

# Exploring Teenage Depression Using Interpretative Phenomenological Analysis

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**Abstract:** This research examined the lived experiences of college students going through depression. Interpretative phenomenological analysis was utilized as the lens to explore the patterns of meaning-making before, at present and what they are looking forward while experiencing depression. Overall results showed superordinate themes revolving on college students (1) experiences that lead on the onset of depression (2) experiences that identify signs, symptoms and stages of depression (3) experiences to fight depression, and (4) looking forward. Theoretical and practical reflections of lived experiences are also discussed. In addition to phenomenologically-guided intervention for teenage depression, a need for the development of training program that will develop teacher's competence in identifying and responding to symptoms of adolescent' depression as well as the guidelines and strategies for school based interventions.

**Keywords:** Teenage Depression, Interpretative Phenomenological Analysis.

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## Introduction

The mental well-being of children is a natural and important concern for everyone. Many mental disorders have their beginnings in childhood or adolescence yet may go under diagnosed and untreated for years. Mental disorders can be referred as disturbance, behavioural disorder or mental illness. Beneath these "umbrella" terms, there is usually a wide range of specific conditions that differ from one another in their characteristics and treatment. These include but not limited to anxiety disorders, depression, conduct disorders, obsessive compulsive disorder, eating disorders and psychotic disorders. Depression is one of the most psychiatric disorders during adolescence because it is a period of transition when relationship with parents and peers begin to change (Lee *et al.*, 2010). It is associated with a wide range of emotional, behavioral, and social problems (Jacobs *et al.*, 2010). Zalk *et al.*, (2010) characterized adolescence as a vulnerable period for developing depressive symptoms. The U.S. National Institute of Mental Health stated that untreated depression is the number one cause of suicide which is considered to be the 3<sup>rd</sup> leading cause of death among their teenagers. In Australia, researchers put forward that 28% of their teens suffer from depression, the leading cause of both suicide and substance abuse in their country (Morris and Grant, n.d.).

The WHO also said that 60% of suicides in the world occur in Asia (Magtrayo, 2011). The Philippines once considered as one of the happiest nations worldwide, has the highest depression cases in Southeast Asia according to WHO (King *et al.*, 2008). By 2020 WHO reported that depression will be the most important single cause of disability in both the developed and developing world. These statistics prove that teenage depression troubles not only our country but also other countries. However, our situation in the Philippines varies. There is lack of awareness about it and there is no realization that it is a sickness. The majority of persons with depression and other mental disorders do not receive treatment. In some instances appropriate modes of treatment are unavailable and/or primary care physicians and other professionals are not equipped to provide care. In other cases, a lack of public understanding of depression and suicide or the stigma associated with psychological problems prevents individuals from seeking appropriate care. Nevertheless, the alarming statistics on adolescent's suicide show that depression can be a serious, life threatening condition that merits careful considerations.

### Review of Related Literature

This chapter presents concepts related to teenage depression as discussed by different local and foreign authors, which are of great significance to this study. For ease of reference, it is divided into two parts: the first part is the definition of adolescent depression which will give an overview of what are the symptoms that are present to adolescents going through depression. The second part presents the concept of the major approaches that explain the development and maintenance of depression.

### Definition of Adolescent Depression

According to Diagnostic and Statistical Manual of Mental Disorders (DSM-V), five of the following nine symptoms must be present most of the day, nearly every day, during a two week period before a diagnosis of major depression can be made: (1) depressed of, or irritable mood in children and adolescents; (2) loss of interest or pleasure in usual activities; (3) significant weight loss or gain (more than 5 percent of normal body weight) when not dieting; (disturbances in sleep patterns, whether insomnia (difficulty falling asleep, early morning awakening, or waking in the middle of the night ) or hypersomnia (excessive sleepiness); (5) agitation or a generalized slowing of intentional bodily activity. known as psychomotor retardation; (6) fatigue or loss of energy; (7) feelings of worthlessness, or excessive or inappropriate guilt; (8) diminished ability to think or concentrate; (9) recurrent thoughts of death or suicide, or a suicide attempt. Two of the five required symptoms must be either depressed mood or loss of interest in or failure to derive pleasure from usual daily activities.

### Major Approaches

To analyse data of early studies, cognitive theories of depression, interpersonal approaches to depression and ecological theories of depression have been used to explain the development and maintenance of depression.

