

Leisure in Coping With Depression

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Abstract

This article explores how people with depression perceive and use leisure in coping with their illness. The study applied a *netnography* approach and was based on data from 25 online depression communities. The findings suggest that people with depression perceive leisure as a useful coping resource. Yet, they seem to be trapped in vicious circles. The more depressed they feel, the less they are able to participate in leisure activities and benefit from such involvement, and the less involved they are, the more depressed they become. Feeling more depressed puts them at risk of resorting to maladaptive forms of coping, which, in turn, exacerbate the depression. The strategies members discuss suggest a variety of alternatives for ameliorating these frustrating dynamics.

KEYWORDS: Mental illness, coping strategies, constraint negotiation, online ethnography

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Introduction

Depression is a mental illness affecting millions of people around the world. According to the World Health Organization (WHO, 2012), it is the leading cause of disability worldwide, affecting 121 million people. Its symptoms include depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration (American Psychiatric Association, 1994). At its worst, depression can lead to suicide, a tragic death associated with the loss of about 850,000 lives every year (WHO, 2012). Depression may be chronic and dispositional (endogenous), reflected in symptoms that endure for much of the lifespan, or a product of stress or saddening circumstances (exogenous) such as the loss of a job or the loss of a loved one (Nydegger, 2008; Wasserman, 2006). Nevertheless, even the more mild and transient forms of depression can have debilitating effects on performance and quality of life.

Depression may be successfully treated in a variety of ways, including the use of drugs and psychotherapy. Yet, less than 25% of those affected (in some countries less than 10%) receive such treatments, and among those who receive treatment, 20% to 40% are resistant to it (WHO, 2012). Such findings lead writers on depression to recognize the importance of alternative techniques, particularly for the prevention of depression, but also for “self-help” when it occurs (e.g., Nydegger, 2008; Wasserman, 2006).

The growing literature on the use of positive experiences to enhance mental health (see especially Carruthers & Hood, 2004) suggests that leisure (i.e., enjoyable free time activity) could be appropriately applied to the problem of generating engagement and enhancing mood. However, as depression writers such as Wasserman (2006) and Nydegger (2008) recognize, depression is characterized in part by *anhedonia*, the inability to derive pleasure from normally pleasurable activities (i.e., the absence of the interest and enjoyment so commonly associated with leisure). Furthermore, they note that the many attempts at pleasure and enjoyment taken by those with depression are maladaptive; drug and alcohol use, compulsive shopping, eating and gambling, for example, often have the effect of exacerbating depressive symptoms.

The “common wisdom” of people who have managed depression—dealing with their own difficulties or those of others through activity engagement and social interaction—does not necessarily reflect what is suggested in the literature. Thus, this study aimed to explore how people with depression *perceive* and *use* leisure in coping with their illness and just how personal leisure practices are *problematized* in their experience.

Literature Review

Because the literature on leisure in coping with depression is limited, this study was guided in large part by research on leisure in coping with stress, including that generated by negative life events. It is clear that not all stress leads to depression and that not all depression is the product of stress (Hammen, 2005; Monroe & Reid, 2009), but there is sufficient overlap to suggest that coping is the process that describes the experience of many people with depression. The man-

agement of chronic, endogenous depression may reflect different dynamics than would be associated with negative events and other life stressors, but the mitigation of depressed affect is common to all.

Research on emotion indicates that positive emotions lead to a variety of effects that strengthen general psychological capacity (Folkman, 2008; Fredrickson, 2001, 2002, 2003). Joy, especially, seems to endure, to spillover in some ways and to make one more resilient. Subjective well-being and happiness may be attributable to a variety of causes, but the positive emotions generated in leisure time and through leisure activities are clearly a source for such feelings (for a review, see Carruthers & Hood, 2004), whatever the subsequent effects may be. Any activity might afford some emotional uplift, but some activities in particular have been singled out for their reputed effects. Being in outdoor settings, for example, apparently has a predictable salubrious effect on mood and on sense of well-being (Ewert, Hollenhorst, McAvoy, & Russell, 2003; Schwartz & Campagna, 2008).

In the wake of negative life events, turning to leisure activities seems to be protective, restorative, and even personally transformative at times (Kleiber, Hutchinson, & Williamson, 2002). Chronic health problems also seem to be managed to some extent by turning to leisure activities for distraction, solace, and a sense of possibility and control (e.g., Nimrod & Hutchinson, 2010). Research suggests that depression, like other chronic conditions, is amenable to the positive influence of leisure (Fullagar, 2008; Iwasaki, Coyle, & Shank, 2010). The extent to which people with depression are aware of this potential influence and whether they are using leisure intentionally as a resource for coping are questions that remain to be fully examined. Begging the question of how leisure is used in relation to depression for the moment, the following sections look more specifically at the ways in which leisure has been found to facilitate coping in the existing literature on negative life events and chronic illness.

The Protective Effects of Leisure Activities

Sometimes leisure experience and activity may have the greatest impact in the *protection* of feelings of well-being rather than in the production of them. Several studies have found evidence that when people in stressful conditions are actively involved in leisure, the negative impact of the stress on health and well-being is reduced (e.g., Caltabiano, 1995; Iwasaki, MacKay, & Mactavish, 2005; King, Barr Taylor, & Haskell, 1993; Pierce, Madden, Siegel, & Blumenthal, 1993). Based on the findings of social psychological research on coping with stressful life events, Coleman and Iso-Ahola (1993) argued that leisure participation facilitates coping with such events in two ways: (a) Leisure that is highly social in nature can facilitate the development of companionship and friendship and, consequently, social support; (b) the sense of control and competence that leisure activities may generate are important to enduring beliefs of *self-determination* that make stress more bearable. These perceptions of social support and self-determination are described as *buffers* against life stress, and when life stress is high, leisure's contribution to health is expected to be greater. Arguably, depression would be less likely to follow in those cases as a result. Leisure involvement is thus preventive in this way.

If and when depression is the result of stress, then it may be mitigated by calling on the reserves—both social and personal—that derive from leisure activities.

And perhaps such reserves make depression less likely to occur or to be as serious and chronic when it does. When it comes to protection of a sense of well-being, evidence suggests that leisure experience can be protective in at least two more *direct* ways as well, that is, in being called on *once it occurs* and to ameliorate its effects. One is in minimizing the impact of the threat or stressor, what is sometimes called a *palliative* effect. The other is in bringing about some reinterpretation of events to allow for a *reappraisal* of the situation, thus providing somewhat more control over it as a result.

The palliative effect. Engaging activities have the virtue of keeping one's mind diverted from distressing thoughts that may be triggered by stressful life events. Television programs, exercise, and other activities that distract are among a wide range of diversionary activities that act like "breathers" according to Folkman (1997), substituting positive feelings for negative ones and breaking into the negative ruminations that follow most unexpected and unwanted disruptive events (Folkman, 1997, 2008; Folkman & Moskowitz, 2000). Such activities allow those who are stressed to psychologically "regroup," and when they "return," they may be better able to deal with their problems (e.g., Folkman, 2008; Harvey & Bahr, 1980; Lazarus & Folkman, 1984; Lopata, 1967; Parkes, 1972). This kind of coping is referred to as "emotion-focused," or palliative, coping. While people are involved in a leisure activity, their attention shifts away from the source of their stress. Leisure participation may thus serve as an adaptive form of palliative coping.

The reappraisal effect. Using leisure to keep busy is a very common palliative strategy in coping with stress and loss. But if such actions are primarily escapist, they may only have short-term value and do not enable a person to adjust more completely to the problem. More complete adjustment requires some *reappraisal* of the situation, "reframing" of a sort that leaves a person with a new view. Such reframing may be made more likely with relaxing leisure that allows one to "breathe deeply" and get perspective, and it may use the enjoyment created through the activities to restore an element of faith and hopefulness about life after the troubling event (Kleiber et al., 2002). The difference between relaxing leisure and distracting leisure comes primarily in the opportunity for reflection that truly relaxing affords (cf. Hutchinson & Kleiber, 2005; Kleiber, 1985). Activities, even trivial ones, may be effective in capturing attention and being distracting, but for reappraisal to occur, the relaxation must progress to a more open focus that allows for perspective taking.

