Podcasts' Narratives as a Means of Studying the Relationship between Stigmas and Recovery from Depression

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Abstract

Background. Depression is the most common mental disorder worldwide but continues to be associated with many stigmas. A model by Yanos et al. (2008) showed how internalised stigmas negatively correlate with recovery throughout low self-esteem, hope, social interactions, and treatment behaviour. Qualitative research is needed to give meaning to these correlations. In addition, a sufficient model only for depression is required to raise awareness about the influence stigmatisation has on the recovery from depression. The following study investigates how stigmas are related to the recovery from depression in German podcasts' narratives. **Methods.** The study includes six podcasts' episodes (taken from *Kopfsalat Podcats, Heile Welt Podcast, Opiumpodcast* and *SWR2 Podcast*). They all deal with the relationship between stigmas and recovery from depression, entail a variation of podcasts' guests (experts, sufferers, or witnesses of depression; young/older people and female/male), and are freely available in MP3 format. First, podcasts' narratives were thematically analysed to search for *themes*. Secondly, *relations* between the *themes* were collected to create a model for the relationship between stigmas and recovery from depression. **Results.** Having depression was narrated to result in the *Awareness of Internal and External Stigmas*, followed by *Shame and low Self-esteem* and *Feeling Discriminated*. That can result in *Isolation* and less *Coping and Engaging in the Treatment*, leading to a lower chance of successfully recovering from depression. Also, the *Mental Health Literacy* of an outsider or sufferer was found to influence the recovery process. **Discussion.** These qualitative findings gave meaning to previous correlations between stigmas and recovery. Feelings of shame and discrimination as mental health literacy were added to an adjusted model for depression. Further research should focus on building tailored interventions to destigmatise depression and promote a positive treatment attitude.

Keywords. podcasts' narratives, thematic analysis, stigmas, recovery, depression

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'…we still have the feeling that depression has something to do with weakness, which means it takes people a long time to reach out for help' (Junge, 2019); 'When I was sick, I would wish for a podcast like this one to help me understand what is wrong with me and that it is not my fault I am feeling this way' (Steinert, 2019).

The preceding statements are two quotes from participants in the German podcast *Kopfsalat*, recorded in 2019, about the stigmatisation of depression. Indeed, depression is not only the most common mental illness worldwide, but it is also an underestimated illness due to its stigmatisation (Dietrich et al., 2014). Many outsiders still associate depression with attributes such as laziness, weakness, and shame (Halter, 2004; Barney et al., 2006). These adverse reactions to depression are among the reasons why many people feel embarrassed about seeking help from psychiatrists and psychologists, which seem to affect or hinder their recovery (Barney et al., 2006). Additionally, the number of unreported cases of depression is expected to be much higher than the known prevalence due to stigmas (Dietrich et al., 2014). Thus, this study intends to raise awareness in people about the influence stigmas has on the recovery from depression.

Depression refers to a severe mood disorder with symptoms such as persistent feelings of hopelessness, sadness, or complete loss of interest in any activities (Depression, 2019). It is thereby a leading cause of disability that can act on everyone, regardless of age or social and cultural background (American Psychiatric Association, 2013). According to the World Health Organization (WHO), depression already affects more than 300 million people worldwide (Depression, 2019), and costs close to 800 000 people their lives each year because of suicide (American Psychiatric Association, 2013). In addition, a recent study shows that due to the outbreak of COVID-19, people are at a threefold higher risk of

experiencing symptoms of depression because of self-isolation, loneliness, lower economic resources, and greater exposure to stressors like job losses (Ettman et al., 2020). These facts are the reason why any society should take depression seriously and improve its recovery.

Stigmatisation and Recovery: Theoretical Frameworks

Carl Walker (2008) once wrote about depression, 'Unlike physical illness, you are the disease' (p.31). What he meant was that symptoms of depression are often hard to observe from the outside, but they impact every aspect of the sufferer's life and being (Walker, 2008). Therefore, rather than the disease, the victim is blamed, in a process known as stigmatisation (Walker, 2008). More precisely, Stigmatisation means to label or stereotype people based on an attribute, which leads to such phenomena as exclusion, status loss, or discrimination (Banford et al., 2020).

Thereby, researchers distinguish between two types of stigmas. The first refers to *internal stigmas*, including everything a person feels because of the stigmatisation, such as shame and the expectation of discrimination, which is also referred to as self-stigmatisation (Banford et al., 2020). The second refers to *external stigmas*, entailing every experience of unfair treatment by others, such as violence or social exclusion (Banford et al., 2020). Interestingly, internal and external stigmas of mental illnesses strongly influence people's self-esteem and, therefore, lowers their willingness to reach out for help and is a barrier to their recovery (Link et al., 2001).

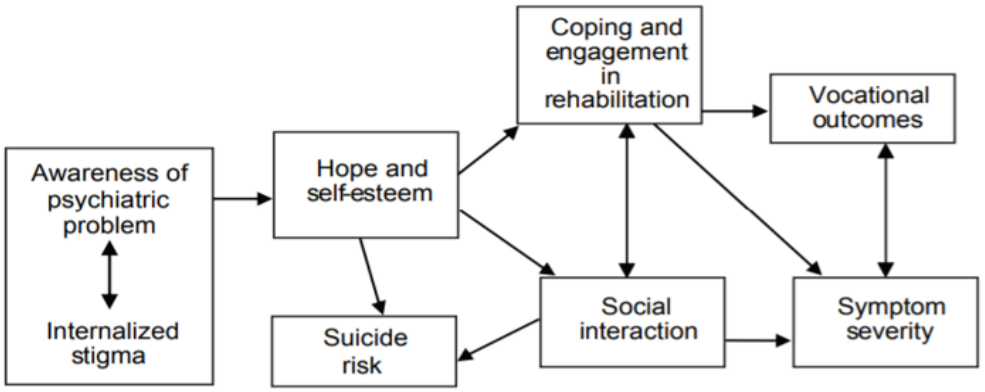
Several studies have already found evidence of such a relationship between stigmas and recovery from depression. For instance, a study by Vass and colleagues (2017) found that an internalised stigma is a correlating factor with recovery from depression because it lowers the victim's self-esteem and help-seeking behaviour. Another study found that stigma of depression strongly correlated with the sufferers' feeling for personal responsibility regarding their depression (Boardman et al., 2011). That, in turn, influenced their willingness

to seek advice from a therapist because they could not recognise their strengths and resources (Boardman et al., 2011). Unfortunately, research is lacking a qualitative understanding of the relationship between stigmas and recovery from depression. However, qualitative findings of a study about the recovery from alcohol and drug addiction show that sufferers described barriers to seeking treatment because of social stigmas, labelling, and negative self-view (Copeland, 1997).

To better understand the relationship between stigmas and recovery of severe mental illness, Yanos et al. (2008) hypothesised and tested a model for the relationship between internalised stigma and outcomes related to the recovery from schizophrenia spectrum disorders (Figure 1). To the author's knowledge, no sufficient model about stigma and recovery from depression exists. Since Yanos et al. (2008) suggest that their model can be applied to other severe mental disorders, it will be the basis for the following study.

Figure 1

Model of Stigma and Recovery from Schizophrenia Spectrum Disorders (Yanos et al.,2008).



