Journal of Leisure Research
2013, Vol. 45, No. 1, pp. 47-73
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National Recreation and Park Association

Sex as Leisure in the Shadow of Depression

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Abstract

As a freely chosen activity intended to generate pleasure and enjoyment, sex is an important human experience associated with a sense of "normality" and well-being. However, depression and antidepressants are typically associated with decreased libido and diminished sexual functioning. Drawing upon netnography and constructivist grounded theory, this study explored how sex is perceived and experienced by people with depression who participate in on-line depression communities. Analysis identified five themes dealing with sex, antidepressants, relationships, loving oneself and others, and sex as a resource for coping. Demonstrating that sex loses its qualities as a leisure activity, the findings suggested a complex and multidimensional paradox of sex as leisure in coping with depression, which involves not only individuals with depression but also their significant others.

KEYWORDS: *Sex, relationships, online depression communities, constraints, coping*

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Acknowledgment: The study was supported by a grant to the second author from NARSAD, The Mental Health Research Association. The authors also wish to express their appreciation to 1st2c Ltd, for permission to use the FMS system.

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Depression is a common mental health disorder affecting approximately 121 million people worldwide according to the World Health Organization (WHO, 2012). It is also estimated to be the cause of approximately 850,000 suicides annually as well as one of the leading global health burdens and causes of disability (WHO, 2012). Recent discussions of depression, particularly those offered by feminist scholars, critique biological and psychological explanations with regard to their essentialism and decontextualization of depression, and suggest adopting a social constructionist perspective to understand the experience of depression as constructed and negotiated via social interaction, language, and discourse (Lafrance & Stoppard, 2006; Lafrance, 2009). Namely, feminist scholars who adopt this approach critique the medicalization of women's misery rooted in gender inequality. In turn, critics of the social constructionist approach argue that it appears to dismiss the material and intrapsychic aspects of depression, suggesting instead a critical-realist approach that involves psychological, biomedical, and sociocultural or discursive explanations in the same framework (Ussher, 2010). The latter approach incorporates biological and psychological factors into an explanation while situating them within the broader social context.

Various depressive disorders share some characteristic symptoms such as anhedonia—lack of ability to experience pleasure, absence of interest and energy, pessimism and low self-esteem, perceived helplessness and withdrawal, affecting quality of life in general and leisure practices in particular (e.g., Brees, 2008; Berlim & Fleck, 2007; Nimrod, Kleiber, & Berdychevsky, 2012). However, depression and its various manifestations might be amenable to the positive influence of leisure (Iwasaki, Coyle & Shank, 2010). Leisure has been explored as a resource for coping with different health and emotional conditions (e.g., Iwasaki, 2007; Kleiber, Hutchinson, & Williams, 2002). More recently, the use of leisure for coping with depression has started drawing the attention of leisure researchers (Fullagar, 2008; Nimrod et al., 2012). As sexual activity fits within nearly all definitions of leisure (Meaney & Rye, 2007) researchers should explore its potential role as leisure and a resource in coping with depression. However, so far this topic has drawn very little research effort.

Thus, the purpose of this study was to explore how sex is perceived by people with depression, and whether their personal sex practices are helpful in coping with depression, or rather add additional distress. In this study, sex is understood as any freely-chosen activity with sexual overtones with or without intercourse (cf. Oppermann, 1999). Considering that sex is an important pleasurable human experience associated with feeling "normal" and "healthy," it may enhance the self-perception and well-being of people with depression. However, depression and antidepressants are typically associated with decreased libido and diminished sexual functioning (Clayton & Montejo, 2006; Pestello & Davis-Berman, 2008).

Literature Review

Literature focusing on the intersection between sex, leisure, depression, and coping per se is scarce. Yet, the various combinations of the four constructs have been addressed to some extent, suggesting possibilities for their intersection. These

combinations include sex-related issues vis-à-vis depression and antidepressants, sex in coping with depression, the link between sex and leisure, and the potential for leisure to contribute to coping and well-being.

Sex in the Shadow of Depression

Depression is not a uniform, unidimensional pathology; it includes multiple specific disorders such as major depressive disorder or unipolar depressive disorder, bipolar disorder or manic depression, dysthymic disorder, postpartum depressive disorder, seasonal affective disorder, and other manifestations (Brees, 2008). Accordingly, there are a variety of characteristic symptoms. Yet, in general, depression is associated with loss of interest, inability to experience pleasure, low energy, diminished self-worth, higher perceptions of the everyday stressors, reduced perceptions of uplifting events, pessimism, helplessness and hopelessness, withdrawal, disintegration of relationships, and severe impairment in the perceived quality of life (e.g., Berlim & Fleck, 2007; Michalak, Murray, Young, & Lam, 2007; Ravindran, Matheson, Griffiths, Merali, & Anisman, 2002). This constellation of symptoms diminishes an individual's ability to form and maintain intimate relationships causing difficulties in sexual relationships (Baldwin, 2001; Papp, 2010). In fact, depression is typically associated with a loss of interest in sex, sexual dysfunction (e.g., Bonierbale, Lançon, & Tignol, 2003; Kennedy, Dickens, Eisfeld, & Bagby, 1999; Werneke, Northey, & Bhugra, 2006), and in severe cases even with aversion to sex (Coyne, 1986).

Sexual functioning includes all the phases of the sexual response cycle (desire, arousal, orgasm, and resolution) and it is an essential quality-of-life and well-being issue (e.g., Baldwin, 2001; McInnes, 2003). The nature of the relationship between depression and sexual (dys)function is unclear, complex, multifactorial, and often bidirectional, making assumptions about causality problematic (e.g., Laurent & Simons, 2009; Kennedy & Rizvi, 2009; Nicolosi, Moreira, Villa, & Glasse, 2004). Still, depression is associated with sexual dysfunction throughout most of the phases of the sexual response cycle, with the possible exception of the resolution phase (Laurent & Simons, 2009), including: (1) various sexual desire disorders such as loss of libido or, alternatively and less frequently, increased sexual interest (e.g., Bancroft, Janssen, Strong, Carnes, Vukadinovic, & Long, 2003a; Bancroft, Janssen, Strong, & Vukadinovic, 2003b; Frohlich & Meston, 2002); (2) sexual arousal disorders such as erectile dysfunction in men and issues with sexual arousal among women (e.g., Cyranowski, Bromberger, Youk, Matthews, Kravitz, & Powell, 2004a; Cyranowski, Frank, Cherry, Houck, & Kupfer, 2004b; Nicolosi et al., 2004); and (3) orgasm and pain disorders such as inability to achieve orgasm, reduced sexual satisfaction and pleasure, sexual pain, and premature or delayed ejaculation among men (e.g., Bonierbale et al., 2003; Frohlich & Meston, 2002; Kennedy et al., 1999).

The link between depression and sexual functioning is complicated by the incidence of the antidepressant-induced sexual dysfunction. While some medications were found either to have no sexual side effects or even to boost sexual functioning, most antidepressants (and unfortunately the most effective ones such as selective serotonin reuptake inhibitors) have adverse and sometimes deleterious effects on sexual functioning (e.g., Baldwin & Mayers, 2003; Clayton & Montejo, 2006; Kennedy, Fulton, Bagby, Greene, Cohen, & Rafi-Tari, 2006). The accumula-

tion of such sexual problems may influence the well-being of depressed persons and their partners, and lead to frustration, sense of sexual inadequacy, loss of self-esteem, and additional unhappiness (Stevenson, 2004).

Sex and Coping with Depression

Sex, fulfilling the needs for intimacy, closeness, sharing, touching, caring, pleasure, playfulness, desiring and feeling desired, is inevitably related to a sense of well-being and quality of life (van der Riet, 1998).When life is altered and shadowed by chronic illness, such as depression, sex can become a source of support, comfort, pleasure, affirmation of endangered identity, intimacy, a medium for connecting with significant others, and a way of feeling "normal" (McInnes, 2003). Sex can be a "powerful medicine," and human touch can be a "great healer" that may relieve the depressive symptoms (Brees, 2008, pp. 186, 191). Even when one of the symptoms is the loss of interest in sex, one may consciously work on bringing the self into the mood and/or explore new acts of intimacy that do not necessarily have to conclude with intercourse.

Describing the extent to which people use sex for coping with depression is rather intricate when considering the variety of sexual behaviors and sexual partners. For instance, Lykins, Janseen, and Graham (2006) found that a significant minority of women in their study used partnered sex as a coping mechanism for mood regulation during depressive episodes. In other studies, women with depression history reported increased desire for and frequency of masturbation compared to non-depressed women who were part of a control group, suggesting that masturbation offers a reliable form of pleasure and/or can be used as a self-soothing strategy (Cyranowski et al., 2004a; Frohlich & Meston, 2002). Similarly, studies of the link between mood and sex in heterosexual men (Bancroft et al., 2003a) and gay men (Bancroft et al., 2003b) found that men who reported increased sexual interest when depressed used sex for establishing connection and intimacy (whether with steady or casual sexual partner), self-validation, mood improvement, and distraction. However, Bancroft et al. (2003a) also indicated that solitary masturbation had mixed effects on heterosexual depressed men, reinforcing a sense of worthlessness and isolation in some men, but allowing for sexual expression free from scrutiny and threatened self-esteem in others.