Leisure in Coping With Depression

Studies of coping with illness and injury suggest that *loss of leisure* is often a part of the "illness experience" (Kleiber, Brock, Dattilo, Lee, & Caldwell, 1995), when preferred activities and companions are no longer available for whatever reason. Yet, leisure also appears to play a prominent role in adjusting and adapting to such circumstances (Kleiber et al., 2002; Patterson, 2000). Examples of successful use of leisure in the management of injury and illness may be found in studies of spinal cord injury (e.g., Loy, Dattilo, & Kleiber, 2003), traumatic brain injury (e.g., Hutchinson, Loy, Kleiber, & Dattilo, 2003), arthritis (e.g., Payne, Mowen, & Montoro-Rodriguez, 2006), and cancer (e.g., Glover & Parry, 2008; Hutchinson,

Unruh, King, & Wood, 2008; Parry, 2007).

Having similarities with both acute and chronic illness, depression would then be likely to be amenable to the influence of leisure. Indeed, because the loss of enjoyment and interest is one of the principle symptoms used in diagnosing depression, their restoration in that sense can constitute an indication of recovery. It is certainly reasonable to expect that activities that change mood, even to the point of changing brain chemistry, would be important and that resuming attention to old interests or responding to new interests in ways that produce enjoyment may reflect effective management of the problem.

Although research on the subject of leisure activity and depression has been mostly limited to the impact of physical activity on depression, a point to which we will return shortly, an Australian interview study using 48 women with depression revealed the use of leisure practices in their experience of coping and recovery, building on friendships to overcome feelings of lack of entitlement (e.g., to just lay and rest on the couch), and developing feelings of vitality through exercise and gardening (Fullagar, 2008). Other research on leisure and depression has taken up the question with respect to the experience of particular groups. People who have lost their spouses, for one, are predictably distraught in the course of bereavement, and the loss of a spouse may be a prominent cause of depression. Several studies of large longitudinal data sets (Janke, Nimrod, & Kleiber, 2008a, 2008b, 2008c) suggest that certain leisure activities may be particularly impactful in easing some of the pain of bereavement and lifting some of the associated symptoms of depression. In studies of the leisure activities of older adults more generally (e.g., Dupuis & Smale, 1995; Hoglund, Sadovsky, & Classie, 2009; Hong, Hasche, & Bowland, 2009), there appears to be support for a mitigating effect of social activities, physical activities, hobbies, and productive activities (e.g., volunteerism), but the causal direction is not always clear, leaving the possibility that less depressed people are more likely to be active. Nevertheless, after reviewing their own and other data, Dupuis and Smale (1995) observed that leisure activities with the qualities best able to provide opportunities for freedom of choice, self-expression, and creativity are most likely to counter depression in older adults.

With respect to specific activities, the research on physical activity and depression is the most compelling. There is good evidence that exercise in a variety of forms and doses can reduce depressive symptoms (for a review of reviews, see Daley, 2008), possibly due to the analgesia and euphoria introduced by the release of opioids and/or other neurochemicals into the brain and blood stream (ann het Rot, Collins, & Fitterling, 2009). But while this evidence is often based on rigorous methods including experimental randomized controlled panel studies, the contrived and interventionist approaches of the treatment conditions rarely approximate normal leisure contexts. There is considerably less evidence for cases where people have appropriated physical activity into leisure patterns of free time use and internalized the values of exercise as preferred free time activity, what Peraton, Kumar, and Machotka (2010) call "lifestyle" patterns. Nevertheless, where this has occurred the effects are still significant, though far less pronounced, largely because the intensity rarely approximates that which is prescribed to equal or surpass the effects of drug treatments (Morgan & Bath, 1998; Perraton et al., 2010; Pressman et al., 2009; Teychenne, Ball, & Salmon, 2008) and the variability in extent and quality of exercise, in situ, is difficult to assess.

Volunteerism is another activity that has been shown to impact depression (e.g., Musick & Wilson, 2008; Wilson, 2003), but here, again, the case for volunteer work as leisure is a tenuous one. While it may be common for leisure studies to consider volunteerism as a leisure activity because it is a freely chosen activity done in free time, the contribution it makes to a reduction in depression is ambiguous with respect to whether it is emotion-focused (e.g., in generating positive emotions through social interaction) or more instrumentally focused (e.g., in combating feelings of worthlessness) or some combination of such effects. To date the research on volunteerism and depression has raised more questions than answers and begs for more interpretive study.

The case for the impact of other activities is less compelling but still noteworthy. Iwasaki et al. (2010) reviewed research suggesting that organized social leisure opportunities such as peer-run programs at recreation centers can play a key role in the recovery of persons with mental illness (e.g., Swarbrick & Brice, 2006) and that going out and engaging in “normal” activities and having meaningful social roles and positive relationships outside of the formal mental health system are particularly valuable solutions (Davidson, Borg, & Mann, 2005). However, even if some activities are generally more beneficial than others, different conditions and circumstances may call for different solutions and what works on one occasion or for one person may not work for others.

Most of the current knowledge regarding leisure’s potential contribution in coping with depression is based on cross-sectional quantitative studies, which have explored associations between leisure participation and level of depression, and some longitudinal studies that have indicated the possible impact of leisure activity on mental health. But an in-depth investigation of the way leisure is perceived and used by people with depression as a coping mechanism is missing from the literature. Such research is important both theoretically and practically. From the theoretical perspective, it can increase our understanding of the implementation and usefulness of “self-help” techniques related to leisure for coping with depression. From the practical perspective, it can help guiding practitioners working with people with depression, such as psychologists, social workers, recreation therapists, and leisure counselors, and reshape their professional interventions in ways that recognize the importance of personal choice, positive affect, and enjoyment in the management of depression.

The present study, thus, aims to provide some of the missing information in the current body of knowledge. Specifically, this study was designed to answer the following questions:

- How do people with depression perceive leisure, and are they aware of the potential influences of leisure, such as the palliative and the reappraisal effects?
- Are they using leisure intentionally as a resource for coping with depression, and if so, how?
- What factors promote, or constrain, such instrumental use of leisure?

By addressing these questions, a detailed picture of the complexity of using leisure as a mechanism for coping with depression was revealed, and some valuable information for both researchers and practitioners was provided.

Method

Online Communities as a Context for Studying Various Aspects of Depression

People with stigmatized illnesses use the Internet for health information significantly more than those with non-stigmatized conditions (Berger, Wagner, & Baker, 2005). Among those with chronic conditions, people with depression use it the most (Millard & Fintak, 2002), and many of them also turn to online communities (online peer-to-peer support groups) for help in understanding and dealing with symptoms. According to existing research (for a review, see Griffiths, Callear, Banfield, & Tam, 2009), members of online depression communities are predominantly in their mid-20s to mid-40s, women, and unmarried. There are high rates of college-educated and unemployed members, and the majority of members are currently depressed (by formal assessment). While most members diagnosed with depression report receiving formal care, there are high levels of untreated and undiagnosed depression among participants (about a third). Compared with other immediate support alternatives (such as telephone hotlines) and face-to-face support groups, online communities have several advantages, including accessibility, anonymity, invisibility, status neutralization, and greater individual control over the time and pace of interactions (Barak, 2007; Barak, Boniel-Nissim, & Suler, 2008; Meier, 2004). These characteristics allow participants to freely discuss issues they find hard to discuss elsewhere (Nimrod, 2009).

The contents posted in the communities serve as a valuable resource in studies examining various aspects of depression. They have been used to examine the experience of taking antidepressant medications and the impact on the sense of self (Pestello & Davis-Berman, 2008) and to explore how suicidal identities are envisioned, authenticated, and validated by individuals (Horne & Wiggins, 2008). They have also been used for studying issues such as ego development (Aten, 2007) and gender differences in experiences of depression (Clarke & van Amerom, 2008). Similarly, the present study was based on contents posted in online depression communities in order to explore how people with depression perceive and use leisure in coping with their illness.