Yanos et al. (2008) found, by conducting a pathway analysis, that the awareness of having a psychiatric problem interacts, albeit weak (r = 0.2), with the internalised stigma the person associates with the problem. However, the internalisation of stigma was found to strongly affect (r = 0.6) a person's self-esteem and hopefulness, leading to a defensive attitude against the disorder (Yanos et al., 2008). These continuing feelings of hopelessness

and negative evaluations can cause social isolation, a higher risk of suicide, and low engagement in treatment behaviour or avoidance of the problem, which finally influences the sufferer's career and increases symptoms of the disorder (Yanos et al., 2008).

As shown, depression refers to a severe and widely existing mental disorder, for which recovery should be improved (Dietrich et al., 2014). A possible way to achieve this is by reducing the stigmatisation of depression to motivate sufferers to reach out for help (Dietrich et al., 2014). Therefore, more qualitative insights are needed to better understand the relationship between stigma and recovery from depression. Even though the model developed by Yanos et al. (2008) and other studies have already found explanations and evidence of correlations between the stigmas associated with any mental illness and recovery, no sufficient model has yet been applied to depression. Yanos et al. themselves suggested an extension of their model through a narrative approach to include one's life stories and give meaning to the found correlations (Yanos et al. (2008), p.1442). The following study intends to do so.

Podcasting: A New Source of Data

One way to qualitatively study the relationship between stigma and recovery from depression is by evaluating podcasts' narratives concerning this topic. Podcasts' narratives are a new source of data to be employed in the field that is known as narrative psychology. Narrative psychology has been developed out of criticism against traditional psychology, which primarily focus on symptoms and diagnosis, without including humans' abilities, resources, and strengths (Mahoney & Daniel, 2006). First mentioned by McAdams (1996), narrative psychology refers to the study that accepts people to live in a storied world, in which they interpret their own and others' behaviour, thoughts, and feelings through narrating their lives (Murray & Sools, 2015). These stories provide humans with a sense of coherence, meaning, and purpose throughout their lives (Murray & Sools, 2015). Therefore,

narrative psychology is a way to include individual functioning and social and cultural context, as well as humans' strengths and beliefs, in the treatment of mental disorders (Murray & Sools, 2015).

Using podcasts as the source of data for this study is beneficial because they do not require a new data collection, are freely accessible, and provide a vast pool of opinions and views of different people sharing their experiences and knowledge (Quintana & Heathers, 2020). In addition, podcasts were found to positively influence people's attitudes about mental illness, increasing the possibility of reducing mental health stigmas (French et al., 2011). As the podcast medium is becoming increasingly popular, and analysing narratives helps understand how people think about themselves and their society (Quintana & Heathers, 2020), the following study will focus on four German podcasts: *Kopfsalat, Heile Welt Podcast, Opiumpodcast*, and *SWR2 Podcast*.

Stigma in Western Societies: Using Germany as an Example

Even though eastern countries seem to overall approve more stigmas associated with mental illnesses, a global study about the stigma of schizophrenia and depression in east-west countries showed that western countries also are high in stigma and have an even stronger desire for social distance and potential for discrimination towards people with depression and schizophrenia (Krendl & Pescosolido, 2020). One of these countries refers to Germany, a representative of western standards (Krendl & Pescosolido, 2020).

More than 20% of the population in Germany will experience depression at least once in their lifetime (Dietrich et al., 2014). Stigmas of depression, such as that depression is frightening or unnatural, persist today through generations in Germany (Walker, 2008) and a trend study, conducted from 2001 until 2011, found that these stigmas continue to exist in Germany (Bahlmann et al., 2013). German people were found to prefer to refer to their depressions as 'burnout' to avoid stigmas and discrimination (Bahlmann et al., 2013).

Researchers also found that stigmatising depression negatively influences Germans' attitudes regarding psychotherapy and mental illnesses, which leads to them having less contact with people who suffer from depression, resulting in a lack of tolerance and understanding (Dietrich et al., 2014). Not surprisingly, this process increases the internalised stigma experienced by people who feel depressed, and affects personal areas such as self-esteem, feelings of embarrassment, a sense of guilt, and seeking help (Dietrich et al., 2014). Thus, the following study uses Germany as an example study group to represent the relationship between stigma and recovery from depression in western society.

The present Study

This study aims to use the model of Yanos et al. (2008) as a lens to investigate German podcasts' narratives on the relationship between stigmas and recovery from depression. The objective of this application is to gain qualitative insight into this relationship, which will enable the creation of an adjusted model for depression. Thereby, the study answers the following research question: *How do podcasts' participants narrate the relationship between stigmas and recovery from depression?*

Methods

Study Design and Participants

This qualitative study was conducted between April and May of 2021. The study has been approved by the ethics committee of the Faculty of Behavioural, Management and Social Science at the University of Twente (Request number: 210289; Appendix A).

The basis for this study forms a variety of pre-existing podcast episodes in which people talk about depression and recovery. These episodes contain narratives of diverse experts (e.g., social workers, psychologists, or psychiatrists) who have worked with people suffering from depression, from people suffering from depression themselves and from

people who have witnessed relatives' or friends' experiences with depression, thereby giving a multitude of perspectives on how stigma and recovery from depression are related. Participants' ages are unknown, and some of them used a pseudonym and not their real name. Due to digital media ethics, participants of this study did not need to sign and consent form (Salmons, 2017). However, those of them who could be reached have been informed about this study by email.

Materials & Data Collection

In total, the podcast data includes 300 minutes of the podcasts' material. The podcast episodes were searched for on the streaming platforms Spotify and Deezer. For an episode to be included in this study, it had to meet the following inclusion criteria: (1) the podcast is German, (2) the language used in the podcast is German, (3) it primarily deals with the relationship between stigmatisation and recovery from depression, (4) it includes guests referred to experts, sufferers, or witnesses of depression, (5) it includes a variety of people talking about depression (young/older people; female/male) and (6) it is freely available in MP3 format to be used for study reasons. Even though many existing podcasts deal with the stigmatisation of any mental illness, only a few primarily discuss depression.
In the end, three episodes of the German podcasts Kopfsalat and one episode each of Heile Welt Podcast, Opiumpodcast, and Swr2 Podcast were selected because they met the selection criteria the best. The choices for choosing these podcasts and their relevant episodes are further explained in the following.

Kopfsalat Podcast

Kopfsalat is a German podcast hosted by Sonja Koppitz and Sara Steinert.
The podcast's name can be translated as 'head full of *salat'*, which refers to the feeling someone might have while suffering from depression (Koppitz & Steinert, 2019).
Kopfsalat was the starting point of this study as the only podcast that offers more than one

episode about the study's topic. Its first episode was released in September of 2019 by *der Deutschen DepressionsLiga e.V*. and is financially supported by the *BARMER Krankenkasse* (Koppitz & Steinert, 2019). Every month a new episode is uploaded on the website Kopfsalat.de and Spotify. Each episode deals with a particular topic regarding depression. For instance, topics include stigmatisation, definition, and treatment of depression (Koppitz & Steinert, 2019). During each episode, the two hosts discuss with experts, sufferers, or witnesses of depression. For this study, Episode 1 of the podcast has been chosen for this study because it deals primarily with Germans' knowledge of, reactions to, and prejudices regarding depression. Furthermore, Episode 4 has been selected because it deals with the fact that children and adolescents can also suffer from depression and are also confronted with stigmas. Lastly, Episode 19 was selected because it adds diversity to the data since it is about the German rapper Tua, who openly discusses his depression and the stigmas that he, as a famous male, confronts when suffering from depression.