**Cognitive theories:** Cognitive theories focus on how interpretations of event affect mood. There is a fairly well-established association between negative interactions and depression, depressive symptoms maybe more easily triggered by chronic stress when a pre-existing vulnerability such as negative cognitive style, is present. Most cognitive theories of depression are vulnerability-stress models that posit that an individual's cognitive interpretations of negative environmental context such as chronic stress with parents, affect mood, and behaviors. One major cognitive theory of depression defines a depressogenic

cognitive styles the tendency to attribute a negative event to stable and global causes, to infer that the negative events will likely lead to other negative consequences, and to view a negative event as an indication of lowered self-worth. These negative inferences about the self-moderate the association between stress and prospective increases in depressive symptoms. In addition, utilization of cognitive-behavioral therapy for adolescents focused on modifying negative cognitions. Modifying negative cognitive style, decreasing the likelihood of being involved in stressful or conflictual social interactions, and increasing adaptive coping skills will likely decrease vulnerability to depressive symptoms.

**Interpersonal theories:** The Filipino adolescents have limited interaction with parents, with most of it happening at the dining table. Topics talked about with parents pertain mostly their studies/education (60%), personal/ family problems (13%) and household chores (9%). Fifty percent are unable to open up to their parents and, as youth age; there is an increasing alienation from their parents. For the Filipino youth, home and family serve as their refuge but these do not sufficiently offer the intellectual and emotional support they need. Parents while acknowledged to be good providers are not equipped to deal with their psychological needs.

Activities of the Filipino adolescents are highly functional and are lacking in variety, creativity, play or stimulation. A lot of time is spent to gab, eat and just hang around with their barkadas even as they take on big responsibilities at home. With the “barkada”, they develop rituals, manners and ways of conducting themselves or even communicating. They like school not only for the academic merits but also for the socialization that it provides. Media and technology are the other big things in their lives with TV and radio having the highest reach. On the other hand, dysfunctional parent-child interactions, marital conflict and emotional unavailability of the parents have been proposed as causes. Parental depression may also affect children through depression related parental behaviours, such as emotional unavailability and cognitive dysfunction. Communication with the family of depressed patients is also frequently impaired (Rosal, 2008). Moreover, the Filipino culture often downplays mental problems, including depression as mere “sumpong” or attributes it to being possessed by evil or sorcery. Limited nationwide study had been conducted about the said illness, hence the lack of empirical data to assess how widespread the problem. Still, the indications point to its growing problem in the country (Castillo, 2005).

In another research, Baquilod (2004) conducted a school-based survey among students aged 13 to 15 years old that measure behaviours and protective factors related to the leading causes of mortality and morbidity among youth in the Philippines. One of the findings of this research on adolescence and their families is the importance of adequate regulation for adolescents, measured in terms of supervision, monitoring, rule setting and other forms of behavioural control. Without adequate regulation and monitoring children do not learn to self-regulate; they tend to be impulsive, are prone to risk taking, more susceptible to peer influences, and more likely to engage in various health risk behaviours including alcohol use and sexual risk behaviours. Parental bonding connection is associated with lower levels of depression and suicidal ideation, alcohol use, sexual risk behaviors and violence.

In addition, according to the Department of Foreign Affairs (DFA), there are around eight million Filipinos overseas workers in 193 countries; thus support systems have weakened, caused by the children’s separation from their parents. The absence of parent/s may bring children to loneliness and make function of the family incomplete. Restrictive, abusive, punitive, or highly critical parenting styles, the breaking of close relationships and some “adverse life circumstances” may push young people to depression (Rosal, 2008).

Essau, 2002 have linked negative life events and chronic stressors with concurrent depression found that the break-up of a relationship was a significant event for the first depressive episode but not for its recurrence. Negative life events, such as the end of the romantic relationship were associated with the onset of depression, whereas chronic life conditions (e.g. daily hassles) were related to the recurrence of depression.

**Ecological theories:** on the other hand Willgerodt, (n.d) used ecological theory of human development (Bronfenbrenner, 1979; 1986). Bronfenbrenner posits that an individual development is a function of the interaction of multiple ecological systems. Adolescent development must be viewed within the context of the family, sociocultural, and physical environments. Research indicates that the family system, parent-child interactions, and peer relationships play a key role in mediating or buffering against poor psychological outcomes and that adolescents thrive developmentally characterized by close parent-adolescent bonds. Though much research has been conducted on adolescent depression in the past two decades, a significant amount is still unknown. Much of the existing research on adolescent depression has been quantitative in nature, though some qualitative studies have also been conducted either on or related to the topic in the past five years (Koplewicz, 2002).