There is considerable evidence for the maladaptive use of sex for coping with depression. For example, studies focusing on gay men found that depression is associated with a "what the heck" attitude (Bancroft et al., 2003b, p. 241) and risky sexual activities, such as unprotected casual sex (Alvy, McKirnan, Mansergh, Koblin, Colfax, Flores & Hudson, 2010). Such behaviors were often used as avoidance coping strategies associated with stressful life events (Martin & Alessi, 2010). Likewise, in some longitudinal studies researchers found that depressive symptoms may predict sexual risk-taking among male and female adolescents and young adults (Lehrer, Shrier, Gortmaker, & Buka, 2006; Nduna, Jewkes, Dunkle, Jama Shai, & Colamn, 2010). Conversely, Hallfors, Waller, Bauer, Ford, and Halpern (2005) found that sex and drug behaviors predicted increased likelihood of depression among adolescents but not vice versa. Other studies found an association between depression and sexual risk activities among women but not in men, both in adolescents and adults (Grello, Welsh, & Harper, 2006; Paxton & Robinson, 2008;

Pratt, Xu, McQuillan, & Robitz, 2012). Regardless of these equivocal findings, the aforementioned literature illustrates that sex can serve as a coping strategy with depressive symptoms, on the one hand, but may also be related to physical and mental risk-taking that can aggravate depressive symptoms, on the other hand.

Sex as Leisure

Sexuality is a significant element of leisure, and sex itself can be understood as leisure under certain circumstances (e.g., Freysinger & Kelly, 2004; Godbey, 2008; Meaney & Rye, 2007). Sexuality is central to the sense of selfhood and sexual activity may even be “a major form of leisure” among adolescents (Kelly, 1990, p. 373). While some sexual activity can be quite unleisurely (e.g., when sex is perceived as a contest or as service, or is forced), freely chosen sexual activity performed for its own sake (i.e., in anticipation of satisfaction from the experience itself) should be understood as leisure (Freysinger & Kelly, 2004; Kelly, 1990). Three approaches to interpreting the purpose of sex are procreational, relational, and recreational. With recreational and relational purposes, sex is generally a self-contained activity with intrinsic sensual, diverting, and/or relational meanings. It may even result in moments of “flow” (Csikszentmihalyi, 1980; Freysinger & Kelly, 2004; Kelly, 1990). Freysinger and Kelly also suggested that sexual activity can be recreation since it allows the person to rejuvenate and emerge in better condition to deal with life responsibilities.

Godbey (1994, 2008) argued that if leisure is to be understood as voluntary and/or pleasurable activity, then many kinds of sexual expression should be understood as leisure. Similarly, Meaney and Rye (2007) stated that sex is leisure when people engage in it voluntarily, with chosen sexual partners, and experience it as pleasurable and as fulfilling intrinsic personal needs. Additionally, Stebbins (2001) suggested that sex, as one of the examples of sensory stimulation, is a type of casual leisure. On the other hand, Worthington (2005) suggested that the “swinging lifestyle,” is a hobbyist subculture and thus should be considered as a form of serious leisure. Furthermore, in regarding sex as a form of “shared flow” Csikszentmihalyi (1980) made a case for it being at times more profound and deeply absorbing than superficial and casual.

Since the significance of sex as leisure has increased in contemporary society (Godbey, 1994, 2008), any approach to understanding leisure and recreation that ignores the centrality of sexual matters is “choosing to avoid conflict and complexity in order to gain irrelevant safety” (Kelly 1990, p. 374). Still, even though sex fits nearly all definitions of leisure, and despite the fact that scholars have recognized that sex in its various practices represents a form of play and leisure, there is a dearth, or even an absence, of research attention to non-commercial sexual matters in leisure studies (Carr & Poria, 2010; Caudwell & Browne; 2011). Some possible explanations for this include the following arguments. First, Foucault (1976) argued that on the subject of sex “modern Puritanism imposed its triple edict of taboo, nonexistence, and silence” (pp. 4-5), where “the mere fact that one is speaking about it has the appearance of a deliberate transgression” (p. 6). In this respect, Carr and Poria (2010) stated that the “moral straightjacket” inhibits exploration of the apparent richness, diversity, and analytic potential embedded in sex-related matters in leisure studies. Second, they recognized difficulties bound with collect-

ing accurate data on the subject of sex. Third, Poria and Carr (2010) suggested that sex is omitted from academic discourse because it is perceived as a mundane activity, which is not sophisticated or prestigious enough to be worthy of academic attention. They suggested that leisure scholars prefer to remain on the "moral high ground" as topics like sex can diminish the academic credibility of the field, while in fact "scholastic ignorance" of sex as a potentially positive and fulfilling leisure activity as well as an integral part of human life is extremely problematic (p. 182). Likewise, Deem (1999) suggested that leisure studies are ghettoized with respect to broader academic community, while topics like gender and sexuality are ghettoized within leisure studies, creating a double ghetto for these topics undermining their perceived credibility and prestige. Thus, the current research was undertaken to address some of these gaps and to join the voices advocating for the silence to be broken on the topic of sex in leisure studies.

Leisure as Coping

Leisure can contribute to people's well-being in various overlapping ways such as keeping them busy; offering experiences of pleasure, fun, and relaxation; meeting various human needs; facilitating personal growth; contributing to identity formation and affirmation; and serving as a buffer for coping with stress, mental illness, and negative life events (Kleiber, Walker, & Mannell, 2011). The latter, "buffering" effect was theorized as being derived from leisure-generated competence, social support, and self-determination that could be recruited for coping with high levels of stress (Coleman & Iso-Ahola, 1993; Iso-Ahola, 1994). In a similar vein, Han and Patterson (2007) asserted that leisure can enhance a person's health via pleasant mood states, by moderating stress effects, and by strengthening well-being.

The potential of leisure to serve as a resource for coping has mainly been studied in the context of the negative life events. Leisure experience is almost invariably implicated in the losses that are experienced with such events (i.e., including the "favored capacities" and relationships that may have to be relinquished), as well as in the processes of adjustment and personal transformation (Kleiber, 1999). In reviewing the relevant literature, Kleiber et al. (2002) suggested that when leisure was distracting it served to protect the self. Additionally, they suggested that when leisure resulted in positive affect it became a source of optimism, continuity, and self-restoration; and when it became a context for change it afforded personal transformation. In looking more specifically at coping with traumatic injury or chronic illness, Hutchinson, Loy, Kleiber, and Dattilo (2003) found further support for those functions and for providing a sense of belonging, acceptance, purpose, structure, competence, health maintenance, and independence as well.

With respect to depression more specifically, Janke, Nimrod, and Kleiber (2008a, 2008b, 2008c) investigated spousal loss and found that depressive symptoms predicted a reduction in leisure activity, and that widows who decreased their leisure involvement reported lower physical and mental well-being (including higher symptoms of depression) compared to those who maintained or increased it. Likewise, Dupuis and Smale (1995) studied older adults and found that leisure participation was positively related to well-being and negatively related to depression. Therefore, the link between leisure and well-being cannot be ig-

nored and the remedial potential of leisure should be leveraged since leisure "has a strong potential for use in the treatment of depression" (Patrick, 1994, p. 180).

Leisure in the treatment of depression should be understood as a state of mind antithetical to depression that may help to alleviate the symptoms of depression such as anhedonia (i.e., inability to experience pleasure) and temporal dysfunction (i.e., distortion of the sense of time and loss of the sense of future) by rekindling the ability to enjoy and facilitating temporal reorientation (Patrick, 1994). Investigating the potential of leisure for treating depression among women, Hickman (1994) found that their condition improved as a result of participating in behavioral group leisure counseling programs, particularly in the areas of perceived freedom, reduced depression, and enhanced self-esteem. Focusing on the intersection between physical activity and leisure, Hall (1994) discussed numerous psychological benefits associated with exercising such as increased mental well-being, improved self-image, boosted self-confidence and sense of control, positive mood changes, and relief of tension, anxiety, and depression. Likewise, Mead et al. (2009) conducted a meta-analysis investigating the effectiveness of exercise in the treatment of depression and found that depressive symptoms seem to be amenable to exercise, suggesting that exercise could be utilized as a supplementary treatment. Yet, questions remain regarding the most effective types of exercise and the overall degree of effectiveness of physical activity.

More recently, Fullagar (2008) investigated leisure as a site of identity transformation for women suffering from depression and found that leisure practices, allowing women to explore alternative subjectivities and transcend the socially constructed gender roles and selfless ethic of care, facilitate recovery from depression in ways that biomedical treatment cannot offer. Iwasaki et al. (2010) suggested that organized social leisure opportunities can play a key role in the recovery of persons with mental illness 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. Finally, Nimrod et al. (2012) found that people suffering from depression appreciate the positive potential of leisure in coping with their condition. 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 (e.g., drinking and substance use), which, in turn, may exacerbate the depression.

