children's family relationships, parental mental health, cognitive style and automatic thoughts, stressful life events (especially losses), loss processed by means of negative attributions, parental rejection and lack of care, and various school and neighbourhood characteristics also make a causal contribution (Kerig et al., 2012; Carr, 2006; Rey, Bella-Awusah, & Liu, 2015). Parental depression may also make a child vulnerable to depression, either in the form of an organic and/or psychogenic contribution (Goodman & Lusby, 2014; Kerig et al., 2012; Carr, 2006; Rey, Bella-Awusah, & Liu, 2015).

Many of the above-mentioned causal contributions to depression have global relevance, including relevance to South Africa (WHO, 2012; Richter, Norris, Pettfor, Yach & Cameron, 2009), although context-specific vulnerabilities in South Africa might highlight certain risk

factors in the development of depression. Among these is the fact that South Africa has high crime (Crime Statistics South Africa, 2013), unemployment (StatsSA, 2013a), and divorce rates (StatsSA, 2011). These prevalent risk factors increase the vulnerability to depression of South African children.

The *Birth to Twenty* (BT20) study, a large-scale study undertaken in South Africa (Richter, Norris, Pettifor, Yach, & Cameron, 2009), suggested a particularly strong link between exposure to violence in the home and community, and children's emotional and social adjustment. This was found to be independent of the impact of poverty. The BT20 study also found age-related differences in adjustment profiles, gender differences in internalising and externalising behaviour, and early onset and persistence of maladjustment. These trends were similar to those found in what the authors referred to as "resource-rich countries" amongst young children.

In general, the prevalence of depression globally, including South Africa, is alarming.

Prevalence of depression

Depression appears to occur in all cultures around the world. This potentially devastating health concern is a common and leading cause of disability worldwide (WHO, 2015). According to Prince et al. (2007), 14% of the global burden of disease is attributed to neuropsychiatric disorders. Depression and other common psychiatric conditions are the primary contributors to this global burden (Prince et al., 2007). It is also a noticeable problem in South Africa, even though this country's depression rates are lower than those of the United States of America. It is nevertheless higher than that of another fast developing African country, Nigeria (Tomlinson, Grimsrud, Stein, Williams, & Myer, 2009). However, it is alarming that South Africa is following the world-wide trend of growing numbers of depression, also amongst South African children (Naidu, 2008; SADAG, 2007).

A further trend that was discernible is that while depression rates are similar amongst boys and girls in early and middle childhood, the prevalence for females doubles compared to males in adolescence (Rey, Bella-awusah, et al., 2015).

Depression and Anxiety

Anxiety and depression often occur comorbidly (Axelson & Birmaher, 2001; Essau, 2008) with this comorbidity being common across the various stages of childhood (Garber &

Weersing, 2010). Some argue that the common comorbidity of anxiety and depression is due to an imperfect nosological system, yet within the diagnostic context it has many implications (Cummings, Caporino, & Kendall, 2014). Anxiety, in particular, has an earlier onset age compared to depression (Fichter, Quadflieg, Fischer, & Kohlboeck, 2010) and is also more prevalent among younger children. Depression, on the other hand, becomes more prevalent during adolescence (Cohen, Cohen, & Brook, 1993; Woodward & Fergusson, 2001). The comorbidity of anxiety and depression is especially associated with increased impairment in adolescence (Karlsson et al., 2006).

Anxiety is the most common comorbidity with depression in children (Angold, Costello, & Erkanli, 1999; Avenevoli, Stolar, Li, Dierker, & Ries Merikangas, 2001; Yorbik, Birmaher, Axelson, Williamson, & Ryan, 2004). However, despite the meaningful link between the two, Brady and Kendall (1992), in a pivotal article on this comorbidity, found that there are important distinctions between depression and anxiety that are neglected and have subsequently been studied exponentially (Cummings et al., 2014). Some of the distinctions include the severity of impairment experienced, the pathway of development of comorbid anxiety and depression, treatment implications, and gender and age differences. Cummings and colleagues (2014) updated the original study by Brady and Kendall (1992) and found that although research on the comorbidity in children has increased significantly in the last decade, theoretical models to describe the co-occurrence of anxiety and depression in children are still neglected in the literature (Cummings, et al., 2014).

The DSM-5 frequently refers to anxiety and depression alongside each other. Examples of the co-occurrence of anxiety and depression in the DSM-5 are in the associated features supporting a diagnosis of autism spectrum disorder and in gender-related issues regarding tic disorder. The co-occurrence is also found in the development and course of a specific phobia, associated features supporting the diagnosis of insomnia disorder, and in the associated features supporting the diagnosis of depersonalisation/derealisation disorder. Depression and anxiety are emotional symptoms, associated features, a psychiatric comorbidity (indicating both anxiety and depression with other disorders, and anxiety and depression as comorbid with each other), or as two possible outcomes of the same disorder earlier in development (APA, 2013). The nature of some of the changes in the diagnostic criteria in the DSM-5 might increase the comorbidity of anxiety and depression (Cummings, et al., 2014). Despite the frequent co-occurrence within the DSM-5, this close association is clarified in the chapters on neither depressive nor anxiety disorders (APA, 2013).

The focus next turns to the focus of the study: depression in childhood.

Childhood Depression

Childhood versus adulthood depression

A discussion on depression in general will not suffice when addressing this problem in children. Children experience and express depression in a qualitatively different manner than adults do. This also means that children express depressive symptoms in a different way to adults, with externalising behaviour being much more common (Kerig et al., 2012; APA, 2013). This is in fact a major contributor to the lack of recognition of childhood depression. The matter is exacerbated because such externalising behaviour is often not appropriated to depression (Naidu, 2008). At times depression presents so uniquely in children that it has been questioned whether the diagnostic criteria should not be modified due to the stark developmental differences between children and adults (Weiss & Garber, 2003). Weiss and Garber (2003) even went as far as to question whether childhood and adulthood depression could be considered to be the same disorder.

The DSM-5 appears to have paid increased attention to the development and presentation of childhood depression as distinct from adulthood depression and how childhood depression is understood. It reflects a more comprehensive incorporation of lifespan information in diagnoses than the fourth edition of the DSM (APA, 1994). It also reflects an increased awareness of developmental issues related to the diagnosis of mental disorders, as is evidenced in multiple aspects. For example, the DSM-5 includes aspects of how disorder presentations may change across the lifespan. Age-related factors specific to a diagnosis are also included. A new depressive disorder, namely disruptive mood dysregulation disorder, has been added. This disorder specifically encompasses the symptoms shown by children. The addition of disruptive mood dysregulation disorder was due to a growing concern about the over-diagnosis and treatment of bipolar mood disorder in children when, in fact, it might be a childhood version of a depressive disorder. This new disorder better reflects a depressive disorder in children, accounting for the persistent irritability and frequent episodes of extreme behavioural dyscontrol that are often seen in these children (APA, 2013).

Rey, Bella-Awusah, and Liu (2015) offer a concise summary of the differences in the presentation of depression according to age. They add that the specified symptoms may

appear at any age, but that they are more common in the specified age group. In prepubertal children, irritability (such as temper tantrums and noncompliance), reactive affect, and somatic complaints are more common. Depression at this age also tends to be comorbid with anxiety, behaviour problems, and attention-deficit/hyperactivity disorder (ADHD) (Rey, Bella-Awusah, & Liu, 2015).

In adolescence, irritability in the form of grumpiness, hostility, anger outbursts, and the tendency to become easily frustrated are more common. Their affect also tends to be more reactive. Adolescents may suffer from hypersomnia and somatic complaints, and they tend to experience an increased appetite and weight gain. These adolescents are more likely to have extreme sensitivity to rejection, such as falsely perceiving put-downs or criticism. This may result in difficulty in maintaining relationships (Rey, Bella-Awusah, & Liu, 2015).

Adults are more likely to experience anhedonia and a diurnal variation in mood that tends to be worse in the morning. Instead of the externalising reactive affect seen in children, they tend to have a lack of affective reactivity. Adults may experience either psychomotor agitation or retardation and experience sleep problems in the form of early morning waking (Rey, Bella-Awusah, & Liu, 2015).

Prevalence and service negligence

Mental health problems in children are a noteworthy concern. Over 50% of the population in Africa are children. One in five of these children will develop mental health problems (Robertson, Omigbodun, & Gaddour, 2010). Furthermore, the onset of the initial episode is occurring at an increasingly earlier age (Gotlib & Hammen, 2014). Depression is associated with substantial functional impairment and future mental health problems (Lopez, Turner, & Saavedra, 2005; Thapar et al., 2012; Weissman et al., 1999). Yet, child mental health services are greatly underdeveloped in Africa compared to the rest of the world (Robertson et al., 2010).

Infant mental health is receiving increasing attention across the globe and the World Association of Infant Mental Health (WAIMH) was already established in 1980 (WAIMH, 2016). Unfortunately, child mental health needs remain largely unmet on the African continent, including South Africa (Rey et al., 2015). However, development in childhood mental health awareness and services does appear to be growing, albeit slowly. Two South African affiliates of WAIMH, namely the Western Cape Association of Infant Mental Health

(WCAIMH) and Gauteng Association of Infant Mental Health (GAIMH-SA), are relatively small organisations at this stage, but are growing in numbers and influence (GAIMH-SA, n.d.; WCAIMH, 2016). Such development is essential and necessitated by the perspective that children are vulnerable by virtue of their developmental phase.

Vulnerability by virtue of being a child

Children's susceptibility to depression is increased by their developmental phase, a period during which they are highly dependent on others for their basic needs (Kerig et al., 2012; StatsSA, 2013). The vulnerability is increased by the profound physical, mental, and social developmental changes that take place during the first 18 years of life (Carr, 2006). Children's brain development and consequent affect regulation strategies are greatly affected by the degree of social support they receive and particularly the quality of the bond between the primary caregiver and the child (Siegel, 2001). The quality of this bond helps the child form a perception of the availability and the utilisation of support from significant others (whether primary caregivers or future relationships) to meet their needs. It also assists with their ability to meet their own needs. Ultimately, it facilitates the formation of healthy relationships with the self and others, which in turn impact affect regulation and mental health. This internalised perception (known as the "internal working model") allows a well-developed child to approach life with confidence and intact problem-solving skills and makes an essential contribution to mental health (Bowlby, 1969).

The vulnerability that arises by virtue of being a child may be further exacerbated by challenging socio-environmental factors. This can be extrapolated from the fact that a significant portion of South African adults are considered vulnerable because of their poor living conditions (StatsSA, 2013b), which is in turn intensified by poor service delivery in a number of key service sectors. South Africa is also plagued by high crime (Crime Statistics South Africa, 2013), divorce (StatsSA, 2011), and unemployment rates (StatsSA, 2013a). Children exposed to and dependent on caregivers situated in such an unstable and inadequate socio-environment, are likely to be more vulnerable to mental health problems, and depression in particular (Carr, 2005).

Thus children, who are vulnerable by virtue of the developmental stage in which they find themselves, can be considered additionally vulnerable because they not only share the same or similar socio-environmental challenges as their caregivers, but also depend on these

compromised caregivers for their wellbeing. According to GAIMH-SA (n.d.) there are numerous studies in South Africa that have highlighted the prevalence of insecure attachments among infants in this socio-environmental context. This highlights that they are at a significantly higher risk for psychopathology into later childhood and adulthood. This supports the notion that in South Africa one could be considered to be vulnerable just by virtue of being a child (StatsSA, 2013b).

It is clear that the parent or primary caregiver is an important person in the child's life. This observation is relevant in the light of this study for two reasons. The first is that the primary caregiver and child relationship may be contributory factors in the development of depression in a child. Second, these primary caregivers are also the ones who are the users of and exposed to the messages of the mass media implicated in this study.

Importance of diagnosing and dealing with childhood depression

Modern views on mental health developed during the 18th and 19th centuries. Despite this time span of some 200 years, child psychopathology is significantly under-researched compared to adult psychopathology (Silk, Nath, Siegel, & Kendall, 2000; Rey et al., 2015). However, Rey et al. (2015) do point out that there has been a gradual increase in the academic attention to childhood psychopathology ever since the commencement of the child guidance movement in the 1920s in Chicago.

More than a decade ago, Barkley and Mash (2003) observed that there was a growing body of knowledge demonstrating that childhood problems have lifelong consequences and that most adult mental health disorders are rooted in childhood experiences. It is estimated that 50% of adult psychiatric disorders finds its onset before the age of 14 years (Robertson et al., 2010). This suggests that a better understanding of childhood depression could possibly contribute to the development of more effective intervention and prevention programmes and could also have a positive outcome for adult depression (Barkley & Mash, 2003). The recognition of children's vulnerability and national programmes prioritising their wellbeing are growing in prominence, but much more still needs to be done in this regard (Save the Children South Africa, 2015; Rey et al., 2015).

Childhood depression has generally been neglected in academic, socio-environmental, and diagnostic arenas as well as in the mass media. Naidu (2008) conducted a South African study in which she explored the manifestation of depression in the school environment. She

states that parents and teachers are often unaware of the varied manifestations of depression in children. Teachers frequently do not ascribe externalising behaviours (such as aggression and disruptive conduct) to childhood depression. They also tend to overlook internalising behaviour such as social withdrawal and isolation, despite correctly identifying it as indicators of depression. This is a major concern, because, as Naidu elucidates, recognition of depressive symptoms is the first step to the provision of assistance for the child in need. School personnel could have an advantage as far as the recognition of symptoms of depression are concerned, as these manifest when a variety of abilities are put to the test in the school environment. The symptoms may be less obvious in the home environment and interactions with parents. If teachers could be sensitised to the recognition of the symptoms of depression, that would create wonderful opportunities for early intervention and prevention of developmental impairment. After all, the school environment is not only an ideal arena for recognising symptoms of depression, but is also one in which many foundational skills are developed.

Knowledge of childhood depression is co-created by mass media, and may thus play a major role in the awareness of depression in children.

Mass Media

The old adage that the pen is mightier that the sword may be applied to our current-day understanding of the power of mass media. Indeed, mass media seem to be powerful in their discourses and persuasions. Mass media can be described as any communication channel used to simultaneously reach a large number of people, and include magazines, newspapers, television broadcasts, and mobile phone communications (Wimmer & Dominick, 2011). For this study, it is understood that mass media do not simply reflect a public understanding of ideas or reality but more significantly, that mass media are partners in co-constructing realities we hold about an idea (Luhmann, 2000, in Bechmann & Stehr, 2011; Petersen & Lupton, 1996).

Luhmann (as cited in Bechmann & Stehr, 2011) holds that all knowledge we have about society or, even more broadly, the world in which we live is known through mass media. He further suggests in his theoretical exploration of modern mass media that its main function lies in creating the reality that it communicates, rather than simply presenting an image or reflection of reality. Although this reality is co-created, it is a socially relevant

reality and constitutes genuine reality when reality is considered according to the point of view that reality is socially constructed through these very media (Bechmann & Stehr, 2011).

The relationship between mass media and the public health sector is an intimate one. There are various studies that have engaged with the topic of mental health in mass media (e.g. Clarke, 2009; Gattuso et al., 2005; Jacobs & Eccles, 1985; Sanders et al., 2000). Two of these explored research on adult depression (Gattuso et al., 2005; Clarke, 2009).

Gattuso and colleagues (2005) conducted research on the tensions between Australian depression policy directions and adult lay beliefs about depression, as constructed in Australian women's interest magazine articles. They built on the premise by Peterson and Lupton (as cited in Gattuso et al., 2005) that the public health sector relies greatly on individuals "absorbing" (p. 1641) correct health messages through mass media. However, they found a discrepancy between public health policies and lay constructions. They argue that there are serious limitations to this strategy of informing the public on mental health via these channels and suggested that further research on these sources (whether print, audiovisual, or online media) be undertaken.

Clarke (2009) conducted a content analysis of men's interest magazine articles on depression. He found that depression was portrayed in male stereotypes and was described as having a largely biochemical or genetic cause. It neglected the complexity of the development, continuation, and experience of depression.

Media research on children is rather limited and I found no studies that dealt with the construction of childhood depression in mass media, or more particularly women's interest magazines. However, an informative Australian study by Sanders, Montgomery, and Brechman-Toussaint (2000) strongly suggests a significant link between mass media and childhood mental health. A 12-episode television series called "Families" was shown to the families of children with mental health difficulties, which demonstrated a positive outcome. After the television-based intervention, parents reported significantly lower levels of disruptive behaviour by their children and there were also increased levels of perceived parental competence. This outcome was found to have been maintained at a six-month follow-up visit. The researchers proceeded to discuss the implications this study has for public health approaches to family mental health. Most notably, they suggest that because the intervention was media-based, it had the potential to assist a large portion of the population. An intervention of this nature could be made without actual therapeutic contact, which may

significantly impact service delivery. The aim was not to bypass the clinician, but rather to allow her to focus on a smaller group of families with more intensive needs. She could, alternatively, spend less personal time with a family, but use the time productively to fine-tune interaction, based on the media-based intervention to which they had been exposed.

A second, older study by Jacobs and Eccles (1985) portrays the impact of media reports on parent's perception of their children. However, the study only focused on mathematic ability and gender, and not on other areas of child development such as mental health.

While the information and conclusions from these studies on the link between mass media and the perception of mental health are limited, it does provide tantalising glimpses of an apparent link between the two and suggest that this is an area worthy of further investigation. In this study the focus is more specifically on the link between perceptions and mass media in South Africa.

South African mass media

South Africa has not always enjoyed the free press experienced today. Prior to the advent of democracy in 1994, there were many restrictions on the media and the realities that were propagated were to a large extent determined by the ruling party of the time (SouthAfrica.info, 2002/2013). Today ideas are communicated more freely and in a much wider range of media. The Reporters Without Borders (RSF) is a non-profit organisation that focuses on the promotion and preservation of freedom of information and freedom of the press across the globe (RSF, 2016). They publish an annual international index of press freedom. This index reflects the degree of freedom journalists and news organisations have, and the efforts made by a particular country to ensure and respect this freedom. South Africa was ranked 52nd out of 179 countries, and 6th amongst African countries in 2013. That is down ten places from 42nd out of 179 countries in 2012 (RSF, 2016). Despite press freedom becoming more restricted from 2012 to 2013, the present press status of South Africa is considered "partly free" (Freedom House, 2015).

South Africa has a robust magazine culture, as is evidenced by the high circulation statistics of various forms of mass media published by the Audit Bureau of Circulations of South Africa (ABC, 2014). Many of the prominent magazines listed by the ABC (2014) feature articles relating to health, including mental health. This suggests that it is a major source of mental health information for the public.

According to the ABC (2014), magazines are one of the highest circulating forms of mass media publications and further, women's interest magazines are amongst the highest circulating magazines in South Africa. Only family magazines have a higher circulation (ABC, 2014). Women's interest magazines feature sections on family, parenting, or mental health, which may thus include childhood depression. It follows that women's interest magazines are a major source to be investigated with a view to their role in and contribution to the construction of childhood depression in South African society.