Later studies looked in to the implication of the depression in the everyday lives among adolescents. Mc Carthy *et al.*, (2008), presents overview of information garnered from interviews with depressed teens to develop better understanding of what the teen's experience. Mc Carthy *et al.*, (2008) (pp. 57-60) found five themes: (1) talking was helpful (2). teens preferred therapy over medication (3).teens wanted their parents involved (4) support of friends was a non-factor (5) teens felt empowered to battle the depression. Sanders and Mc Carthy (2005) concluded in their study the family risk factors associated with youth depression. They are broad in scope, including parental cognitions, parent pathology, parenting behaviors or warmth and emotional availability, individual coping with family environment and family conflict.

Burwell and Shirk (2006) found in their study that teens spent time analysing their success either socially or academically, were prone to feeling unsuccessful in those two areas if they received negative feedback about themselves. The first article written by Auger (2005) has a list of fourteen guidelines and strategies for "school-based interventions. Examples of the guidelines are as followed: (1) Collaborative with parents, school staff, physicians, and mental health practitioners (2) expand awareness of feelings (3) challenge pessimistic and constricted thinking (4) create a network of support (5) build social skills (6) increase engagement in pleasant events (7) provide education about depression (8) set realistic expectations for yourself. Based on the literatures presented that could be done in adolescent's depression, there is a lack of literature of investigating in the unique subjective lived experience in the depression among Filipino adolescents. Little is known about the issues, concerns and needs of adolescents going through depression and their lives as person beyond having such psychological problem. This paper seeks to address the gap by understanding the subjective experience of adolescents going through depression, in particular college students from public school.

### **Theoretical Framework**

**Interpretative Phenomenological Analysis:** To further understand the experience of college students who are going through depression in public school, an interpretative phenomenological analysis (IPA) is employed. Smith *et al.*, (2009, p.1) argue that 'interpretative phenomenological analysis' (IPA) is 'committed to the examination of how

people make sense of their own life experiences'. This approach accepts researchers' views and interactions with participants will influence the data and the subsequent interpretation of the account.

The systematic process towards analysis is well covered elsewhere and utilizes a form of annotating issues and then labeling themes. The analysis then becomes structured around clusters and themes representing participant's meanings. This theoretical approach allows us to deeply understand the world of college students with depression in public school, revealing patterns of meaning in their thoughts, feelings, and behaviors that shape their experience of illness. In a sense, integral to this approach is a holistic and unified understanding of a person showing how college students make sense of their experience with the illness and how they deal with the everyday practical concerns having this psychological maladjustment.

**Phenomenology:** IPA has three main assumptions, namely phenomenology, hermeneutics, and idiography. Phenomenological research is the study of the lived experience or "the study of the life world- the world as immediate experience it, rather than as we conceptualise, categorise or theorise about it. Phenomenology seeks to come to deeper understanding of the nature or meaning of our everyday experiences (van Manen, 1984). Furthermore, it can describe in details experiences of depressed adolescents from the causes to the symptoms and the battle they encounter as they go through the illness.

**Hermeneutics:** IPA is highly associated with hermeneutics or the process of meaning making (Smith, 2007). It acknowledges the role of the researcher's interpretation in understanding a participant's experiences. However, it moves beyond a one-sided interpretation of the researcher into a reflexive stance vis-a vis a participant's own process of meaning-making. Smith and Osborn (2009) explain that "IPA combines an emphatic hermeneutics and a questioning hermeneutics" (p.53). This means that IPA follows a two-step interpretative activity. On one hand, the researcher's task is concerned with trying to understand the point of view of the participant, i.e. to empathize with the participant's experience of illness. On the other hand, the researcher's is also critical of what the participant is saying or not saying (may be less aware of), i.e. to make sense of the participant's experience of illness.

**Idiography:** In mapping a person's inner world, IPA is committed to explore in-depth an individual case or idiography. IPA focuses on the particular rather the universal. It fosters a thorough analysis of each individual case. It then argues for the detailed interpretative account of each case, hence, the focus on depth not breadth. Depth in analysis of each account depicts the researcher's engagement to each person's phenomenological world (Palmer *et al.*, 2010). In a way, an IPA of a single case reveals interwoven relationships of diverse contexts in a person's life representing a unified psychological world (Larkin *et al.*, 2006).

### Statement of the Problem

To understand the pattern of meanings of depression among college students, this study uses interpretative phenomenological analysis to answer the question, "What is the lived experience of college students going through depression?"