Heile Welt Podcast

Heile Welt is a German podcast hosted by two women, Pia Schüler and Madeleine Sittener, since May 2019 (Schüler & Sitter, 2019). The name means 'ideal world' and was invented to point out things that are still not 'ideal' in this world. Schüler and Sittener are two medical students who wanted to discuss topics and actions that humans still need to refine to live in an 'ideal world' (Schüler & Sitter, 2019). Therefore, they talk about mental health and stigmatisation, racism, equal rights, sexuality, and many more critical societal issues (Schüler & Sitter, 2019). Episode 15 deals solely with the topic of stigmatisation of mental illnesses from the perspective of a psychiatrist. Thereby, he also talks a lot about depression, making it very interesting for this study.

Opiumpodcast

The Opiumpodcast was released in September 2020 and is a German podcast hosted by Hila Latifi. Latifi is an influencer and social worker who escaped with her family from Afghanistan to Germany because her family has been persecuted in war (Latifi, 2020). In her podcast, she talks to different guests exposed to stigmas, racism, or other types of discrimination (Latifi, 2020). Episode 7 of the podcast also deals with the stigmatisation of depression and its influence on recovery. Latifi and her guest Atal (Synonym) recognise the double stigmas that people with a migration background confront in therapy, enriching the study's socio-cultural insights.

SWR2 Podcast

The SWR2 Podcast has existed since 2017 and is sponsored by the German cultural radio station Südwestrundfunks (Südwestrundfunk, 2021). Each day a new episode of the podcast about a specific topic that concerns German society is released. Hosts of the podcast continuously vary, and the guests are a mixture of celebrities, experts, and ordinary citizens (Südwestrundfunk, 2021). The podcast has been chosen because the episode from May 20, 2021 (hosted by Christine Wirtz), provides an in-depth discussion of stigmatising mental disorders, including depression. Also, this podcast refers to many scientific sources and is produced by journalists.

Data Analysis and Procedure

All episodes were listened to several times and transcribed verbatim into written form via AmberScript software. These transcriptions were then refined by the author and proofread by an independent person who is outside this study.

To answer the research question, a two-step analysis of the data has been conducted with the help of the coding software Atlas.it. A thematic analysis was carried out first, referring to a qualitative research method to identify, analyse or report common data into

codes and finally to summarise these into *themes* (Braun & Clarke, 2006). *Themes* were created deductively based on the model of Yanos et al. (2008). Additionally, new *themes* were created inductively based on grounded theory (Teherani et al., 2015). More precisely, one episode of the podcasts has been coded for fragments (participants' narratives/sentences) about stigmatisation and recovery of depression, which were later merged into *themes*, whereby each fragment could be only coded once. The collected *codes* and *themes* were then used to analyse the remaining episodes. That process was repeated by going over the data repeatedly until all essential *themes* and *codes* had been included in the results.

Once the main *themes* had been identified, the first episode was searched again for *relations* between these *themes*. These 'qualitative relations' show how participants narrate the relationship between stigma and recovery of depression. The process to find *relations* between *themes* was based on so called 'three levels of the ladder of abstraction', implying the following steps: (1) look for qualitative *relations* or gaps between the fragments in order to (2) explain how the participants described the relationship between stigmas and recovery from depression and, finally, (3) integrate these found *relations* and *themes* into an interactive framework (Miles & Huberman, 1994; Tsvetko, 2021). Again, this process was repeated for the other episodes until all *relations* had been included. To establish reliability, the two-step analysis was also conducted by an independent person outside this project.

Results

Step 1: Collecting Themes and Codes

To give a first impression of the data, the collected *themes* and *codes* are presented. Six deductive-collected *themes: Awareness of External and Internal Stigmas, Shame and Self-esteem, Feeling Discriminated, Isolation,* and *Coping and Engagement in Treatment*, entailing 20 related *codes,* were collected (Table 2; Appendix C). Names used in the model by Yanos et al. (2008) have been adjusted (renamed) to better represent the current findings,

which is explained in more detail in the following.

Additionally, one inductive-collected *theme*, called *Mental Health Literacy*, was collected with three related codes (Table 2; Appendix C). Table 2 (Appendix C) also entails the definition of the *themes* and example quotes by participants.

Awareness of External and Internal Stigmas

The first collected *theme* refers to stigmas and prejudices about depression, which participants described people as having to a great degree. Yanos et al. refer to this with the factor 'internalized stigma'. Since the current study participants did not describe the internalisation of stigma but instead talked about the *Awareness of External* and *Internal Stigmas,* the theme has been renamed. In all six episodes, several fragments indicate that depression is not always seen as an objective disorder (Code 1.1) but is frequently viewed as a person's identity and own fault (1.2.). Participants also described the feeling that depression is associated with concerns about being institutionalised or declared insane (Codes 1.3. and 1.5.). Furthermore, participants mentioned that while people with depression are, on the one hand, confronted with *Internal Stigmas* - negative attributes that they associate with having depression - they have also played a role in sustaining these negative views by stigmatising others because of depression. That means people who had experienced depression are now being confronted with their 'own' stigmas (Code 1.4).

Shame and low Self-esteem

Participants of the current study did not mention 'hope' as a factor to decrease from the stigmatisation of depression. Instead, they mentioned *Shame* and low *Self-esteem* to increase, which is why the theme 'hope and self-esteem' of Yanos et al. (2008) has been adjusted to *Shame and Self-esteem*. Many participants indicated that they had trouble admitting being weak when they felt depressed (Code 2.1) and having a 'psycho-outing' (talking openly about having a depression) was described as lowering their self-esteem

because of the fear of negative consequences (Code 2.2.). Furthermore, many participants noted that taking part in social activities is not possible due to depression, which also results in shame (Code 2.3.) Finally, having depression was often described as a label that remains with a person forever (Code 2.4.).

Feeling Discriminated

Participants indicated that battling depression can impose several social consequences for the affected person. Yanos et al. (2008) refer to this in the form of 'vocational outcomes', defined as an indirect relationship between stigmas and work outcomes through avoiding coping and disengagement in therapy (Yanos et al.,2008, p. 1438). However, participants in the current study described many more negative outcomes, such as not being taken seriously or being discriminated against by others, experiencing gossiping, bullying or even violence. Consequently, the theme has been renamed into *Feeling Discriminated*. For instance, participants noted that people with depression are often not taken seriously or are afraid of losing their jobs because they can no longer function well (Codes 3.1. and 3.2.). That resulted in lying about having depression or hiding the fact that people need help because otherwise they face social exclusion (Code 3.3.). Also, participants reported that people tend to gossip or become aggressive, and even violent, against persons with depression because society is non-compassionate with regard to mental illness (Codes 3.4. and 3.5.).

Coping and Engagement in Treatment

The fourth theme involves coded fragments that described how symptoms of depression often increase because of unawareness of coping strategies or less engagement in the treatment. This theme could be taken as it was from the model by Yanos et al., besides changing the term 'rehabilitation' into *treatment*, since participants of this study were more likely to use this term. In this context, participants indicated that sufferers could not embrace

coping strategies because they simply do not know enough about them (Code 4.1.). Also, they mentioned that some sufferers do not get enough support from the environment, which increases the time to reach out for help (Code 4.2.). In this case, people reaching out for help were often described as trying to hide the fact that they are mentally ill and calling their depression 'burnout' to make it more socially acceptable (Code 4.3.). In fact, some participants talked about experiences in which even professionals told them to use that term to make their depression sound less dramatic.