For the purposes of conceptualising the research question, a preliminary electronic search into South African magazine articles on both depression and childhood depression was conducted by searching various online mass media magazines available (e.g., *Sarie*, *Move!*, and *You*). Relatively few articles on childhood depression in comparison to adult depression were found, but it nevertheless suggested sufficient availability of articles for analysis in this study. The preliminary search revealed that the relevant articles often focused on the symptoms of depression and on depression as a symptom of other health concerns, as well as on the treatment of and biological causes of depression (e.g., http://movemag.co.za/signs-of-drug-abuse/#.U2dvGVeTK-Y). Few articles focussed on the psychological contribution to and maintenance of depression, such as for example the importance of attachment and early childhood development (e.g., http://www.sarie.com/lewe-liefdes/my-kind/wees-die-beste-ma-wat-jy-kan-wees/).

Summary

Depression has a long history, evident from its many names, conceptualisations, and meanings. In its present-day form, depression is primarily constructed as a mental illness, with the causes of clinical depression ranging from organic to a variety of psychogenic factors. There is also an increased recognition of the interwoven nature of organic and psychogenic factors that contribute to depression. Despite increased efforts to address depression, it is increasing in prevalence, and a younger onset has been noticed. Despite the recognition that childhood depression contributes to adult mental health, or lack thereof, it is still neglected both as far as the available mental health services and academic exploration thereof are concerned.

The mental health of children is a growing public health concern (Save the Children South Africa, 2015; StatsSA, 2013b) but it would seem as if the public health sector often

relies on media sources to inform the public on mental health (Peterson & Lupton, in Gattuso et al., 2005). While some international studies have been conducted on information on childhood depression in the mass media (Sanders, Montgomery & Brechman-Toussaint, 2000; Jacobs & Eccless, 1985), there is a scarcity of studies on local media and its content.

Mass media has a vital role to play in not only improving the understanding of childhood depression, but also possibly its treatment. The literature review serves as the important backdrop for the next chapter, which describes the operationalisation of the research question.

Chapter Three: The Research Assumptions and Process

This chapter comprises two major sections: the research assumptions and the research process. The assumptions and process of the study were based on how it was deemed best to achieve the aims and objectives stated in *Chapter One,* namely to explore the constructions of childhood depression in South African women's interest magazines. This aim led to the development of the following research question: What are the constructions of childhood depression in South African women's interest magazines?

In response to the research question and the aim of the study, the following objectives were developed:

1. To search for and retrieve childhood depression articles from the three identified women's interest magazines: *Move!*, *True Love*, and *Sarie.*
2. To use contextual analysis to gain insight into the context within which thematic analysis is conducted.
3. To use thematic analysis as a method for the generation of themes from these articles, and social constructionism as the theoretical lens through which to construct an understanding of these themes.

The discussion of the research assumptions may be done in multiple ways, with defining lines becoming vague and varied within the field of human science research (Grix, 2002; Mackenzie & Knipe, 2006). Unfortunately, despite the essential importance of reflecting on the philosophical underpinnings of a research project (Grix, 2002), it is often neglected in the early (sometimes even later) career of researchers (Gelo, 2012). In response to this, I have set out a clarification of the way I have approached this endeavour, as follows. First, the qualitative research design of the study is discussed. This is followed by a more detailed consideration of the philosophical underpinnings of the qualitative research design. This provides a general introduction to the approach followed in exploring the research question. Thereafter social constructionism as the specific paradigmatic point of departure is discussed and integrated with the philosophical underpinnings of the qualitative research design. The next step is a description of the methods employed for the data collection process

and forms of data analysis. Finally, the ethics and limitations of the study are considered, before engaging with the quality principles upheld in this study.

Research Assumptions

Research design

A qualitative research design was followed for this study. A qualitative research approach can be broadly defined as an approach to research that employs text (or images) rather than numerical data. The data were analysed in the textual format, and not converted to numerical information. The aim of this process was to gain an understanding of the meaning of the human action being studied (Schwandt, 2015). Banister, Burman, Parker, Taylor, and Tindall (1994) describe qualitative research as "an attempt to capture the sense that lies within, and the structures of what we say about what we do" (p. 3). They add that it might entail an exploration, elaboration, and systemisation of important aspects of the phenomenon at hand.

This qualitative process of engaging with the text is vital to the research question. The meaning of the phenomenon of childhood depression is explored from the view of the "participants" in the form of magazine articles, and is emergent rather than tightly preconfigured (Creswell, 2014). Therefore, in the context of this study, magazine articles are the point of departure for the exploration of the perceptions or constructions of childhood depression, and the meaning emerges from the data rather than being tightly preconfigured and imposed on the data. Because such a qualitative process entails a certain stance or philosophical underpinnings regarding the knowledge that emerges during the course of the research, this is to be explained in the following section.

Philosophical underpinnings

Historically, psychological research emerged from a research field that prioritised a positivist stance (Henwood & Parker, 1994; Henwood & Pidgeon, 1992). Since then, a more postmodernist stance of research has emerged that argues that acknowledging subjectivity and employing reflexivity in research enables an account of the human and social aspects within the human sciences. This is necessitated by the objects of inquiry of the field, which are very different from the natural sciences where strictly controlled variables and an

apparently detached relationship to the object of study are eminent (Henwood & Parker, 1994).

Hence, qualitative research cannot be reduced to its methods, which is still commonly the focus of qualitative research articles (Carter & Little, 2007; Mackenzie & Knipe, 2006). Method, according to Henwood and Pidgeon, "is always conducted within some broader understanding of what constitutes a legitimate inquiry and warrantable knowledge" (1992, p.98). Thus the philosophical underpinnings, that is, epistemology, ontology, and methodology, need to be explained to facilitate transparency (Lincoln, Lynham, & Guba, 2011). The vast difference in the epistemological views held by modernism and postmodernism have a profound impact on how research questions are operationalised (Henwood & Pidgeon, 1992). However, despite being central to how a research study is operationalised, these facets of the philosophical underpinnings are often neglected (Carter & Little, 2007). Nevertheless, they have a crucial impact on what type of research question one may ask, how it may be responded to, and what one can deem to be an "answer" to the question. The philosophical underpinnings of this study also serve to introduce the paradigmatic point of departure, namely social constructionism, in the next section.

This section contains the epistemological, ontological, and methodological assumptions inherent in a qualitative research design, as well as a discussion on its relationship to the methods employed in the study. Although the philosophical underpinnings are implicit in social constructionism, an explanation of the relationship between epistemology (and by implication ontology), methodology, and methods serves to show the internal consistency of the study, which is a sign of quality qualitative research (Carter & Little, 2007). The philosophical underpinnings have a direct influence on the practical ways in which the research is conducted and the way in which the data are understood.

All research rests on certain philosophical underpinnings that include epistemological, ontological, and methodological assumptions. Although there are many models for qualitative research, Carter and Little (2007) propose a way of understanding how the philosophical assumptions of a study relate to one another. Similarly, Grix (2002) also explicate these assumptions within the research process, but in a somewhat more linear fashion. In their proposition, Carter and Little's (2007) qualitative research entails an intimate resonance between epistemology, methodology, and method. Although ontology is not mentioned as a

central tenet to their model, it might be redundant as ontology and epistemology are essentially inseparable (Scheurich, 1997).

Ontology, or "what is out there to know about" (Grix, 2002, p. 175), is the starting point of this explication. It informs the other underpinnings of this study and acts as a point of departure (Grix, 2002). It is a form of philosophical inquiry concerned with metaphysical questions of existence and the nature of (social) reality; the truth claims that can be made. Existence is used broadly to denote arguments on, for example, the existence of supernatural reality and discussions about the conceptual reality of categories (Reber, Allen, & Reber, 2009). Ontological inquiry relates to claims about "what exists, what it looks like, what units make it up and how these units interact with each other" (Blaikie, 2000, p. 8). The realist ontology commonly found in the natural sciences and quantitative research designs is considered to be neutral and impartial. Such an understanding stands in contrast to the ontological stance held in this study, which is better described as reflexive (due to the interdependence of the researcher and the researched), relativist, and constructionist. Thus reality is viewed as not being independent of "social actors", as Bryman (2001) describes it, but rather continually constituted and reviewed by the engagement of such social actors. Thus, reality is not something that is static, independent, and outside of us.

Epistemology is intricately linked to ontology and refers to a branch of philosophy primarily concerned with the origin, nature, methods, and limits of human knowledge (Reber, Allen & Reber, 2009). Where ontology concerns the nature of reality, epistemology is concerned with how one can know such a reality. Thus, as Blaikie (2000) explains, it concerns how what is assumed as existing (an ontological issue) can be known. Where a positivist epistemology, which is classically referred to as the "scientific method", holds that there is an objective reality that can be known through rational, value-free, and empirical means (MackKenzie & Knipe, 2006), subjectivism or intersubjectivism lies on the other side of the epistemological spectrum (Grix, 2002). This is more in line with a qualitative research design and acknowledges differences between people and requires the researcher to come to terms with subjective meanings of the social action being studied (Bryman, 2001; Grix, 2002). Opposed to the notion that reality can be known by it being "found out there", this study holds that what is to be known is rather a creative process constantly in dynamic flux. Reality, as an intersubjective one, is co-constructed between people, and not located in and produced by an objective individual's mind. This epistemological stance guided my methodological choices.

Following the above overview of what this study assumes is out there to know, and what and how one may know about it, the assumptions regarding the acquisition of this knowledge is explored. Methodology is concerned not with the actual accumulation of knowledge as such, but rather with the methods and procedures of how such knowledge is accumulated. Therefore, it concerns systematic and logically coherent methods for the search for knowledge (Reber, Allen & Reber, 2009).

This study strongly resonates with the view of Grix (2002) that a research project must ideally not depart from a chosen method. Rather, one should first invest in a reflection of reality and what can be known about it, before advancing to the methods to find the sources of, and to gather, this knowledge. Method refers to the actual procedure or technique (Blaikie, 2000; Grix, 2002) and is discussed in more detail in the *Research Process and Methods* section in this chapter.

An interpretivist or constructivist ontological and epistemological position suggests that reality is socially constructed and rely on the participant's views of the situation being studied (Mertens, 2005; Creswell, 2014; MackKenzie & Knipe, 2006). From this view of acquiring knowledge through the research process, I found that these philosophical underpinnings resonate with a social constructionist paradigm.

Social constructionism

Forms of social constructionism

Social constructionism can take many forms (Alvesson & Sköldberg, 2009; Lock & Strong, 2010; Stam, 2001), ranging from what may be referred to as "strong constructionism" to "weak constructionism" (Lupton, 1999; Nightingale & Cromby, 2002), or antirealist versus realist theoretical foci (Stam, 2001). Other authors (see, e.g., Gergen, 1985; Locke & Strong, 2010; Stam, 2011) focus on the variance in the forms of social constructionism as a type of historical phenomenon. Various schools of thought throughout the decades left its mark since the development of the paradigm in the 1960s. Stam (2011) connects its early beginnings with Berger and Luckmann's work, published in 1966, which introduced a series of positions that later came to be known as social constructionism. This was a time during which the positivist approach was gradually overshadowed by the idea that reality is an expression or a sign of deeper underlying processes, related to ideology, interests, and power (Alvesson & Sköldberg, 2009).

Kenneth J. Gergen (1985), the designated father of social constructionism, is generally associated with strong constructionism (Botterill, 2014; Nightingale & Cromby, 2002; Pernecky, 2014). In this study his form of the paradigm is used. Strong constructionism holds that language is essential and not referential to external reality and that there can be no objective or truthful knowledge about the world. It is affiliated to anti-realism, which is in contrast to weak constructionism.

Weaker forms of constructionism are associated with more realist or critical realist notions weaved into constructionist epistemology (Nightingale & Cromby, 2002; Stam, 2011). Generally, the concern in weak constructionism is not with the reality of the issue at hand or with the accuracy of the representation. Rather, it is with the meaning people attach to these concepts and the implications this has for the self, others, and society (Joffe, 2012). One of the best illustrations of the extreme variance within the paradigm is found in the view on social constructionist ontology held by Nightingale and Cromby (2002). They hold that social constructionism, in its essence, contains critical realist elements, as it cannot escape from holding certain things as true, however limited or relativist such truths may be. This is contrary to the anti-realist stance commonly considered to be a core feature of social constructionism (Lock & Strong, 2010; Stam, 2011). According to Lock and Strong (2010), anti-realist critique is due to naive objectivity and realism, leading in turn to a misunderstanding of some of the paradigm's core tenets.

The aim of the discussion is not to explore the many forms of social constructionism or critically engage with this debate. It rather serves to stress the heterogeneity that comes with the theoretical paradigm and the value of dedicating time to a discussion of its tenets. Therefore, some key assumptions central to social constructionism are discussed. This also serves to elucidate the operationalisation of the research question at hand.

Integrating philosophical underpinnings and social constructionism

Central to reflexive research is the explication of the philosophical assumptions inherent to the study (Carter & Little, 2007) as was introduced in the section *Philosophical Underpinnings* of this chapter. The study assumes a specific stance towards the nature of reality and how one may come to know it. Added to this is an exploration of how a society might attain and maintain such knowledge. Such a stance is congruent with the postmodernist paradigm of social constructionism. Elaborating on the tenets of social constructionism adds

to the nuance of the assumptions about reality and knowledge discussed. It thus further informs the procedure of the research (in the *Research Process* section) and and the conclusions to which the study could or could not come.

Andrews (2012) and co-proponents hold the view that social constructionism does not make any ontological claims; that it is primarily concerned with epistemological issues, i.e., the nature of knowledge and how it is created. However, other authors such as Nightingale and Cromby (2002) do not agree with this stance of ontological muteness. Additionally, others see a shift in focus from epistemological concerns to ontological concerns throughout its theoretical development (Alvesson & Sköldberg, 2009).

This study contends that social constructionism does, in fact, make certain ontological claims that are congruent with the underpinnings of its qualitative research design. Social constructionism is an explanatory framework within which to examine the nature of the world and not just one's knowledge of such a world. Knowledge cannot only be reduced to social convention; language actually co-constitutes reality (Nightingale & Cromby, 2002). Social constructionism has a strong affinity with the interpretive disciplines (Gergen, 1985). These ontological and epistemological assumptions become evident from the discussion on the tenets of social constructionism that follows below.

The tenets of social constructionism

Despite the variances within social constructionism, it is possible to discuss the paradigm in terms of its generally accepted primary assumptions. This deliberation is based primarily on Gergen's (1985) proposal on assumptions in his seminal article on the topic, as well as the tenets suggested by Lock and Strong (2010). In their book, Lock and Strong provide a comprehensive introduction to the paradigm, aptly naming it *Social constructionism: Sources and stirrings in theory and practice* (2010). Gergen's work, as father of the field, serves to connect Lock and Strong's summative work to the form of constructionism specifically employed in this mini-dissertation.

Gergen (1985) describes social constructionist inquiry as being "principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live" (p. 266). Lock and Strong (2010) concur by asserting that the first and primary tenet of social constructionism is the notion that meaning and understanding are central features of human activities.

These meanings and understandings originate from social interaction. There are shared agreements as to what these symbolic forms of meanings and understandings are taken to be (Locke & Strong, 2010). Reality is continually shaped by language, a symbolic form, and cannot be known directly. It is what facilitates the process of knowledge creation that both creates and describes the world (Banister et al., 2001). Gergen (1985) places a strong emphasis on the construction of reality through language, making it such a vital tenet to this study.

These ways of knowledge creation or meaning-making are context-specific, thus are active and co-operative enterprises bound to a specific time, place, and persons in relationship. It is embedded in sociocultural processes (Gergen, 1985; Lock & Strong, 2010). Reality is a social construct and not a given, thus the paradigm places a strong emphasis on how reality is constructed (Alvesson & Sköldberg, 2009) rather than excavating the underlying hidden actual reality. Reality, and thus knowledge and meaning, is always historically and culturally situated among people (Gergen, 1985). It is always relative to the context in which it operates. Knowledge is thus not fixed or inherent. Rather, realities are seen as continually, contextually, and socially produced and reproduced (Burr, in Braun & Clarke, 2006). Alvesson and Sköldberg (2009) eloquently describe Gergen's view that "knowledge is never abstract, objective, and absolute, but always concrete, situated, and tied to human practice. There is no Truth, only local truths." (p.30). Certain truths gain prominence not simply due to its factuality or truthfulness, but rather due to its resonance with "popularity cycles, boredom, career needs, and social and economic relationships" (Alvession & Sköldberg, 2009, p.30).

Social constructionism is anti-essentialist, which means that it does not support the inquiry of uncovering essential human characteristics. The self is described by the means by which it continually comes into existence; a multitude of social processes and concepts that feed into the development of this supposed self (Gergen, in Lock & Strong, 2010). Language is the central means through which the self experiences reality. This anti-essentialism extends to the notion of anti-realism, which upholds a relativist stance (Lock & Strong, 2010). Forms of knowledge, whether academic or everyday languages, generate certain images of the world which then operate as reality or as if they were "true" (Gergen, 1985). It not only describes reality, but also comes to prescribe reality (Lock & Strong, 2010). These constructions form an integral part of human activity and are not isolated perceived truths (Gergen, 1985).

The last central tenet proposed by Lock and Strong, is that social constructionism is a critical perspective. Therefore, it is concerned with uncovering dynamics of the social world, with a specific interest in the power dynamics that operate subtly. This perspective sees change as here to stay, as it aims to replace oppressive power dynamics with dynamics that are more fair in nature (Lock & Strong, 2010). Supposed facts of reality are considered to merely suppress a conflictual negotiation process between differing interests and participants. Consequently, serious doubt needs to be cast on the taken-for-granted world (Gergen, 1985). Alvesson and Sköldberg (2009) add that the values of theories informing particular research communities often come not only to influence, but also to substitute for, the lived values of the research participants. Such dynamics can be oppressive and need to be uncovered. This leads inevitably to the considerable power, or at least potentially so for some people, yielded by mass media. Each story, Reality, Truth, or truth, reveals as much as it conceals – herein lies the power of mass media.

Gergen (as cited in Lock & Strong, 2010) advises researchers not to look past people's everyday languages for "real" psychological explanations. Since absolute meaning cannot be assigned to experience (Lock & Strong, 2010) it must rather be investigated from different angles and from the perspective of how these meanings are constructed by the people who hold them. Importantly, the socioculturally negotiated forms of understanding that are found among people in relationships have powerful implications on not only the ideas that are predominant (or even oppress), but also the very activity or lived lives of the persons concerned. This extends to how parents and society at large act upon childhood depression. A construction is not simply a perception held in the internal minds of individuals or a society, or an ontological base within the headspace, or a mental representation. Rather, facts about the psychological realm as a constituent of social processes (Gergen, 1985) have a pervasive impact on an understanding of and engagement with childhood depression. The question at hand is thus addressed not with a psychological state (i.e., diagnosis), but rather explored through the everyday languages of the person in relationship with mass media.

Why social constructionism?