### Method

This research utilises a qualitative design, with an in-depth interview as the strategy for data collection and Interpretative Phenomenological Analysis as the framework for data analysis.

## Participants

Participants are 5 college students who were being sent in the school guidance department for any behavioural problems. They were being identified by the school guidance counsellor symptoms of depression, committed suicide or have records of being diagnosed and treated of depression by a professional mental health practitioner. Participants are generally from first year to fourth year college, from different department of the university. Informed consents are being sought from the participants and their parents/ caregiver as well as from the Guidance Counsellor of the involved university. Name of participants have been withheld to maintain confidentiality by using pseudo names. Full disclosure of information, background and demographics were likewise withheld. The researcher should take reasonable steps whenever he or she foresees any kind of harm to research participants.

## Data Collection

Data collection will be based in the school counselling room or an office of the respective department. This study conducts interview with college students in the partially structured manner, described as “the area is chosen and the questions are formulated but order is up to the interviewer. Interviewer may add questions or modify them as deemed appropriate. Questions are open ended and responses are recorded nearly verbatim, possibly taped” (Kratwohl, 1998). To ensure that prospective participants have currently symptoms of depression screening tools were utilized in this study: a questionnaire that reflected the DSM-V criteria for major depressive disorder. The instrument, three-part questionnaire created for this study and consisting of open-ended questions reflective of DSM-V criteria, was administered orally to potential participants by the researcher. Since the questionnaire lacked psychometric support, it served as a preliminary screening tool only. The second tool, the Patient Health Questionnaire (PHQ-9): Modified for Teens, was then completed by the potential participant while alone in the interview room. It is deemed important to establish trust and rapport with the students participating in the interviews. Krathwohl, 1998 states “no interview succeeds unless interviewer builds a relationship with the respondent in which both are comfortable talking with one another.

In this study, interviews are recorded and fully transcribed as the purpose of voice-recording and transcription was to have the discussions available to the researcher for considerations of key words, phrases and ultimately, essences. The phenomenological interviewer, if truly wanting to go beyond asking questions to record answers, is required to attempt to enter the life-world of the interviewee (Lake, 2006). It is possible that some participants could experience anxiety should they raise in discussion, a matter distressing to them for example-family issues, divorce of parents or significant others or major sickness or death of significant others. If such matters arouse, the researcher is prepared to use appropriate listening counselling skills to reduce stress to the participant and appropriately respond to the participants needs.

## Interpretative Phenomenological Analysis

The first step of the analysis is looking for themes in the first case. This involves a detailed reading and rereading of the transcripts and a free textual analysis to allow salient themes to emerge. The second stage involves connecting the themes. This layer of analysis aims to produce initial lists of themes, a clustering of themes into higher-order or superordinate themes, and a table of superordinate themes and sub-themes. The analysis at this stage is checked with the data. The third stage is analysis of other cases. Convergences and divergences across cases are then identified towards developing the final set of superordinate themes. The fourth and the last stage is the writing up of the narrative account where themes

are explained and illustrated. Throughout the analysis, the researcher engaged in an iterative process of going back and forth from analysis to text to ensure the validity of the analysis (Canoy and Olfreneo, n.d.).

**Results**

To answer the research question; “What is the lived experiences of college students going through depression?” Interpretative Phenomenological Analysis was employed. The account of Joy (not her real name is presented as the idiographic case illustration). Data analysis recognized three higher-order themes that captured lived experience among college students going through depression. A synthesis table is presented to visualize the emerging superordinate and subthemes across cases (see table 1). These themes are then illustrated using Joy’s idiographic account.

**Table 1. Superordinate Themes and Subthemes of College Students Going through Depression**

<b>Superordinate Themes</b>	<b>Sub-themes</b>
1. Experiences that Leads to the Onset of Depression	<ul style="list-style-type: none"> <li>• Negative Life Event (End of Romantic Relationship)</li> <li>• Family Conflicts</li> <li>• Peer Influence</li> <li>• Emotional Unavailability of Parents</li> <li>• Inability to Open up with Parents</li> <li>• Extended Family Issues</li> </ul>
2. Experiences that Identify Signs, Symptoms and Stages of Depression	<ul style="list-style-type: none"> <li>• Lack of Interest in usual Activities</li> <li>• Preoccupation with One’s Own Health, Excessive Irritability</li> <li>• Low Self- Esteem</li> <li>• Recurrent Thought of Death</li> </ul>
3. Experiences to Fight Depression	<ul style="list-style-type: none"> <li>• Acceptance from Another Romantic Relationship</li> <li>• Self- Denial</li> <li>• Self-Help Only</li> </ul>
4. Looking Forward	<ul style="list-style-type: none"> <li>• Appreciation</li> <li>• Forgiveness, Acceptance, Problem Solving Skills and Seeking for Help</li> <li>• Future Problem</li> </ul>