Research Purpose

The literature review reveals various degrees of research attention to the potential links between (a) sex, depression, and antidepressants, (b) sex and coping with depression, (c) sex and leisure, and (d) leisure, well-being, and coping with depression. To summarize the existing literature, it is clear that sex may be considered as pleasurable leisure activity and that like any other leisure activity it may be used for adaptive coping with depression. However, depression and antidepressants may constrain sexual functioning or lead to maladaptive sex practices. This study explored this dynamic as perceived and experienced by people with depression. Specifically, the purpose was to understand the role of sex as leisure in the

experience of depression (e.g., how it might be affected by depression or related to coping strategies with depression), as well as its link to self-perceptions and relations with others. This research is the first known to us to focus on the intersection between sex, leisure, depression, and coping. Incorporating this multidimensionality and its analytical potential in one study yielded significant insights that have both theoretical and practical implications.

Method

The Internet provides an attractive sphere for investigating sensitive topics such as sex or stigmatized illness like depression. This is mainly due to the anonymity afforded by some online contexts, which in turn may have a disinhibiting effect. As many people with depression turn to online communities for help in understanding and dealing with symptoms (Nimrod, 2012a), the authentic contents posted in such communities serve as a valuable resource for examining various aspects of depression (e.g., Horne & Wiggins, 2008; Pestello & Davis-Berman, 2008). Thus, the current study used data posted in Online Depression Communities (ODCs), to understand the dynamic of sex as leisure in the context of depression.

The study followed an online ethnographic approach frequently described as *netnography,* a method based on observations of technologically mediated communication in online networks and communities (Kozinets, 2002, 2006, 2010; Langer & Beckman, 2005). The application of netnography in this study followed the six ethnographic steps suggested by Kozinets (2010)—research planning, entrée, data collection, data interpretation, adhering to ethical standards, and research representation. The study was purely observational and the researcher could be characterized as a “specialized type of lurker” in this scenario (Kozinets, 2010). This nonparticipant observational approach allowed for exploring unelicited and spontaneous postings in the online communities (Kozinets, 2002).

The entrée phase involved formulating the research questions and identifying ODCs for the study according to the overlapping criteria of relevance, activity and interactivity, substance and critical mass of participants, and data-richness (Kozinets, 2010). The research team searched the web, identified 45 online communities explicitly targeting people with depression, and screened out those that did not adhere to the aforementioned criteria. Namely, online communities that did not specifically focus on depression and ODCs that were relatively new or nonactive (with less than 500 posts) and could not provide rich data or offer insights into the interactive dynamic among the participants were eliminated. ODCs that required registration were also excluded in order to avoid ethical issues bound with what is considered to be public vs. private information. The final sample consisted of 25 English-language based communities from USA, Canada, Europe, and Australia (see Table 1). All the communities were peer-to-peer support groups (i.e., did not offer professional counseling) and all of them, regardless of their “geographic” location, targeted global audience. Considering the public nature of the ODCs, consent was implied and the study was approved as exempt from human subjects review.

Table 1

The Online Depression Communities explored in this Study

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

The data collection phase drew upon the direct copy of a full year's computer-mediated communications from the ODCs (from April 1, 2007 to March 31, 2008) and the observations of the contents posted by community members. Netnographers typically deal with data overload and, thus, the online messages can be classified into on-topic and off-topic according to the research questions (Kozinets, 2002). For this purpose, Kozinets (2010) suggested implementing "computationally assisted netnography" that adds software-based tools that aid netnographers with sourcing, tracking, marking, collecting, reducing, visualizing, and pervading data. In this study, the data collection, mining, and selection were facilitated by the Forum Monitoring System (FMS) designed particularly for online forum analysis and owned by the 1st2c Ltd., a commercial company located in Hod Hasharon, Israel.

The posts were downloaded to the initial database and then filtered by the FMS using keywords related to sex. The FMS filtering function is managed through Boolean operators such as: "AND" (retrieving the posts where all the keywords of interest appear), "OR" (retrieving the posts were at least one keyword of interest appear), and "WITHOUT" (filtering out the posts containing noise words in addition to the keywords (e.g., medicine "Lustral" was a noise word for the "lust*" keyword). Additionally, use of "*" attached to the root of interest in the word provided researchers with the ability to include all the derivatives of a word in a search. Thus, keywords such as sex*, libid*, horn*, fuck* (which was used both in the sexual context and as a curse), make love, made love, love making, sex* AND passion*, sex* AND desir*, lust* WITHOUT lustral (FMS is not case sensitive), and erot* were used in this way. This pragmatic strategy resulted in the final database consisting of 6,360 posts (with occasional overlaps between the posts and linguistic inaccuracies) manageable for qualitative analysis. The length of the posts varied from a few lines to several paragraphs.

There was no way to describe the authors of the posts due to the anonymity in the ODCs and as such no sociodemographic details can be provided in this study. However, drawing upon Nimrod's (2012b) study of users of Internet-based depression support groups (sample predominantly from the US, UK, Canada, and Australia), the following sociodemographic characteristics could be expected: 70% women, 64% unmarried, median age 36 years, relatively high level of education (average number of years of education 14.8), but average (50%) and lower than average (35%) levels of income. Most members (76%) were diagnosed with depression and the most frequent diagnosis was major depression (68%). Considering the absence of this information in this study and sheer number of the posts, no pseudonyms were attached to the brief quotes provided in the findings section.

The data analysis phase focused on coding, classification, and contextualization of the key ideas. To identify the sex-related themes, the database was carefully read and categorized drawing upon constructivist grounded theory (Charmaz, 2006) and the elements of situational analysis (Clarke, 2005). The data analysis unfolded through four phases facilitated by extensive analytical memo-writing and supported by the qualitative data analysis software Atlas.ti5. First, incident-by-incident open coding was performed to classify the data into initial themes. The strategy of in-vivo labeling was extensively used. This phase continued until

perceived saturation was attained and further reading seemed to produce redundant patterns and no new insights. Second, focused coding was conducted to sift the data through the most meaningful and frequent initial codes in order to categorize and synthesize the data. Third, axial coding was implemented to create a coherent logical structure based on the axes of the key concepts (Strauss & Corbin, 1998). The axial coding was facilitated by writing thick descriptions of the axial codes and constructing Clarke's (2005) situational maps, starting with a "messy" working version, proceeding to an ordered one, and finishing with a map of the semantic relations. Finally, theoretical coding concluded the analysis, moving from description to conceptualization and integrating the insights into a suggested theory. The analysis was guided by an assumption that there is no objective meaning to the data and an aspiration to reflect the interpretations and insights constructed by the members in the ODCs. Therefore, the researchers made a conscious effort to bracket themselves out in the initial analytical phases, but embraced their theoretical luggage back at the concluding analytical phase. The trustworthiness of the analysis and constructed interpretations was enhanced following the canons of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), with the caveat that member checking was not possible in this study due to the chosen methodology.

Findings

The data reveal that ODC members use the communities for information and advice regarding sex and relationships when coping with depression. They share their stories, "vent," "cry for help," "release the pain," and help others avoid negative situations or deal with troubles bound with sex in the midst of depression. Some people found the discussions of sex-related matters to be so important that they suggested, "We could have a whole message board topic on SEX." Perhaps the best way to exemplify the effect of depression on members' lives in general and on their sexual activity in particular is to illustrate how they refer to depression. In many posts expressions like "fighting the beast," "hating the monster," or "being in a vicious circle" were used to depict depression and associated feelings. The process of struggling with depression was described as "riding a roller coaster of ups and downs" where "ups" refer to occasional victories of an individual over depression and "downs" to the moments of despair when depression seems to overshadow life in general and sex in particular. The vast variety of discussed sexual topics were organized into five themes dealing with sex, antidepressants, relationships, issues with loving self and others, and sex as a coping strategy.

The "Beast" Destroys the Leisure Qualities of Sex

Based on messages posted in the ODCs, the "beast" has a devastating effect on the sex life of people with depression. Though, of course, this effect is not homogenous. In most of the posts, authors reported low libido and many of them testified that sex becomes "different when depression hits." Only in rare cases did the authors describe the same or a higher libido during depression crises. Thus, the negative nature of the nexus between sex and depression was prevalent in this theme. The authors complained that when depression hits, sex becomes "a must

do thing," "a chore" (when it "hurts to make love… what a curse! This is almost worse than going through menopause!!!"), and that they "do not enjoy it [sex] anymore." Such experiences demonstrate that under the shadow of depression, sex often loses its qualities as a leisure activity, and becomes an unpleasant burden. For instance, one post author complained, "I cannot enjoy making love to my husband anymore. I feel like he is making me make love to him even though I know that he isn't. I don't like being touched, kissed, cuddling. I feel dirty..." adding later, "I just don't know what to do anymore... I want to feel human again. I want to feel whole."

Still, even people who described not enjoying sex because of their conditions explained that they "want to want to have sex again" like they used to before depression hit and "feel human again." Hence, they still value the leisure qualities of sex. One of the posts read, "I have this feeling of just existing... blahhh... I want to say the heck with it, I'm done... I'd love to just be normal and to feel good, and to have my libido back! Is that too much to ask?" Posts' authors argued that it is necessary to find a compromise and that sex cannot be waived, but has to be "adapted" to the conditions of depression, as one post read, "explain to your DSO [depressed significant other] that there will most likely be no sex but you just need to kiss and hold him… to relearn the pure enjoyment of just being together and kissing can be much more intimate and emotion filled than sex."