Netnography

This study applied an online ethnography approach frequently described as *netnography* (Kozinets, 2002, 2006; Langer & Beckman, 2005; Sade-Beck, 2004). Netnography is based on observations of technologically mediated communication in online networks and communities (Hine, 2000; Mann & Stewart, 2000). According to Kozinets (1998), netnography is useful not only for studying cybercultures, but also as an exploratory tool for studying general topics. The researcher may utilize a participative approach, which is closer to traditional ethnographic standards. Yet, the study may also be purely observational, in which the researcher is a "lurker" (Kozinets, 2006). The benefit of nonparticipant observations is that they ensure that the dynamics and contents expressed in the examined online communities are not influenced by the researcher's presence (Dholakia & Zhang, 2004).

Netnography suggests the use of specific procedures, including (a) *entrée*: establishment of research questions and identification of suitable online sites for the study; (b) data collection: direct copying of the texts from the computer-mediated communications and observations of the community and its members, interactions, and meanings; and (c) analysis and interpretation: classification, coding analysis, and contextualization of communicative acts (Kozinets, 2002; Langer & Beckman, 2005).

Entrée

The research team searched the Web and identified 45 online communities, which, according to their names, home pages, and welcome posts, explicitly target people with depression. Each forum/chat was then briefly reviewed, and those that were relatively new or non-active (less than 500 posts) were screened out, as well as those that required registration (to avoid ethical issues). Given the public nature of online forums, the study was approved as exempted from human subjects review.

The final sample consisted of 25 communities (see Table 1). Twenty-one of the communities were from the United States, two were British, one was Canadian, and one was Australian. However, all of them targeted a global audience. Five communities had both a forum and a chat room, and the remaining 20 were forum only. The study was based on a full year's data posted in these communities.

Data Collection

Data collection for the current investigation utilized a novel computerized system, the *Forum Monitoring System* (FMS), designed especially for online forum analysis. After downloading the messages from the Internet sites and saving them in an initial database that included 149,216 posts, the software's filtering function was used to create a set of messages that relate to leisure based on key words included in the posts. The selected key words commonly associated with leisure were *leisure*, *recreation*, *activ** (any suffix), *play*, *fun*, *hobby/ies*, and *free time*. While other words might have been selected, the attempt was to be inclusive rather than exclusive to include the widest possible array of leisure meanings related to possible perceptions of leisure. The overall database, after filtering, included 9,318 posts.

Because the process primarily relied on a linguistic basis, inaccuracies may have occurred. One type of inaccuracy could result from including an irrelevant post in the database just because it contained a specific term. The other type of potential error could be the exclusion of a relevant post in the data set because it did not contain any of the specific terms associated with the subject. Still, filtering by key words proved a pragmatic and effective tool, yielding 8,897 single-spaced pages that contained mostly leisure-related texts.

Analysis and Interpretation

This study was exploratory in its nature and utilized a grounded theory approach for data analysis and interpretation (Charmaz, 2006; Strauss & Corbin, 1998). To identify the leisure-related themes, the database was carefully read and categorized using constant comparison strategies. Descriptive codes and categories were generated through open coding, and posts that contained references to more than one issue were registered in multiple categories, leading to some overlap. The open coding was done using Atlas.ti5 software. After coding about 2,000 posts, the

analysis was examined and discussed by the three authors until agreement about the codes and categories was achieved. Netnography suggests that data collection and analysis should continue as long as it generates new insights (i.e., until saturation). Therefore, the open coding and the team discussions continued until approximately two thirds of the data were analyzed and all the research team agreed that new data yielded no new insights.

Table 1

The Online Depression Communities Examined in this Study

Community name	Address	Community type	Center
<i>Beating the Beast</i>	www.beatingthebeast.com	Forum + Chat	USA
<i>Beyond Blue</i>	www.beyondblue.org.au	Forum	Australia
<i>Brain Talk Communities</i>	Brain.hastypastry.net	Forum	USA
<i>Christian Forum</i>	christianforums.com	Forum	USA
<i>Depression Fallout</i>	depressionfalloutmessageboard.yuku.com	Forum + Chat	USA
<i>Depression Forums</i>	www.depressionforums.org	Forum	USA
<i>Depression Guide</i>	www.depression-guide.com	Forum	USA
<i>Depression Haven</i>	www.depressionhaven.org	Forum + Chat	USA
<i>Depression Understood</i>	www.depression-understood.org	Forum + Chat	USA
<i>eHealth Forum</i>	ehealthforum.com	Forum	USA
<i>Face the Issue</i>	www.facetheissue.com	Forum	USA
<i>Healing Well</i>	www.healingwell.com	Forum	USA
<i>Health Board</i>	www.healthboards.com	Forum	USA
<i>Healthy Place</i>	forums.healthyplace.com	Forum	USA
<i>Med Help</i>	www.medhelp.org	Forum	USA
<i>Mental Health World</i>	www.mentalhealth-world.org.uk	Forum	USA
<i>My Depression Connection</i>	forums.healthcentral.com	Forum	USA
<i>Psych Forums</i>	www.psychforums.com	Forum	USA
<i>Psychlink</i>	forum.psychlinks.ca	Forum	Canada
<i>Take this Life</i>	www.takethislife.com	Forum	USA
<i>The Blue Room</i>	Depressionroom.proboards23.com	Forum + Chat	USA
<i>Uncommon Knowledge</i>	www.uncommonforum.com	Forum	UK
<i>UKDF</i>	ukdepression.co.uk	Forum	UK
<i>Walkers in Darkness Forums</i>	forums.walkers.org	Forum	USA
<i>Wing of Madness</i>	www.wingofmadness.com	Forum	USA

Once the open coding framework was established, axial coding (making connections between a category and its subcategories) was used to identify variations found within each category, moving back and forth in collaboration between preliminary subgroupings and revised versions to refine the codes and settle on subcategories. Later on, selective coding (making connections between discrete categories) was implemented and the categories that had been developed to form the initial theoretical framework were integrated. Constant comparison between investigators' interpretations and between different texts enabled generating preliminary and refined subcategories and axial links. Reflexive and theoretical notations were also used to refine the analysis and shape interpretations.

Consistent with the exploratory nature of this study and the grounded theory approach, the analysis did not rely on a specific definition for leisure, but rather considered all basic core defining aspects of leisure, namely, (a) time, (b) activity, and (c) experience (cf. Katz et al., 2000; Kelly, 1996). Therefore, any freely chosen activity done in free time and perceived by community members as potentially enjoyable was considered leisure. This approach enabled the research team to relate to a wide scope of attempts at pleasure and enjoyment taken by people with depression, from normally pleasurable activities to unhealthy and maladaptive behaviors suggested in the literature (Nydegger, 2008; Wasserman, 2006). This also enabled us to examine the aspects of leisure that people with depression refer to when they discuss leisure, as well as the various connotations of leisure that they have. Moreover, it enabled us to explore whether they differentiate between the various aspects and all possible associations between them.

Findings

Four themes emerged from the data, suggesting that people with depression, to varying degrees, (a) are aware of healthy use of leisure in coping with depression and recognize the many benefits of such use, (b) differentiate healthy from unhealthy use of leisure in coping with depression and recognize various risks associated with certain unhealthy behaviors, (c) understand factors constraining their healthy use, and (d) have strategies for dealing with such constraints.