Isolation

The fifth theme includes narratives of participants noting that depression isolates a person from the world. Yanos et al. (2008) identified a similar theme called 'social interaction', which refers to social anxiety because of external stigmas. Thereby, these two themes are aligned. However, the term *Isolation* was chosen for the current study because participants referred more frequently to episodes of withdrawing and avoidance in opening up about depression than to being socially anxious. For example, participants who have suffered from depression explained that they avoided reaching out for help or talking about their depression and instead decided to pretend that they did not feel depressed for a long period of time (Codes 5.1. and 5.2.). However, they described this approach as resulting in feelings of loneliness and being isolated from others around them. It was further noted that depression entails the desire to be alone, and the feeling of no longer 'fitting in' was referred to as the reason for withdrawal from social interactions (Code 5.3.).

Mental Health Literacy

The inductively collected theme of *Mental Health Literacy* is not included in the model by Yanos et al. (2008). The term *Mental Health Literacy* was chosen for this theme because it refers to knowledge and beliefs that people (with and without depression) have about mental illnesses like depression (Jorm et al., 2006). It was mentioned many times by

the participants when talking about stigmas and recovery from depression. For instance, participants described people as not knowing a great deal about mental health, which is why they become overwhelmed when they are struggling with it (Code 6.1.). That issue was described as causing the maintenance of stigmatisation and people's unwillingness to educate themselves, leading to an ignorance of how to help themselves and others when they have depression (Code 6.2.). Lastly, suicide being a taboo topic was narrated as an obstacle in this context. Sufferers might not talk about their suicidal thoughts due to fear of outsiders condemning them, not knowing that they are a common symptom of depression (Code 6.3.).

Step 2: Narrating the Relationship between Stigma and Recovery of Depression

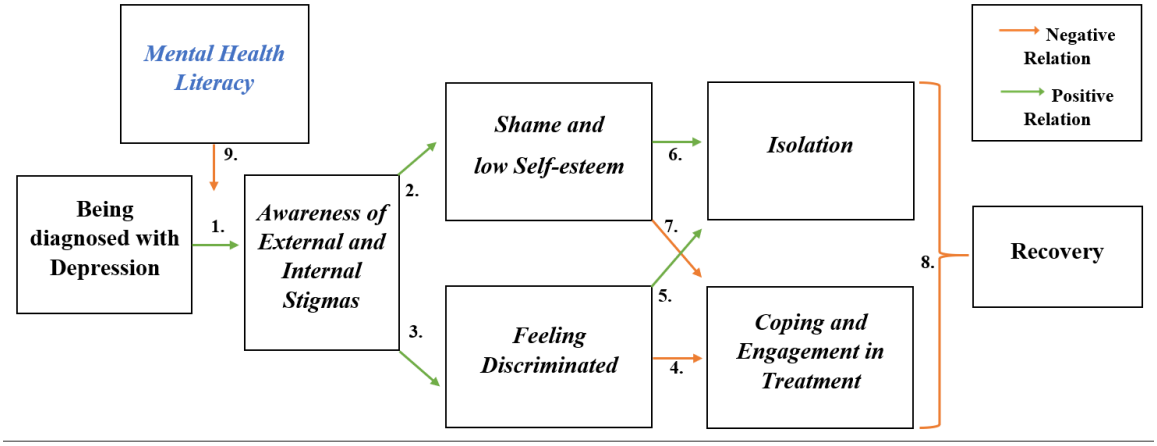
The *relations* (arrows in the model) found between the *themes* have been brought together in an adjusted model of Yanos et al. (2008) to introduce the ways that participants narrated the relationship between stigmas and recovery from depression (Figure 2).

As a result, new arrangements of the *themes* within the model, and the arrows connecting them, had to be made to present participants' narratives accurately. For example, besides renaming most of the *themes*, the newly found *theme Mental Health Literacy* has been added to the model (highlighted in blue) (Figure 2). Furthermore, the original model of Yanos et al. (2008) entails the factor 'suicide risk' and shows an increase in symptoms severity. Narratives of the current study did not describe a *theme* regarding 'suicide risk' and instead of severe symptoms referred to the *Recovery* of someone to decrease.

In the following section, each arrow is described to summarise the positive (green arrows) and negative (orange arrows) *relations*, which participants used to connect the earlier collected *themes*. These arrows present the opinions of the majority. Opposed opinions (minority) are also described in the following sections but are not included in the model.

Figure 2

(Adjusted) Model of Stigma and Recovery from Depression (Based on Yanos et al., 2008).



1. The first *relation* by participants of this study was made regarding the *Awareness of External and Internal Stigmas* is increasing out of a person being diagnosed with depression. For example, Professor Georg Schomerus, who is a psychiatrist and psychotherapist, said in the podcast *Heile Welt*:

> What I see a lot is that many of my clients are avoiding realising that they are sick because they are too scared to admit that they are mentally ill. If they finally admit it, they get confronted with all these stigmas and prejudices, which makes the awareness of depression sometimes very hard (Schomerus, 2021).

Sufferers also described the ways that they had been exposed to stigmas when talking about their depression. Atal, for instance, was 23 years old when he suffered from his first episode of depression, which has been difficult for him to admit because of stigmatisation:

> The problem was that I had no one to talk to about this. Nevertheless, then, I realised this is just something my friends do not talk about. I was afraid that they might think less of me because back then, to me, being depressed meant to be weak or crazy. (Atal, 2021).

Opposing findings referred to participants describing the feeling that depression has become a 'hot topic' that everyone seems to talk about these days. One example for this is that Hila Latifi introduces her podcast episode by discussing how stigmatisation and missing or incorrect knowledge of depression reinforce clichés (Latifi, 2021). She also reported that social awareness of mental health is growing, a factor that has made podcasts about mental illness and stigmas possible (Latifi, 2021). In addition, another participant said that he could openly speak about his girlfriend's depression with his friends without the fear of being stigmatised:

> I feel like we are very open in our group of friends when it comes to those things. We talk about depression and do not fear any consequences. Perhaps this is because we all have suffered or witnessed depression. I mean, we all have our weaknesses and problems, you know? (Thiel, 2019).

2. Regarding the second *relation*, experts, witnesses, and sufferers described how the *Awareness of External and Internal Stigmas* leads to a higher feeling of *Shame and low Self-esteem*. Participants who have suffered from depression, related the stigmas to feelings of misjudgement and shame, which led to a negative self-view. To give an example, the rapper Tua noted in the podcast *Kopfsalat* that depression results in guilt or frustration for the sufferer, which enhances shame and lowers the person's self-esteem:

> I think depression brings out the worst in you, making it even harder to take part in life. For example, suppose you are very perfectionistic and want to be liked by others for what you are doing. In that case, it becomes even more challenging to accept your depression or the bad things associated with it. This makes you be in constant discrepancy within yourself. The expectations of others and the lower understanding of your depression create this various cycle of shame, self-blaming, and low self-esteem (Tua, 2021).

Opposing, some participants described that outsider could support the sufferer by not asking too many questions about what is wrong but offer to do something together but do not get offended if the person rejects the invitation:

> When I was suffering from depression, it helped if friends made me an offer to hang out with them, but by giving me the feeling that I can say no if I do not feel like it. This way I did not feel judged or ashamed (Steinert, 2019).