In many posts, authors explained that they suffer deeply from loneliness, lack of affection for their significant other, and/or from the lack of intimacy with and support from their partners. In some cases, the result of these feelings was what the authors described as "erotic transference" onto a therapist, because s/he was perceived as the only person who understands. For instance, "My husband is not a conversationalist so my therapist is the only person I have stimulating face to face conversations with... I bet if I found out my therapist had a girlfriend or wife I'd get really jealous." Yet, this erotic transference was frequently discussed as leading to negative consequences (e.g., "I have personally experienced erotic transference as a patient with a few therapists… I was unable to discuss my feelings… I ultimately crashed and burned resulting in a major breakdown. I was even taken to the hospital.")

Meds Have Adverse Effects on the Sexual Response Cycle

Sexual side effects were the dominant theme in the link between sex and antidepressants. Interestingly, the word "antidepressants" was hardly used in the posts and authors called them "meds," "drugs," "medications," or used the actual name/brand of the medicine. Community members were bothered by the medications' side effects and claimed that these medications have "killed," "ruined," or "destroyed" sex in their lives. For example, "With [medication name] sexual side effects are huge!" further elaborating, "When I was on [medication name] if we made love once a year that was fine & if we didn't at all that was fine too because quite frankly I had no "appetite" at all; it was gone!!!!" Community members did not associate antidepressants with loss of desire only. In fact, they reported adverse side effects on all phases of the sexual response cycle. People described a feeling of numbness as a result of medications and some men complained that medications had rendered them impotent. Many of the posts described dramatic drops

in libido (while only in very rare cases was the outcome the opposite), loss of the ability to reach orgasm, delayed orgasms, and diminished intensity of orgasms due to antidepressants. One community member explained that "as the weeks went on and the drug was in my blood stream," he experienced the following symptoms, "I lost sensation in my orgasms and the relief/euphoria from it faded. They got weaker and weaker until the point when I could get erect but not much else. It was incredibly frustrating. I felt emasculated and pathetic."

It was quite rare for people to be fine with sexual side effects. Some posts' authors were trying to cope with sexual side effects by attempting to rationalize them. They described it as "a necessary sacrifice for the overall well-being." However, others were skeptical that it was possible to achieve any balance or well-being without sex. Thus, people were extremely upset about having to choose between fighting depression (while giving up on sex) and maintaining their sexual activity (while continuing to suffer from depression). Furthermore, people made different choices depending on their prerogatives. One scenario is reflected in the following quote, "I would rather not have depression and deal with the sexual side effects compared to having depression, only because mine was so bad that it impacted every aspect of my life and decreased sex drive was also one of those." Yet, the opposite scenario is illustrated here, "I'm thinking about just giving up the meds and becoming a nut case again just to save my sex life with my husband! It seems ridiculous to have to choose between sanity and sex but now sex creates more problems." Some messages were even explicitly saying that that sexual side effects are "something to think about down the road…" and suggested "Three words: DON'T DO IT [meds]!!"

Another important aspect described with respect to antidepressants and sex is that both of them are related to individuals' personalities. Some people claimed that medications helped them to find again their personalities, which were lost because of depression. The following quote exemplifies this, "[Medication name] is doing well for me. I have my energy back, I'm beginning to care about things again. Gosh it's been a while… that's how I used to be. Maybe I'm being me again. The real me." Yet, the same author added later, "The only problem I'm trying to work on now is getting my love lust back." Conversely, other community members blamed medications for taking "away your personality and make you feel zombiefied." Moreover, the loss of sexual activity because of medications was regarded as negatively affecting their self perception and personality. For instance, one post argued that "eventually it may become big to your husband since he 'can't anything' anymore. Trust me when a guy can't make love to his wife it's a huge deal." Another post explained that for men the loss of ability to have sex "kicks their ego so badly it comes to a point where they're making a decision not to take the meds anymore just to have a 'normal' life." There was also a group that did not know anymore what their personality was due to constantly fighting with depression and changing medications. Thus, the medications appear to have affected people's sexual activity and to have projected on their self perceptions and perceived personalities. It was also apparent that the effects of depression and antidepressants were closely related to relationships with significant others.

Depression and Medications Put a Strain on Relationships

All the sexual side effects including sexual dysfunction, both from depression and medications, projected on steady relationships. One of the most prominent concerns raised in this theme was a feeling of guilt. Such a feeling resulted from two, but often overlapping, conditions. First, people felt guilty for not having sex (enough or at all) with their partners and/or for not giving them enough love, attention, and affection as a result of being constantly focused on depression. This sense of guilt further exacerbates the aforementioned dissonance where a person dealing with depression faces "the choice between sex and meds." For instance, as one author wrote:

> I battle with myself terribly! I have to take meds… & i have NOOOO sex drive. I am newly married (8 mos) & feel horrible about not being interested. My hubby is VERY active in that dept. & i feel so guilty bcuz he's kinda gotten used to me never wanting it & he went from wanting it EVERY night to just once a wk. maybe. And i feel like i dropped his drive due to me never wanting it.

Second, feelings of guilt resulting from the overall effects of depression and medications on sexual activity put "strain on the relationship" as some described it. For example, one person wrote, "It was putting a strain on my relationship with my fiancé because she was starting to think I wasn't turned on by her anymore and I kept telling her it was the medication... but it still put strain on the relationship." Some people described rapid changes in their mood and affection that could "switch the drive off" and obliterate attraction to significant others, turning sex into a chore. Yet, it was mentioned quite frequently that some problems could be resolved by sincere conversations. For example, one person described the feelings of failure and pressure that upset her partner and prevented her from having orgasms and concluded that:

> We got around it by talking… and learning what would 'work' and what wouldn't… Sometimes I would take so long to orgasm… that I would just get self-conscious, embarrassed, and ask him to stop… Once we'd worked all that out almost every sex session included an orgasm for us both… The main thing for my partner and I was that we had to talk about it openly. That was hard but it led to some mind-blowing sex.

Community members who were partners of people suffering from depression were troubled as well. They complained that when "we had sex I got upset because I knew he wasn't there emotionally for me and yes I felt used." They were searching for advice from "somebody who understands" and were complaining about manipulation on behalf of their depressed beloved, sex and absence of attention, lack of mental and sexual satisfaction, and unfulfilled hopes. For instance, "he withdrew from me completely and totally... I don't even get hugs. I don't know when I'll be able to make love with him again. Right now it's not even an option."

Sometimes, the partners' feelings of rejection, insecurity, worthlessness, and unattractiveness, hurt their egos; and internalized guilt even led to subsequent depression among them. This pattern was reflected in the following post, "He [husband] started majorly declining. I was constantly blaming myself… If I was a

better wife he would be happier. If I was more beautiful we'd have sex more often. If I was more patient we wouldn't be arguing." She explained further that, "The lack of sexual activity made me doubt my attractiveness. I'd stay awake crying and praying, praying and crying constantly. Needless to say I'm now on antidepressants myself." Besides these feelings, unsuccessful relationships, cheating and/or difficult breakups can trigger depression. Thus, relationships can be affected by depression, but they can also contribute to depression. In addition, sexual traumas like sexual abuse or harassment were described by several authors as a cause of depression and/or as an interference with or even prevention of any "healthy loving relationship." This theme illustrates the centrality of sexual functioning in the emotional aspect of relationships, where sexual activity is an expected part of bonding while the lack of it is bound with feelings of guilt and withdrawal.

Loving Oneself and Others is a Challenge

The focus of this theme is the interplay among depression, love, and meaning. As shown in the previous theme, the ODC members linked sexual functioning to various notions of love. People discussed diminished ability to love themselves as this capacity was negatively affected by low self-esteem bound with depression, feeling unattractive, unfeminine or emasculated. Loving the other (i.e., relational love), was also negatively affected as sex as a venue for bonding and sharing affection was negatively influenced by depression and antidepressants.

Namely, in some posts, authors explained that they do not love themselves in general, or because of what depression has done to them in particular. In some cases it was described as a result of depression, in others as its trigger. As one post read, "I hate who I have become. I hate that I want so many things yet this illness holds me back. I hate that I know WHAT I need to do but can't seem to make myself care enough." Likewise, another quote elaborated, "I can't seem to love and care for myself. I have no idea how to… I don't drive with my seatbelt on purpose. I drink and drive… I get lonely and only feel comfortable with a one-night stand." The same person added, "I am scared because the longer I have gone down this path; the worse off depressed I have become… Everything I hate about me I have done to myself. I am my own enemy."

Additionally, community members explained that "people who do not love themselves find it difficult to love others," or conversely, can exist only for somebody else while completely ignoring themselves, which might exacerbate depression. Indeed, there were clear indications of pain and discomfort in discussions of love and depression, as can be seen in the following post, "You can still love and be depressed... love and anger are interchangeable emotions… In some circumstances love can be deemed a chronic pain... but if there's no pain… what influences the need to survive?" Conversely, some people suffering from depression took a more distanced and skeptical standpoint on the link between love, sex, and meaning. As one post read, "Life is pretty much pointless… life is simply a part of death and my dreams passions loves lusts desires vices etc. are all just a distraction to try and hoodwink the true meaning of life... to procreate. To keep the system going." Yet, "Even though life is pointless... I've gotta say don't make that prevent you from enjoying what's there."