Theme I: Leisure Activities May Be Very Beneficial in Coping With Depression

Acknowledging that depression may lead to losing interest in leisure ("Doing the things you love might have lost interest to you. That's common in depression."), the online discussions frequently included posts that recognized having fun as a way of coping with depression (e.g., "You've got to bring more things into your life that you find really 'likeable' and 'enjoyable' so that you can tolerate the parts that aren't so likable and enjoyable."). Although the list of potentially fun activities mentioned was extensive, some were mentioned more often than others: *social interaction, physical activity, outdoor recreation, hobbies, movies and music, yoga and meditation, and tourism*. Each one of them was widely discussed, with great emphasis on its unique qualities as a strategy for coping with depression. The next post, for example, explains the special benefits of physical activity:

Exercise leads to an increased release of endorphins in the body. These chemicals may help combat depression and make us feel happier. Exercise helps us to get active and meet new people. This stops us from feeling isolated and unsupported. Exercise can give us new goals and a sense of purpose—we have something positive to focus on and aim for. Exercise can boost our self-esteem—it can improve the way we look and how we feel about ourselves. (#1776)

The general orientation to *social interaction* may be summed up in two short quotes: “loved ones are who you need in a very low time” and “it’s just important to know that you matter sometimes.” Members of the online communities advised each other to have as much social support as possible and not to rely on limited sources of support or on support that is only instrumental (e.g., help in managing daily tasks). They also promoted making new acquaintances both online (with others in similar condition) and offline. In fact, participation in depression online communities was perceived as social leisure, and online mates were considered actual components in the social networks of the community members. Some members even developed “cyber kinship,” which, to an extent, enabled role-play. They called certain significant members “cyber mom,” “cyber bro,” and so forth and seemed to have very close and supportive relationships with them. Animals, too, were perceived as providing enjoyable interaction and unconditional love (“They put a smile on anyone’s face”), as well as a sense of connection, responsibility, and being needed:

My cats... they won't let me get away with not taking care of them! They give me a reason to get my rear out of bed every day and remind me that not only do I need to eat but I have to feed them too! (#471)

The potential benefits of leisure activities. Whereas there was some general agreement about the potential unique benefits of each type of activity, it was recognized that their positive impact is not guaranteed and that there may even be negative effects of some activities for some people. Tourism, for example, was perceived as a great escape from routine, but for some it was a source of anxiety (especially prior to traveling, but also after returning home and having to deal with routine). Similarly, yoga and meditation were generally acknowledged for their ability to reduce stress, but for some they allowed for disturbing thoughts to emerge. Thus, recreation was perceived as a coping strategy that should be *modified* to the person’s particular interests and responses, and an activity was regarded as healthy if it had a positive effect on the participant and did not seem to have any negative aftereffects.

Feeling better. There was a wide range of positive effects that community members associated with healthy use of leisure in coping with depression, but there was one benefit that seemed common for everyone. All community members reported that involvement in healthy forms of leisure helped them “feel better” about themselves and about life in general despite their mental health condition. This often related to the ability of leisure activity to enhance mood and be a source of energy as was suggested in the following post:

If you can get up and go for a walk outside. Get some fresh air and sunshine. Breathe. If you just arouse a little bit of energy it will help you to generate a bit more energy and that uplifts you and gets you moving out of the depression. (#1082)

Feeling better was also related to the ability of leisure to enhance relaxation and reduce stress:

I had to look for ways to relax and not just by taking a nap and wishing it would all go away. I didn't believe that there was any value to taking a walk, reading, taking up old hobbies, or listening to music that I found relaxing, but these were the activities I resumed and it really helped me... it's a real lifesaver. (#218)

Both effects, uplifting and relaxing, appeared to be associated with better coping with the symptoms and general good feeling.

Other prominent benefits. Other prominent benefits of healthy leisure activities that were discussed (regardless of the specific activity) were grouped into distraction, sense of purpose, self-expression, and reappraisal.

Distraction. Activity involvement was described, first and foremost, as a distraction from problems, negative thoughts, depressed mood, and self-harm urges. Posters often used the term "keeping busy" and described it as a remedy for emptiness, restlessness, guilt, and negative thoughts. Often, such distraction also allowed for some "good thoughts":

There isn't anything I enjoy, just things that I use to escape and distract me. Books, video games, movies, TV etc... All my fantasies are of heroism and living forever... counter the feelings of inadequacy powerlessness and futility I feel. They're about the nearest thing I have to hope... (#1115)

A search for distraction was described not only as something that one should do when facing pain, but also as a proactive step preventing further despondence. For example, someone with seasonal affective disorder reported that she started to exercise regularly because "this will be my distraction come winter time." Another poster provided the following advice:

Distraction is a valid coping technique. Maybe next time you 'feel it coming on,' i.e. that your bf [boyfriend] is in the way of large uncontrollable emotions, you can 'take a breather,' i.e. take a shower or use another activity for distracting yourself from the intensity at hand. (#514)

In general, keeping busy in order to gain distraction was perceived as "healthy behavior," and sometimes those who failed to keep busy reported that they felt like "losers." However, in some cases keeping busy was described as maladaptive: "If you are always constantly busy then it is harder to focus on things that bother. In essence you hide from it hoping it will go away." There was also a middle way, which suggests that "being active is the best first start" and that once persons feel better about themselves they have more energy and confidence to face their problems, a progression similar to that identified by Folkman (1997, 2008) and others (Folkman & Moskowitz, 2000) in moving from emotion-focused to problem-focused coping.

Sense of purpose. The importance of having purpose in life was often discussed, and leisure activities were often described as addressing this need. According to one of the posts, the difference between depressed persons and “normal” persons is that “people who suffer from depression often feel strongly that life doesn’t have a purpose/sense etc. and that makes them feel miserable.” Some also tried to explain why having a purpose is so significant for them (e.g., “The environment I grew up in involved the people around me always working towards something.”) and why this has become a challenge (e.g., “the western world has become relatively prosperous we have become bored and lacking in purpose so depression sets in”).

Involvement in leisure activities was mostly regarded as a way to reduce misery by providing a sense of purpose. This was mainly reflected in posts concerning activities in which one may improve skills and abilities (e.g., physical and creative activities) and in posts relating to volunteering (“I WAS USEFUL! That was so cool... I’m gonna cherish that.”). Nevertheless, the purposes did not have to be grandiose or world changing. For example, one poster wrote, “Most of the time I try to make goals for myself such as I will read 50 pages of this book today.” Reading this amount of pages probably did not have any effect on the world, but it provided a sense of achievement, or, as another poster put it:

I had believed that you had to actively make a difference in someone else’s life to be worthwhile / have a purpose, but I’m now thinking that’s not necessarily true. Just making people smile or laugh is a purpose, isn’t it? Or babysitting for my little niece... (#5884)

Self-expression. Some community members reported that they tried to hide the fact that they were depressed either because of the stigma associated with this illness or because they felt they would not be understood. This may have added to the stress they experienced. Leisure activities appear to have been used to release “the stress of pretending all day long” by allowing for some level of authenticity. In some cases, members were able to express their feelings quite well, such as through creative activities or by social interaction in cyberspace, as in this comment by a community member:

Strange how I can let things out on the Forum but I cannot do it face to face with a person. I can’t let others actually see how vulnerable I actually am. How I envy those people who can let their emotions show “at the drop of a hat.” (#2756)

In addition, playfulness appeared to offer an opportunity to express confined or atrophied parts of the personality that had been neglected:

It [having fun] works because it takes you back to childhood... when we adults do silly things we get out of our restricted “mature” selves and go back to a state of mind where we aren’t ashamed of our behavior and have lots of fun while doing it. (#554)

Reappraisal. According to the online discussion, involvement in enjoyable leisure activities often enabled participants to “look at the situation from all angles” and “think differently.” They reported that as a result they were able to see their

situation more clearly, get perspective, and remember that “there IS another side” to depression. In addition, though not necessarily leading to resolution of depression, such experience may be eye opening (“I might have an illness but I can get over it”) and lead, apparently, to a restoration of hope and self-confidence:

Was at a fun party yesterday. Good foods, good friends, tons of laughs... The way Memorial Day is supposed to be... Many things to remember. The service men and women yes. But also... “remember who you really are.” Seriously. Remember that you are a loving wonderful person... just because you are. It’s hard to get to a point where you believe it, isn’t it? Yeah. I’m still not there yet. But I do remember that often, and it does give me some comfort.

Theme 2: Unhealthy Use of Leisure in Coping With Depression May Make Things Worse

The online discussions of leisure did not exclusively refer to the healthy use of leisure. In fact, any activity that had negative effects on an individual was regarded as unhealthy for that person, even if it had positive effects on most people. Nevertheless, there were several relatively common behaviors regarded by participants as unhealthy. These behaviors were often associated with each other and were generally described as “self-destructive.” After grouping the various behaviors, they were divided into three groups: avoidance, excessive substance use, and media overuse.