When childhood depression is viewed from a social constructionist perspective, it is essentially conceptualised and approached as socially negotiated or constructed within the constraints imposed by the physical world and body (Carr, 2006). In order to facilitate this exploration, this study focuses on the anti-realist and relativist stance of the strong social

constructionism of Kenneth J. Gergen. Instead of making free-standing truth claims, relative understandings surrounding childhood depression are offered. Mass media representations, and thus its knowledge and discourses, are always changing. The focus is on the reality that is constructed surrounding childhood depression via a specific mass media sources at a specific point in time, without explicating the research question beyond the scope of a mini-dissertation.

An increasing number of articles has invested in the criticism of social constructionism (Stam, 2001). Alvesson and Sköldberg (2009) for example suggest that the excitement in the reading experience of social constructionism, as opposed to common reading experiences of quantitative designs or grounded theory approaches, comes at a price. Articles often focus on the relativism and other topics within both ontological and epistemological assumptions of social constructionism. Such topics range from views that social constructionism shares epistemological similarities with logical positivism (Hibberd, 2001) and that the paradigm contains significant internal contradictions (Maze, 2001), to criticism that the paradigm fails to distinguish content from process (Jenkins, in Stam 2001). Stam (2001) takes it a step further by offering a meta-critique of the critique on social constructionism. He states that there is a general tendency of ahistoricity in critiques of social constructionism by primarily targeting Gergen and not subsequent theories and traditions in social constructionism. Nightingale and Cromby (2002) critique specific forms of critique by proposing that ontological critique of social constructionism is due to naive realist stances.

At this point in the discussion, it should be clear why neither narrative theory, phenomenology nor grounded theory was utilised as the paradigm for this study. Narrative theory attempts to tell a story, phenomenology focuses on individual experiences, and grounded theory focuses on building theory. None of these three approaches would thus have optimally served the research question. This main focus of this study is on the realities (thus meanings, understandings, or activities) that are created and maintained through the language used in specific mass media texts.

Research Process

Methods generally suggest the actual procedure or techniques followed to operationalise a research question (Blaikie, 2000; Grix, 2002). This should not mistakenly give the impression that a rigid system of steps was followed in this study. As the heading

here suggests, it was a process, and a recursive one at that, requiring backtracking, reviewing, rechecking, reformulating, and reforming understandings within the vast process of the research endeavour. Such dynamics were especially salient due to the inductive nature of the study.

The next section introduces the data collection process of this study. It will provide an explanation and rationale for the derivation of the texts (mass media articles) eventually selected and for the procedures for data analysis that were utilised. The chapter concludes with the crucial consideration of quality criteria employed, before the ethics and limitations of the study are discussed.

Data collection process

The data for this study was constituted by a specific selection of printed words in mass media. The nonlinear nature of the research process was also evident in the process of collection of these written words, and required a balance between both flexibility and determination on my part as researcher. Willig (2013) advises that qualitative data need to be naturalistic, that is, it must be minimally synthesised or reduced during the process of collection. An effort to adhere to this advice was made by attempting to minimally change or leave out any data during the collection phase. This reflected Willig's (2013) guidance that data needed to be collected in a form that is as unprocessed as possible. Even after commencing with the next step, namely that of data reduction during the process of analysis, care must be taken in the decision on what to leave out (Willig, 2013).

The method of non-probability purposive sampling was employed, which means that the texts (magazine articles) were not selected at random. The process of sampling was purposeful in that the focus was on a specific participating group. Instead of aiming towards statistical representations of a given population, an in-depth and theoretically coherent understanding of the particular participants (i.e., magazine articles) were sought (Gelo, 2012; Ritchie, Lewis, & Elam, 2003). This ensured that the key constituents of the phenomenon at hand (i.e., constructions around childhood depression in South African women's interest magazines) were included. This is further evidenced in the steps followed in the research process. A fair amount of diversity was ensured by exploring a variety of perceptions in different women's interest magazines, in line with the suggestions of Ritchie, Lewis, and Elam (2003).

Since one of the core qualities of the impact of mass media channels resides in the fact that they simultaneously reach a large number of people (Wimmer & Dominick, 2011), it seemed most suitable to consider the highest circulating magazines in South Africa. For this purpose, a direct request was made to the ABC (2014) for information on their most recent circulation statistics. This allowed different highest circulating magazines in South Africa across a variety of genres to be identified.

Three major requirements were considered in the selection of the magazines. These were high circulation statistics (for the reason given above), whether the magazines contained articles dealing with childhood depression, and the availability of complete copies of these relevant magazines. This entailed a circular process of checking the statistics against magazine content and magazine availability.

Some of the highest circulating magazines as suggested by ABC statistics (2014) were available online via the University of Pretoria database. However, there were serious limitations: Not only did the database not contain many of the high circulating magazines, it also did not contain the full copies. This was because the press cutting service provider SA Media only scans selected articles that are then made available to the University of Pretoria for research purposes. As a result, other avenues to source the texts had to be explored.

Concurrently, an online search of various highest circulating magazines as suggested by the ABC (2014) was conducted to establish their applicability to the study. Here, too, the selection criteria had to be adapted, because family magazines, the magazine division that has the highest circulation statistics (higher than women's interest magazines), did not regularly feature sections on family, parenting, or mental health and thus could not contribute fruitfully to the research question. Niche magazines pertaining specifically to childhood were also considered despite their relatively low circulation figures. However, these were excluded precisely because of their low circulation, as this theoretically meant that they would contribute less to the constructions of childhood depression in South Africa. In addition, the niche magazines that did contain articles on childhood depression that are currently in circulation (*Your Baby and Toddler* or *Baba en Kleuter*), only related to children up to three years of age. This factor was considered to be too limiting with regard to the scope of childhood in this study.

Women's interest magazines were found to contain topics dealing with family matters, parenting, or mental health and had relatively high circulation figures. For this reason, this

was the division decided upon for this study. The three most relevant magazines with the highest circulation numbers in this category were identified as being *Move!*, *Sarie*, and *Kuier*. Media24 was approached directly, in view of the limitations of the University of Pretoria database, for sourcing these texts.

Limitations in the form of availability again led to an adaptation of the sources. The result was that *Kuier*, a women's interest magazine aimed at a Coloured Afrikaans-speaking audience, was omitted from the study, despite the fact that it does contain a section on parenting. This was due to two reasons: First, the staff of the magazine could not be reached despite numerous telephonic, email, and third person (via colleagues at Media24) attempts. Second, a direct visit to the main office was not feasible, since it is located in Cape Town. The Media24 office in Johannesburg was consulted, and *True Love* was recommended as an influential, high circulating, and popular women's interest magazine (which corresponds with the ABC [2014] statistics). *True Love* was freely available, with a physical library located at the same premises as *Move!* and *Sarie*. The profile of these three highest circulating magazines will be discussed in greater detail in the section on the findings of the contextual analysis in *Chapter Four*.

Media24 confirmed in writing that it had full hard copy libraries available for research purposes of the three selected magazines (*Move!*, *True Love*, and *Sarie*). The editors gave written consent (via email) that these libraries could be be used for this study. They confirmed the availability of each of the magazines up to a maximum period of five years, which roughly corresponded to the frame for this study. Initially, no specific time frame was determined. However, the anticipation was to consider recent publications rather than dated ones in order to be able to comment on the most current discourses available on the topic of childhood depression.

Magazine readership is divided according to population groups (Media24, n.d.-a) with the result that what is reported is highly dependent on the population group predominantly being catered for. Magazines thus write for a specific readership. Although the representation of different population groups was not part of the inclusion requirements, as researcher I was aware of different population groups and its possible impact on constructions. The culture-specific reality was not actively explored in this study (and may serve as a recommendation for future research). The three women's interest magazines in South Africa that were selected are aimed at African English-speaking women (*Move!* and *True Love*) and Caucasian and

possibly Coloured Afrikaans-speaking women (*Sarie*). Thus the selection does involve at least two population groups (African and Caucasian, and possibly also Coloured) in South Africa.

Once the specific magazines had been selected and the hard copies sourced, they were searched for articles dealing with or referring to childhood depression. This was done in various phases, starting with a broad search which was gradually narrowed down. With the help of a research assistant, we twice searched each magazine for articles on mental health of all age groups as well as articles on childhood with possible psychological themes. All forms of magazine content were incorporated (editorial letters, celebrity stories, health advice, lifestyle advice, etc.).

During the data collection phase, which lasted from August 11, 2014 to August 29, 2014 all content were searched for the following periods:

- *Sarie*: From June 2012 to August 2014 (27 months).
- *Move!*: From June 2012 to June 2012 (25 months).
- *True Love*: From June 2012 to July 2014 (26 months).

The data collection phase can be summarised as follows:

1. *Sarie*, *True Love*, and *Move!* magazines were requested from the hard copy archives at the Media24 office in Johannesburg, after telephonic and email confirmation of their availability and permission to use them.
2. With the help of a research assistant, each copy was manually searched for articles on mental health in children, or depression at any age. This was to ensure that as few relevant articles as possible were omitted.
3. Potentially relevant articles were photocopied.
4. These articles were then manually searched again for references to childhood depression. The key terms were “depression”, “depressed” and “depressive,” as well as any other references to depression as a symptom, syndrome, or disorder. The second-level key concepts and terms were references to children in any phase of childhood (zero to 18 years of age).

5. In total 20 applicable articles were found: *Sarie:* Nine articles, *Move!:* Eight articles; and *True Love:* Three articles. These were filed separately and subjected to analysis.

Data analysis

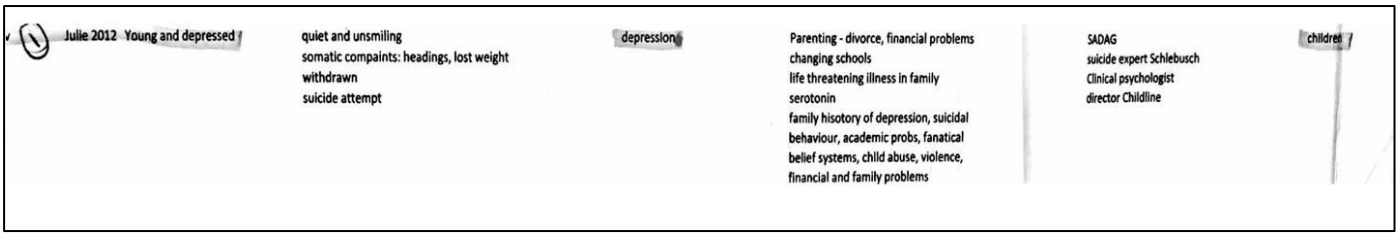
The predominant form of data analysis that was employed was thematic analysis. However, in the early phases of the research, the need for an additional form of analysis became apparent. Therefore, and in order to enrich the research endeavour, a contextual analysis was undertaken. This played an integral role in the critical discussion of the findings.

Contextual analysis

The contextual analysis refers to the process of analysis that occurred both before and during the thematic analysis. It shares with the literature review a function in that it contextualised the research study, and thus provided the opportunity for an analysis of the context within which childhood depression was constructed. An understanding of the themes that arose in the thematic analysis was enriched by the contextual analysis. The elements of the context that were considered in this part of the analytic procedure included the magazine readership (i.e., who the readers are), the general topic or main thrust of each article, the authors of the magazine articles, and sources that were consulted by the authors across the articles.

Figure 1

An Excerpt from the Contextual Analysis



The contextual analysis is not traditionally part of a thematic analysis. Rather, it was an initiative devised for this study. Sensitivity to context is an integral part of qualitative research (Carter & Little, 2007; Willig, 2013), and explicating the context was found to greatly enrich the findings in the thematic analysis. This also avoided the risk of

"decontextualising" the findings of the thematic analysis. It further provided the opportunity to analyse the context within which childhood depression was constructed. Articles are not people, but similarly, text can be viewed as also situated in time and place and as having a voice.

The contextual analysis was only conducted on the data set of 20 articles that was established as relevant (i.e., that either discussed childhood depression as the topic of the article, or contained a reference to it within the article). This decision was taken despite the fact that article topics on broader mental health issues could possibly provide further contextual information. The reasons were to maintain the focus on the research question throughout the research process and avoid being side-tracked into too many contextual factors.

Thematic analysis

History and development

Thematic analysis may be better understood in the context in which it finds its origins. According to Joffe (2012), content analysis, which should not be confused with contextual analysis, is the historical procedure that formed the basis for the development of thematic analysis. It is, in fact, a quantitative tradition, yet these two differing forms of analysis share many principles and practices. In essence, content analysis entails establishing categories and their frequency of occurrence, whether as image or text data. It is commonly used in the analysis of mass media data, but it does not offer rich data due to its focus on frequency rather than various contextual or implicit factors (Joffe, 2012).

Thematic analysis resulted from a development on content analysis by its focus on the more implicit themes that emerge in the analysis of data (Merton, as cited in Joffe, 2012). This yields more meaningful thematic data that, according to its founder, Gerald Horton, represent shared concepts in groups (Joffe, 2012). This resonates well with social constructionism and the use of mass media in this study, despite thematic analysis not being tied to any specific theoretical framework (Braun & Clarke, 2006; Joffe, 2012; Willig, 2013).

Debates on whether thematic analysis is a method of analysis in and of itself, or whether it is a universal process found in qualitative methods in general, are still continuing. However, in recent years thematic analysis has claimed its space as a procedure in its own right (Willig, 2013). It is recognised as a flexible and user-friendly research tool for new

researchers (Braun & Clarke, 2006). It generates, organises, and describes data in such a way that it enables a rich and detailed account while at the same time allowing patterns to emerge. It further offers a method for not only identifying but also analysing the patterns of meaning that emerge (Braun & Clark, 2006). The result of the thematic analysis is an account of the most prominent affective, cognitive, and symbolic dimensions and meaning constellations in the data set (Joffe, 2012).

These themes may be derived by an inductive, deductive, or even a hybrid (inductive-deductive) approach (e.g., Fereday, 2006). Preference is given to an inductive approach in this study. Unlike a deductive approach, the data set in this study is not approached with a priori themes derived from theory. Rather, the naturalistic and dynamic stance of qualitative research encourages the flexibility for a posteriori themes to arise from the data set (Joffe, 2012; Braun & Clarke, 2006).

A theme's prevalence, thus what actually counts as a theme, is not exclusively or predominantly determined by the frequency of occurrence, but rather by factors such as the extent to which it is noteworthy to the study. There is no universally accepted way to determine prevalence but authors agree that consistency is key (Braun & Clarke, 2006; Joffe, 2012). In this study, the frequency of the occurrence of a code (see the definition of a "code" below) did play some role in determining a theme's prevalence. More importantly, though, the significance of a particular element in the data with reference to the literature search, contextual factors found in the context analysis, and the extent to which it enriches the exploration of the research question, were the determining factors in deciding on a theme.

Why thematic analysis?

There is an array of methods of analysis available to the qualitative researcher. Yet, a confident decision was made to employ thematic analysis as the specific procedure of analysis in this study. The main reasons for the decision are the theoretical and philosophical underpinnings assumed by the researcher, the research question, the type of data, and the personal preferences of the researcher. Each of these reasons is discussed next.

First and foremost, the method of analysis needed to be one that resonates with the theoretical and philosophical underpinnings of this study. Thematic analysis is essentially independent of theory and epistemology (Braun & Clarke, 2006; Joffe, 2012; Willig, 2013), but is generally associated with two major theoretical frameworks, namely social

phenomenology and social representations theory (Willig, 2013). Despite the common epistemological and theoretical freedom of thematic analysis, Willig (2013) argues that it is a matter of epistemological and theoretical "flexibility" rather than "freedom". The researcher cannot be "free" or mute of such underpinnings, and the method becomes meaningless unless situated within such underpinnings.

Social phenomenological approaches within thematic analysis would entail attempts to understand the subjective everyday experiences of a group of people. Social representations theories on the other hand attempt to understand how social phenomena are conceptualised and represented by individuals or large groups (Willig, 2013). The latter is the theoretical category better suited to this study, as was evident in the philosophical and theoretical explications earlier in this chapter.

These philosophical and theoretical underpinnings integrate well with thematic analysis. It is a method of analysis that is highly compatible with a qualitative methodology and constructionist epistemology (Braun & Clarke, 2006) and as such assisted in the production of relevant knowledge. Thematic analysis enabled an understanding of the sociocultural context (and more specifically, discourse on childhood depression) in which individual accounts were situated (Braun & Clarke, 2006). Thematic analysis is further considered to be a particularly useful tool for illuminating the processes of social constructionist phenomena and for studying mass media material (Joffe, 2012).

The second reason for the selection of thematic analysis as method of analysis pertains to the research question itself. Thematic analysis is best suited to addressing questions regarding a certain group's conceptualisation of the social phenomenon under study, in this case the constructions of childhood depression in women's interest magazines (Joffe, 2012). In addition, thematic analysis is particularly suited to the study of questions regarding media representations of social issues (Willig, 2013). Again, this substantiates the use of thematic analysis to address the research question of this study.

The type of data sought also played an important role in selecting the method of analysis. Thematic analysis can take place on a dimension that ranges from a description of the entire data set to a more detailed account of a particular theme (Braun & Clarke, 2006). The type of data that were sought in this study was influenced by the fact that limited research exists on the relationship between mass media and children within the South African context. Thus, the tendency was more towards a reflection of a larger range of the data set.

Thematic analysis on this part of the dimension has the benefit of a rich overall description of an under-researched area.

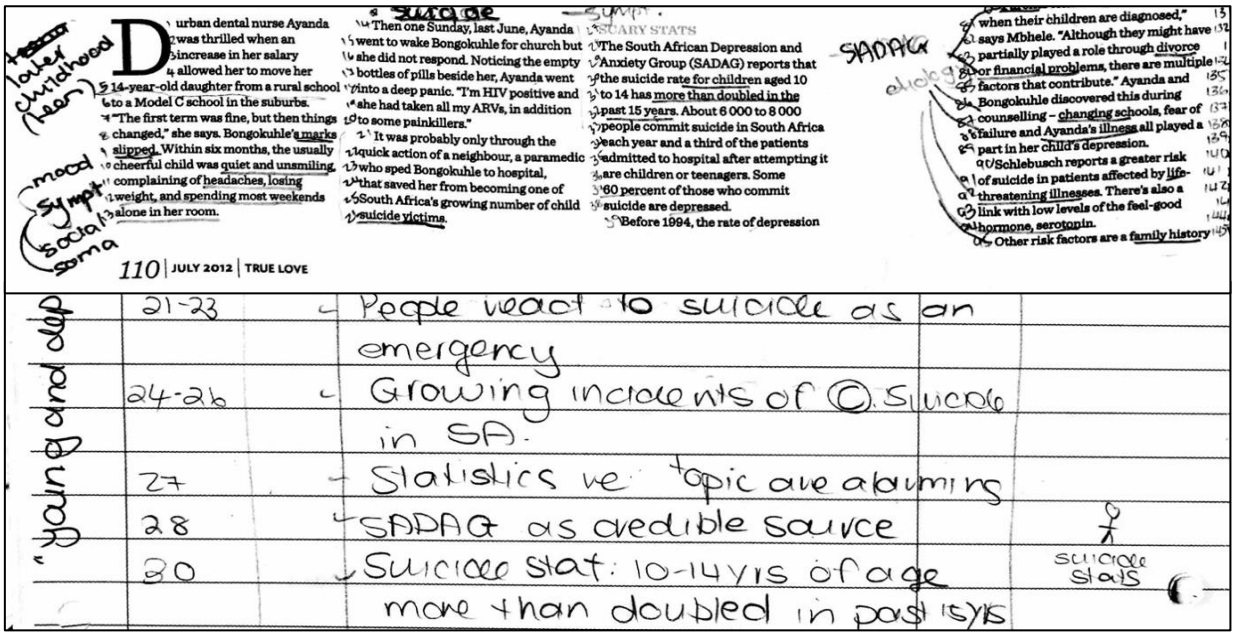
Last, my personal preference with regard to the selection of thematic analysis as the method of choice played a role in two ways. First, thematic analysis is considered ideal for the new researcher. Braun and Clarke (2006) describe it as a foundational method that introduces the new researcher to the more complex and nuanced forms of analysis available. Second, thematic analysis offers not only theoretical flexibility but also procedural flexibility (Braun & Clarke, 2006; Willig, 2013). As a new researcher endeavouring to deal with a vast amount of initial data, I sought to introduce some flexibility into the analytic process with regard to the type of data that could be gathered. This degree of flexibility provided the opportunity to adapt the method without compromising data quality.