Another discussed topic with respect to love was the advice to differentiate between love and lust in order to preserve relationships. For instance, many authors complained that they had lost their passion and sometimes even love for their significant others because of depression and medications, for example, "I am depressed… I am concerned about the way I love my wife… I have no interest in sex with her and love her more as my best mate. I do not love her the way I should." The author further explained, "I feel like I am cheating on my wife as I don't love her in the physical way I used to. I feel like it is cringy to give her hugs and kisses… I don't want to split up with her but I may have to." People with similar problems shared their experiences and advised others not to conflate love with sexual passion as a way of preserving a relationship. For example, one author proclaimed, "Romantic love and lust are two separate entities (in different brain areas). Lust is a compulsion that's often regretted. I strongly believe there is only one type of love and with trust it is enduring."

Two Ways to Use Sex in Coping with Depression

Some people indicated that one of the short-term coping strategies with depression is to hide depression behind sex. Hiding could mean increased (typically unemotional) sexual activity with a regular sexual partner, buying sexual services, and/or engaging in casual sex. However, they explained that this strategy is not effective in the long run. For instance, "I always had depression but I hid it behind drinks/drugs/sex. Funny how these escapes only made me more crazy." Likewise, "Depression anxiety has taken over me.... I do stupid things that I never would have done like gamble my money away, go to prostitutes for oral sex, I am worried how my life will end up." Another person discussed paying to a stripper for oral sex because, "I was extremely sexually frustrated and just needed some kind of release besides masturbation. Now I find myself feeling guilty, scummy, and shamed as a result of my sexual weaknesses... I feel like I don't deserve to have a relationship." Similarly, one member discussed a depression relapse followed by "a few years of drink and drunken sex letting men use me because I felt I didn't deserve any better. Letting them use me because I felt it was the only way I could feel close to someone for a short while."

Furthermore, in some cases, engaging in casual sex and/or buying services of sex workers were associated with sexually transmitted diseases, which would lead to additional stress when the person was already dealing with the burden of depression. Moreover, unemotional sex with a steady partner may make the partner feel used, betrayed, and unhappy (as demonstrated in the third theme about relationships). To illustrate this further, "Years ago an ex-boyfriend said I was poisonous and I believed that for a long time," because "usually I get involved for sexual needs and the other person always wants to get serious." As one of the ODC members summarized the consequences of using sex as a hiding strategy from depression, "The roller coaster of life I was riding really started getting bad… after a solid five years of craziness there was nothing but a big crash on its way. Only I never saw it coming."

However, not all community members perceived sex as a way to hide from depression. Some people explained that sex could be a way to treat depression due to emotional closeness and positive emotions related to sex. As one post read,

"Dwelling on how withdrawn you feel will only create more of that feeling… make love to your partner and choose to GET in the mood. Give your partner intimacy and love… It bonds you. You'll both feel better." Likewise, another post suggested, "You are hurting and depressed, and feeling withdrawn because of it... If you want to fix it then FIX… Just give your partner the intimacy and love they need… Surprise him in a great way. Make love to him and make it special." Another person posted, "If you want to have love, give it. If you want to be loved, BE lovable... Your love towards him [husband] will heal a lot of hurt between you two… But you reach out first. Show your love." In this respect, the ODC members frequently stated, "Everyone in a marriage feels like roommates when you are not speaking, fighting and not being intimate," but "That's very fixable… if you really want this marriage to work then you are going to have to muster all the strength you have to 'hug your porcupine.'"

Additionally, community members indicated that, most likely, sex would have to be adapted to the depression conditions in order to be used as a healing strategy so that the focus would be on emotional bonding, feeling of togetherness, "healing touch," and support rather than on the actual intercourse. For instance, "You will have to re-learn again how to pleasure and treat each other. It wasn't easy for us but it's worth it… It's a balance, avoiding vulnerable spots and enhancing each other." Likewise, "Perhaps there are other things you need to learn how to appreciate about her. Also reconsider your definition of making love." Further, discussing example of such adaptation, the same post's author suggested, "When her husband was dying of an illness there were some things they could not do, but she took a great deal of satisfaction in simply holding hands and the squeeze of his hand in hers was to her the equivalent of making love." Similarly, some people stated that, "TALKING about sex can be really erotic too you know!"

Others provided advice such as, "You could try and take the focus off having "sex" and just have long kissing sessions… so start out small, kissing touching and build up to wanting him with passion." ODC members encouraged each other to explore the potential of healing touch because, "What have you got to lose by just trying? Not much, and hell who doesn't love a long make out session, you'll have the pleasure and enjoyment of that at the very least!!" As one of the ways to make it work, it was suggested, "Remember what it was like in the beginning before you ever slept together the anticipation the lust all of that." However, using sex as a healing strategy has its dangers as well, particularly if not communicated properly to the significant other. For example, "I couldn't stand for my XDH [ex-depressed-husband] to touch me in the end as it's really hard to make love with someone who you feel has betrayed your love." S/he further added, "To manipulate you into having sex with him as a way to treat HIS depression. I just can't believe he would come out with that! What planet does this man live on! I mean really!!!" Another member posted, "Sex with dh [depressed husband] up until fairly recently was used as a pacifying agent for him; I have no interest the last few months once I realized what he was doing." Such unsuccessful implementations of a healing strategy resulted in feelings of guilt, failure, betrayal, anger and/or apathy (both on behalf of depressed person and significant other) further exacerbating depression. Thus, it appears that sex can be recruited as a healing strategy only under certain circumstances.

Discussion

Sex poses a paradoxical condition for people struggling with depression. On the one hand, it may alleviate depression, but at the same time it is constrained by depression. The use of netnography in this study, and the analysis of an extensive amount of evidence provided by a very large number of individuals, afforded a profound investigation of the way in which this paradox is perceived and experienced by people with depression. Moreover, it enabled a pioneer exploration of the intersection between sex, leisure, depression, and coping. In making sense of the various themes identified in the data, we propose a model describing at one level how the themes may be related to one another and at the other suggesting implications for theory development and practice (Figure 1).

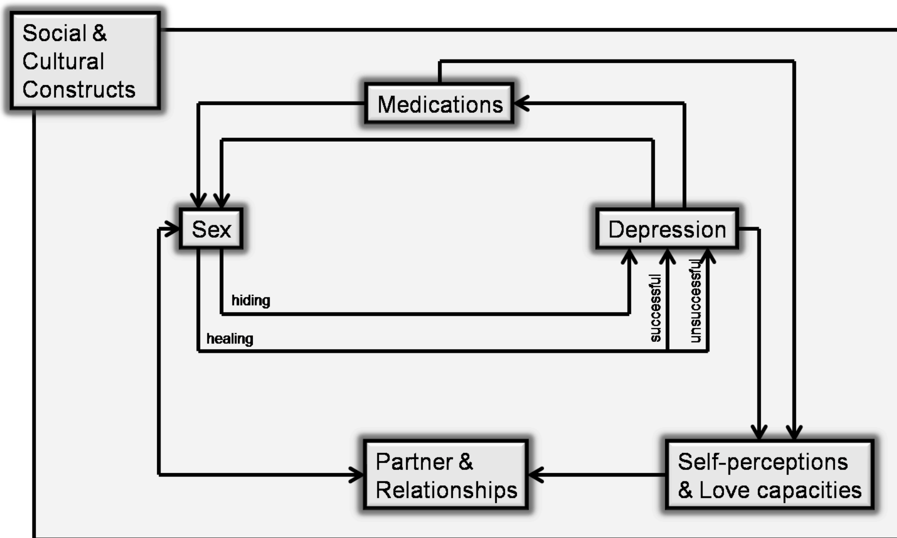

Figure 1. Sex as Leisure in the Shadow of Depression

Generally, the model illustrates the intricate interconnectedness of all its components. We propose that there are no clear beginning and ending points. Sex and depression mutually affect each other. Depression affects sex directly and via antidepressants. Sex, in turn, can be recruited as a coping strategy for depression in two ways. First, sex can be enacted as a hiding strategy from depression, which in the long run typically exacerbated depression for the ODC members. Second, under certain circumstances, sex was also described as having a healing potential over the long term. When sex as a healing strategy was successful, it ameliorated a person's capacity to cope with depression. Yet, sometimes this healing strategy was doomed to failure due to various miscommunications and/or improper implementations, further exacerbating the state of depression. Depression and antidepressants tend to negatively affect people's self-perceptions and love capacities,

in turn, projecting on their relationships with significant others. Moreover, the quality of relationships and sexual functioning are reciprocally linked and the centrality of sexual functioning in the emotional makeup of the relationships cannot be underestimated. Finally, this entire dynamic is situated within a broader social context where social and cultural constructs dictate expectations with respect to "normal" human functioning in various spheres of life.