Avoidance. Avoiding challenging or problematic situations was a behavioral pattern perceived as a “common if not usual part of depression.” Avoidance was regarded not only as somewhat of a “protective defense as well as conserving what little exuberance and energy we might have,” but also as a tendency that can gradually narrow one’s activity involvement and eventually lead to doing practically nothing:

I dwell on the past and worry about the future... I am feeling lost... Then I “cope” with this by doing a whole lot of nothing (fun but not productive) because I get anxious when I even start to think about looking for work etc. and because I feel like I don’t know what I want to do next. (#1707)

Such “doing nothing” was considered the opposite of “keeping busy” and was perceived as dangerous:

Staying too much in the bed makes you more tired. The more you stay in bed the lesser you feel like getting out of it. During weekends I stay in bed so much that I can totally skip all my meals but I am ok when I go out for some activities. (#5756)

Excessive substance use. As aforementioned, any freely chosen activity done in free time and perceived as potentially enjoyable or relaxing was considered as leisure. This inclusive definition enabled the research team to relate to what the leisure literature defines as non-normative or deviant leisure, which may include potentially harmful behaviors (Rojek, 1997; Stebbins, 1996). In this study, the posts regarding leisure consisted of substantial reference to substance use includ-

ing *drugs*, *alcohol*, and *smoking*. Although such usages are considerably different from each other, they share the quality of being body related. In addition, they were often described as substitutes; namely, when trying to decrease one type of use, another one takes place. For example, someone who quit smoking marijuana wrote, "When I get really depressed I sometimes get the urge to smoke some... but I just have a cigarette or four." Someone else, who quit cigarette smoking, reported, "My alcohol consumption has increased 10 fold since I gave up smoking."

Smoking was often described as a relaxing activity (e.g., "I tend to smoke a lot and it helps to relax me," "Nothing like a good smoke to help relax after a bad bout of anxiety"). The use of recreational drugs and alcohol was often compared to the use of antidepressants (e.g., "Pot has helped me and I believe that the side effects of it are not as bad as prescription meds."). In addition, there were many discussions concerning if and how it can be done while using antidepressants ("You have to make sure none of these substances are contraindicated by medications you're already on."). At most, people mentioned that it worked for them to some extent in the short term ("I personally find though that using teeny tiny minuscule amounts is extremely beneficial"), but they stressed that "doing it too often is playing with fire."

Media overuse. Unlike moderate media use, which was considered healthy recreation, *heavy TV viewing* (including video and DVD) and *intense computer use* were regarded as maladaptive. Often, they were presented as a refuge from troubles ("the security blanket of my computer") and as the default for passing time ("it's really because I've nothing else to do"), but they were considered "bad habits" that lead to "existing instead of living."

Media overuse was frequently associated with avoidance (e.g., "When I try to set sight on one task I have to do and I try to do it I suddenly feel stressed and lazy that I just want to go back to playing games or browse the internet"). Media overuse was also frequently associated with excessive substance use (e.g., playing video games and drinking). Hence, the unhealthy behaviors often went hand in hand.

The risks of unhealthy behaviors. All unhealthy behaviors were described as providing immediate relief from pain and "some instant good feeling." However, the great majority perceived them as harmful in the long term. The various risks were divided into three groups: physical, social, and psychological.

Physical risks. All unhealthy behaviors were portrayed as having dangerous physical impacts. Some of these impacts, such as those of substance use, were obvious to everyone (e.g., "Nicotine is a potent drug that speeds your heart rate, raises blood pressure, and stimulates brain activity"). However, other behaviors were also described as physically harmful. Avoidance and media overuse were associated with lack of physical activity, which, in turn, led to a lack of energy and unhealthy weight gain.

Social risks. As most unhealthy behaviors are of questionable legitimacy, they may cause social anxiety as well. For example, one smoker wrote, "The antismoking campaign and smoking bans have contributed to my ever increasing depression and anxiety. I am treated like a pariah and openly discriminated against." Another smoker wrote, "Because of it my room and I stink pretty badly... I feel

that everybody is against me." Similarly, people with drinking problems spoke of how they embarrassed themselves in social occasions. Others, who suffered anxiety, tried to avoid the triggers, a strategy that had social costs. For example, one person, who had panic attacks during driving, avoided social events:

I'd say I would attend and back out at the last minute... All my thoughts are like "I can't drive; I'll go into a panic attack on the road." "I can't sit in a room with strangers as I will get anxious and go into a panic attack and have to leave and won't be able to drive home". "Everyone will think I'm mentally unstable!" "They will find out my secret!" "They will avoid me in the future if they see how anxious I am." (#101)

Apparently, avoiding unhealthy behaviors (especially substance use) can also be a social challenge, as one is expected to drink and smoke while socializing:

We are told to continue to be social with depression- and honestly 28 single and social means drinking. I get panic attacks the day after I drink... but if I stay in each night I will go crazy. (#1667)

Psychological risks. Excessive substance use and media overuse were often described as addictions, or at least as potentially addictive. As a result, they were perceived as extremely harmful. Many community members wrote about their addiction experiences, some leading to an inability to "go without it," finding little control over life, forgetting "that the real world exists," becoming paranoid, and losing self-esteem. One person summarized, "I was stupid thinking I could go on forever like that and had a severe crash."

Whether or not they were actually addictions, avoidance, excessive substance use, and media overuse were described as factors that trigger and worsen depression. For example:

Alcohol is a depressant and even small amounts can hurt someone who's prone to depression. (#1524)

The guilt and pain associated with watching p*** [sic] made me a wreck of a person. I neglected everything and got detached from the world... I have forgotten how it feels to be happy. (#2198)

At the same time, *quitting* unhealthy behaviors may also have the effect of worsening depression. For example:

Some depression goes with no longer smoking... Being without cigarettes my mind seems to take any negatives and amplify them about 1000 times over. (#2629)

At times WoW [video game] seemed to be better than real life. It was those times that I would hate to have to log off. Logging off would cause strong feelings of depression and anger sometimes. (#525)

It seems that once adopting unhealthy behaviors, people felt trapped. No matter what they did, they became more depressed:

I often get feelings of depersonalization and de-realization and I feel so trapped. I'm so lost I don't know who I am why I am or why there is. I

think about death almost every second of the day and it often will send me into horrible panic attacks. So I quit drugs cold turkey for 6 months. I fell into a horrible depression and had real suicidal thoughts constantly and they seem so rational after all we all die....everything dies. (#746)

Theme III: Participating in and Benefiting from Healthy Forms of Leisure is Difficult

Online community members discussed many constraints to the healthy use of leisure in coping with depression. After classifying the various constraints, they were divided into two groups: constraints to participation and constraints to benefiting from participation.

Constraints to participation. The most discussed constraints to participation were *lack of interest*, *lack of energy*, *lack of companions*, *fear and anxiety*, and *feeling unworthy of happiness*. All these constraints were either directly or indirectly related to depression itself.

Lack of interest, for example, was often mentioned when trying to explain how depressed one was (“I have virtually no interest in formerly pursued activities”). Sometimes community members described an abandoned activity as a metaphor for their mental state:

I’ve lost all interest in everything that I used to do. I used to play tennis and snowboard and I’m looking at my board right now and it’s already got more than a fine layer of dust collecting on it. (#29)

Lack of interest was reflected in having very little faith in one’s ability to benefit from activity involvement. This also indicated hopelessness, which is another symptom of depression:

I have no motivation in life as the thought of any future does not intrigue me to a considerable extent. I focus on happiness before performing an action and keep coming to the conclusion that any benefits I receive will be dampened by my mood. (#938)

The lack of interest and hope may explain some of the *lack of energy* community members reported. However, the latter is also one of the prominent symptoms of depression (Monroe & Reid, 2009). Many community members reported that they did not have energy for the simplest daily chores (“you have no strength to even get up out of bed and take a shower”), so activity involvement was almost inconceivable for them. Others reported that they lacked the energy to adhere to beneficial activities:

When I take my 4 mile walk in the cemetery that’s my time for meditation it’s so beautiful - like another world with the greenery I get a lot from it. What I always wonder is why when something is so beneficial to me do I have such a hard time doing it and keeping it up!! (#751)

The lack of energy was described as inevitable (“I have nothing to look forward to except feeling and looking older and older and having less and less energy”) and as inherent in a goalless life (“I don’t see why I have to keep plugging onward for no reason.”)