Thematic analysis is an iterative and recursive process rather than a rigid and step-wise one. In an attempt to substantiate the approach, Braun and Clarke (2006) suggest phases to the methodological process. An understanding of the research process was further enriched by the guidance set out by Joffe (2012) and Willig (2013).

Phase 1: Familiarisation with the data. The data was read and re-read and initial ideas and impressions were noted down. This served as a precursor to the development of the coding frame and resembled an inductive process.

Figure 2

An Excerpt from the Thematic Analysis: Phase 1 (Coding)

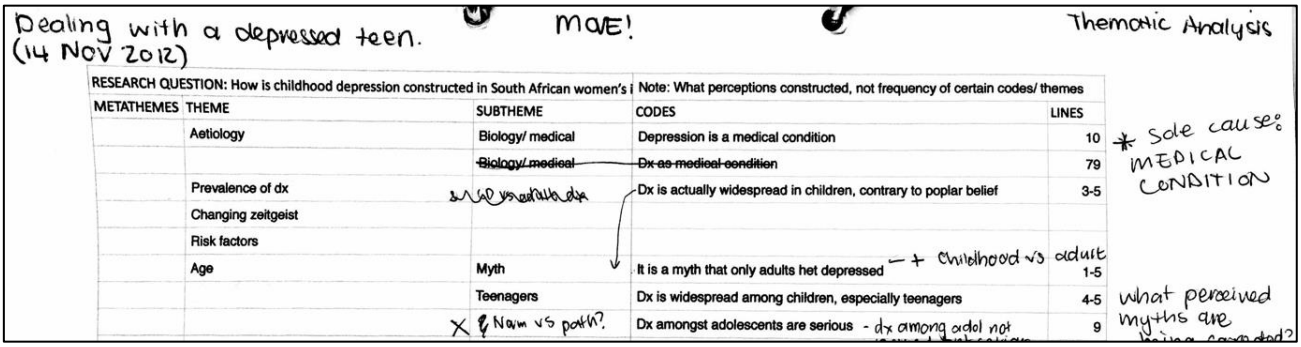


Phase 2: Generation of initial codes. The coding framework guided the process of analysis, on the one hand, while the process of analysis also guided the coding frame, on the other. Interesting features of the data were coded in a systematic fashion across the entire data set and data relevant to each code were collated. This was done by hand.

Phase 3: Themes were then searched for. Codes were collated into potential themes, and all the data relevant to each potential theme were gathered.

Figure 3

An Excerpt from the Thematic Analysis: Phase 3 (Collation of Codes into Possible Themes)



Dealing with a depressed teen. (14 Nov 2012)

MOVE!

Thematic Analysis

RESEARCH QUESTION: How is childhood depression constructed in South African women's i		Note: What perceptions constructed, not frequency of certain codes/ themes	
METATHEMES / THEME	SUBTHEME	CODES	LINES
Aetiology	Biology/ medical	Depression is a medical condition	10
	~~Biology/ medical~~	~~Dx as medical condition~~	79
Prevalence of dx		Dx is actually widespread in children, contrary to poplar belief	3-5
Changing zeitgeist			
Risk factors			
Age	Myth	It is a myth that only adults het depressed	1-5
	Teenagers	Dx is widespread among children, especially teenagers	4-5
		Dx amongst adolescents are serious - dx among adol not	9

* Sole cause? MEDICAL CONDITION

what perceived myths are

Phase 4: The themes were reviewed. These were checked in relation to the coded extracts in *Phase 1* and the entire data set in *Phase 2*, which generated a thematic map of the analysis.

Phase 5: Definition and naming of the themes. This was accompanied by an on-going analysis to refine the specifics of each theme, and the overall story emerging from the analysis. This was followed by the generation of clear definitions and names for each theme.

Phase 6: This phase entailed an extraction of the findings of the research, and a discussion on it. This was the final opportunity for analysis. Compelling findings were related back to the analysis, to the research question, and to the relevant literature.

Ethics and Limitations

This study throughout was predicated on upholding the ethical standards of research as set out in the Research Code of Ethics of the University of Pretoria's (University of Pretoria, n.d.). As knowledge in the public domain was used in this study, it did not require informed consent from participants or permission from the relevant magazines, apart from permission

from the publisher to make use of their physical libraries. Although the study was literature-based, I was committed to the responsibilities of a researcher as proposed by the above-mentioned guidelines. These standards require a sense of social responsibility, justice, benevolence, professionalism (entailing integrity, quality, and accountability), refraining from discrimination, and refraining from abuse of supervisory authority. The sources used and the assistance of the various magazines were acknowledged. Furthermore, the values of transparency, dependability, and conformability were adhered to.

The data storage form has been signed and approved by my supervisor, the Head of Department, as well as myself, the primary researcher. The data storage plan ensures that the data will be stored on the University of Pretoria Hatfield Campus for a period of 15 years. Such archived data can then be used for future research.

Quality Principles

Ensuring quality of research should not be limited to a set of criteria that ought to be rigidly adhered to (Elliott et al., as cited in Braun & Clarke, 2006). The arguments to support such a stance are extensive and all refer to the fact that qualitative methodologies can have various epistemological and ontological claims that alter what is considered to be "good research". Furthermore, it can also limit the flexibility inherent in its methods; stifling the sense of innovation that comes with a qualitative research endeavour (Spencer & Ritchie, 2012). Instead, I strived to uphold a general intention to proceed with diligence, responsibility, a critical mind set, and an ethical attitude throughout this research process. This did not exempt me from being guided by certain principles that allow the critical reader to have confidence in the research process at hand. Throughout my discussion of these principles, I will not only describe the principles adhered to but also illustrate my application thereof.

Joffe (2012) offers a general reflection on enhancing the quality of qualitative research that goes beyond the more established quality criteria for such research. Essentially, she asserts that qualitative work needs to ascribe to the ideal of offering detailed and complex interpretations of social and historically situated phenomena. The focus should be on understanding, meaning, and interpretation. In particular, she advises that the researcher should strive to achieve a balance between staying as close as possible to the original data and being systematic in the analytic approach. She warns the researcher that balance needs to

be achieved between describing the bulk of the data and attaching too much meaning to the frequency of certain codes or to prevalent themes.

This balance that Joffe (2012) is referring to, was one that I grappled with extensively during *Phase 3* and *Phase 4* of the thematic analysis, when my internal logic to construct a narrative from deconstructed data was called upon. I was well aware of the fact that any conveyed interpretation of the data will be presented in a way that is idiosyncratic to each individual qualitative researcher. Any understanding necessarily entails departing away from the data to some extent, and presenting a new organisation, and thus a new narrative, of the original text.

Not only should the appropriate method to answer the research question be applied (Joffe, 2012; Willig, 2013), but it should be done rigorously (Braun & Clarke, 2006) and systematically (Braun & Clarke, 2006; Joffe, 2012; Reicher & Taylor, 2005). In fact, rigour is one of the core principles recommended by experienced qualitative researchers such as Spencer and Ritchie (2012). Braun and Clarke (2006) offer a systematic process to the method applied in this study that not only entails phases of the thematic analysis (as set out above), but offer concomitant recommendations to strengthen the quality of the research process. This was closely adhered to in this study. The demonstration of such rigour and systematic work in qualitative research can only serve to enhance the reliability and validity of the research (Joffe, 2012).

This principle of rigour also extends to the notions of reflexivity and transparency in the research process (Spencer & Ritchie, 2012), which means that an author can never assume an objective truthfulness on her part. Nor can she know with certainty that the intended meaning will be read according to her original intention. Thus it is important to acknowledge at the outset of the study that, as author, one carries certain assumptions that influence the entire research project.

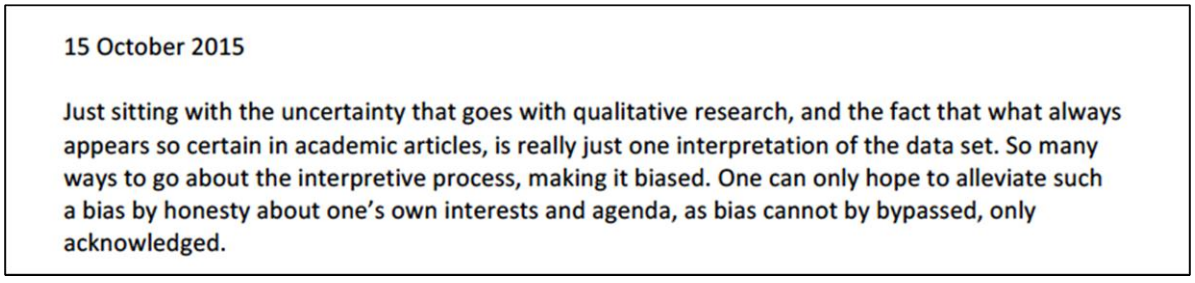
I applied the principle of rigour in this research process in various ways. First, appointing a research assistant allowed a more thorough search for the data corpus and eventual data set. Second, systematic administrative systems with regards to the organisation of the data was put in place, and developed in response to the needs that arose as the data was handled and as I became more familiar with the data. Third, the analytic process was extensively documented (see examples in Figures 1-3). It started with rough drafts, and progressed towards an intricate and thoroughly documented analytic process.

Transparency generally refers to the researcher being open about how data was selected and collected, the sources of the data, whether a coding frame was used and what it was, and where the data is housed (Joffe, 2012). It furthermore calls for original evidence, such as original excerpts from the research process (Joffe, 2012). The researcher must be clear and explicit about what she did, and what her assumptions in the research process were (Braun & Clarke, 2006). Although the claim is made in this study that themes emerged, I also acknowledge my active role as the researcher and the individual assumptions inherent in the process.

Research can never be fully transparent. In order to acknowledge one's impact on the study, Spencer and Ritchie (2012) recommend that the researcher critically engages with her experiences and circumstances in shaping the study and its findings. In doing so, transparency also calls for reflexivity. Reflexivity can take two primary forms: an epistemological reflexivity, and a personal reflexivity. Epistemological reflexivity was extensively adhered to by illuminating the research assumptions held by the researcher as an individual. Personal reflexivity was also incorporated in that the mini-dissertation is acknowledged to be a co-construction. This further includes an acknowledgement of personal impact, which is essential in order to be theoretically and methodologically sound. It is a much more debated form of reflexivity within the field of qualitative research (Spencer & Ritchie, 2012), and hence featured less in this study than epistemological reflexivity.

Figure 4

An Excerpt from Personal Reflections on the Research Process


15 October 2015

Just sitting with the uncertainty that goes with qualitative research, and the fact that what always appears so certain in academic articles, is really just one interpretation of the data set. So many ways to go about the interpretive process, making it biased. One can only hope to alleviate such a bias by honesty about one's own interests and agenda, as bias cannot by bypassed, only acknowledged.

I became acutely aware of the fact that my interpretation of the data will be but one idiosyncratic construction (see Figure 4). In order to make it meaningful to the critical reader, I set out to go to great lengths to be as transparent as possible. One way was to reflect on my

philosophical assumptions guiding my way with the data. Another way was an openness about the process of working with the data. This is evident in the detailed explication of my research process. It is also intended that a sense of transparency was facilitated in smaller details such as sharing the quantities of particular articles, or in illustrating the analytic procedure with excerpts in *Why thematic analysis?* (see Figure 1-3).

Closely linked to the idea of rigour, is the principle of credibility to which research adheres (Creswell, 2014). This may be defined as the "believability" of the findings that are reported. It concerns not only internal validity, that is, whether or not a method measures what it purports to measure, or that it is an accurate measure. It also refers to validity in the sense that, methodologically, there is evidence of careful documentation of the research process, such as the credibility of claims made and the extent to which it is backed up by supposed evidence.

The data that are generated by the research process must be meaningful. It should offer some form of advancement in knowledge of the issue under investigation (Joffe, 2012). Spencer and Ritchie (2012) refer to the principle that the research should make a contribution to existing knowledge. The findings must enhance existing understandings, or offer some form of "enlightenment" (Spencer & Ritchie, 2012, p. 230).

I am of the opinion that, despite the limited scope of the current research, this research process has generated meaningful, useful, and new knowledge. This knowledge may inform further research endeavours and also inform the field of clinical psychology.

Conclusion

In this chapter extensive effort was invested into ensuring that the principles of quality qualitative research were upheld by offering an accurate documentation of the process in a reflexive and transparent way to demonstrate rigour and credibility. This was done by first explicating the research assumptions held by myself, the researcher. This was followed by the provision of a context to inform the reader's understanding of the research process.

The next chapter proceeds to a report on the findings of the research.

Chapter Four: The Findings

In *Chapter Three* the assumptions on which this study is based, as well as the actual research process that was undertaken, were reported. That provided a solid foundation for reporting on the findings of the research process. This chapter contains a report on the findings that were derived by means of the contextual and thematic analysis. In so doing, the data is presented in a thematised way, with a focus on presenting the reorganised data with minimal interpretation from my side. As such it precedes the final chapter in which the findings are discussed and interpreted in the light of existing research and literature.

The chapter starts with the findings of the contextual analysis, followed by a report on the findings of the thematic analysis. The latter comprises the bulk of data derived by means of the research process. The thematic analysis contains a description of both the themes and subthemes that emerged.

Contextual Analysis

To recapitulate: The contextual analysis in this study refers a separate analysis that was undertaken both before and during the process of thematic analysis. Before commencing with the process of thematic analysis, the types of magazines that were selected for analysis were considered based on the intended readers of each one. As the thematic analysis commenced, more contextual factors arose, including the topics or main thrust of each article, and the authors and consulted sources of each article were elaborated upon. This data did not form themes, but were considered to be contextual elements that enriched the process of thematic analysis and how the themes were understood.

Magazine readership

It was vital to know who the intended readers were of the magazines that contained articles relevant to childhood depression. This provided information on not only the population that was likely to read the articles, but also who the people are that media houses or journalists might assume are primarily interested in childhood depression. By implication,

and in line with the role of mass media according to social constructionism, it portrays what reality one constructs in terms of who is interested in childhood depression.

Once the initial magazines had been selected, the researcher had to ensure that sufficient data would be available on which to base the research. Thus a broad variety of magazine types, further narrowed down based on their circulation figures, were searched. The types of magazines that contained possibly relevant articles (e.g. they had sections on parenting, family matters and children), were women's and family interest magazines with women's interest magazines, in particular, covering the most relevant sections for the research. Men's interest magazines were excluded because they contained no sections on parenting, family, or childhood issues.

Media24, the media company from which the three highest circulating magazines were retrieved, does not define their division known as "women's interest". Neither does popular South African online magazine stores such as Mysubs.co.za or Magazines.co.za define what is meant by their women's interest division. Media24 (n.d.-e) does, however, list their women's interest division titles, which gives an indication of what they consider women to be "interested in". These are magazines pertaining to parenting and pregnancy (e.g., *Baba en Kleuter*), magazines orientated towards connecting, supporting, and celebrating women in South Africa (*Fairlady*), wedding planning (e.g., *True Love Bride*), creative crafts (e.g., *Ideas*), weight loss (*Lose It!*), South African food (*Sarie Kos*), fashion, beauty, and lifestyle for African women (*True Love*), celebrity news and news that reflects readers' roots in the community and religion (*Move!*), and home decor (*Home*).

Three of these magazines were chosen, namely *Move!*, *True Love*, and *Sarie*, based on circulation figures and availability. *Move!* magazine is described as an "English magazine" (Media24, n.d.-b, para. 1) for South African women and claims to offer various articles that reflect the readers' "roots in the community and the importance of religion" (Media24, n.d.-b, para. 1). Although not explicitly stated, the magazine content (i.e. the cover page, advertisements, and articles) suggests that the magazine is aimed at African women. Areas regularly covered include celebrity news, fashion and beauty, an advice section, food, entertainment, life stories, health, and parenting. It is a weekly magazine and was the most affordable of the three options, currently retailing at R10,50 per copy.

True Love magazine is "the iconic South African fashion, beauty, and lifestyle magazine for African women" (Media24, n.d.-c, para. 1) and is aimed at inspiring,

entertaining, and advising the modern African women (Media24, n.d.-c). It features articles on topics such as fashion, beauty, celebrities, inspiring life stories, career and wealth, sex and relationships, health, motherhood, food and entertainment, travel, and culture. It is a monthly magazine and currently the most expensive of the three at R33,50 per copy.

Sarie magazine is a "the glossy magazine of choice for the Afrikaans-speaking woman with a modern view of the world" (Media24, n.d.-c, para. 1). The magazine is aimed at informing women with "typical South African stories that keep her feeling good about herself and her world" (Media24, n.d.-c, para. 1). The magazine content suggests that it is intended for Caucasian, and less often Coloured, women. Various topics are explored, including fashion, celebrities, beauty, home, health, and food. Articles on parenting are included in various sections. Like *True Love*, it is also a monthly magazine and currently costs R28,50 per copy.