The synthesis table explains the lived experience of teenagers going through depression. The initial experiences as a teenage going through depression clustered on four superordinate themes, namely, (1) experiences that lead to the onset of depression among teenagers; (2) experiences that explains signs, symptoms and stages of depression; (3) experiences to fight depression (4) looking forward. The first superordinate theme revolved on experiences of adolescents that trigger the onset of the illness. These experiences are further described by the negative life event like end of romantic relationship and family conflicts; peer influence, emotional unavailability of parents, inability to open up with parents and extended family issues.

The second superordinate theme relates to the experiences that can identify symptoms, signs and stages of depression. These can be intensely observed and analysed due to lack of interest in usual activities, preoccupation with one's own health, excessive irritability, low self-esteem and recurrent thought of death. The third superordinate theme is related to the experiences in fighting depression which is through acceptance from another romantic relationship, self-denial and self-help only. The fourth superordinate theme deals with what the participant (Joy) is looking forward; appreciation, self-forgiveness, and problem solving skills and to seek help from others.

### Experiences that leads to the onset of depression

*Joy's depression started when she failed her first romantic relationship (she was about 15 years old). She receives no appreciation from her parents and tries to compensate it from romantic relationships. Unable to achieve it also from her boyfriend leads to the onset of depression. Daily hassles like family conflicts, emotionally unavailable parents and extended family issues make her situation more complex.*

### Negative life event (End of romantic relationship)

*"Nagsimula po ito nang iniwasan po ako ng una kong boyfriend. Ayaw sa akin ng nanay niya. Tinakot siya ng nanay niya na tatanggalan ng lahat ng puwede ibigay sa kanya kapag ipinagpatuloy ang pakikipagrelasyon sa akin." (It started when my first boyfriend broke up with me. His mother scared him that she would not give anything he needs unless he would not stop his relationship with me.)*

### Family Conflicts

*"Napagbintangan nang-rape ng kapitbahay ang tatay ko. Nakakaapekto si Papa. Naiisip ko na kasi magsisikap ka magtapos for the family kaya lang paano? Hindi na naman makakasama si Papa. Sabi ko nga sa Mama ko, Ma, kapag kaya ko na at yumaman ako, pupunta tayo ng ibang bansa. Nalulungkot si Mama kaya minsan ayaw ko ipaalala sa kanya ang siwasyon ni Papa. Nagtatanong din po ako kung para saan ang achievements? Kasi nga po dahil kay Papa?" (My father was being accused of raping my neighbour. My father really affects me. I am thinking to finish my study for the family, but how? We will not be with our father. I told my mother when I am rich already we will go abroad. I try not to remind my Mom my father's situation because my Mom will be sad. I am also asking what my achievement is for. It's because of Papa.)*

### Peer Influence

*"Nagustuhan ko po ang bad influence ng aking mga barkada at ng aking boyfriend. Sumasama po ako sa mga gala na umaabot ng alas dose ng gabi or kinabukasan na umuuwi. Natuto na din po akong magyosi, uminom, maggala at magsinungaling makasama lang ang aking boyfriend." (I enjoyed the bad influence of my friends and my boyfriend. We hang out until 12 midnight or I go home the next day. I learned to smoke, drink and tell lies just to be with my boyfriend.)*

*"Kapag kasama ko ang aking barkada, walang mali. Lahat ay tama." (When I am with my friends, there's no wrong. Everything is alright.)*

### Emotional Unavailability of Parents

*"Mahilig po ako mag-compose ng tula. Ang tawag ko po sa mga tula ko ay extra-ordinary things, tungkol po sa mga imposibleng bagay tulad ng unconditional love from my parents. Ang ilan po sa mga kinompose ko ay Door of Death, Life after death at Confusing Lies. Ang*