Lack of companions was a very significant constraint as well (e.g., “I haven’t gone out much. Not for lack of wanting but more for the lack of ppl to go out with.”). In most cases it was described as an outcome of depression. Two explanations are commonly provided for this situation. First, it may result from the inclination of depressed people to distance themselves from others. For example:

I no longer have one single human being I can talk to. I’ve cut them off just like I’ve tried to shut off my feelings. That was a bad idea but at the time it seemed like the prudent survival plan. (#124)

The second explanation is that loved ones and friends distance themselves from depressed persons. This may also happen as a result of natural dynamics in life (e.g., “ALL of my friends are either married or in relationships,” “with time it seems people get too busy”), but often it is a response to the depressed person’s behavior. For example:

Another thing I often do which has caused me to lose friends over the years is to make plans but then cancel or break them often at the last minute... It was either because my anxiety would give me a horrible migraine or I would feel too tired to go... so most of them with one-two exceptions have stopped calling me now. (#275)

In addition, even some with companionship reported that they “always feel alone.” This feeling may occur even “in a room full of supportive friends or family,” or as one person put it, “I feel just as lonely in a crowd as I do when I’m really alone even if it’s people I know. The silly thing is that I rather like being alone but I don’t like being lonely.”

Fear and anxiety are common to depression, and as such they also constrain leisure participation. The most frequently mentioned were social fears (e.g., fear of being laughed at or criticized, fear that others will find out about the illness), fear of being outside, and performance anxiety. The impact of such fears and anxieties may be full withdrawal from an activity:

When I played baseball I would be so afraid of having a ball hit to me for two reasons...1. People would be there watching and 2. I was afraid of making a mistake (mainly b/c people were there watching!). I would get so nervous that I would pray for rain so I didn’t have to play. I ended up quitting because I couldn’t take the stress. (#1905)

Last, many community members reported that they *feel unworthy of happiness*. Having very low self-esteem and often experiencing guilt and self-loathing, they sometimes felt that they do not deserve to be happy. For example:

I used to not care about being happy and didn’t feel that I deserved it.. I would beat myself up over any problem and would think I deserve to be miserable... I am able to do my everyday activities but I was not finding joy in life as much as was very gloomy and was hurting myself. (#1542)

Moreover, they seemed to be afraid of happiness, as if they fear that losing it would only amplify the pain (“I’m soooo used to thinking sad or negatively that I’m afraid to think positive. Not sure if that makes sense. Am I afraid to be happy?”).

Constraints to benefiting from participation. In addition to the aforementioned constraints to participation, the data suggested that online community members often found it very hard to benefit from participation. Many of them reported that they were not “able to really enjoy anything anymore” and were truly frustrated from being “unhappy in situations that used to be a pleasure.” The frustration seemed aggravated when they compared their current situation with past experiences: “I used to BE fun. I used to be able to HAVE fun but no matter how much I try, it just doesn’t happen anymore.”

The most discussed constraints to benefiting from participation are *sense of effort required*, *communication difficulties*, *feeling rejected*, and *comparing unfavorably with others*. All these constraints were either directly or indirectly related to the social dimension of leisure. With respect to the *sense of effort required*, community members noted how much effort it takes to be with other people (“I want to make a good impression and I feel as though I’m being too quiet or boring or not outgoing or not funny enough I get mad at myself...”) and how frustrating it is to invest all this effort without any results:

I’m trying! I am. I give you my word that I’m trying!! I wouldn’t be coming here if I wasn’t trying. But it’s so hard. It’s so ****ing hard! And I’m so tired of everything. And yes I’m ANGRY. And I’m hurt. And I’m frustrated. And yes I feel guilty. I feel guilty okay I don’t know how to change that right now. (#266)

This constraint was strongly associated with the lack of energy discussed earlier and may explain why many eventually abandoned participation: “It [participation] can be very discomfoting and miserable and I’d just rather be comfortable hanging out by myself than doing stuff I don’t necessarily want to do.”

Communication difficulties were a major cause of the aforementioned sense of effort required and seemed to result from low self-confidence. Online community members reported feeling that they “don’t have anything worthwhile to say,” that they are afraid to “say something negative without any bad intentions,” and that they lack the confidence to talk about their “real feelings.” Therefore, they often found themselves “on mute... which makes it very difficult... everything is a vicious cycle.” In addition, they often felt rejected, which did not help their self-confidence and communication ability.

Feeling rejected could be a product of some clearly identifiable circumstances, as in the case of one young woman, who has been ridiculed for years:

People younger will yell at me that I am ugly... [and] people who are supposed be adults... make my life a living hell... they treat me like I am a freak they call me a loser they call me ugly. Every time I walk down the street I get someone making fun of me... People do not like me. I have done nothing to deserve this. (#1866)

Nevertheless, feeling rejected was also a subjective interpretation of reality. Any coincidental lack of sensitivity or consideration could be interpreted as an intentional slight (“the next time I saw them they did not acknowledge my existence.”). Such feelings could also result from social anxiety and depression with-

out a particular external referent (“I always carry with me a feeling of rejection and that brings me very down...”).

Also, while finding it very hard to enjoy themselves, community members sometimes saw others who “seem to have friends and are having fun.” *Comparing unfavorably to others* made them jealous and prone to “resenting happy people - ‘normal’ people.” And it also appeared to contribute to a degree of self-loathing in some cases:

When I see a group of friends having a good time or something I get so depressed because I start hating myself for the way I am. I mean I hate everything about myself. Oh god yea....*goes green* [sic].... I feel like this all the time! (#3170)

The damaging effects of constraints to healthy use of leisure. The immediate result of having constraints to healthy use of leisure was a limited ability to enjoy the benefits of such use and eventually feel better. Moreover, it often seemed to make community members feel even more depressed. Whether they could not find the energy to become involved or they would become involved but be unable to enjoy it, they seemed to have a sense of failure and guilt. They felt that they disappointed themselves and their loved ones (e.g., “I feel like I’m letting those grandkids down,” “My boyfriend got so upset when I told him I wasn’t having fun”) and experienced additional erosion of self-esteem.

According to the online discussion, the ultimate result of this dynamic was becoming trapped in another vicious circle: being more depressed contributed to both types of constraints (i.e., made it more difficult to participate and to benefit) and that led to less activity and more depression. In addition, more depression increased the risk for unhealthy use of leisure, which, in turn, worsened depression as well. The following testimonial exemplifies this situation (our interpretations are in brackets):

For the past week, I’ve just sat around my room occasionally doing some of the work I need to do but most of the time messing about on the laptop or playing guitar and singing [*unhealthy usage: avoidance + media overuse*]. And going on Facebook [*an attempt for healthy usage: social interaction*] seeing other people’s photos of outings and happy times [*constraint: comparing oneself to others*] has been really making me feel down and lonely [*increased depression*]. More and more loneliness has made me less and less willing to start my work and not be able to go out and have fun [*more constraints*]. Vicious cycle! It’s pathetic I know and I really get frustrated at myself. (#3035)

A major reason for frustration among community members was the sense that “this cycle seems impossible to break.” In some cases it led to an extreme lack of hope, as reflected in one person’s comment that “self-imposed death while not a realistic prospect at the front of my mind for a long time seems inevitable at some point.”