Table 1

A Summary of the Contextual Analysis

Magazine	No.	Articles	Dates	Topics	Authors	Consulted Sources
True Love	1	Young and Depressed	July 2012	Childhood depression	Journalist	SADAG; Prof L Schlebusch; JHB clinical psychologist; Childlide KZN Director; Parent with depressed daughter
	2	Too much, too young?	October 2012	Parenting: Achievement-focused parenting	Journalist	Prof at US-based university
	3	Mom, please grow up!	November 2013	Parental Wellbeing: Maternal identity	Journalist	JHB clinical psychologist
Sarie	1	Mevrou, jou seun is 'n skisofreen	July 2012	Depression as feature: Child with Schizophrenia	Parent of child with diagnosis	Parent of child with diagnosis
	2	Hande in die hare oor my kind	July 2012	Parenting: Common challenges in children	Journalist	Counselling psychologist
	3	Wees die beste ma wat jy kan wees	October 2012	Parenting: Finding Balance in Parenting Style	Journalist	
	4	Aandag asseblief!	March 2013	Depression as feature: ADHD	Journalist	Lay person tells of ADHD experience with depression

	5	Ons kan vlieg	March 2013	Depression as feature: ADHD	Reader tells story	Reader tells story
	6	Ek tel weer die stukke op	July 2013	Adolescent depression	Reader tells story	Reader tells story
	7	10 Foute wat ouers maak	August 2013	Parenting: Common Mistakes	Journalist	JHB Child psychologist (checked: clinical psychologist)
	8	Ma jy stres my	May 2014	Impact of Parental Stress	Journalist	USA study; Parenting and lifestyle couch; SA blogger and mother
	9	Pasop vir die prinses boelie	August 2014	School Related Problems: Bullying	Journalist	CPT clinical psychologist
Move!	1	Exam stress may lead to suicide	17 October 2012	School Related Problems: Exams; Depression as feature: Suicide	Journalist	Prof L Schlebusch
	2	Dealing with a depressed teen	14 November 2012	Childhood depression	Journalist	None
	3	When a parent dies	12 June 2013	Family Reconstitutions	Journalist	Adult whose father died as a child
	4	Careful what you say to your child	26 June 2013	Parenting: Impact of name calling	Journalist	None
	5	Bipolar is not witchcraft	9 October 2013	Depression as feature: Bipolar Disorder	Journalist	Adult diagnosed with Bipolar Disorder
	6	Overcoming you parents' divorce	19 February 2014	Family Reconstitutions	Journalist	East-London psychologist
	7	Are you raising an obese child	12 March 12	Depression as feature: Physical Health Issues	Journalist	None
	8	Helping a depressed teen	25 June 14	Childhood depression	Journalist	Clinical psychologist
Total Articles	**20**					

The topics of the articles

As part of the contextual analysis, the topics of the articles in the data set were considered. In this study the contexts or the topics of the articles that deal with or refer to childhood depression were investigated. This is not a broad external context, but rather the context contained within the pages of the magazines and the articles in which childhood

depression featured. *Childhood depression* was the main topic of some of the articles. Mostly, however, childhood depression was addressed within the context of articles on other topics. The articles were categorised into the following seven broad topics:

- *Parenting* (five articles).
- *Childhood depression as a feature of another mental health problem* (five articles).
- *Childhood depression* (four articles).
- *School-related problems* (two articles).
- *Family reconstitutions* (two articles).
- *Parental wellbeing* (two articles).
- *Childhood depression as a feature of a physical health problem* (one article).

All three magazines featured articles that were solely dedicated to *childhood depression*. One out of nine *Sarie* articles in the data set had *childhood depression* as topic, whereas one out of the three *True Love* articles featured it as the topic and two out of eight *Move!* articles in the data set had *childhood depression* as the topic. Thus a total of four articles featured specifically *childhood depression*, from a total of 20[3] articles in the data set.

It is of concern that despite the data corpus (the entire body of collected data) spanning altogether six-and-a-half years (78 months) and the importance of mental health in South Africa, only four articles featured *childhood depression* as the primary topic. There were more articles in the data set in which childhood depression was not discussed as a primary concern, but instead as a feature of another mental health problem, physical health problems, reconstitutions in families, wellbeing of parents, parenting, and problems relating to school. The data set does not portray depression as an independent isolated mental health concern, but rather as part of a range of phenomena within which depression may arise.

Apart from the four articles that had *childhood depression* as the main topic, other topics within which childhood depression featured, included the following: In *Sarie*, *childhood depression as a feature of another mental health problem* (schizophrenia and ADHD), *parenting*, *parental wellbeing*, and *school pressures*. The other mental health

[3] One of the articles dealt with two topics, resulting in 21 topics from the 20 articles.

childhood diagnoses that appeared in the data corpus, which were not included in the data set but are worth mentioning, are ADHD, autism spectrum disorder (four articles), and bipolar mood disorder (BMD; two articles). Although considered as part of the data corpus, these articles were excluded from the data set as they did not contain any references to childhood depression. Extensive coverage of disorders other than childhood depression would have caused a loss of focus in the study.

In *Move!*, childhood depression was discussed in the topics of *childhood depression as a feature of another mental health problem* (BMD and suicide; two articles), *family reconstitutions* (two articles), *parenting* (one article), *depression as a feature of a physical health issue* (one article) and *school pressures* (one article). The other childhood diagnoses in the data corpus that were not included in the data set for the same reason as stated above, were the articles that dealt primarily with BMD (one article), obsessive compulsive disorder (one article), substance abuse (three articles), and Down syndrome (one article).

In *True Love*, the topics of articles in which childhood depression were discussed were *parenting* (one article) and *parental wellbeing* (one article). As with the other two magazines, other childhood diagnoses featured in the data corpus that were not part of the data set. These dealt primarily with attachment disorder and generalised anxiety disorder.

In summary, of the 20 relevant articles in which childhood depression featured, four had *childhood depression* as the topic. The topics of the remaining articles were *depression as a feature of another mental health problem, depression as a feature of a physical health problem, family reconstitutions, parental wellbeing, parenting,* and *school-related problems*. Some additional articles in the data corpus that dealt with childhood mental health were on the topics of ADHD, autism spectrum disorder, BMD, substance abuse, Down syndrome, attachment disorders, and generalised anxiety disorder. These articles did not feature childhood depression and were therefore excluded from the data set.

Authors and consulted sources

This part of the contextual analysis first investigates who the authors of the articles in the data set were. Thereafter the sources that the journalists consulted in writing about childhood depression will be examined.

The authors who wrote the articles can be divided into three different categories. The majority (a total of 17 articles) were written by journalists, comprising all three *True Love*

articles, six of the nine *Sarie* articles, and all eight *Move!* articles. One article in *Sarie* was written by the parent of a child with a mental health diagnosis that featured childhood depression. The two remaining articles in *Sarie* had been written by adults who had received a mental health diagnosis in which childhood depression featured or with depression as the primary diagnosis since childhood.

The authors of the articles consulted a variety of different sources that ranged from information from mental health organisations and mental health professionals to academics. Non-professionals were also consulted, as were various of miscellaneous sources. There were a number of articles which did not contain any references to sources.

The mental health organisations that were consulted included SADAG (one *True Love* article, and one *Move!* article) and the director of Childline Kwazulu Natal (one *True Love* article). Lifeline was referenced in one article (one *True Love* article). References to mental health professionals included a South African suicide expert (one article in *True Love*, and one article in *Move!*) and various psychologists. The psychologists consisted of four local clinical psychologists (two different psychologists in *True Love*, one in a *Sarie* article, and one in a *Move!* article), one child psychologist (upon the researcher's further investigation, it was found that she is a clinical psychologist; one *Sarie* article), one counselling psychologist (*Sarie*) and one unspecified psychologist (one *Move!* article). Last, a professor from an American university (one *True Love* article), a transformational coach (one *True Love* article), and a parenting and lifestyle coach (one *Sarie* article) were also consulted on childhood depression.

Non-professionals had also been consulted. The parent of a child with childhood depression (one *True love* article) and adults who had experienced childhood depression as a feature of another mental health problem (one *Sarie* article and two *Move!* articles) were consulted.

In three of the articles the readers recounted their personal experiences (all of them *Sarie* articles), with their experience of mental health problems based on subjective observations. Other sources that were consulted included lay websites (one *Move!* Article and one *Sarie* article). One article referred to an American study (one *Sarie* article), while reference to "research" was made in another (one *Sarie* article). A South African blogger and mother (one *Sarie* article) and StatsSA were also consulted as sources. In the remaining three

articles there were no referenced sources (three *Move!* articles), although the articles had been written by journalists.

Thematic Analysis

In addition to the contextual analysis, the content of the 20 selected articles in the data set was analysed using thematic analysis, based primarily on guidance from Braun and Clarke (2006), as set out in the section on the research process in *Chapter Three*. In short, a thematic analysis entails the generation, organisation, and description of data in such a way that it enables the new researcher to deliver a rich and detailed account of the data, while at the same time allowing patterns to emerge from the data. In addition, it offers a method to both identify and analyse these patterns of meaning (Braun & Clark, 2006).

Although themes across these articles cannot be said to represent simple unitary constructions of childhood depression, it did help to weave together constructions that are created across popular women's interest magazines written for different audiences. However, one needs to bear in mind that the themes that arose across the data set are represented as if they are clear distinguishable conceptual categories. In fact, however, themes are closely linked and represent one of many ways to make sense of the data set. A rich description is offered of the entire data set, with the following themes being identified as most pertinent.

Table 2

A Summary of the Themes and Subthemes

Theme	**Subtheme**
Changes in the child's environment	
Themes pertinent to the South African context	Socio-political impact
	Belief systems
	Trauma
The school environment and childhood depression	Peer relationships
	Bullying
	School performance
Parents	Parents as the cause of childhood depression

	The parental role in prevention and treatment of childhood depression
	Parental experience
Organic causes and treatment of childhood depression	
Developmental factors	Normal versus pathological depression
	Vulnerability by virtue of being a child
	Children become depressed too
Social networking and the role of mass media in childhood depression	
Childhood depression and suicide	
Treatment and prevention of childhood depression	Professional intervention
	Lifestyle changes
	Other
	Importance of treatment
Childhood depression and other mental health issues	

Changes in the child's environment

Some of the articles dealt with specific changes in a child's environment on various levels. These changes seem to impact in such a manner that the children exposed to these were more likely to develop depression than those who were not. For one, a change in various aspects of the child's broader social environment is explained as a causal or risk factor for depression, as the child is sensitive to it. One such disruption that increases the risk of developing depression occurs when children relocate or change schools. This includes moving from rural to suburban areas or from one school to another (*True Love*, July 2012). The risk was not explained as being limited to the school or home environment only, for changes in the socio-political climate or financial status were also reported as risk factors. For instance, in *True Love* (July 2012) it was reported that a change in the socio-political climate,

such as the fall of apartheid, could lead to new social and family pressures (see the subtheme *socio-political impact*) amongst African South Africans, rendering a child vulnerable to depression. In another article, social status issues were listed as causes of childhood depression, and were linked to changes in financial status. However, it was not further elaborated upon by the author (*Move!*, June 2014).

Themes pertinent to the South African context

Some codes in the data set were identified as being particularly entrenched in the South African context. This theme brings together subthemes that were about the continuing relevance of the apartheid and current post-apartheid era, the prominence of traditional belief systems in South Africa as a developing country, and the high rates of exposure to trauma in South Africa.

Socio-political impact

The socio-political atmosphere might have sociocultural repercussions that impact the development of depression in children. Post-apartheid South Africa was reported as impacting the development of childhood depression and seemed to be particularly pertinent to the African community. The explanation for this was that African people are experiencing new family and social pressures after apartheid, with the pressure being exacerbated by expectations from their families and communities. Such pressures were described as the pressure to succeed, to be the academic star of the family or community, high academic expectations by the family or community, and stiff academic competition.

Depression (and associated suicide) was linked to the experience of loneliness among African children, and although the article did not clarify what contributes to the loneliness, it was by implication linked to the post-apartheid era. The article states that there had been lower suicide rates among Africans during apartheid, and that there is currently an increase in African adolescent suicide rates due to the socio-political changes that are occurring (*True Love*, July 2012).

Belief systems

The magazines did not report on the benefits or elaborate on the possible detrimental effects of holding certain religious beliefs, but did address the impact of a fanatical belief system and the role of witchcraft. An article in *True Love* (July 2012) magazine stated that a

fanatical belief system is a risk factor for developing childhood depression, but did not expand on the aspects of such a belief system that make it a risk factor. Neither did it clarify whether it was a risk factor when held by the child and/or by the parent. While the article stated that it was a false belief that witchcraft could cause childhood depression (as a symptom of bipolar mood disorder), it added that family members might hold on to the belief that the cause of mental illness might be demon possession (*Move!*, October 9, 2013).

Trauma

The articles reported on trauma as a risk factor for the development of childhood depression in two ways, namely trauma in the family context, and trauma through exposure to crime.

Different traumatic experiences within the family context may lead to depression in children. First, the death of a parent was considered to lead to depression in later childhood (adolescence) or adulthood. The explanation was that depression may ensue if the child's experience of parental death was neglected. The implication of the article was that children in young or middle childhood do not develop depression when losing a parent to death at that age. Rather, the depression, while still linked to parental death, only occurred when the child became an adolescent or adult (*Move!*, June 12, 2013). Another trauma within the family context that may lead to childhood depression is parental divorce. This is an even greater risk when children refrain from discussing their associated feelings with another person (*Move!*, February 19, 2014).

Trauma related to crime was also held out to put children at risk of developing depression. Two sources of trauma stemming from crime are mentioned, namely child abuse and violence (*True Love*, July 2012). While both were considered to be particularly pertinent to South Africa, there was only a brief mention of the two causes and no discussion thereof.

The school environment and childhood depression

Children spend a significant amount of time at school and it is not surprising that good functioning at school is considered to be a hallmark of their wellbeing. School functioning were addressed in three subthemes: peer relationships, experiences of being bullied, and academic performance.

Peer relationships

The manner in which these magazines construct the relationship between depression and the peer group is twofold. On the one hand, peers may be the source of depression, and on the other hand, depression influences a child's relationship with peers and friends. However, peer relationships are not portrayed as a protective factor in the data set.

Most of the articles suggested that peer relationships could be the cause of depression. Peers as a source of depression may take different forms. The breakdown of a romantic relationship was constructed as a risk factor for the development of childhood depression (*True Love*, July 2012). Romantic relationships were also mentioned more broadly as being associated with depression, but was not elaborated upon. Although social status issues at school level were mentioned as a possible cause of depression, the article again did not go into any detail (*Move!*, June 25, 2014). Physical appearance was also linked to the development of childhood depression. Specifically, obesity may lead to social rejection which may in turn also lead to depression (*Move!*, March 12, 2014). One article noted that childhood pregnancy could be a risk for developing depression (*True Love*, July 2012), but did not state whether the risk derived from a sexual relationship or issues regarding the stigma of being pregnant as a child.

As stated above, the relationship between peers and depression is constructed as being twofold: The psychological experience of a child who is already suffering from depression may negatively impact peer relationships. The data set yielded two consequences, namely withdrawal from friends (*Move!*, June 25, 2014) and also the possibility that it may be expressed as violent behaviour towards peers (*Move!*, November 14, 2012).

Bullying

Bullying by peers was constructed as a risk factor for developing depression (*True Love*, July 2012; *Sarie*, August 2014). The data set further warned that depression may be a warning sign that the child was being bullied at school. It was considered to be a serious concern because it could not only render a child vulnerable to depression, but could also result in suicide (*True Love*, July 2012; *Sarie*, August 2014).

Although the bully is likely to be a peer with whom the child comes into physical contact, a *True Love* article (July 2012) stated that cyberbullying by means of cell phones and

social networking is a risk factor. The ways in which cyberbullying manifest were not explored in the data set.

All the articles constructed the bullying discourse from the perspective of the victim, or child being bullied. The possibility that the bullying behaviour may be due to childhood depression was not explored, despite a suggestion in another article that depression may lead to violent behaviour towards peers (see the subtheme on *peer relationships*; *Move!*, November 14, 2012). Neither was the possibility that teachers may also be bullies explored, and the articles focused exclusively on peers as bullies.

School performance

The third subtheme that considered the child in the school environment was that of school performance, with a focus on academic performance. As with peer relationships, the relationship between academic achievement and depression was reported in two ways. The decline in academic performance was conveyed as possibly signifying the presence of depression. On the other hand, such a decline could also cause depression in a child.

Several articles reported on the effects of depression on a child in the school context. For one, it can impact school performance if it is left untreated (*Move!*, November 14, 2012), and may be signalled by a decline in academic performance (*True Love*, July 2012; *Move!*, November 14, 2012; *Move!*, June 25, 2014) and general school performance (*True Love*, July 2012; *Move!*, November 14, 2012). At the same time a symptom and a cause, it was held that the child may experience difficulty concentrating (*Move!*, November 14, 2012; *Move!*, June 25, 2014). The decline in school marks brought on by depression might be sudden (*Move!*, June 25, 2014) and children suffering from depression may not attend school at all or come late (*Move!*, June 25, 2014). Although a child experiencing depression was already constructed as facing multiple difficulties, a child with comorbid ADHD and depression was considered to be a very difficult child from the perspective of teachers (*Sarie*, March 2013).

The above findings dealt with the impact of childhood depression on academic performance, and it now turns to the second way in which the relationship between childhood depression and academic performance was constructed in the data set. Experiences related to academic performance were also seen as causing depression. The impact of academic performance on mental health was considered to be so extensive that it was considered to be the leading cause of suicide in children (*True Love*, July 2012). More specifically, the impact

of academic performance was due to the fear of failure, unspecified academic problems, failing exams, and poor grades (*True Love*, July 2012; *Move!*, June 25, 2014). Exam time is a time of particular risk, with stress and depression occurring most often during this time (*Move!*, October 17, 2012).

The African population was considered to be at particular risk for an increase in childhood depression and suicidality. The reason given was that these children are exposed to stiff academic competition in schools, which is a new experience for them in post-apartheid South Africa (*True Love*, July 2012).

Parents

The theme of parents was divided into three subthemes, based on constructed realities around parents as the cause of childhood depression, the parents' role in the prevention and treatment of depression, and the parental experience of having a child with depression.

Parents as the cause of childhood depression

Parents, and especially mothers, are important in children's lives and form part of the intended readers of these women's interest magazines. It is thus not surprising that they received a great deal of attention in these publications. One central argument put forth across the data set was that parents can put their children at risk for developing depression. Parents are definitively constructed as contributing to the development of depression. This includes by unintentional means such as parental divorce and parental illness. Added to this was the unavailability of a trusted adult, parents who were too busy watching television and socialising, and lack of time spent with children. The article cautioned that children may act as if they do not need parents, but that this was often merely a test for parents to see if they cared enough (*True Love*, July 2012).

True Love magazine reported specifically on the mother's role in childhood depression. In the first, mothers were described as impacting the development of depression (October 2012), and in an article about a year later mothers were said to contribute to depression (November 2013). According to the articles, mothers may contribute to depression in two primary ways: the first is by what may be described as an authoritarian parenting style (*True Love*, October 2012; *Sarie*, October 2013), and the second by mothers who dress in too young a style for their age (*True Love*, November 2013).

Parenting styles, as one of the primary ways in which mothers may cause depression in a child, were featured in various articles across the data set. The way in which mothers make choices for their child, and more specifically parents who control most facets of a child's life, may result in the child developing depression. This might be the case even if the child appears to be a high-functioning individual (*Sarie*, July 2012). Over-involved parenting (referred to as "helicopter" parenting) is described as excessive monitoring of a child's activities and solving challenges for them (*Sarie*, October 2013). The phrase "tiger mom" parenting was used to describe mothers who excessively monitor and control a child's daily schedule and have exceptionally high achievement expectations. All these factors were said to cause children various difficulties, amongst them depression (*True Love*, October 2012).