3. A third *relation* could be created because participants of the current study narrated *Feeling Discriminated* to increase from the *Awareness of External and Internal Stigmas*, because people treat a person with depression differently. They frequently reported that they are afraid to face job losses or unfair treatment at work. For example:

> I am staying anonymous because I cannot risk my job. I am working in a business consulate, and that job description does not include being depressed. Some companies might say, “He is good, but depressed; we cannot work with him”. So, therefore, I am keeping my problems to myself. I have been doing this for years already (Holger, 2021).

Furthermore, other participants described the ‘outing’ of depression as often followed by gossip or even violence against the ‘outer’. In this context, one participant noted:

> Basically, conversations about colleagues or friends are often meant to be friendly and arise out of concern and compassion. However, in the case of psychotic or depressive phases, the matter is more delicate, because it is impossible to assess other people’s ideas about these symptoms. So, following that phase, the sufferer is treated differently or even aggressively, depending on whether the person is considered weak, strange, or challenging to control. Thus, the person gets pushed into the victim position without the possibility of stepping out of it again (Katrin, 2020).

Even though most participants described the fear of being because of their disorder, not all wanted to accept this situation. For example, one participant said that she did not want to let her fear win over her freedom: 'I was done pretending that I am fine, only to make people stop judging me. Therefore, I started to talk openly about my depression, so I can feel free again' (Zipfel, 2019). However, experts also responded with concerns about people speaking openly about having depression because of risks such as losing their jobs.

For instance, Katrin Neumann, who works as a work counsellor, said:

> When you are in a current work position, you should avoid talking about having depression, because it can be stigmatised. That is just some advice. I just had a client who got sick and reported to a mental institution. She talked openly about it, and then she got to hear people saying things like, "Of course. As soon as she has to work a little more, she immediately gets burnout" (Neumann, 2019).

→ **4.** The fourth *relation* was found regarding experts, talking in the podcasts, noted that *Feeling Discriminated* negatively influences the way a person manages *Coping and Engagement in Treatment.* For example, Mirijam Junge works as a clinical psychotherapist and often experiences her clients' not fully engaging in their therapy because they are afraid of people finding out about it:

> During the first sessions, I often need to get my clients on a page where they are honest about their problems and really concentrate on themselves. Because most of the time, the clients are thinking about others and what they might think about them being in therapy with me. This makes it impossible to heal and fully engage in the recovery process (Junge, 2019).

→ **5.** The fifth *relation* was added because *Feeling Discriminated* has been also narrated to increase *Isolation* because of withdrawing and avoiding social contact due to the fear of negative reactions. Experts, sufferers and witnesses of the present study narrated that the

feeling of people treating and seeing you negatively can result in avoiding reaching out for help or talking about depression. For instance, Madeline Sittner reports in her podcast that teachers she knows did not talk about their depression and isolated themselves from everyone, because they were afraid others would find out about it (Sittner, 2021).

→ **6.** Many participants further explained that *Shame* and low *Self-esteem* can also lead to an increase of *Isolation* and withdrawal, resulting in a sixth *relation*. Sufferers of the current study narrated that they rather avoided social interactions than to deal with any questions or reactions outsiders might have. One participant of the current study explained:

> When someone is suffering from depression and does not want anyone to know, it seems logical to isolate oneself and avoid any social interactions. Otherwise, people could ask uncomfortable questions, and, besides, having the need to withdraw and be alone is a common symptom of depression. It is hard to fight that. (Warnke, 2019).

→ **7.** Moreover, a seventh *relation* could be added because sufferers of depression described *Shame and* low *Self-esteem* decreased their *Coping* and *Engagement in Treatment*. For example, one participant remembered that she did not reach out for help, because she was ashamed or had many self-doubts: ‘It took me a really long time to get rid of the critical voice in my head telling me this is my fault and start looking for help’ (Zipfel, 2019). Interestingly, professionals described themselves to be affected by stigmatisation because they engaged differently with a client. For example, they explained that it can be hard to openly speak about a diagnosis because the client might be offended due to the associated stigmas.

> The problem I have, as the person who wants to treat someone, is that I am affected by the stigmas as well. For example, I might need longer to tell the person what is wrong with her because I am afraid to offend her, a feeling that only occurs because of the stigma associated with mental illness’ (Schomerus, 2021).

Sufferers confirmed this by pointing out that they felt bad when they first received their diagnose: 'I felt very confused when my therapist told me I have a depression. Also, I did not like the idea of such a diagnose' *(*Latifi, 2021*)*.

8. Finally, experts, sufferers and witnesses of depression narrated that throughout the *Awareness of External and Internal Stigmas* associated with depression, a person experiences *Shame and low Self-esteem*. That can mean that the sufferer is *Feeling Discriminated* against, leading to personal *Isolation*. Consequently, all of this was described to result in the inability of *Coping or Engaging in the Treatment* process. Participants of the current study talked about the influence a person's ability to recover, which is why the adjusted model entails the word *Recovery.* For example, experts observed that the stigma associated with depression influences the way in which the person will engage in therapy, which then negatively affects recovery. Dr. Eike Alas explains it as follows:

> The way you cope with your disorder, and you become involved in the treatment process, of course, depends on the way you feel about it. If you feel your disorder is something you are not allowed to talk about or suffer from, this hinders you from reaching out for help or fully engaging in making the therapy work. Unfortunately, this is something I often see with my clients (Alas, 2019).

Likewise, in the *SWR Podcast* Dr. Jann Schlimme answered the question of stigmas influencing the treatment process, which then influences recovery, as follows:

> Stigma means additional stress for the person who is already suffering. You constantly have to think about saying something because you think, 'People are not accepting me for who I am and what I have experienced.' However, of course, this is not a healthy way to live; instead, it makes me even sicker because I am tenser and stressed out than I already am. Following this, I will also have trouble opening up to a professional the way I need to in order to recover. (Schlimme, 2021).

9. Additionally, a ninth *relation* was added to the model because participants in the podcasts frequently spoke about a factor which seems to indirectly influence a person's recovery process. It was described as *Mental Health Literacy*, meaning that sufferers need enough knowledge about mental health and illness. That knowledge was described as preventing someone from getting sick, or allowing a faster recovery, because the person knows how to react to symptoms of depression. For example, Sara Steinert said, 'I feel like depression is not something you learn about. Some people will walk through life without knowing anything about mental health, which is bad for them and others because they cannot offer help or help themselves' (Steinert, 2019). Podcast's narratives also showed that outsiders need education about mental illnesses as well to decrease the stigmatisation of people suffering from depression. For example, Diana Doko who works as a promoter for mental health said: 'When I visit schools or companies to promote knowledge about mental health, I always recognise how less people actually know about the warn-signals, sucicde risks or treatment of depression' (Doko, 2019). On the other hand, Hila Latifi said during her episode that she also believes that a great deal is already changing: 'I feel like, in general, we are starting to talk more about mental health, which is good. I think a lot more will change in this regard over the coming years' (Latifi, 2021).