Theme IV: Various Strategies May Help Dealing With Constraints to Healthy Uses of Leisure

Despite the gloomy and unresolvable condition described, some community members argued that there are ways to break the vicious circles:

I realized that by being negative and having all kind of negative thoughts all day long I'm only vibrating negativity to the surrounding and they reflect it back to me. I realized I was trapped in some kind of vicious circle. The only way out was to create a positive circle by changing attitude and doing positive things. (#2027)

Based on their successful experience, they advised other members how to deal with constraints to healthy use of leisure or simply shared how they were dealing with frustrating situations. The most common strategies were gaining awareness, taking one step at a time, reducing expectations, forcing oneself, time management, and picking up new activities. The first two were more general coping strategies that were described as applicable to leisure, whereas the last four were exclusive to leisure.

Gaining awareness. Awareness appears to be recognized as a key condition for resolution. Once individuals were aware of their psychological condition, as well as of the constraints they faced (to leisure as well as other life domains), they were able to start dealing with frustrating situations: "Knowing what is going on with you is the first step before dealing with it." Gaining awareness also included knowing what leisure activities made one feel better and what did not, as well as finding the right intensity for the better use of leisure:

Balance is the key to everything! A little wine is good, too much is not. A little food is good, too much is not. A little TV is good, too much is not. . . . I think also that you have to be active with life. The Internet is 2 dimensional. A life in three dimensions is a must. (#1120)

Taking one step at a time. Recognizing that "everything is too much to change at once," online community members advised each other to "do ONE thing at a time." Similarly, if they faced a complicated task they were encouraged to "break the rougher stuff into the smallest steps... and take it one bit at a time." This general approach was also utilized in leisure management, including healthy and unhealthy use of leisure:

If you can't give up smoking try cutting back. If you can't go to a gym try just a 20 minute walk each day. If you can't eat a good variety of foods, than take some vitamins. You can try to change these things in small doses so that it doesn't get too much. Every little bit helps. (#199)

Reducing expectations from leisure activities. Although the inability to enjoy has been recognized as inherent to depression, it may be exacerbated by unrealistic expectations. If, for example, one attends social events "as a curious

observer instead of expecting to have fun and for it to be wonderful” he or she may eventually have “those small moments of happiness that make it worthwhile to keep going.” Being realistic seems to help:

Contentment is very different to happiness. I think that we have moments of happiness and that a basic contentment is something more to be aspired to... one big mistake is expecting our life to be like a Hollywood movie. No one's is. And even people whose lives do appear such will have their moments behind closed doors. (#38)

Forcing oneself. With a general approach claiming that being busy is better than doing nothing, online community members often mentioned that they forced themselves to be active. Although this may be the cause for the aforementioned sense of effort required, they believed “it gives you a small relief and prevents you to fall further.” One participant even described a unique method:

I try to give myself points out of ten for simple tasks like washing, doing the dishes, going to the shops, posting bills, etc. but most days barely ever get beyond 2 or 3 out of ten - some days it's none. The simplest of tasks are a great big massive effort... (#1637)

Time management. Community members who were overloaded with stress-causing tasks were advised to slow down a little and look for some balance (“one really had to do things to cope with the amount of stress in their life “). Moreover, they were advised to take time just for themselves:

This is a time to put your own needs first. Forget about being the perfect mom, housekeeper, cook etc. Maybe go see a movie by yourself or with a friend find a good book & curl up for a few hours... just to give your mind a rest. (#38)

Picking up new activities. When participants reported that they had lost interest in current or past activities, they were encouraged to try something new. New activities were recommended not just as panacea for boredom, but also as a method to enhance mood and meet new people:

Find things YOU like to do and you will find friends there. Doing things you think will make others like you is a vicious circle. It will not work long term and you won't feel good about it. Expand your horizons—start deep sea fishing or mountain climbing or something outdoor-sy. I don't mean to tell you what to do. I know what's helped me in the past. (#1047)

Most of the strategies were mentioned as helpful with dealing with both types of constraints. However, *forcing oneself* was mainly mentioned with regard to constraints to participation, and *reducing expectations* mainly referred to constraints to benefiting from participation. In addition to the above, community members provided numerous “tips” based on their own successful experiences (e.g., moving the TV out of the bedroom or smiling in front of the mirror as a way to generate a positive attitude). They also shared unsuccessful experiences (e.g., changing hair

color in the hope of some good effect). However, they often stressed that “one size does not fit all” and that each person should find his own way to negotiate constraints, find some joy, and eventually “get life back.”

Discussion

Whereas qualitative studies are usually restricted to relatively small data sets, using netnography afforded a substantial amount of evidence on the personal reflections on leisure posted by a vast number of persons with depression. In fact, the number of postings related exclusively to leisure represents one of the largest qualitative data sets ever examined. Indeed, the number of posts examined may be at least partially responsible for the complexity and diversity of the findings related to leisure reported here. We thus were able to consider evidence related to perceptions of healthy and unhealthy leisure patterns of people with depression, the benefits that they attributed to leisure involvement, the risks that some leisure activities posed for them, and even how the constraints that they reported as obstructions to leisure activity and experience might be overcome.

The first research question that guided this study focused on the way people with depression perceive leisure and their awareness of the potential positive influences of leisure. In their discussions of leisure, members of the surveyed communities related to two basic core aspects of leisure, namely, leisure as an activity and leisure as an experience or state of mind (cf. Katz et al., 2000; Kelly, 1996). The first notion was reflected in the texts describing what they *do* and included a wide range of leisure activities. However, use of leisure in coping with depression was not necessarily associated with specific leisure activities, but rather with positive experiences that were associated with a wide range of activities. With respect to the *influences* of leisure, an activity was regarded as unhealthy if it had negative effects on an individual, even if it had positive effects on most people. Moreover, when describing constraints to benefiting from leisure, there was a clear distinction and even a contradiction between the activity, which was supposed to be enjoyable, and some obviously unpleasant experiences. The participants described situations in which they not only did not enjoy an activity but also felt worse due to negative feelings that this situation provoked such as a sense of failure or guilt.

Comparing the “common wisdom” reflected in the findings with what has been proposed in the literature suggests that people with depression are aware of the potential positive influences of leisure activities. Online community members seemed to recognize that positive experiences such as those generated in leisure may enhance mental health (Carruthers & Hood, 2004) by providing uplifting positive emotions that strengthen general psychological capacity (Folkman, 2008; Fredrickson, 2001, 2002, 2003). Members also seemed to be aware of the protective effects of leisure, as they valued the social support and sense of purpose (i.e., self-determination) it may provide (Coleman & Iso-Ahola, 1993). They even discussed the *palliative* (e.g., distraction, self-expression) and *reappraisal* effects of leisure and noted the maladaptive nature of some activities, which were found to have the effect of exacerbating depressive symptoms (Folkman & Moskowitz, 2000; Lazarus & Folkman, 1984; Nydegger, 2008).

The second research question, which guided this study, related to using leisure *intentionally* as a resource for coping with depression. The first two themes indicated that people with depression indeed use leisure as a coping mechanism. Moreover, they suggested that people with depression differentiate between healthy and unhealthy use of leisure. The healthy use has many durable rewards. It may reduce stress and provide relief and even improvement in one's condition. The unhealthy use often provides immediate relief, but it may be harmful in the long term. Although some activities, such as media over use and substance use, as well as inactivity and avoidance, were generally regarded as unhealthy, there were some who recognized a palliative value to them in the short term. Nevertheless, even in those cases such activities were not regarded as healthy if they had negative aftereffects.

The findings answering the third research question regarding the factors that promote, or constrain, the healthy use of leisure were quite complex. The third theme revealed a host of constraints to healthy use of leisure in coping with depression, including constraints to participation and constraints to benefiting from participation. Similar to what has been recognized before (e.g., Nydegger, 2008; Wasserman, 2006), community members described *anhedonia* as an integral part of their condition. In addition, it was described as the major constraint to healthy use of leisure. The leisure literature distinguishes between *intervening* and *antecedent* constraints (for a review see Jackson, 2005). Intervening constraints may be interpersonal or structural factors affecting participation and the ability to benefit from it. They intervene between leisure preferences and participation. Antecedent constraints are intrapersonal factors affecting the preferences and interests of an individual. Although depression is an intrapersonal factor, it seems to have both intervening and antecedent effects. Moreover, it seems that, when coping with depression, depression itself is the major constraint to leisure.