According to *True Love* (November 2013), mothers who dress in too young a style for their age may lead to their children developing depression. This was constructed as being due to such maternal behaviour leading to difficulties regarding a child's physical appearance. The article did not clarify what the difficulties entailed.

Other ways in which parents could cause or contribute to the development of depression in their child were also mentioned, with the focus mainly on various unhealthy parenting practices and parental wellbeing. These include using abusive name-calling and raising an obese child. When a parent name-calls a child, the child may repeat the words to herself and come to believe them. This could then lead to the development of depression (*Move!*, June 25, 2013). Although such a practice resembles bullying, it was not referred to as such in the data set. If children become obese, it may lead to social rejection (*Move!*, March 12, 2014). This in turn may make children vulnerable to the development of depression.

Parental, and particularly maternal, wellbeing impacts the development of depression in children in various ways. Infants who are exposed to parental stress are more prone to depression as teenagers (*Sarie*, May 2014). A depressed parent, moreover, is constructed as making a child particularly vulnerable to childhood depression (*Move!*, June 25, 2014). Toddlers whose mothers struggle with depression, or with relationship problems and finances, facilitate the development of depression in their children. Children are sensitised to their parents' depression, which may make them more vulnerable to depression themselves. These parents are unlikely to be aware that their depressed mood may cause depression in their child. It would almost seem as if depression was constructed as possibly being contagious (*Sarie*, May 2014).

In addition to parental stress and parental depression mentioned above, tension within the family may also cause depression (*Move!*, June 25, 2014).

The parental role in prevention and treatment of childhood depression

The subtheme relating to parents as the cause of their child's depression was relatively extensive, and the current subtheme, closely linked to parents as the cause, was found to be similarly elaborated upon in the data set. The parents' role in prevention and treatment of childhood depression was described in various ways. First the findings indicated that a parent ought to be the person who notices depression in a child. All articles stressed that help then had to be offered. The articles then reported on the different constructions regarding the ways in which parents may assist their child to overcome depression.

According to a *True Love* (July 2012) article, parents ought to notice the signs of depression in their children and stressed that it was particularly the mother's role to notice changes in her child. The article continued by stating that in order to notice and assist a depressed child, the parents needed to be informed about depression (*True Love*, July 2012; *Move!*, November 14, 2012).

When signs of childhood depression are noticed, parents must also take up the responsibility to check their family history for depression. Such a history might indicate a vulnerability to depression in the child (*Move!*, June 25, 2014).

A *True Love* article stressed the importance of assistance, but also recommended that a parent should allow a child to solve her own problems, and only step in when not enough is done to prevent depression (July 2012). Children were constructed as needing assistance to prevent or treat depression. In this regard parents can and should help and play an active role in helping the child to overcome depression. In fact, it was constructed that they must do everything to help a depressed child (*Move!*, November 14, 2012). Not only must a parent actively help, but teenagers must also receive unconditional support from the parent (*Move!*, June 25, 2014). In fact, if children reject support from their parents, the parents should nevertheless persist with their concern and help (*True Love*, July 2012).

While the recommendation was that parents must first allow children to solve their own problems, the parents' role in the prevention and treatment of depression was, on the other hand, regarded as so important that it was constructed as an emergency. *Move!* and *True Love* in particular constructed depression as emergencies that necessitated the

involvement of parents. In two articles *Move!* (November 14, 2012 and June 25, 2014) advised parents that they should treat depression as an emergency and that they had to seek help and initiate treatment when depression is identified.

Once depression has been identified and treatment is initiated, it was the role of the parents to encourage the children to follow and continue with treatment (*True Love*, July 2012). Various examples are given of how to accomplish this. These include encouraging children to take the prescribed medication for depression, ensuring that their child eats a healthy diet to help treat depression, and encouraging their child to do physical exercise (*True Love*, July 2012).

The data set also described various other ways in which parents can help, including covert ways. This includes being a healthy role model for the child, building a good parent-child relationship, and utilising certain disciplining strategies with a child. Children react better to life-changing circumstances when they have positive role models and parents were held out to be models for emotional wellbeing and healthy lifestyle. This meant that they needed to stay in control of their emotions and in that way provide models of positive behaviour. According to *True Love* (July 2012), childhood depression may be prevented by parents being honest about their feelings. Parental self-care was also important in the treatment of depression. Parents need to manage their own stress by following a healthy lifestyle that included the avoidance of escapist behaviours such as substance abuse. They were also encouraged to enlist support for themselves.

The parent-child relationship was mentioned as a preventative factor. This relationship was constructed as needing to be characterised by openness, honesty, and trust. If the parent themselves were unavailable, the recommendation was that they should offer an alternative trusted adult to the child (*True Love*, July 2012).

Certain discipline strategies were considered to assist with both the prevention and treatment of depression. It should be one that is focused on solving problems rather than on the problem itself. When disciplining their children, parents should remember to note both positive and negative behaviour. The focus in discipline should furthermore be on behaviour and not the child's personality. They should also limit social networking as a strategy to prevent depression. The reason for this last recommendation was because social networking was said to have a negative impact on how children communicate. The precise mechanism for this was, however, not elaborated upon in the data set (*True Love*, July 2012).

More overt strategies for assisting the child with depression were also provided in the data set. These included various cognitive strategies and talking to the child with depression. Among such strategies, it was constructed that parents could prevent depression by changing the child's way of thinking. More specifically, depression could possibly be prevented by avoiding misinterpretation of parental responses by the child. However, the article did not clarify how such misinterpretation ought to be avoided. A further recommendation was that the parent should promote the child's problem-solving skills. For example, they could teach their children to view mistakes as opportunities from which they could learn and grow. Parents were also encouraged to prevent children from repeating behaviour that made them vulnerable to depression and to analyse what went wrong in the first place. They further needed to help the child to cope with stress (*True Love*, July 2012).

Certain ways of talking to one's child may assist in preventing and treating depression. A parent should take care when addressing an adolescent with depression. They may easily shut off when the parent says the "wrong" thing to them, and they may not want to talk about their depression. However, parents should occasionally persist in getting teenagers to talk about their depression, even though it may be difficult. On the one hand, the parent should try to determine what, and whether it was internal or external factors, that led to the depression. On the other hand, it was suggested that the parents should not probe for the reason for the depression, as this might push the teenager further away (*Move!*, June 25, 2014). Parents must remind their children constantly that they are loved and supported as this was constructed as the best way to prevent depression (*True Love*, July 2012).

Most importantly, parents should facilitate open communication with their depressed teen in a loving and patient way (*Move!*, November 14, 2012). If an adolescent talked openly to a parent, especially about problems, this could prevent depression from developing. When depressed children talk to their parents, parents should listen without judgement, and not attempt talk their children out of their depression (*True Love*, July 2012). They should avoid unsolicited advice or ultimatums and validate the depressed teenager's feelings. The acknowledgement and validation of particularly a teenager's feelings is a necessary step in helping a teenager with depression (*Move!*, June 25, 2014).

Parental experience

The previous two subthemes contained findings regarding parents as the cause of depression in their children, and the persons responsible for the prevention and treatment of

childhood depression. Both these subthemes were relatively extensive, especially in comparison to the current subtheme of parental experience. The parents' experiences are only briefly explored in the data set, yet were considered prevalent enough to incorporate into the current theme. The reason for this will become more evident in *Chapter Five*, during the discussion of the findings.

Untreated depression was regarded as affecting the child as well as the family. Parents, in particular, may blame themselves for the depression, and fear that it reflects negatively on their parenting. They furthermore fear the stigma of having a child with depression. The article made the point of consoling the parents, and stated that the depression suffered by one's child was not a shameful situation (*True Love*, July 2012).

Organic causes and treatment of childhood depression

Throughout the data set, various experiences in the child's life were linked to depression. Childhood depression was, however, also constructed as having an organic cause that necessitated physical treatment.

Childhood depression was constructed as a medical condition (*Move!*, November 14, 2012) caused by low serotonin levels (*True Love*, July 2012) and a complicated chemical imbalance in the brain (*Sarie*, July 2013). There were two types of causes conveyed for this chemical problem in the brain.

On the one hand, it was referred to as a genetic disorder (*Move!*, June 25, 2014) with a family history of depression manifesting as a risk for the development of childhood depression (*True Love*, July 2012). A family history of depression is a strong indicator of particularly depression during adolescence (*Move!*, June 25, 2014). Thus, a parent who suffers from depression puts a child at risk of developing depression by virtue of their genetic link (*Move!*, June 25, 2014).

On the other hand, long-term stress in children may also affect the brain and lead to depression, due to the impact of stress on brain development and cortisol levels. Brain development and cortisol levels are responsible for emotional regulation and play a role in the development of depression (*Sarie*, May 2014).

In terms of physical treatment, parents must encourage children to take the prescribed medication. Exercise was also recommended as it increases endorphins, which assist in the treatment of depression. A balanced diet was also recommended (*True Love*, July 2012).

Developmental factors

Various aspects specifically pertaining to the developmental phase of childhood emerged in the data set. This theme comprised three different subthemes. First, the data pointed to a constructed reality that depression might appear normal in children, due to perceptions regarding the developmental phase. Second, it emerged that children are often considered vulnerable, not necessarily due to circumstances, but by virtue of the fact of simply being a child. The last subtheme relates to a supposedly common yet mistaken belief that children do not become depressed.

Normal versus pathological depression

In childhood, the signs of depression might be perceived by the readers to be part of normal behaviour. However, such signs and symptoms might be pathological or clinically significant. Both of these dynamics featured in this subtheme.

According to articles in *True Love* (July 2012) and *Sarie* (May 2014) some signs of depression might be normal, and do not point to the clinical depression in children. A bad mood and occasional sadness were said to be common, particularly in adolescence, and short-term stress in children did not necessarily lead to depression. The *True Love* article warned that this does not necessarily exempt a child from clinical depression, as seemingly trivial issues may be of great importance to a child (July 2012).

The apparently normal experiences might at times be indicative of a more serious problem. A child with depression may appear to be normal (*Sarie*, July 2013). However, a normal low mood that tends to linger and limit normal functioning is a danger sign for clinical depression (*True Love*, July 2012). Such children may also struggle to enjoy normally joyful things (*Sarie*, July 2013). Such signs of depression must not be treated as normal "growing pains" (*Move!*, November 14, 2012).

Due to the suggested resemblance between normal and pathological depression, the data set pointed out that depression should not be mistaken for acting out behaviour or laziness. It was elaborated that the child had no control over such symptoms and they were thus not an affectation by the child (*True Love*, July 2012). It should also not be regarded as an opportunity that the child misuses to ensure "time off" (*Sarie*, July 2013). Articles in both *Move!* (November 14, 2012) and *Sarie* (July 2013) warn that the situation will not resolve

itself and cannot be easily resolved. The depressed and suicidal teenager may be wrongly viewed as a "brat" and "seeking attention" (*Move!*, October 9, 2013).

Vulnerability by virtue of being a child

Parents carry an immense responsibility in terms of the causation, prevention, and treatment of childhood depression. Children are highly dependent on their parents for their care. This is one reason why children are vulnerable by virtue of being a child. Another reason for the vulnerability that was expressed in the data set is that a child is still a developing human being.

In the data set, the vulnerability by virtue of being a child was situated mostly within the interpersonal domain. The unavailability of a trusted adult was reported as a causal factor of depression (*True Love*, July 2012). The extensive subtheme of parents as cause and their centrality in prevention and treatment is a finding that further enriches this theme of a child's vulnerability simply by virtue of being a child. Parents play an integral role in childhood depression for children are constructed as being highly dependent on these parents.

Children are not only vulnerable due to their dependence on adults, for their very physiology increases the risk. Stress during infancy can lead to raised cortisol levels. Its impact on actual brain development is evident among teenagers, a period during which they are particularly vulnerable to developing depression (*Sarie*, May 2014).

Children become depressed too

This subtheme reports on findings that related to the assumption that a certain misconception exists regarding the existence of childhood depression. The findings suggested a mission to demystify this mistaken belief that children do not develop depression.

Move! pertinently stated that it was a myth that only adults become depressed (November 14, 2012) and went on to suggest that the main reason for such mistaken thinking was that adolescent depression presents differently to adult depression. The article explained that, unlike adults, adolescents with depression are more prone to outbursts of anger (*Move!*, June 25, 2014). According to the author of an article in *Sarie* (March 2013) he did not realise he was experiencing depression as a child. This realisation only came with adulthood and with hindsight.

Social networking and the role of the mass media in childhood depression

Social networking and mass media are constructed as playing a role in childhood depression. However, the extent to which it plays a role was not addressed, nor was the ways in which it is linked elaborated upon.

The data set suggested that the ways in which children communicate have changed over the past number of years. An article in *True Love* (July 2012) continued by stating that social networking has a negative impact on the way children communicate. The recommendation was therefore that networking social should be limited to prevent depression in children. Although no clarification is offered for the statement that social networking negatively impact the way children communicate, it did mention the impact of cyberbullying that occur via cell phones and social networking platforms, and that this may lead to depression.

Childhood depression and suicide

Suicide was often linked to depression in the data set. This link was portrayed in ways that ranged from the incidence and common co-occurrence of depression and suicide to various features of suicide, such as warning signs and methods used to attempt or commit suicide.

Various articles linked suicide to or stated that it was caused by depression, especially if it was left untreated (*True Love*, July 2012; *Move!*, October 9, 2013; *Move!*, October 17, 2012). In such cases the severity of the depression could gradually increase and lead to suicide attempts or other mental health issues (*Sarie*, July, 2013). In fact, it was conveyed that suicide and a suicide attempt should be regarded as a possible sign of depression as it was present in 60% of suicide cases (*Move!*, November 14, 2012). Statistics on suicide were constructed to be alarming, with the incidence of childhood suicide in South Africa growing in numbers. One out of three suicides in South Africa are committed by children (*True Love*, July 2012).

Different causal factors were mentioned that specifically linked depression and suicide. These include untreated depression and a family history of depression and suicide (*True Love*, July 2012). Negative experiences, such as name-calling by a parent, may lead to various outcomes, including depression and suicide attempts (*Move!*, June 26, 2013). Lastly,

bullying may lead to various mental health problems, including depression and in serious cases, suicide (*Sarie*, August 2014).

Suicide was, as in the case of depression, constructed as an emergency in the data set. A *True Love* (July 2012) article noted that all suicide threats were to be taken seriously and emergency help enlisted. The only form of help referred to in the article was contacting support organisations such as SADAG or Lifeline. The same article added that, in view of the growing incidence of suicide and its portrayal as an emergency, one should be on the lookout for warning signs. Although an act of suicide itself was not usually foreseen, there were various warning signs for potential suicides. This included children talking about death or suicide, either directly or indirectly. They may also act as if they were leaving, and give away their belongings (*True Love*, July 2012).

There was a seeming contradiction in the data set regarding the relationship between suicide and attention-seeking behaviour amongst depressed children. One article stated that a depressed child may use a suicide attempt as a means to attract attention (*Move!*, November 14, 2012). However, another article in the same magazine stressed that a depressed and suicidal teenager might mistakenly be regarded as a "brat" and suicidal behaviour, or talk thereof, as attention-seeking (*Move!*, October 9, 2013).

The reality was constructed that when a suicide attempt is unsuccessful, there is a risk for repeated attempts. Both frequent suicide ideation and frequent suicide attempts may be present (*Sarie*, July 2013). Another article reiterated that multiple suicide attempts may be present in a teenager who felt depressed (*Move!*, October 9, 2013).

One magazine explored the link between socio-political issues and suicide. It stated that there had been a lower incidence of suicide among African people, including African adolescents, during the apartheid era (*True Love*, July 2012). According to this article, post-apartheid cultural and socio-economic changes have led to an increase in suicide and depression among Africans. The changes mentioned include newfound family and social pressures, stiff academic competition among African adolescents and "black loneliness". The article did not explain what was meant by the latter phenomenon (*True Love*, July 2012).

Three actions were mentioned in the data set with regard to the prevention of suicide. The first was direct communication between the parent and the child. The second was to seek professional help, and the third, that available means to commit suicide should be removed and the child not be left alone (*True Love*, July 2012).

The same article (*True Love*, July 2012) mentioned a variety of means for committing suicide, including drugs, ropes, razors, scissors, and guns. The most common suicide methods are hanging, shooting, and poisoning, followed by overdoses of antiretroviral medication and painkillers. The most common suicide methods amongst the African population are poisoning (methylated spirits, paraffin, and rat poison) and overdosing on antiretroviral medication.

Treatment and prevention of childhood depression

Treatment and prevention have already partly featured in the theme relating to parents. The parental role in the treatment and prevention of childhood prevention warranted a separate subtheme due to the extensive constructions around that aspect of childhood depression. Here, other codes in the data set that related to treatment and prevention are dealt with. These subthemes include the findings with regard to professional intervention, lifestyle changes, other forms of treatment and prevention, and lastly, the importance of treatment of childhood depression.

Professional intervention

It has already been conveyed in the subthemes that childhood depression is an emergency that warrants intervention. In this subtheme, the role of professional help is further explored. According to the data set, professional help is needed when treating childhood depression (*Move!*, June 25, 2014).

The articles stated that there was, in fact, help for childhood depression, which may involve an entire multidisciplinary team (*True Love*, July 2012; *Move!*, November 14, 2012). The team may consist of a psychiatrist, psychologist, occupational therapist, social worker, teachers, family, school counsellor, and a general practitioner (*True Love*, July 2012). The latter was included because the first step when considering treatment for childhood depression, was to rule out physical problems (*True Love*, July 2012). A *Sarie* article noted that children with depression could use medication to treat it (October 2013), thus implying the necessity of involving a medical professional.

One of the articles specifically mentioned that a psychologist or psychiatrist may help a teen with depression (*Move!*, June 25, 2014). Another specified individual psychotherapy by a psychologist, or treatment by a group or family therapist, and/or medication to treat the depression (*Move!*, November 14, 2012). The most effective psychological treatment for childhood depression was constructed as cognitive behavioural therapy. The article

elaborated by stating that psychotherapy assists by offering a safe environment in which feelings may be explored (*True Love*, July 2012).

Lifestyle changes

Various lifestyle changes were advocated to possibly prevent and also treat childhood depression. Regular physical exercise was said to increase endorphins which could assist in the treatment of depression. A balanced diet was also advocated, and suggestions for such a balanced diet were fresh fruit and vegetables, a small amount of lean protein and omega-3 fatty acids. Nutritional supplements may further enhance the treatment of a child with depression. Other lifestyle changes include a reduction of stress for the child (*Move!*, June 25, 2014). In addition, the child should be encouraged to socialise and engage in regular outdoor activity (*Move!*, November 14, 2012).

Other

Two miscellaneous forms of treatment for childhood depression were mentioned in the data set. The first was that support groups may help a teen with depression (*Move!*, June 25, 2014). The second was that an article in *Move!* suggested that the magazine itself could be of help when it comes to treating depression (November 14, 2012) by means of articles on childhood depression in their magazine.