Conclusion & Discussion

This qualitative study found that being diagnosed with depression results in the *Awareness of Internal and External Stigmas* associated with the disorder. That was narrated to enhance the sufferer's experiences of *Shame, low Self-esteem* and *Feeling Discriminated*. That was described as increasing a person's tendency to social *Isolation*, having trouble *Coping*, or not fully *Engaging in the Treatment*, which all leads to a lower chance of successful recovery from depression. Additionally, participants in this study narrated a person's (outsider or sufferer) *Mental Health Literacy* to influence the recovery

process. The following will reflect on the adjustments made to the model of Yanos et al. (2008) and compare the findings to existing research to give them greater meaning.

Interpretations and Implications

Awareness of External and Internal Stigmas

Narratives of this study's participants showed that the relationship between stigmas and recovery starts with the *Awareness of External and Internal Stigmas* that the person associates with depression. For example, podcasts' participants indicated that getting diagnosed with depression leads to mental associations with depression as not being an actual illness, being seen as weak or insane, and fearing being locked into a mental institution. Thereby, the findings support past research, concluding that people associate depression with mostly negative attributes such as laziness, weakness, or insanity (Halter, 2004; Barney et al., 2006). Following this, a person diagnosed with depression seems to first grapple with the stigmas attached to the disorder rather than think about how to recover. Since Yanos et al. (2008) introduced similar findings in their model, this behaviour seems to be true for many mental disorders.

Yanos et al.' (2008) findings are in line to the degree that they support the idea that internalised stigma comes from the awareness of having the disorder. Additionally, their model shows an interaction between these two factors, implying that internalised stigma might also influence a person's willingness to be aware of the disorder (Yanos et al., 2008). However, as already mentioned, this interaction was found to be very weak ($r=0.2$). Moreover, this contrast in the findings can be tangled back to the different methodological approaches of the two studies. Yanos et al. searched for a two-way correlation in a pathway analysis, whereby the current study analysed pre-existing narrative data, with no option to go deeper into this relationship.

Shame and low Self-esteem

These *Internal and External Stigmas* were narrated to increase a person's feeling of *Shame and low Self-esteem,* leading to a similar finding as Yanos et al.' model. However, instead of increasing *Shame*, they found a decrease in 'hope' due to internalised stigma (Yanos et al., 2008). Again, the reason for this difference probably is related to the different methodologies. Yanos et al. (2008) specifically looked for a correlation to hope, by using the Beck Hopelessness Scale (BHS). In contrast, due to the use of already existing podcasts' episodes, participants of the current study could not be asked to explore a possible decrease in 'hope'. Thereby, it would be presumed that also sufferers from depression would be highly affected in their feeling of hopefulness by stigmas. For instance, a past qualitative study found that the stigma of depression lowers a person's level of hope and self-esteem (Huggett et al., 2018).

On the other hand, the current finding regarding an increase in *Shame* can be explained by the research of Rüsch et al. (2014). They found that shame is a natural emotional reaction of humans who have been exposed to devaluation by others and have experienced the feeling of failure to meet their own standards (Rüsch et al., 2014). When people are already sensitive because of their depression, perceiving labels and stigmas seems to place even greater stress upon them, resulting in shame and low self-esteem (Rüsch et al., 2014). Hence, it seems reasonable that stigma would influence a person's level of hope and self-esteem and increase their feeling of shame.

Feeling Discriminated

The current study found that stigmas of depression are followed by the sufferer *Feeling Discriminated*. Yanos et al. (2008) did not test for a correlation between internalised stigma and the discrimination of a person. Instead, they only hypothesised that a sufferer would probably avoid dealing with the disorder because of internalised stigma, leading to a

'poorer vocational outcome' (Yanos et al., 2008, p.1438). In the end, Yanos et al. (2008) even left this variable out in their results since their participants were unemployed.

However, podcasts' narratives of the current study entangled an important problem referring to *Feeling Discriminated*, which should not be underestimated. Past researchers found that stigmas of mental illnesses increase the chance for a sufferer to experience violence and other forms of unfair treatment (Banford et al., 2020; Oshodi et al., 2014). A cross-sectional study, including 35 countries, found that people with depression are highly affected with experienced discrimination, similar to those diagnosed with schizophrenia (Lasalvia et al., 2013). These discriminations exist in all kinds of personal domains (e.g., work, family, and social contacts) concluding that the fear of a person being negatively treated due to a diagnosis of depression goes beyond losing a job (Lasalvia et al., 2013). However, it should be further investigated to what extent this fear does influence a person's willingness to take actions on recovery from depression.

Isolation

Participants described *Shame, low Self-esteem* and *Feeling Discriminated* as causing *Isolation* due to avoiding reaching out for help, not talking about the disorder, or withdrawing from social interactions. Yanos et al. (2008) also found a relationship between 'hope and self-esteem' and 'social interaction'. They interpreted 'social interaction' more as a form of social anxiety instead of withdrawing from social activities, but support the assumption that sufferers perceive themselves because the disorder influences the way they interact with people (Yanos et al., 2008). Following, Yanos et al. (2008) and the current study have one important alignment because stigmatising people increases their likelihood of choosing not to tell anyone about their suffering (Walker, 2008). Due to the fear of evoking feelings of distrust or disgust in others, people with depression tend to self-isolate (Walker, 2008).

In contrast, podcasts' narratives also entailed a relation between *Feeling Discrimination* and *Isolation*, which has been not included in Yanos et al.' model. The reason for this could refer to the fact that Yanos et al. (2008) did not include discrimination in general as an essential factor to their model, but only 'vocational outcomes'. However, not even this factor was directly related to 'social interactions' (Yanos et al., 2008). Yanos et al. did not comment on this, but it is presumed that the relation between *Feeling Discrimination* and *Isolation* is a valuable contribution to the model. Past studies show that western countries are high in discrimination of depression (Krendl & Pescosolido, 2020). Thereby it seems reasonable that people with depression try to avoid possible discrimination by isolating themselves from social contacts.

Coping and Engagement in Treatment

The *Awareness of External and Internal Stigmas* as *Shame and low Self-esteem* were described as negatively–whether directly or indirectly–affecting a person's *Coping* behaviour and *Engagement* in the recovery process. That agrees with the model of Yanos et al. (2008), which also proved a significant interaction among these factors. These findings are also aligned with the introduced research about people ignoring warning signals of depression and not seeing a therapist or psychiatrist because of shame and stigmas (Barney et al., 2006). Following, experts should be aware that clients might not engage or respond to their treatment the way they could without being affected by the stigma of depression.

Mental Health Literacy

In addition to the previously mentioned interactions, this study found that *Mental Health Literacy* might additionally affect recovery. Missing or wrong knowledge about mental illness by sufferers and outsiders was described as related to people's willingness to ignore the stigmas of depression and focus on recovery. Yanos et al. (2008) did not find such a relationship because they did not test for it. However, that finding is in line with the

suggestion by Yanos et al. (2008) to provide an intervention for the cognitive reconstruction of sufferers to overcome the stigma of severe mental illness. Additionally, it concurs with a cross-sectional study that determined that health literacy is a critical factor in increasing mental health awareness and, therefore, improving recovery (Mantell et al., 2019).