As such, the proposed model seems to indicate that the paradox of sex in depression is even more complex and multidimensional than the literature suggests. According to the literature, both depression and antidepressants negatively affect the sexual activity of depressed persons (Clayton & Montejo, 2006; Phillips & Slaughter, 2000). However, the findings in this study seem to demonstrate that individuals with depression differentiate between sexual side effects of depression and antidepressants. While depression is mainly perceived as affecting individual's libido (i.e., associated mainly with sexual desire disorders), antidepressants are perceived as affecting sexual functioning throughout the sexual response cycle (including desire, arousal, orgasm, and resolution). The leisure literature differentiates between *intervening* and *antecedent* constraints (Jackson, 2005). Intervening constraints may be interpersonal or structural factors affecting participation and the ability to benefit from it. Antecedent constraints are intrapersonal factors affecting the preferences and interests of an individual. Typically, antecedent constraints are less negotiable than intervening constraints. To an extent, the effect of depression on the libido is perceived as an antecedent constraint, and the side effects of antidepressants are perceived as both intervening and antecedent constraints.

The impact of these perceptions may be quite dangerous. Although depression is associated with sexual dysfunction in most sexual phases (e.g., Baldwin, 2001; Kennedy et al., 1999; Nicolosi et al., 2004), the ODC members in this study consider it as mainly responsible for desire disorders, and put most of the blame for their sexual dysfunction on antidepressants. Therefore, some of them consider quitting antidepressants just to win their sex life back. This strategy appears to be strengthened, or weakened, according to their perceptions of the impact of medications on their personalities (i.e., if antidepressants are perceived as helpful in finding lost personalities, people are less inclined to stop taking them than if they are blamed for "taking away your personality"). Quitting antidepressants may not necessarily resolve the various sexual dysfunction disorders, but it puts people at risk of exacerbated depression.

The other side of the paradoxical equation is also more complex than the literature describes. According to previous research, sex may be a healing factor when coping with depression (Brees, 2008; McInnes, 2003). However, this study appears to demonstrate that people with depression differentiate between the healthy and unhealthy use of sex for coping, namely, between hiding and healing strategies. Although they appeared to recognize the temporary relief provided by the hiding strategy, they were well aware of the risks involved with it and of the fact that overall this was a short-term avoidance coping strategy (Martin & Alessi, 2010). At the same time, it should be noted that the healing strategy holds some risks as well, as unsuccessful experiences may lead to a sense of failure and guilt, and eventually

cause more depression. Hence, both strategies have potentially negative outcomes. Moreover, Brees (2008) pointed out potential gender differences where men may use sex "as an outlet to deal with their depression," thereby allowing them to release negative energy and to shift the focus from depression, while women "may crave touch" and being held, not necessarily expecting sex (p. 242). Such a pattern was not found in our data. Yet, this could result from the fact that community members do not always self-identify in terms of gender. Therefore, this issue could be better explored in future research drawing upon different methodology.

The healthy use of sex for coping with depression was suggested not only by writers on depression, but also by the extensive literature on the positive impact of leisure on well-being. As sexual activities may be considered leisure (Freysinger & Kelly, 2004; Godbey, 1994, 2008; Kelly, 1990; Meaney & Rye, 2007), they may moderate stress effects, contribute to individuals' well-being (Han & Patterson, 2007; Iwasaki, 2007; Kleiber et al., 2002) and alleviate depression (Fullagar, 2008; Nimrod et al., 2012) just like any other form of leisure. However, the tragedy of the paradox, offered by our findings, is that sex often loses its qualities as leisure under the shadow of depression. In fact, it often becomes an unpleasant burden, thereby losing the fundamental qualities of leisure—freedom of choice and pleasurable activity, and as such cannot be considered leisure anymore (Meaney & Rye, 2007).

Reflecting on the five themes related to sex and depression in this study reveals that they are closely interrelated in a cyclic manner, echoing the allegory of depression as a vicious cycle (Nimrod et al., 2012). The postings used terms like "trap," "never-ending cycle," or "vicious circle" to describe the ways in which depressed people struggled to maintain sex in their lives, relationships, and love for self and others in the shadow of depression and antidepressants. Yet, unlike the vicious cycle described in previous research, the vicious cycle created by the paradox of sex in depression has an additional dimension. It includes not just the people who suffer from depression, but also their significant others. The difficulties faced by such couples put a strain on their relationships, may hurt the foundations of their love and friendship, and even drag the non-depressed partners into the cycle of depression.

Yet, it should be noted, that the findings suggest several ways to cope with this frustrating situation. Some of the themes included cognitive and behavioral strategies used by community members to negotiate the constraints to sex posed by depression and antidepressants. These included promoting sincere and open communication about the various difficulties, differentiating between love and sex, and making adaptations in sex practices. In addition, the number of posts dealing with sex in the ODCs suggests that consulting with other community members may be considered a coping strategy in its own sake (Nimrod, 2012a). Sex as a healing strategy is perceived as linked to bonding, socio-emotional benefits, as well as the benefits of reappraisal and positive self-image. Therefore, ODC members advised each other not to give up on sex even if it meant consciously working on "getting into the mood."

This study revealed that sex is an important component in the lives of people suffering from depression since sex is perceived as part of coping with depression through distraction, mood regulation, positive emotions, and feeling whole and

"normal." Yet, the extreme feelings of guilt, failure, and self-unworthiness they experienced as a result of not having sex (enough or at all) with their partners and the challenge of simply loving them, require additional discussion of what being "normal" means. It seems that the critical-realist approach (Ussher, 2010), which suggests incorporating psychological, biomedical, and socio-cultural or discursive explanations for depression in the same framework, should also be utilized when discussing sex as leisure in coping with depression.

Toward the end of the twentieth century, a combination of social and cultural trends made sex a legitimate hedonistic activity (Freysinger & Kelly, 2004; Godbey, 2008). Moreover, they even turned participating in sex, as well as enjoying it, into a sort of social demand among middle and upper class in many Western and some nonwestern countries (Kaplan, 2011). As a result, people with depression are at risk for feeling that their reduced libido and sexual dysfunction make them socially inferior. To an extent, they may perceive themselves as deviant members of their culture. Such negative feelings and self-perceptions may cause additional distress, which is probably less evident or even absent in more conservative societies. This broad social context should be considered in any future exploration addressing the complex nexus between sex, leisure, and coping with depression.

The current study also has several practical implications. Apparently, sex may be both a source of comfort and a source of distress for people with depression. At the same time, it may be a tactic for the denial of depression. Practitioners working with this population should bear this in mind and promote the strategies for dealing with the paradox of sex under the shadow of depression. Moreover, it seems that online communities serve as a safe sphere, in which people with depression feel comfortable to discuss the difficulties they face with regard to relationships, love, and sex in their condition. It is possible, that this is the *only* place where they discuss these issues. As most people with depression do not have access to formal care (WHO, 2012), but may still have access to the Internet, people with depression should be encouraged to use the online community as a sphere for discussing their difficulties and getting new perspective on them. Lastly, efforts should be invested in educating people with depression about the source of the sexual dysfunction they commonly experience with respect to various phases of sexual response cycle. If they understand that such dysfunction is not necessarily a result of medication use, but rather a general symptom of depression, it may reduce their inclination to stop taking antidepressants and risk additional distress.

Limitations and Future Research

This study demonstrates the usefulness of netnography as a tool for studying sensitive topics. Yet, it also has several limitations. As the posts were not linked to specific persons, there was no way to differentiate between community members (e.g., between people diagnosed with depression and undiagnosed participants, between posters with various types of depression, or even between men and women). Another limitation results from the fact that the output provided by the FMS software cannot be presented in chronological order. Therefore, analysis could not follow the dynamic of the sex-related discussions. Moreover, filtering posts based on 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 sex. It is possible that some significant insights concerning the experience of sex as leisure when coping with depression were missed just because the posts did not include the sex-related keywords used for selection.

In terms of delimitations, there is a bias in this study toward focusing on those who are inclined to use the Internet and more specifically those who are willing to engage with other people. This group might be somewhat less depressed than those who truly avoid contact with others. Therefore, they are probably not representative of people with acute depression, whose concerns regarding sex, love and relationships may be considerably different. Moreover, despite a multi-national composition, most participants in English-based communities probably live in English-speaking Western countries.

Future research, then, should investigate how sex is experienced by people with depression 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 different types of depression, people with various levels of depression, males and females, and so forth. This should be done by direct qualitative and quantitative investigations, and not only by examining available texts.