Importance of treatment

The last subtheme addresses the importance of treatment as constructed in the data set. Untreated depression was said to negatively affect children and their families, and warranted early intervention for this reason (*True Love*, July 2012). If left untreated the depression could cause damage, although the article did not specify in what way the damage might occur (*Move!*, June 25, 2014). According to the data set, depression would not be resolved of its own accord and treatment would prevent the depression from having a severe impact (*Move!*, November 14, 2012).

While depression was constructed as being treatable, one article noted that few teenagers receive treatment for it (*Move!*, November 14, 2012). Another article also constructed depression as a treatable condition, and stated that individuals recover if treatment was conducted properly (*True Love*, July 2012). However, a further article indicated that depression was a lifelong illness that would recur (*Sarie*, July 2013).

Childhood depression and other mental health issues

Childhood depression was linked to other mental health issues in a number of ways in the data set. The first is anxiety, which was described as a feature of depression. Second, various parenting practices and conditions were described as facilitating the development of depression and/or anxiety. Third, a number of other experiences was said to lead to depression and/or anxiety. Last, other mental health issues apart from anxiety that are often also linked to depression in the data set, are briefly discussed.

Anxiety may be a feature of depression in two different ways. First, it might be one of the danger signs indicative of childhood depression (*True Love*, July 2012). It might also be a symptom of childhood depression (*Move!*, June 25, 2014).

Certain parenting styles were suggested as leading to not only depression but also possibly anxiety. These include "tiger mom" parenting (*True Love*, October 2012), "helicopter" parenting (*Sarie*, October 2013), and authoritarian parenting (*Sarie*, July 2012).

Other parenting conditions may also lead to depression and/or anxiety. Infants who are exposed to maternal stress were said to be prone to anxiety and depression as teenagers (*Sarie*, May 2014). Maternal mental health issues may also lead to various psychological difficulties within the child. These difficulties include anxiety and depression (*True Love*, November 2013). Last, name-calling by a parent may lead to different negative outcomes, among them anxiety and depression (*Move!*, June 26, 2013).

Two articles in *Sarie* noted that different deleterious experiences might also lead to depression and/or anxiety. The first was that without treatment, children with ADHD could become depressed or anxious (March 2013) and this could also be the case with children who are subjected to bullying (August 2014).

Anxiety was not the only mental health issue that co-occurred with depression in the data set. These other mental health issues were often mentioned with depression, but were not linked as consistently as anxiety and depression were linked. These other mental health issues included substance abuse (*True Love*, June 2013; *Move!*, November 14, 2012; *Move!*, June 12, 2013; *Sarie*, March 2013; *Sarie*, July 2013; *Sarie*,May 2014; *Sarie*, August 2014), compromised self-esteem (*True Love*, October 2012; *Move!*, November 14, 2012; *Sarie*, March 2013; *Sarie*, July 2012; *Sarie*, August 2014), schizophrenia (*Sarie*, July 2012) and ADHD (*Sarie*, March 2013a; *Sarie*, March 2013b).

Conclusion

This chapter gave an overview of all the findings that emerged from the data set by means of the contextual and thematic analysis. Various contextual elements as well as pertinent themes and subthemes were discussed. From this discussion it became evident that the themes are not neat entities in and of itself, but rather overlap and speak to each other. In the next chapter the findings are discussed.

Chapter Five: Discussion and Conclusion

Whereas the findings were reported and described in the preceding chapter, this chapter contains a critical engagement with some of the pertinent findings of the study. According to Joffe (2012) the frequency of a theme, unlike in a quantitative approach, does not necessarily determine the salience of a qualitative theme. This was upheld in the current study, and the pertinence of a theme was not determined by its frequency of occurrence. Rather, the value it carried in addressing the research question was the determining factor.

This critical discussion entails an interpretation and integration of the pertinent findings. In line with a social constructionist paradigm, I am attempting here to join together the different voices and perspectives encountered during the research process. Instead of proclaiming a truth, I am rather discussing the truths, realities, and constructions found in one context (the magazine articles), and how it relates to those found in another context (academic discourse). Furthermore, and in accordance with an intersubjective and co-constructionist ontology and epistemology, the discussion is not bias-free. It is a merging of constructions, a new co-constructed narrative between myself and the world of texts I used in the study.

In some respects, this study fulfilled the preconceptions that had been held by myself, the researcher, during the process of exploration and reporting on the literature review. In other respects, it offered insightful new points of reflection that had not been anticipated. This was most significant in the findings of the contextual analysis. The discussion first deals with the latter findings, before turning to the most engrossing findings from the thematic analysis.

To reiterate, the aim of the current study is to explore the constructions of childhood depression as portrayed in South African women's interest magazines. In view of this aim, the following research question was developed: What are the constructions of childhood depression in South African women's interest magazines? In order to address this aim and answer the research question, a qualitative methodology and method were chosen. In terms of a theoretical orientation, the study was situated within social constructionism. This was the lens through which the texts were explored. The themes were thus understood within this frame. The method of collecting data and analysing the articles entailed

- a search for and retrieval of childhood depression articles from the three highest circulating women's interest magazines, namely *Move!*, *True Love*, and *Sarie*;
- a contextual analysis in order to gain insight into the context within which thematic analysis was to be conducted; and
- the use of thematic analysis to generate themes from these texts.

Contextual Analysis

The contextual analysis was a procedure devised for this research question and allowed for enriched analysis of the data. Qualitative research is always sensitive to context, and the contextual analysis provides the opportunity to focus on the context within which the thematic analysis is conducted. In the case of this study, it richly contextualised the findings of the thematic analysis. The contextual analysis took place before and during the process of thematic analysis. Before the thematic analysis commenced, the types of magazines that could be selected for analysis were considered. Once the thematic analysis commenced, the topics or main thrust of each selected article, as well as the authors of the articles and sources they had consulted, were analysed. These data were put together not to form themes, but rather to describe the context within which the themes arose.

The readers and the non-readers

The readers were the intended audience, and the audience at whom constructions on childhood depression were aimed. The non-readers were the audience that had not been targeted by these magazines, and the audience at whom constructions on childhood depression had, presumably, therefore not been aimed. A better understanding can be gained about the readers (and the non-readers) by an understanding of the selected magazines.

A broad array of South African magazines was available to the study. Some of the interest categories of these magazines included general women's interest, general men's interest, family interest, sports and hobbies, parenting, business and news, and celebrity news (ABC, 2014; Media24, n.d.-a). However, from this array only a select number of magazines, with specific interests and thus audiences, contained data that would allow for the research question to be addressed. Within the range of highest circulating magazines, women's interest

magazines were found to contain the most sections relating to childhood matters and articles on childhood depression. The audience of the selected magazines thus became the readers.

With regard to magazines with no sections on childhood matters and who, for purposes of this study, could be described as non-readers, it was most significant that no men's interest magazines contained such sections. This is despite that men are also parents and as such are integral members of the child's psychological world (Giallo et al., 2015; Twamley, et al., 2013). Men are fathers as much as women are mothers. However, men were not only non-readers in terms of magazine content (and thus the targeted audience of the magazines), but also the only non-readers per the interest categories with a critical implication in childhood mental health. This raises concerns regarding gendered roles with relation to childhood mental health from a social constructionist perspective.

The magazines in this study were not chosen based on the perceived readers of the magazines, that is, women. Rather, the choice was based on those magazines with the highest circulation numbers that contained the most and richest data relevant to the research question of this study. It was only post facto analysis that led to the realisation of who the targeted readers of these magazines were. Thus, in principle, men could also be interested in the topics explored in these magazines and could also be included as readers. However, the point of departure that the target audience is women is supported by the contextual analysis, which found that the content was aimed exclusively at a female audience. An exploration of the targets of the topic of childhood depression and thus who read these constructions, and conversely, for whom they were not written and by implication who does not read them, provided valuable information in terms of the context of the research. It gives a sense of who is presumably "interested" in childhood depression, and with and for whom the perceptions of childhood depression are being constructed. It also gives a sense of who is presumably "not interested" in childhood depression, and in whom these constructions around childhood depression are not being constructed. This is further explored in the next section.

When the magazines were selected, the relevance of women's interest magazines to the research question was pronounced, as women were the readers at whom the articles of these magazines were aimed. Women's interest and, to a lesser extent, family interest magazines, provided possible data for the research question. Not any men's interest magazines contained any such data. This reality that the non-reading audience consists of men could easily have been neglected, were it not for the use of a contextual analysis. These

observations provoked important questions. Where is the South African father? What perceptions are reflected by this negligence? And even more importantly, what perceptions are being constructed by this negligence? An exploration of these questions follows.

Addressing such complex and provoking questions is not a simple feat. StatsSA (2011) report that across all the South African population groups, that is, African, Caucasian, Coloured and Indian/Asian, women are more likely than men to live in the same household as their children. Such living arrangements vary across the population groups, but it remains a homogenous South African phenomenon.

It follows, therefore, that women are more "interested" and involved in the lives of children, as these magazines appear to suggest, based on these living arrangements in which South African caregivers find themselves. The role of women as primary caregivers is affirmed and reflects the status quo. It is also congruent with how society is organised. In fact, one would not expect to find the research topic in typical men's interest magazines – it is not a manly topic. Childhood and child-care address the feminine gendered role and are thus not topics in which, in the opinion of magazines, the fathers should need or want to read about. Stereotypical gendered roles are reinforced and maintained as child-care practices have long been relegated to mothers. While times are changing, and by implication gender roles are changing, this is happening slowly and is not reflected in the presence of the research topic in men's interest magazines. Thus, to an extent, one might argue that these magazines construct a picture that reflects the actual family structures found in many of South African families. Viewing it as merely a reflection, however, prevents a more critical engagement from a social constructionist perspective and the relevant theory on mass media. It also leads to an important question: What ideas are constructed and perpetuated by childhood depression being a "women's interest" occurrence?

The answer may be gleaned from the way South African society constructs the ideal or fantasy of a man or a woman. Theoretically, one might argue that society is both creating and perpetuating the idea that women are responsible for children, and that men are somehow exempt from the child-rearing dialogue, and more particularly in the context of this study, their children's mental health. The dominant feature is one of the absent father (StatsSA, 2011), or the father who has neither any impact nor much responsibility for the psychological wellbeing of a child. The other side of the coin is that the mother, or female caretaker, bears not only the responsibility for detecting depressive symptoms and ensuring adherence to

treatment, but also the blame for possibly causing depression in a child. Women are essentially seen as mothers and caregivers, and men as essentially non-fathers or peripheral at best. This argument was supported by the thematic analysis in which fathers were not explicitly mentioned at all. Rather, they were included in the "parents" generalisation, and mothers were extracted from this "parent" denominator. This construction is worrisome, as both mothers and fathers have an integral role to play in children's mental health (Giallo et al., 2015; Twamley, et al., 2013).

Rather than perpetuate such constructions, mass media may play a different and more conducive role of promoting the responsibility that should be associated with fatherhood. According to social constructionism and theory on mass media, media portrayals have a particular role to play in public health concerns, and a *power* over the perceptions that are created in society (Luhmann, 2000, 2002; Peterson & Lupton, 1997). Just as the mass media in this study was seen to depict a rather one-sided picture of parental involvement and responsibilities regarding childhood depression, it could also be utilised to address this South African phenomenon of uninvolved fathers as suggested by StatsSA (2011) and supported by the findings of this study.

Research has indicated that the impact of fathers' involvement on the child's mental health is substantial (Giallo et al., 2015; Twamley, et al., 2013). One might argue that the power of mass media should be utilised to engender social change, and change in the practices of parenting and mental health care of children. This would seem to be a healthier course of action than perpetuating the perception and continuing to construct the perception that uninvolved fathers are the acceptable norm.

The topics

As reported in the chapter on the findings, the following seven broad topics were identified in the contextual analysis:

- *Parenting* (five articles).
- *Childhood depression* (four articles).
- *Depression as a feature of another mental health problem* (five articles).
- *Family reconstitutions* (two articles).
- *Parental wellbeing* (two articles).

- *School-related problems* (two articles).
- *Depression as a feature of a physical health problem* (one article).

All three magazines that contributed to the data set, namely *Sarie*, *Move!*, and *True Love*, featured *childhood depression* as a topic. Depression can manifest on a spectrum, ranging from the level of a symptom to a disorder (Kerig et al., 2012). However, the vast majority of articles did not feature childhood depression as the topic. Instead, the articles mainly considered it as a symptom or related problem of another primary childhood concern (such as school-related problems, family reconstitutions, or other mental health problems). Thus, depression more often than not presented in relation to something else, and not as the primary concern.

This lack of attention to childhood depression as a topic occurred despite the global and national rise in depression as a primary health concern within the public health sector (SADAG, 2007; WHO, 2015). Out of a total of 120 initial articles in the data corpus that related to mental health and childhood, gathered from a total of six-and-a-half years (78 months) worth of magazine articles being searched, only 20 articles related to the theme of childhood depression as a symptom, syndrome, or disorder. And of these, only four had childhood depression as its primary topic of discussion. This means only four articles across three of the highest circulating magazines spanning altogether six-and-a-half years, addressed childhood depression as the primary concern. This is despite the relevance of childhood depression in South Africa (SADAG, 2007). The articles constructed depression not as a full-fledged disorder, but rather as a symptom of something else. On the whole it thus seems as if childhood depression was somehow constructed as something less pertinent (by being primarily a symptom) than a primary concern (i.e., disorder).

It must also be noted that in the remaining 16 articles that featured constructions around childhood depression, it was incorporated in the context of other topics. One may argue that this constructs a complex matrix within which childhood depression may arise, and that it is not a clear- cut or always easily identifiable disorder. In this it reflects the reality constructed by the DSM-5 on comorbidity in childhood depression (APA, 2013) and of the pervasiveness of depression across disorders.

Consulted sources and authors

The majority of articles referenced one or more sources or authors. However, there were concerns regarding the consulted sources and authors that were referenced. This included the obfuscation of psychologists' registration categories and the lack of reference to South African studies.

The first concern related to a reference to a "child psychologist", which is not a registration category with the Board of Psychology of the Health Professions Council of South Africa (HPCSA). This contributes to confusion of the public and obfuscates the psychologist's actual registration category, which may or may not be appropriate to the realm of childhood depression. The reasons for the journalist's actions can of course only be surmised. However, at the very least the impression was created that the professional consulted is a specialist in the field. This is not, however, reflected in the HPCSA registration categories. Rather, an unregulated allocation was made by the relevant psychologist or journalist. A new category was constructed. One may give the benefit of the doubt that it was either a misunderstanding on the part of the journalist or that could have been a psychologist who works primarily with children and therefor calls herself a "child psychologist". But the point is that it is communicated in an indiscriminate manner to the public, creating or perpetuating misrepresentation of professional categories of psychologists in South Africa.

The second concern that arose regarding consulted sources and authors was the lack of reference to South African studies. Across all articles, only one study was referenced, and that was an American study on childhood mental health. This may construct the reality that South Africans ought to draw on international or American research, which is situated in a vastly different cultural and socio-economic climate, to come to an understanding of our own South African experience. This raises various questions: Are South African studies accessible enough? Is there sufficient information on mental health of South Africans? And does our information on mental health address our unique concerns?

Although not as abundant as international studies, there are relevant South African studies (e.g., GAIMH-SA, n.d.; Naidu, 2008; Richter et al., 2009; SADAG, 2007) that ought to have been utilised. Yet, none of these were referenced. One cannot help but wonder whether it stems from a lack of interest, or if it is taking a back seat to more pressing childhood mental health concerns, such as HIV-related issues. One may also question whether there is funding available for such research. However, there are some studies

available, yet none were used by the journalists. This further raises questions about the academic ivory tower's accessibility to journalists and whose responsibility it is to bring research findings out of academia into the public domain. The relationship between academia and the public publishing domain, the power and knowledge discrepancies that exists between them, and how it impacts the gate keeping and dissemination of valuable information, is thus highlighted.

This discussion also reflects my positioning as academic and researcher and my view of the credibility of what I report on. In light of the importance of context for both qualitative research and social constructionism, it has to be kept in mind that the articles were not written for academic purposes or readership. What is however important is that when academic discourse is called on for expertise, it is not local.

More has to be said about the unique concerns of the South African context. Some of these concerns include different cultural expressions of depression as a developing country with a plethora of actively practiced traditions. As researcher I had some expectations of what might and might not be addressed in these articles. One such expectation was that within the process of analysis there would be unique topics, dealing with aspects such as the role of witchcraft or violent crime. It was anticipated that these magazines would elaborate on the relevant South African realities and their link to depression. Instead, it was found that many South African realities were neglected or only very briefly mentioned in the texts, such as relocating from more traditional communities to more westernised suburban communities as higher socioeconomic status was achieved. The literature review revealed that various realities that permeate the South African landscape, such as violent crime and many other forms of trauma, may contribute to depression (Crime Statistics South Africa, 2013; Flisher et al., 2012; StatsSA, 2011).

The readers and non-readers and the general topics that were found by means of the contextual analysis gave a rich context within which the analytic process could be conducted. These findings from the thematic analysis are discussed in the following sections. The first theme deals with the questions raised in the discussion of the contextual analysis regarding the South African milieu in more detail.

Thematic Analysis

The thematic analysis paid attention to patterns of meaning (Joffe, 2012) that arose from the data. These patterns of meaning, or themes, were both manifest and latent. The process of thematic analysis allowed for a flexible and user-friendly research tool to address the research question, and served as a means to organise and describe the data (Braun & Clarke, 2006).

Themes pertinent to the South African context

There were three subthemes pertinent to the South African context, namely belief systems, socio-political impact, and trauma. These phenomena play a major role in South Africa (Crime Statistics South Africa, 2013; StatsSA, 2011), and many aspects thereof are intricately linked to mental health problems (Flisher et al., 2012). They are likely to have a strong link to the occurrence of depression in South African children. Yet, certain aspects of this link is greatly underplayed in these magazines.

As a developing country, traditional beliefs, which are often closely tied to religious conviction, form the basis on which many South Africans make sense of their existential realities. Our sociocultural embeddedness constructs the worlds we live in; the realities we live by. This is also true of gender roles (what a mother or father ought to be) and perceptions on mental health and illness in children.

The role of traditional beliefs on childhood mental health, and specifically childhood depression, was gravely neglected within these magazines and, for one, neglects the reality of stigma of childhood depression due to such beliefs. These articles only briefly stated that parents fear the stigma of having a child with depression and fear judgement of their parenting. The power of stigma lies in this dynamics of silence. By the silence of stigma, they are continuing to construct and perpetuate the notion that it is not important to talk about stigma. It is not only unimportant, but perhaps a topic too sensitive or even dangerous to address. The result is that it is left unsaid, and therefor reified. Giving stigma such silent treatment makes it scream in its discreditable absence. One cannot help but wonder how "true" the way the articles talk about childhood depression is to the South African audience, and how much it really ties in to and considers their existential and ontological beliefs. Rhetorically, one might wonder whether these constructions represent a gap between a more

westernised or medicalised view of childhood depression and the day-to-day intrinsic beliefs of the reading audience.

In countries such as South Africa where HIV infection, substance abuse, and exposure to violence are daily occurrences, the population's vulnerability to mental disorders increase (Flisher et al., 2012). Such phenomena tie into the subthemes of trauma and socio-political impact.