In order to fully understand how difficult it is to use leisure activities for coping with depression, one should consider how the various themes identified in the analysis correspond with each other. This study provided a rather detailed and comprehensive picture of the way leisure is perceived and used by people coping with depression. In a nutshell, this picture shows two alternatives: the healthy and the unhealthy use of leisure. The unhealthy use may put people at physical, social, and psychological risk and lead to more depression. The healthy use may lead to many durable benefits and alleviate depression, but constraints to participation and to benefiting from it make this use a significant challenge. Moreover, these constraints are both a result and a cause for depression and may increase the risk of unhealthy use of leisure. The leisure-based solutions to the problems of depression, in the absence of being realized, seem to only exacerbate the problems; hence, they create multiple vicious circles. Figure 1 illustrates the dynamic of these vicious circles that seemed to beset the participants in this study, the members of online depression communities.

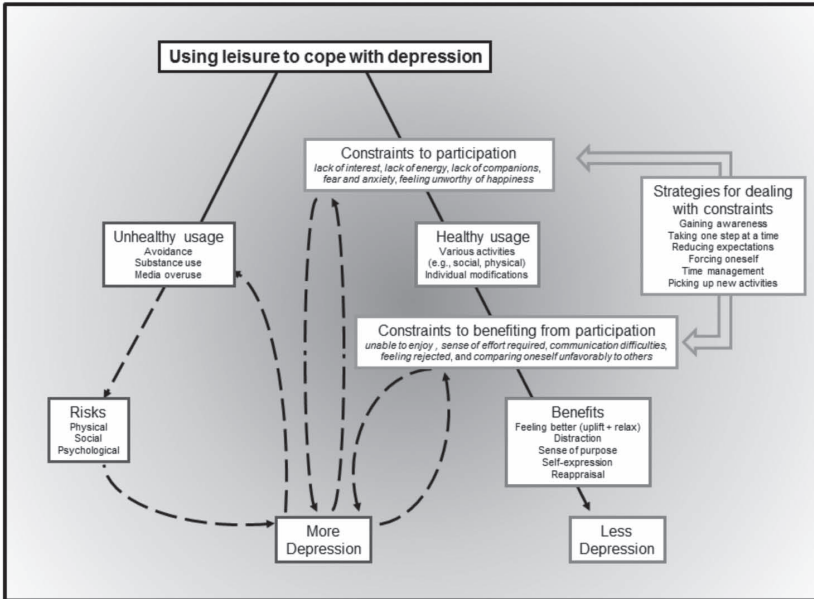


Figure 1. The Way Leisure Is Considered and Used by People With Depression: Dynamic of Vicious Circles

The fourth theme provides some hope to this complex and rather gloomy picture. Although many community members felt trapped in the dynamic of vicious circles, other voices were heard as well. These voices probably belonged to community members who had already experienced some relief if not recovery, as many of them mentioned that their recommendation for their online peers was based on their own successful experience. These people are often described in the literature on online communities as “leaders” or “elders” (cf. Kim, 2000; Sonnenbichler, 2009). They usually have longer membership duration, and they take an active role in leading the community’s dynamics, serving as “respected sources of cultural knowledge and insider lore” (Kim, 2000, p. 119). In the discussions of leisure in online depression communities, they try to ease the frustration of those who feel that the vicious cycles are “impossible to break” by suggesting strategies for dealing with leisure constraints. For those individuals, participation in the online communities appears to provide some of the benefits associated with volunteer work, including sense of purpose (cf. Musick & Wilson, 2008; Wilson, 2003).

The strategies suggested for dealing with leisure constraints resulting from depression were varied. They aimed to facilitate healthy use of leisure and to reduce unhealthy use. The general approach of these strategies may be described as *constraint negotiation*, another concept broadly discussed in the leisure studies literature. This concept is based on the empirically supported premise that constraints do not inevitably halt participation and that negotiation may include both behavioral and cognitive strategies (Jackson, 2005). Indeed, while some of the strategies suggested by community members were behavioral (e.g., force yourself and picking up new activities), others were cognitive (e.g., gaining awareness and reducing

expectations). Nevertheless, most of the strategies regardless of their type (i.e., behavioral or cognitive) were mentioned as helpful with dealing with both types of constraints (i.e., constraints to participation and constraints to benefiting from participation), and all of them suggested that with some individual modifications the vicious circles might be broken if one is persistent and hopeful.

To conclude, the present study is significant to leisure and depression theory in at least four ways. First, it shows evidence of high congruence between the positive effects of leisure suggested in the literature and the way people with depression consider leisure. The study demonstrates that people with depression believe that depression, like other chronic conditions, is amenable to the positive influence of leisure (Fullagar, 2008; Iwasaki et al., 2010). Second, the findings of this study suggest that people with depression not only are aware of the various influences of leisure, but also use leisure activities intentionally as a resource for coping with depression. Third, the study reveals how personal leisure practices are problematized in their experience. The latter is demonstrated in the dynamic of vicious circles exposed in this study. Hence, the study strongly supports the dimensionality of leisure with respect to depression as both part of the problem and part of the solution. Fourth, depression poses many constraints to beneficial use of leisure, and thus awareness and effort are required to deal with such constraints. To our knowledge, this study is the first to explore how people with depression negotiate the constraints to leisure.

The study also has several practical implications. Apparently, while there may be a need for all aspects of leisure education among those suffering from depression who do not take advantage of online support groups, the online communities appear to be serving an education function with respect to leisure as part of their normal interactions. However, even those who utilize this resource may need to be encouraged to use leisure activity more intentionally in the coping process, to learn what works for them and what does not, and to keep trying even when they fail to benefit from certain leisure activities. Practitioners working with this population should bear this in mind and also promote the strategies for dealing with constraints suggested by members of the online communities. Moreover, as most people with depression do not have access to formal care (WHO, 2012) but may still have access to the Internet, they should be encouraged to use the online community both as a social activity in itself and as a sphere for discussing their difficulties and getting inspiration to use leisure for coping.

Limitations and Future Research

Although this study demonstrates the usefulness of netnography as an exploratory tool for studying general topics, it also has several limitations that result from applying this methodology. There is an inherent bias in this study toward focusing on those who are inclined to use the Internet and more specifically on those who are willing to engage with others who are currently struggling or have previously struggled with depression. This group might be somewhat more willing to share their thoughts with others while also, perhaps, being less depressed than those who truly avoid contact with others, particularly unfamiliar others. Therefore, they are probably not representative of people with acute depression.

As the posts were not linked to specific persons, there was no way to differentiate between posters with endogenous depression and posters with exogenous depression. It was also impossible to differentiate between people diagnosed with depression and undiagnosed participants, between people with various levels of depression, between people who were clinically depressed at the time of posting and people who were not, or even between men and women. In addition, despite a multinational composition, most participants in English-based communities probably live in English-speaking Western countries.

While the FMS software is very effective for filtering, the output that it provides cannot be presented in chronological order. Therefore, analysis could not distinguish between texts posted in messages that initiated a discussion and replies. As many posts included recommendations, it is quite reasonable that they were replies, but we cannot determine that based on the existing database. Moreover, as mentioned in the data collection, filtering posts on a linguistic basis led to including irrelevant posts in the database. An even greater limitation of this method resulted from using filtering terms based on standard terminology of leisure. It is possible that some significant insights concerning the experience of leisure in depression related to things such as enjoyment, relaxation, and excitement were missed just because the posts did not include the leisure-related key words used for selection.

Future research, then, should investigate how leisure is construed over the Internet across a broader range of cultures and, of course, how it is considered and used by people who do not participate in online communities. It should also examine differences between people with endogenous depression versus exogenous depression and people with various levels of depression. This should be done not only by examining available texts, but also by direct qualitative and quantitative investigation. Additional research should examine possible professional interventions aimed at assisting people with depression to deal with leisure constraints and the effectiveness of such interventions in encouraging the use of leisure for coping with depression and in breaking the various “vicious circles” exposed in this study. Last, as the online communities themselves provide their members with support and inspiration for fighting depression, their impact as a more natural depression mitigation mechanism should be carefully examined.

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