Still, education alone does not seem to be the solution for the stigmatisation of depression. A trend analysis of Germany found that while mental literacy increases in public throughout interventions, people still prefer to keep their distance from others with mental illnesses such as major depression or schizophrenia (Angermeyer et al., 2009). That discrepancy between awareness and tolerance has been explained by the ongoing labelling of mental disorders and the failure of anti-stigma programs (Angermeyer et al., 2009). Hence, it needs more than an intervention intended to destigmatise depression to improve recovery. In this context, Angermeyer et al. (2009) already suggested that increasing education on mental health and facilitating contact with people with mental disorders to reduce reservations about this social status might not be sufficient. Instead, tailored interventions focusing on mindfulness, self-efficacy, and positive help-seeking behaviour are also needed to improve recovery (Mantell et al., 2019). Thus, podcasts' narratives of the present study entangled a missing part of the model by Yanos et al. (2008), addressing the fundamental problem of lacking knowledge about mental health and illness in society. However, to fully improve recovery from depression requires a well-elaborated interplay between education, interventions, and contacts to people with depression.

Strengths and Limitations

One strength of the present study is its use of podcasts' narratives as a source of data since humans give meaning to their lives through the stories they tell (Murray & Sools, 2015). By choosing a qualitative approach, this study explored the data on a multi-dimensional level and added colour to the model of Yanos et al. (2008) by presenting

detailed illustrations and variations for the relationship between stigmas and recovery from depression. As research shows, analysing human communication is complex and should not be studied in an unnatural experimental setting but an exploratory one (Tetnowski & Damico, 2021). A second strength is a resemblance between the current study and the model of Yanos et al. (2008). The findings might be helpful to describe the qualitative relationship between stigma and recovery of any mental illness. Lastly, the study's participants include a combination of experts, sufferers, and witnesses of depression. Research shows that having participants of different positions matters for research outcomes, as they can prevent a limited worldview that leads to wrong knowledge (Castro, 2010; Nielsen & Börjeson, 2019).

However, the different positions of participants must also be seen as a limitation of the current study. Since all narratives have been analysed at once, participants' perspectives are mingled together. Perhaps, by looking at one type of participants (e.g., only sufferers), the study's outcome becomes different. For instance, a past study found professionals to prefer education about stigma and working on social inclusion strategies while sufferers want to get in contact with outsiders to explain their experiences (Corbiere et al., 2012). Another limitation refers to not doing a new data collection resulting in no option for asking further questions or exploring a topic in greater depth. Therefore, some questions were left open and could not be further explored while analysing the podcasts' episodes, as shown by the missing component 'hope' of Yanos et al.' model or a one-way relationship between awareness and stigma of depression. A further limitation of the study is that the transcripts needed to be translated from German to English. This process has been conducted carefully, but the possibility exists that some information was lost in the translation process. Lastly, the risk of confirmation bias was intended to be avoided by having two people perform the analysis, but this is still an obstacle due to a primary deductive coding process based on Yanos et al.' model.

Future Recommendations

Future researchers should collect additional data by conducting interviews, which are based on the podcast's narratives. In this way, the relationship between stigmas and recovery from depression can be explored in greater depth by using tailored questions and asking participants to explain their opinions in more detail. The study should be replicated in other countries to test if the model appears to be the same and can actually highlight western society. It is further recommended to split up the interviews for experts and sufferers to compare their opinions, instead of analysing them all at once. A multidisciplinary team of trained researchers should investigate the data to reduce confirmation bias and translation mistakes further to enhance reliability and validity. Apart from this, the podcast used in this study only concentrated on the situation in Germany. Even though this could represent Western society (Krendl & Pescosolido, 2020), it might be interesting to test whether this model appears to be the same in a different cultural context.

At the same time, the additional finding of *Mental Health Literacy* should be further investigated. Repeating this study for depression with quantitative methods could test the influence of *Mental Health Literacy* on the relationship between stigma and recovery from depression. That could lead to the creation of mass media interventions like the one build by Clements and colleagues (2013). They have used media communication channels (including podcasts) to educate people on mental health to destigmatise mental disorders (Clements et al., 2013). Their findings offered first evidence for reducing mental health stigma through media use, whereby the authors pointed out that more research with more significant populations in this field is required (Clements et al., 2013). The current findings could be a starting point for this.

Conclusion

This study gives qualitative insides into the correlation between stigmas and recovery, leading to an adjusted model specially designed for depression. Podcasts' narratives highlighted that the awareness of stigmas also increases, besides low self-esteem and social withdrawing, the feelings of shame and discrimination in sufferers from depression. Thus, stigmas of depression can influence a person's recovery by making the person afraid to search for proper treatment. However, even if the person is getting help, the fear of stigmas might prevent the sufferer from engaging properly in the treatment process. For example, sufferers do not fully open up about their depression or call it 'burnout' to feel more socially accepted. In addition, this study adds to a growing corpus of literature evoking the importance of educating people about mental health stigmas to enhance recovery.

More studies are needed to build tailored interventions for the destigmatisation of depression. Perhaps including podcasts like those used for this study can help comfort sufferers and create a point of contact with depression.

In sum, a person's reaction to a diagnosis of depression often does not entail looking for the best way to recover but instead thinking about society's negative attributes (stigmas) to depression. Therefore, every society should act against the stigmatisation of depression and guide people to develop a positive recovery behaviour instead of hiding their depressions.

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Appendix A

APPROVED BMS EC RESEARCH PROJECT REQUEST

Dear researcher,

This is a notification from the BMS Ethics Committee concerning the web application form for the ethical review of research projects.

Requestnr. :	210289
Title :	?Kopfsalat?: A Qualitative Study about Podcast Storytelling and the Relationship of Stigmatization
Date of application :	2021-03-16
Researcher :	Linkhof, S.C.
Supervisor :	Goor, M.J. van de
Commission :	Klooster, P.M. ten
Usage of SONA :	N

Your research has been approved by the Ethics Committee.

The BMS ethical committee / Domain Humanities & Social Sciences has assessed the ethical aspects of your research project. On the basis of the information you provided, the committee does not have any ethical concerns regarding this research project.

It is your responsibility to ensure that the research is carried out in line with the information provided in the application you submitted for ethical review. If you make changes to the proposal that affect the approach to research on humans, you must resubmit the changed project or grant agreement to the ethical committee with these changes highlighted.

Moreover, novel ethical issues may emerge while carrying out your research. It is important that you re-consider and discuss the ethical aspects and implications of your research regularly, and that you proceed as a responsible scientist.

Finally, your research is subject to regulations such as the EU General Data Protection Regulation (GDPR), the Code of Conduct for the use of personal data in Scientific Research by VSNU (the Association of Universities in the Netherlands), further codes of conduct that are applicable in your field, and the obligation to report a security incident (data breach or otherwise) at the UT.

Appendix B

Table 1

Demographic Characteristics of Participants.