With regard to specifically socio-political impact, it emerged that childhood depression was constructed as forming part of the fabric of South African life, for its occurrence and development is greatly impacted by environmental factors related to the South African socio-political climate and consequent socio-economic concerns. The texts further suggest that the process of acculturation, adoption of stressful lifestyles, and relocation from community environments in which children were well adapted to unfamiliar suburban areas, render children vulnerable to depression. This is a sensitive observation on the part of the texts that speaks to the South African audience. It constructs the notion that indeed we are embedded within our broader socio-political climate to the extent that it impacts our mental health.

The constructions regarding trauma are, however, not as apparently sensitive when it comes to childhood depression. It was revealing that a variety of different phenomena that occur frequently in South Africa, and that make children vulnerable to trauma, were minimally considered in the texts. Our vulnerability specifically due to exposure to violence, whether in the family or broader societal context, was completely neglected in the data set. Apart from divorce within the family, intimate partner violence is also a concern in South Africa (Norman, Bradshaw, Schneider, Jewkes, Mathews, Abrahams, Matzopoulos & Vot, 2007). In addition, South Africa also has high exposure rates to violent crime (Crime Statistics South Africa, 2013). It is questionable whether the limited constructions regarding trauma genuinely connect to the everyday lives of South Africans who come into contact with various forms of trauma, whether due to exposure to violent crime, intimate partner violence, or divorce.

Overall, the data set seemed to suggest that the role of the pertinent South African realities of trauma, belief systems, and socio-political impact were underplayed. This resonates with a concern stated earlier in the contextual analysis regarding the consulted sources and authors. It is questionable whether the information in these articles took the

South African context into consideration to a sufficient extent, and whether the media bases their slant sufficiently on local knowledge (regardless of whether this refers to lay perceptions or academic research).

The school environment and childhood depression

Peer relationships were constructed in a twofold manner, namely from the perspective that peer relationships can both cause or pose a risk to the development of childhood depression. This first was in the form of being subject to bullying, and the second because it can be an aspect of the child's world that is affected by depression (e.g., social withdrawal). The theme consisted of three subthemes, namely peer relationships, bullying, and academic performance.

Not surprisingly, this was one of the more extensively occurring themes across the magazine articles. The reason is that together with the home environment, the school environment forms a large part of the context within which a child develops and finds self-actualisation. In this context and pivotal to the developing child's mental health, is the peer group (Rey, Bella-Awusah & Liu, 2015) which can have an immensely supportive and/or detrimental impact on the child's mental health.

Sensitivity towards the crucial role of peer relationships, especially regarding the impact of bullying, was conveyed in this theme. At the same time, the aspects of peer relationships as a protective factor, and the importance of the school environment as the ideal context for noticing depressive symptoms, were neglected.

The latter phenomenon was highlighted in the literature review by Naidu (2008), who explains that the school environment is one in which children spend a great deal of time, and brings many aspects of development to the fore that is affected by depression. Thus, it is the ideal context within which symptoms of depression within children may be observed. This reality seems to have been seriously neglected, and the role of the teacher and school context, in this sense, was underplayed.

Parents

Parents featured prominently in the articles in the data set and the theme was subdivided into three subthemes. These considered parents as the cause of childhood depression, the parental role in the prevention and treatment of childhood depression, and the

parental experience of a child's depression. Specific features within these themes are addressed, starting with the role of prevention and parents' sense of responsibility. The role of teachers and the school environment are also considered. This is followed by a discussion on the absence of attention to the father's role in childrearing and children's mental health. Last, a brief question is posed regarding the silence of the child's view in these articles.

Extensive attention is given to the parental role in prevention and treatment of depression within the articles. Such a focus on prevention may lead to two different, and even competing, constructions. On the one hand it is positive, for childhood depression receives attention, is constructed as important, and something that can and must be prevented. As such, it is constructed as undesirable, but preventable. On the other hand, it is cumbersome, since preventative measures are constructed as being the responsibility of primarily the parents. This does make logical sense since parents are by virtue of being the main caregivers, legally obliged to protect their children, also from mental health difficulties (Republic of South Africa, 2007). However, the implication of the articles and the concept of genetic responsibility may be constructing the parents as being the perpetrators and as the persons causing childhood depression in the first place. The result may be that depression and its prevention are not fully contextualised (whether social, cultural, political and biochemical), but rather laid in the laps of the parents, especially the mother.

It is therefore not surprising that parental experiences of their child's depression are stated, albeit briefly, to commonly involve fear of judgement of their parenting, self-blame, and fear of the stigma of having a child suffering from depression. This in turn introduces the argument of extensive responsibility and blame parents may feel due to the way causality is constructed by the articles in the three magazines. Although brief attention is given to parental experience, it was not constructed that parents, too, may need professional assistance to deal with the impact that their child's depression might have on them and their relationship with each other. This is especially relevant in view of the perception that depression is the parents' "fault", and that they themselves, because of factors either in themselves (e.g., parental depression) or their environment (e.g., divorce or work stress) have by implication contributed to their child's depression in the first place.

The possibility that teachers and schools should bear some responsibility for the detection, prevention, and treatment of depression was wholly neglected. The salience of the relationship between depression and the school environment was expressed in the articles, but

not taken that one step further. The school environment is a vitally important context within which depression may be noticed and prevented or treated (Naidu, 2008). It should be a resource parents may use in their extensive responsibility for their children's mental health, but was not constructed as such.

The mothers in these magazines are particularly implicated, both because they are the audience at which these magazines are aimed, and because it specifically constructs mothers as primary caregivers of children. For this reason, mothers were considered to need to assume extensive responsibility for not only the prevention and treatment of childhood depression but also the causes.

Previously, in the discussion in the contextual analysis, the burning question regarding the presence, or rather absence, of the role of the father was asked. Their absence manifested both as not being readers of magazines that contain constructions around childhood depression, and as being the 'minority' parent with whom children do not reside in the South African context (StatsSA, 2011). This same trend was extended to the articles, and not only on the level of the contextual analysis. Although, understandably, these magazines are directed at mothers, being women's interest magazines, no consideration was given to the fact that children also have fathers. These fathers may not necessarily be primary caregivers and may be wholly absent as caregivers, but they are nevertheless part of a child's world. In this regard it was telling that not even the role or factor of absent fathers were addressed. Fathers, specifically, and their unique role in the child's mental health (Giallo et al., 2015; Perkel, 2007; Twamley, et al., 2013) were not acknowledged, and as such further constructs the perception that father do not form an integral part of children's mental wellbeing.

The last point of note became salient when considering the subtheme of the parental experience of childhood depression. This was discussed in the data set, but there was a pronounced silence on the child's view, or the child's experience. Childhood depression is explained through extensive lists of symptoms that correctly correspond to DSM-5 criteria. However, these are behavioural observations (APA, 2013) and not the subjective experience of a child with depression.

Developmental factors

The theme of developmental factors consisted of three subthemes: Normal versus pathological depression, vulnerability by virtue of being a child, and demystification of

childhood depression. In this discussion particular attention is paid to the developmental phases of adolescents and the unique psychological milestones that accompany them.

The findings revealed a prominent focus on the fact that the child is dependent on parents, and that this makes them vulnerable. It also constructed depression as possibly being caused by stress and its neurobiological consequences during the process of development that becomes manifest during adolescence. What were not, however, considered, were other inner psychological developmental processes that make adolescents particularly vulnerable to depression. In early adolescence the developmental stages of dependence versus autonomy or individuation (Carr, 2006) becomes pronounced. The crisis of this phase of development, together with the biological development, makes them uniquely vulnerable to depression. Such internal psychological developmental processes was not constructed as integral in adolescent depression, however.

The language used in the articles with reference to depression in childhood seemed to contribute to the impression that the public have only recently come to realise that children, and not only adults, become depressed. Many of the articles also seemed to view themselves as "breaking the news" to the lay public that children do, in fact, become depressed. This was done in a way that resonates with research developments and recent changes within the DSM-5 (APA, 2013). The texts construct that children do become depressed and the reason for the misconception being due to the unique way in which depression manifests in children.

Treatment and prevention

Professional intervention, including psychotherapy as part of a multidisciplinary team, is advocated within the data set. Of course, as a researcher within the field of clinical psychology, this is viewed as a responsible construction. The single school of thought regarding effective psychotherapy that is advocated is cognitive behavioural therapy (CBT). Two critical points ought to be addressed here: the suitability and the availability of CBT to children in South Africa.

The recommendation for specifically CBT is in line with common international recommendations for children, yet advocating it as a form of intervention is not as straightforward. Although it is one of the three recommended treatments (together with interpersonal psychotherapy and medication) for children by the International Association for Child and Adolescent Psychiatry and Allied Professions, such recommendation is not without

controversy (e.g., Borntrager, Chorpita, Higa-McMillan, & Weisz, 2009). CBT has been shown to be effective for mild to moderate childhood depression, but studies have found significant limitations in this form of intervention. Briefly, individual CBT with children has only been shown to be effective in the short term, and group therapies and self-help psychotherapies (which are generally CBT-based) have provided limited evidence of successful outcomes and conflicting results (Rey, Bella-Awusah, & Liu, 2015). Evidence is emerging in favour of other forms of psychotherapy with children, which includes play therapy (Bratton, Ray, & Rhine, 2005), psychodynamic interventions (Abbass, Rabung, Leichsenring, Refseth, & Midgley, 2013), and work with infants and their parents (Baradon, 2016). From research it is clear that many forms of treatment are available, but effectiveness is not always clear cut and success may depend on variables such the severity of the depression and the actual available resources (Thapar et al., 2012).

The other critical point to consider is the fact that although CBT is in line with international recommendations, such specialist treatment, or in fact any form of psychotherapy, is simply not an accessible resource in South Africa (Robertson et al., 2010). Again, this speaks to a discrepancy in the recommendations made and the reality in which the readership may find themselves.

Depression and anxiety

Eight of the 20 articles that related to childhood depression made a link between depression and anxiety, which warranted attention to this as a theme in itself. No other comorbidities with childhood depression were mentioned as frequently as this one. However, despite depression and anxiety often being mentioned as two different or comorbid outcomes of the same experience, no elaboration on this link was offered. Depression and anxiety are not simply two possible outcomes and/or comorbidities and the relationship between these two phenomena needs more careful attention. It can have a major impact on how a mother understands the behavioural symptoms listed by the texts and consequently what treatment is sought.

The comorbidity resonates with research in that anxiety is the most common comorbidity with depression (Angold, Costello, & Erkanli, 1999; Avenevoli, Stolar, Dierker, & Merikangas, 2001; Yorbik, Birmaher, Axelson, Williamson, & Ryan, 2004). The DSM-5 also acknowledges this association through the introduction of depression with anxious

distress (APA, 2013). The two are, however, very different phenomena (Cummings, Caporino, & Kendall, 2014). Anxiety and depression should not be lumped together without great aforethought, as various variables play a role. Which symptom or disorder is implicated at what age, and in which chronological order or severity, have a major impact on aspects such as the age of onset of the symptom, the outcome trajectory, and the extent of impairment. Gender and age differences also play a role (Cummings, Caporino, & Kendall, 2014). The mass media are, however, somewhat left in the dark in terms of the dynamics of this common co-occurrence as, despite recent developments in literature, much work is still needed to develop generally accepted theoretical models to understand it (Cummings, Caporino, & Kendall, 2014).

Conclusion

This chapter brings the current exploration to a close. The research endeavour opened in *Chapter One* with an introduction to the study and an outline of the mini-dissertation. It provided the background and the context for the research question and also looked at the justification and aims, as well as the scope and definitions. *Chapter Two* contained an overview of literature relevant to the study. It provided the opportunity to create a conceptual framework, and a motivation for the study by means of literature that was available on the topic. The research process was addressed in *Chapter Three*, more specifically with regard to the design and methodology pertaining to the study. In *Chapter Four* the findings of the contextual and thematic analysis were reported, but not yet critically discussed. The discussion section in *Chapter Five* was dedicated to that purpose, offering a more critical engagement with the findings from *Chapter Four*.

The aim of this study was to explore the constructions of childhood depression as portrayed in South African women's interest magazines. In the light of this aim, the following research question was developed: What are the constructions of childhood depression in South African women's interest magazines?

In order to answer to the research question and the aim of the study, the following process was followed:

1. Articles on childhood depression were searched for and retrieved from the three women's interest magazines, namely *Move!*, *True Love*, and *Sarie*.

2. A contextual analysis was undertaken in order to gain insight into the context within which thematic analysis was to be conducted.

3. A thematic analysis then ensued which allowed themes to be generated from these articles. Social constructionism served as the theoretical lens from which an understanding of these themes was constructed.

The articles retrieved from the magazines provided a rich data set on which the contextual and thematic analysis could be based. It was found that the constructions were rarely at odds with contemporary research findings, but at times at odds with the South African context. The core stance of this mini-dissertation is that mass media have a vital power in constructing health messages in the public.

Despite the data set rarely being explicitly at odds with contemporary research, the constructions were often negligent, most likely without intention. It reified problematic lay perceptions and did not appear to fully realise or engage with the responsibility that comes with being some of the highest circulating South African women's interest magazines. These magazines have a powerful influence on the perceptions that their audience holds. Such perceptions are not simply passive ideas held by an individual or a group of people. Rather, it is with such perceptions that people construct the realities in which they live and which actively determine the way in which they go about their everyday lives and struggles.

Since the scope of this study was a mini-dissertation, the research question was necessarily limited in scope. In addition, it was noted in *Chapter Three* in the *Research Process* section, that a thematic analysis was employed to gain a broad understanding of the research question. The motivation was that the research question is one rarely asked in both international and local research. Familiarisation with the data, led to many new questions and areas to which the study may be extended. The limitations of the study, further incorporating important aspects of methodological reflexivity, and ideas for future research will be considered as a whole. This is primarily because more often than not the limitations of the study and new questions the researcher would have liked to ask were intertwined.

When conducting the analysis, and in so doing organising the data, the obvious benefit of finding patterns in the data is achieved. At the same time, it gives rise to the risk of segregating and sectioning narratives within the data that flow together in order to bring about certain messages. Multiple codes, for example, resisted being boxed into one particular theme and called upon my (subjective) internal logic, to tell a meaningful story about the

data. Again, this highlights the importance of acknowledging one's philosophical assumptions and biases, since such a perspective cannot but determine how the data is approached. As a qualitative researcher, I am of the opinion that the unorganised data is much "truer" and representative of the discourses and constructions around researched phenomena, in this case childhood depression. This representativeness is, however, a necessary loss, and awareness of this was maintained throughout the analytic process. In future research endeavours, many of these links could be explored in depth.

The three selected magazines claim to be aimed at and read by different population groups in South Africa. Further research into population-specific topics and themes might explore what constructions are being invoked across different population groups. This might furthermore provide an opportunity to look into different cultural constructions, or even a lack thereof, in these magazines.

The unitary nature of the representation of themes across the magazines might have given the impression that across all the magazines, all those realities were conveyed. However, one should bear in mind that the three the magazines are not read by the same audience (e.g., English-speaking African women or Afrikaans-speaking Caucasian women). With a future research endeavour that is perhaps more population-specific, this broad gap might start to be bridged.

The magazines in this study were limited to an audience that purchase and/or circulate magazines. This excludes a large part of the South African population who do not have access to current magazine titles, of which two are at the high end of the spectrum. In future research, different forms of mass media, such as for example online platforms or community clinic information platforms, could be explored.

This study only considered childhood depression, and not other childhood psychiatric disorders or symptoms. It is thus possible that some of the concerns that were raised with relation to childhood depression as a mental health phenomenon were addressed in the context of other disorders, such as BMD or ADHD. However, with regard to this study the decision was taken that if an article contained no reference to depression, the information was not included in the data set. This omission may have led to the exclusion of potentially valuable or perhaps even damaging discourses regarding other mental health issues apart from childhood depression.

Broadly, this study stresses the responsibility and power that mass media sources have in creating and perpetuating notions of childhood depression. It also speaks to the content of mental health advocacy – how and what is communicated to the public in general.

Importantly, this study may inform mental health professionals of the realities of childhood depression that caregivers may hold, possibly also where these caregivers' realities or understandings may stem from, and strongly held truths may be challenged. Furthermore, it may highlight ways in which mental health professionals (such as psychologists) can contribute to a more balanced or useful portrayal of childhood depression in mass media.

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Appendix

Appendix A: Data collection form

A Kloppers (GW20150903HS) RESEARCH ETHICS RESPONSE

REQUEST: "The Committee acknowledges that the researcher will be conducting data analysis of documents, as such, the data collection tool (checklist) is required."

RESPONSE:

Please note that I will not be making use of a data collection tool. I have however set out my data collection procedure for clarity on the data collection process.

❒ The magazines for *Sarie*, *True Love* and *Move!* magazines will be requested from the hard copy archives at Media24 office, Sandton, as confirmed telephonically and via email with Media24.

❒ With the assistance of a research assistant, each magazine for the designated period will be manually searched for articles pertaining to mental health in children, or depression at any age.

❒ The selected articles will be photocopied.

❒ The selected articles will then be manually searched for articles containing reference to childhood depression, i.e., 'depression," "depressed," "depressive," or any other reference to depression as symptom, syndrome or disorder, AND "child," 'teenager," "teen," or "adolescent," or any other reference to the age up until 18 years old.

❒ These articles will then be marked as the articles that will be subjected to analysis and filed separately.

Kind regards,

Anel Kloppers

MA (Clin Psych) Student

Student # 26400929
Research Ethics # GW20150903HS

Appendix B: Research Ethics Committee letter of approval

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

26 October 2015

Dear Prof Maree

Project:	**The construction of childhood depression in South African women's interest magazines**
Researcher:	**A Kloppers**
Supervisor:	**Ms A Prinsloo**
Department:	**Psychology**
Reference number:	**26400929 (GW20150903HS)**

Thank you for the your response to the Committee's correspondence 6 October 2015.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 26 October 2015. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: karen.harris@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof KL Harris(Acting Chair); Dr L Blokland; Dr JEH Grobler; Ms H Klopper; Dr C Panebianco-Warrens; Dr C Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Ms KT Andrew (Committee Admin), Mr V Sithole (Committee Admin)

Appendix C: Data storage form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACULTY OF HUMANITIES
RESEARCH PROPOSAL AND ETHICS COMMITTEE

Declaration for the storage of research data and / or documents

I, the principal researcher, Anelda Kloppers of the study, titled, The Construction of Childhood Depression in South African Women's Interest Magazines will be storing all the research data and / or documents referring to the above-mentioned study in the Department of Psychology at the University of Pretoria.

We understand that the storage of the mentioned data and / or documents must be maintained for a minimum of 15 years from the commencement of this study.

Start date of study: 15 October 2015

Anticipated end date of study: 15 November 2015

Year until which data will be stored: 2030

Name of Principal Researcher	Signature	Date
Anelda Kloppers		10 October 2015

Name of Co-Researcher	Signature	Date
Adri Prinsloo		10 October 2015

Z

Name of Head of Department	Signature	Date
Prof David Maree		10 October 2015