References

Alvy, L. M., McKirnan, D. J., Mansergh, G., Koblin, B., Colfax, G. N., Flores, S. A., et al. (2011). Depression is associated with sexual risk among men who have sex with men, but is mediated by cognitive escape and self-efficacy. *AIDS and Behavior, 15*, 1171-1179. doi: 10.1007/s10461-010-9678-z

Baldwin, D. S. (2001). Depression and sexual dysfunction. *British Medical Bulletin, 57*, 81-99. Retrieved from http://bmb.oxfordjournals.org/

Baldwin, D. S., & Mayers, A. (2003). Sexual side-effects of antidepressant and antipsychotic drugs. *Advances in Psychosomatic Treatment, 9*, 202-210. doi: 10.1192/apt.9.3.202

Bancroft, J., Janssen, E., Strong, D., Carnes, L., Vukadinovic, Z., & Long, J. S. (2003a). The relation between mood and sexuality in heterosexual men. *Archives of Sexual Behavior, 32*(3), 217-230. Retrieved from http://www.springer.com/psychology/personality+%26+social+psychology/journal/10508

Bancroft, J., Janssen, E., Strong, D., & Vukadinovic, Z. (2003b). The relation between mood and sexuality in gay men. *Archives of Sexual Behavior, 32*(3), 231-242. Retrieved from http://www.springer.com/psychology/personality+%26+social+psychology/journal/10508

Berlim, M. T., & Fleck, M. P. A. (2007). Quality of life and major depression: Current findings and future perspectives. In M. S. Ritsner & A. G. Awad (Eds.), *Quality of life impairment in schizophrenia, mood and anxiety disorders: New perspectives on research and treatment* (pp. 241-252). Dordrecht: Springer.

Bonierbale, M., Lançon, C., & Tignol, J. (2003). The ELIXIR study: Evaluation of sexual dysfunction in 4557 depressed patients in France. *Current Medical Research and Opinion, 19*(2), 114-124. Retrieved from http://www.cmrojournal.com/ipi/ih/index.jsp

Brees, K. K. (2008). *The everything health guide to depression: Reassuring advice to help you feel like yourself again*. Avon, MA: Adams Media.

Carr, N., & Poria, Y. (2010). Introduction: Provision, marketing, and consumption of sex and the sexual in the leisure and tourism environment. In N. Carr & Y. Poria (Eds.), *Sex and the sexual during people's leisure and tourism experiences* (pp. 1-13). Newcastle upon Tyne: Cambridge Scholars Publishing.

Caudwell, J., & Browne, K. (2011). Sexy spaces: Geography and leisure intersectionalities. *Leisure Studies, 30*(2), 117-122. doi: 10.1080/02614367.2011.561977

Charmaz, K. (2006). *Constructing grounded theory: Practical guide through qualitative analysis*. London: Sage.

Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, California: Sage Publications.

Clayton, A. H., & Montejo, A. L. (2006). Major depressive disorder, antidepressants, and sexual dysfunction. *Journal of Clinical Psychiatry, 67*(6), 33-37. Retreived from http://www.psychiatrist.com/default2.asp

Coleman, D., & Iso-Ahola, S. E. (1993). Leisure and health: The role of social support and self-determination. *Journal of Leisure Research, 25*(2), 111-128. Retrieved from http://www.sagamorepub.com/products/journal-leisure-research

Coyne, J. C. (1986). Ambiguity and controversy: An introduction. In J. C. Coyne (Ed.), *Essential papers on depression* (pp. 1-22). New York: New York University Press.

Csikszentmihalyi, M. (1980). Love and the dynamics of personal growth. In K. S. Pope (Ed.), *On love and loving* (pp. 306-326). San Francisco: Jossey-Bass.

Cyranowski, J. M., Bromberger, J., Youk, A., Matthews, K., Kravitz, H. M., & Powell, L. H. (2004a). Lifetime depression history and sexual function in women at midlife. *Archives of Sexual Behavior, 33*(6), 539-548. Retrieved from http://www.springer.com/psychology/personality+%26+social+psychology/journal/10508

Cyranowski, J. M., Frank, E., Cherry, E., Houck, P., & Kupfer, D. J. (2004b). Prospective assessment of sexual function in women treated for recurrent major depression. *Journal of Psychiatric Research, 38*, 267-273. doi: 10.1016/j.jpsychires.2003.08.003

Deem, R. (1999). How do we get out of the ghetto? Strategies for research on gender and leisure for the twenty-first century. *Leisure Studies, 18*(3), 161-177. Retrieved from http://www.tandfonline.com/toc/rlst20/current

Dupuis, S. L., & Smale, B. J. A. (1995). An examination of relationship between psychological well-being and depression and leisure activity participation among older adults. *Loisir et société / Society and Leisure, 18*(1), 67-92. Retrieved from http://www.erudit.org/revue/ls/2001/v24/n2/index.html

Foucault, M. (1976). *The history of sexuality: An introduction* (Vol. 1). New York: Pantheon.

Freysinger, V. J., & Kelly, J. R. (2004). *21st century leisure: Current issues* (2nd ed.). State College, PA: Venture.

Frohlich, P., & Meston, C. (2002). Sexual functioning and self-reported depressive symptoms among college women. *Journal of Sex Research, 39*(4), 321-325. Retrieved from http://www.tandfonline.com/toc/hjsr20/current

Fullagar, S. (2008). Leisure practices as counter-depressants: Emotion-work and emotion-play within women's recovery from depression. *Leisure Sciences, 30*(1), 35-52. doi: 10.1080/01490400701756345

Godbey, G. (1994). *Leisure in your life: An exploration* (4th ed.). State College, PA: Venture.

Godbey, G. (2008). *Leisure in your life: New perspectives*. State College, PA: Venture.

Grello, C. M., Welsh, D. P., & Harper, M. S. (2006). No strings attached: The nature of casual sex in college students. *Journal of Sex Research, 43*(3), 255-267. Retrieved from http://www.afhjournal.org/

Hall, E. G. (1994). Exercise and depression: Beyond physical fitness. In D. M. Compton & S. E. Iso-Ahola (Eds.), *Leisure and mental health* (Vol. 1, pp. 307-319). Park City, UT: Family Development Resources, Inc.

Hallfors, D. D., Waller, M. W., Bauer, D., Ford, C. A., & Halpern, C. T. (2005). Which comes first in adolescence - sex and drugs or depression? *American Journal of Preventive Medicine, 29*(3), 163-170. doi: 10.1016/j.amepre.2005.06.002

Han, J. S., & Patterson, I. (2007). An analysis of the influence that leisure experiences have on a person's mood state, health and wellbeing. *Annals of Leisure Research, 10*(3-4), 328-351. Retrieved from http://www.tandfonline.com/toc/ranz20/current

Hickman, C. M. (1994). Leisure counseling and depressed women. In D. M. Compton & S. E. Iso-Ahola (Eds.), *Leisure and mental health* (Vol. 1, pp. 204-214). Park City, UT: Family Development Resources, Inc.

Horne, J., & Wiggins, S. (2009). Doing being 'on the edge': Managing the dilemma of being authentically suicidal in an online forum. *Sociology of Health & Illness, 31*(2), 170-184. doi: 10.1111/j.1467-9566.2008.01130.x

Hutchinson, S. L., Loy, D. P., Kleiber, D. A., & Dattilo, J. (2003). Leisure as a coping resource: Variations in coping with traumatic injury and illness. *Leisure Sciences, 25*(2-3), 143-161. doi: 10.1080/01490400390211808

Iso-Ahola, S. E. (1994). Leisure lifestyle and health. In D. M. Compton & S. E. Iso-Ahola (Eds.), *Leisure and mental health* (Vol. 1, pp. 42-60). Park City, UT: Family Development Resources, Inc.

Iwasaki, Y. (2007). Stressful living and leisure as a meaningful stress-coping pursuit. In R. McCarville & K. MacKay (Eds.), *Leisure for Canadians* (pp. 75-81). State College, Pennsylvania: Venture.

Iwasaki, Y., Coyle, C. P., & Shank, J. W. (2010). Leisure as a context for active living, recovery, health and life quality for persons with mental illness in a global context. *Health Promotion International, 25*(4), 483-494. doi: 10.1093/heapro/daq037

Jackson, E.L. (2005). *Constraints to leisure*. State College, PA: Venture.

Janke, M. C., Nimrod, G., & Kleiber, D. A. (2008a). Leisure activity and depressive symptoms of widowed and married women in later life. *Journal of Leisure Research, 40*(2), 250-266. Retrieved from http://www.sagamorepub.com/products/journal-leisure-research

Janke, M. C., Nimrod, G., & Kleiber, D. A. (2008b). Reduction in leisure activity and well-being during the transition to widowhood. *Journal of Women & Aging, 20*(1-2), 83-98. doi: 10.1300/J074v20n01_07

Janke, M. C., Nimrod, G., & Kleiber, D. A. (2008c). Leisure patterns and health among recently widowed adults. *Activities, Adaptation & Aging, 32*(1), 19-39. doi: 10.1080/01924780802039238

Kaplan, D. (2011). Sexual liberation and the creative class in Israel. In S. Seidman, N. Fisher & C. Meeks (Eds.), *Introducing the New Sexuality Studies* (2nd ed., pp. 357-363). London: Routledge.

Kelly, J. R. (1990). *Leisure*. New Jersey: Prentice Hall.