Name	Education	Status	Podcast
Sonja Koppitz	Journalist	Concerned person	Kopfsalat: 1,4 & 19
Sara Steinert	Journalist	Concerned person	Kopfsalat: 1,4 & 19
Diana Doko	Founder of 'Freunde fürs Leben e.V'	Expert	Kopfsalat: 1
Miriam Junge	Psychologists, Clinical Psychotherapist	Expert	Kopfsalat: 1
Alex Thiel	Singer	Concerned person	Kopfsalat: 1
Katrin Neuman	Social Worker	Expert	Kopfsalat: 1
Dr. Eike Alas	Psychiatrist	Expert	Kopfsalat: 1
Julia Zipel	Engineer and Movie maker	Concerned person	Kopfsalat: 4
Dr. Jan Warncke	Child and-adolescent Psychiatrist	Expert	Kopfsalat: 4
Tua	Singer, rapper	Concerned person	Kopfsalat: 19
Prof. Dr. Georg Schomerus	Psychiatrist and director of the clinic for psychiatry and psychotherapy in Leipzig	Expert	Heile Welt: 15
Madeleine Sittner	Medical student in Leipzig	Expert	Heile Welt: 15
Hila Latifi	Social worker, Influencer and Politician	Concerned person	Opiumpodcast: 7
Atal (Pseudonym)	Cultural Scientist	Concerned person	Opiumpodcast: 7
Christiane Wirtz	Author and coach	Concerned person	Swr2 Podcast
Cordt Winkler (Pseudonym)	Author and Journalist	Concerned person	Swr2 Podcast
Sandra (Pseudonym)	Author	Concerned person	Swr2 Podcast
Holger (Pseudonym)	Media coach	Concerned person	Swr2 Podcast

Anja Katzfey	Journalist	Expert	Swr2 Podcast
Joesf Kambeitz	Professor for biological psychiatry	Expert	Swr2 Podcast
Dr. Jann Schlimme	Professor and Psychiatrist for psychotherapy	Expert	Swr2 Podcast
Katrin (Pseudonym)	Author and Journalist	Concerned person	Swr2 Podcast
Dr. Gunther Schmidt	Psychiatrist for psychotherapy	Expert	Swr2 Podcast
Dr. Ulrich Briner	Psychologist and Chief of Siemens' Health Management	Expert	Swr2 Podcast

Note. Concerned person = referring to sufferers and witnesses of depression.

Appendix C

Table 2

Themes and Codes to Narrate the Relationship between Stigmas and Recovery from Depression.

Theme	Definition	Related Codes	Sample Quotes	Total
1. *Awareness of External and Internal Stigmas* (based on 'internalised stigma' by Yanos et al., 2008)	Any negative attribute or prejudices of depression that sufferers experience.	1.1. Depression is not an illness	*'I do not have much knowledge about depression, but I think it means that this person has a tendency to be very sad' (anonymously interviewed person in Kopfsalat (1), 2019).*	7
		1.2. Depression is a person's own fault/identity	*'…the process of blaming the victim is essential here because it reinforces stigmas. It is not the* illness *that is affecting you, but you are to blame' (Schomerus 2021).*	13
		1.3. Getting locked up	*'My parents, for example, thought the whole time that my girlfriend was locked away in some mental institution to be protected' (Thiel, 2019).*	5
		1.4. Stigmatising others while internalising stigmas	*'I think that problem is tied to having these pictures in your head about others who are depressed and internalising them until you believe them' (Latifi, 2021, April 7).*	8
		1.5. Depression means being insane	*'Another problem is that the reaction to reaching out for help often includes a fear of being labelled "insane"' (Doko, 2019).*	3
				36

Table 2 (continued)

Theme	Definition	Related Codes	Sample Quotes	Total
2. *Shame and Self-esteem* (based on 'hope and self-esteem' by Yanos et al., 2008)	The feeling of shame and low self-esteem because of the negative associated of depression.	2.1. Admitting being weak	*'For me, it was very tough to admit that there are certain things I am not able to do anymore and that I need a break to heal' (Steinert, 2021).*	11
		2.2. Psycho-outing	*'I am calling myself Sandra here because I am not confident enough to out myself as being mentally ill' (Sandra, 2020).*	9
		2.3. No energy for life	*'I felt ashamed and not worthy, because everything is about me, and I cannot take part in life' (Atal, 2020).*	9
		2.4. Diagnoses as labels	*'Because people often choose not to talk about depression to avoid stigmas, these illnesses remain labels that stick with you and are associated with prejudices. That means someone who gets diagnosed with a mental illness gets branded for life' (Kambeitz, 2020).*	4
				33

Table 2 (continued)

Theme	Definition	Related Codes	Sample Quotes	Total
3. *Feeling Discriminated* (based on 'vocational outcomes' by Yanos et al., 2008)	The likelihood of treating a person with depression more negatively than before.	3.1. Not being taken seriously	*'For outsiders, it is hard to understand why a person with depression cannot stop being sad. I sometimes felt that people did not believe me when I could not do anything' (Koppitz, 2019).*	11
		3.2. Pressure of risking jobs	*'I have witnessed people who were under so much pressure not admitting that they are sick because they were afraid to risk their jobs and careers' (Schomerus, 2021).*	9
		3.3. Exclusion based on having depression	*'People with depression suffer not only from their illness but also from all the prejudices and disadvantages, such as people avoiding them, caused by having depression' (Sittner, 2021).*	6
		3.4. Gossip and violence	*'My colleague suffered from depression, and I can tell you it has been topic number one at work. People talked so much about it that you could not miss it (Katrin, 2020).*	5
		3.5. Non-compassionate society	*'Society is not being reflective when it comes to depression. This is not least because media only present mental illnesses in the context of being insane or being involved in a crime' (Schlimme, 2020).*	6
				37

Table 2 (continued)

	Theme	Definition	Related Codes	Sample Quotes	Total
4.	*Coping and Engagement in Treatment* (based on 'coping and engagement in rehabilitation' by Yanos et al., 2008)	Any behaviour or circumstance of a sufferer to not involving in the treatment process.	4.1. Ignoring warning signals and need for help	*'Most people still not know what to do when they feel mentally ill. Talking about depression and its' treatment as to be normalised, the same way we talk about physical diseases' (Doko, 2019).*	16
			4.2. No support system	*'You need resources, people you can trust to open up. Not everyone has that' (Atal, 2020).*	7
			4.3. Calling it 'burnout'	*'My therapist told me to call it burnout instead of depression to avoid people talking about me' (Sandra, 2020).*	4
					27

Table 2 (continued)

Theme	Definition	Related Codes	Sample Quotes	Total
5. *Isolation* (based on 'social interaction' by Yanos et al., 2008)	Social withdrawing or any kind of avoidance of the problem.	5.1. Avoidance of getting help	*'It took me a long time to reach out for help because I knew if I did, I would need to explain myself a lot' (Tua, 2021).*	11
		5.2. Not talking about illness	*'I did not talk about my depression for so long. I just could not do it because [I worried] what my colleagues would think of me. How would that work if they started to write about how, I became insane?' (Wirtz, 2021).*	11
		5.3. Withdrawing from social context	*'The problem has been that I just felt I did not fit into anything anymore. I was not sure what to say to people or how to react in conversations' (Zipfel, 2019).*	8
				30

Table 2 (continued)

Theme	Definition	Related Codes	Sample Quotes	Total
6. *Mental Health Literacy* (new)	The knowledge or believes people with and without depression have about mental health and illnesses.	6.1. Missing knowledge	*'It is important to know tools to use which help you in times of low energy, and what I see during my work is that many people do not know much about a mindful way to live' (Doko, 2019).*	15
		6.2. Ignorance regarding how to treat depression	*'I often experienced that people did not know how to treat me because of my depression, which made me wonder what they will do in case they get sick with depression' (Wirtz, 2021).*	9
		6.3 Suicide as a taboo subject	*'People who suffer from depression have a high risk of experiencing thoughts about taking their own life. However, they often do not tell anyone, because this topic is kind of an unacceptable topic to talk about' (Alas, 2019).*	9
				33

Note. N = 26; Total = Frequencies of fragments/narratives found in the podcasts' transcripts; Sample quotes were translated from German.