Kennedy, S. H., Dickens, S. E., Eisfeld, B. S., & Bagby, R. M. (1999). Sexual dysfunction before antidepressant therapy in major depression. *Journal of Affective Disorders, 56*, 201-208. Retrieved from http://www.journals.elsevier.com/journal-of-affective-disorders/

Kennedy, S. H., Fulton, K. A., Bagby, R. M., Greene, A. L., Cohen, N. L., & Rafi-Tari, S. (2006). Sexual function during Bupropion or Paroxetine treatment of major depressive disorder. *Canadian Journal of Psychiatry, 51*(4), 234-242. Retrieved http://publications.cpa-apc.org/browse/sections/0

Kennedy, S. H., & Rizvi, S. (2009). Sexual dysfunction, depression, and the impact of *Journal of Clinical Psychopharmacology, 29*(2), 157-164. doi: 10.1097/JCP.0b013e31819c76e9

Kleiber, D. A. (1999). *Leisure experience and human development: A dialectical interpretation*. New York: Basic Books.

Kleiber, D. A., Hutchinson, S. L., & Williams, R. (2002). Leisure as a resource in transcending negative life events: Self-protection, self-restoration, and personal transformation. *Leisure Sciences, 24*(2), 219-235. Retrieved from http://www.tandfonline.com/toc/ulsc20/current

Kleiber, D. A., Walker, G. J. & Mannell, R. C. (2011). *A social psychology of leisure*, 2nd edition. State College, PA: Venture.

Kozinets, R. V. (2002). The field behind the screen: Using netnography for marketing research in online communities. *Journal of Marketing Research, 39*(1), 61-72. Retrieved from http://www.marketingpower.com/AboutAMA/Pages/AMA%20Publications/AMA%20Journals/Journal%20of%20Marketing%20Research/JournalofMarketingResearch.aspx

Kozinets, R. V. (2006). Click to connect: Netnography and tribal advertising. *Journal of Advertising Research, 46*(3), 279-288. doi: 10.2501/S0021849906060338

Kozinets, R. V. (2010). *Netnography: Doing ethnographic research online*. Los Angeles: Sage.

Lafrance, M. N. (2009). *Women and depression: Recovery and resistance*. London: Routledge.

Lafrance, M. N., & Stoppard, J. M. (2006). Constructing a non-depressed self: Women's accounts of recovery from depression. *Feminism & Psychology, 16*(3), 307-325. doi: 10.1177/0959353506067849

Langer, R., & Beckman, S. C. (2005). Sensitive research topics: Nethnography revisited. *Qualitative Market Research: An International Journal, 8*(2), 189-203. doi: 10.1108/13522750510592454

Laurent, S. M., & Simons, A. D. (2009). Sexual dysfunction in depression and anxiety: Conceptualizing sexual dysfunction as part of an internalizing dimension. *Clinical Psychology Review, 29*, 572-585. doi: 10.1016/j.cpr.2009.06.007

Lehrer, J. A., Shrier, L. A., Gortmaker, S., & Buka, S. (2006). Depressive symptoms as a longitudinal predictor of sexual risk behaviors among US middle and school students. *Pediatrics, 118*(1), 189-200. doi: 10.1542/peds.2005-1320

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lykins, A. D., Janssen, E., & Graham, C. A. (2006). The relationship between negative mood and sexuality in heterosexual college women and men. *Journal of Sex Research, 43*(2), 136-143. Retrieved from http://www.tandfonline.com/toc/hjsr20/current

Martin, J. I., & Alessi, E. J. (2010). Stressful events, avoidance coping, and unprotected anal sex among gay and bisexual men. *American Journal of Orthopsychiatry, 80*(3), 293-301. doi: 10.1111/j.1939-0025.2010.01032.x

McInnes, R. A. (2003). Chronic illness and sexuality. *Medical Journal of Australia, 179*(5), 263-266. Retrieved from https://www.mja.com.au/

Mead, G. E., Morley, W., Campbell, P., Greig, C. A., McMurdo, M., & Lawlor, D. A. (2009). Exercise for depression. *Cochrane Database of Systematic Reviews, 3*. doi: 10.1002/14651858.CD004366.pub4

Meaney, G. J., & Rye, B. J. (2007). Sex, sexuality, and leisure. In R. McCarville & K. MacKay (Eds.), *Leisure for Canadians* (pp. 131-188). State College, Pennsylvania: Venture.

Michalak, E. E., Murray, G., Young, A. H., & Lam, R. W. (2007). Quality of life impairment in bipolar disorder. In M. S. Ritsner & A. G. Awad (Eds.), *Quality of life impairment in schizophrenia, mood and anxiety disorders: New perspectives on research and treatment* (pp. 253-274). Dordrecht: Springer.

Nduna, M., Jewkes, R. K., Dunkle, K. L., Jama Shai, N. P., & Colman, I. (2010). Associations between depressive symptoms, sexual behavior and relationship characteristics: A prospective cohort study of young women and men in the Eastern Cape, South Africa. *Journal of the Interantional AIDS Society, 13*, 44-51. Retrieved from http://www.jiasociety.org/index.php/jias

Nicolosi, A., Moreira, E. D., Villa, M., & Glasse, D. B. (2004). A population study of the association between sexual function, sexual satisfaction and depressive symptoms in men. *Journal of Affective Disorders, 82*, 235-243. doi: 10.1016/j.jad.2003.12.008

Nimrod, G. (2012a). From knowledge to hope: Online depression communities. *International Journal on Disability and Human Development, 11*(1), 23-30. doi: 10.1515/IJDHD.2012.009

Nimrod, G. (2012b). The membership life cycle in online support groups. *International Journal of Communication, 6*, 1245-1261. doi: 1932–8036/20121245

Nimrod, G., Kleiber, D. A., & Berdychevsky, L. (2012). Leisure in coping with depression. *Journal of Leisure Research, 44*(4), 419-449. Retrieved from http://www.sagamorepub.com/products/journal-leisure-research

Oppermann, M. (1999). Sex tourism. *Annals of Tourism Research, 26*(2), 251-266. doi: 10.1016/S0160-7383(98)00081-4

Papp, L. M. (2010). The course and quality of intimate relationships among psychologically distressed mothers. *American Journal of Orthopsychiatry, 80*(1), 71-79. doi: 10.1111/j.1939-0025.2010.01008.x

Patrick, G. D. (1994). A role for leisure in treatment of depression. In D. M. Compton & S. E. Iso-Ahola (Eds.), *Leisure and mental health* (Vol. 1, pp. 175-190). Park City, UT: Family Development Resources, Inc.

Paxton, K. C., & Robinson, W. L. (2008). Depressive symptoms, gender, and sexual risk behavior among African-American adolescents: Implications for prevention and intrevention. *Journal of Prevention & Intervention in the Community, 35*(2), 49-62. doi: 10.1300/J005v35n02_05

Pestello, F. G., & Davis-Berman, J. (2008). Taking anti-depressant medication: A qualitative examination of internet postings. *Journal of Mental Health, 17*(4), 349-360. doi: 10.1080/09638230701498333

Phillips, R. L., & Slaughter, J. R. (2000). Depression and sexual desire. *American Family Physician, 62*(4), 782-786. Retrieved from http://www.aafp.org/online/en/home/publications/journals/afp.html

Poria, Y., & Carr, N. (2010). What have we done and where should we go? In N. Carr & Y. Poria (Eds.), *Sex and the sexual during people's leisure and tourism experiences* (pp. 181-196). Newcastle upon Tyne: Cambridge Scholars Publishing.

Pratt, L. A., Xu, F., McQuillan, G. M., & Robitz, R. (2012). The association of depression, risky sexual behaviours and herpes simplex virus type 2 in adults in NHANES, 2005-2008. *Sexually Transmitted Infections, 88*, 40-44. doi: 10.1136/sextrans-2011-050138

Ravindran, A. V., Matheson, K., Griffiths, J., Merali, Z., & Anisman, H. (2002). Stress, uplifts, and quality of life in subtypes of depression: A conceptual frame and emerging data. *Journal of Affective Disorders, 71*, 121-130. Retrieved from http://www.journals.elsevier.com/journal-of-affective-disorders/

Stebbins, R. A. (2001). The costs and benefits of hedonism: Some consequences of taking casual leisure seriously. *Leisure Studies, 20*(4), 305-309. doi: 10.1080/02614360110086561

Stevenson, R. W. D. (2004). Sexual medicine: Why psychiatrists must talk to their patients about sex. *Canadian Journal of Psychiatry, 49*(10), 673-676. Retrieved from http://publications.cpa-apc.org/browse/sections/0

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Ussher, J. M. (2010). Are we medicalizing women's misery? A critical review of women's higher rates of reported depression. *Feminism & Psychology, 20*(1), 9-35. doi: 10.1177/0959353509350213

van der Riet, P. (1998). The sexual embodiment of the cancer patient. *Nursing Inquiry, 5*, 248-257. Retrieved from http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1440-1800

Werneke, U., Northey, S., & Bhugra, D. (2006). Antidepressants and sexual dysfunction. *Acta Psychiatrica Scandinavica, 114*, 384-397. doi: 10.1111/j.1600-0447.2006.00890.x

World Health Organization (2012). Depression. Retrieved May 11, 2012 from http://www.who.int/mental_health/management/depression/definition/en/

Worthington, B. (2005). Sex and shunting: Contrasting aspects of serious leisure within the tourism industry. *Tourist Studies, 5*(3), 225-246. doi: 10.1177/1468797605070332