*ibig sabihin po ng Confusing Lies ay ay may mga time ako na nagsisinungaling po ako pero maganda ang intention. Hindi mo masabi ang totoong problema sa school kasi mahirap mag-open.” (I am fond of making poems. I called them extra-ordinary things, about impossible things like unconditional love from my parents. Some of my poems are Door of Death Life after Death and Confusing Lies. Confusing lies means the time when I am making lies but with good intention. I cannot say my true problems in school because it’s hard to open up.)*

*“Hindi masyadong dramatic ang parents ko. Hindi emosyonal, hindi po affectionate. May mga nakikitang iba sa sinasabi. Yung negative side ang sinasabi. Nakakadagdag ng isipin yung mga sinasabi. Nakakabawas kung pinapakita. May pagkamahiyain ang parents ko. Hindi yung right word ang ini-express kundi pagalit nasalita. Like kahapon po ng magpagamot ako. Nakikita ko ang worry ng parents ko pero nagagallit pa din. Nakikita ko yung pag-aalaa pero sinisisi pa din nila ako.” (My parents are not dramatic. They are not emotional and not affectionate. I see things that are not consistent to what they say. They say negative things. It makes me deaf. They are not expressing the right word instead they are always mad. Like yesterday, I had a checkup. I see them worrying but still they are mad at me. I see their concern but they are still blaming me.*

*“Naiisip ko kasi kahit maganda ang pinakikita ko laging may puna. Ginagawa ko pa din ang lahat pero wala pa ding halaga. Hindi nila naa-appreciate. Kapag may sinasabi ako, deadma lang.” (Even though I am doing good things, there are still criticisms. I am doing everything but still it’s not worth it. They don’t appreciate it. When I am saying something, they don’t give concern.)*

### **Inability to open up with parents**

*Hindi ko po ipinakikita ang aking totoong feelings. Kapag nag-uusap kami pili lang ang aking inio-open. dagdag bawas. Kasi nakakabingi ang kanilang sinasabi. Kasi po kapag nasa bahay ako kontrolado po ang lahat. Ganun naman po ang routine. Magi-enjoy ka sa buong araw pagdating sa bahay sila na ulit ang pipili ng gagawin mo. Kaya nga po ayaw ko ng walang klase.” (I don’t show them my true feelings. When I’m talking to them, I choose things that I will open up to them. It’s like plus and minus information. I feel deaf with what I hear from them. When I am home, everything is under control. My everyday routine is to enjoy at school for the whole day and when I am home they are the one who will decide for the things that I will do. That’s the reason why I don’t like it when there are no classes.)*

### **Extended family issues**

*“Nung grade school nakikituloy ako sa mga tito at tita. Nung high school kina lola ako. Ayaw ko ng pinaghihigpitan ako. Kina Mama at Papa, sasabihan nila ako ng magiingat. Kina tita at tito walang choice kundi ng sumunod kasi sila ang sumusuporta. Mahilig sila makiaalam sa amin. Nananakit din sila. Nakaranas akong paluin ng hanger, hampasin ng bangkito sa batok at tinadyakan sa tiyan at hita. Gusto ko ng magsarili. Yung hindi sila kasama. Pagud na pagod na po ako. Lahat ay kontrolado kasi naksandal kami sa kanila. (During my grade school I stayed with my uncles and aunties while on high school I stayed with my grandmother. I don’t want their being strict. With my Papa and Mama, they will tell me to take care of myself. With my Tito and Tita, there is no choice but to obey them because they are the one who supports us. They hurt us. I experienced to be hit with hanger and small stool in my nape and kicked with my tummy and thigh. I want to be with them, to be with my family only. I am really tired. Everything is being controlled by them because we are depending on them.)*

*“Wala silang sariling desisyon. Nasanay na bawat kailangan sandal sa parents. Hindi tuloy makapagdesisyon sa sarili kasi nga laging umaasa sa parents nila.” (They cannot decide for themselves because they are used to depend from their parents.)*

### **Experiences that identify signs, symptoms and stages of depression**

Joy is aware of the changes she encounters due to her depression. She loses her self-confidence because she is afraid of criticisms that she first encountered with her parents. She also finds difficulties with the physical problems related to her condition that greatly affect her academic performance. Recurrent thoughts of death are very alarming that researcher should take reasonable steps to avoid any kind of harm to research participant.

### **Lack of interest in usual activities**

*“Nang nasa elementarya po ako ay lagi akong may ribbons, sporty, mahilig sumali sa art exhibit at paggawa ng tula. Mahilig din po akong kumanta at sumayaw. Sa katunayan po ay kumakanta ako sa mga parties like wedding party at choir din po ako ng simbahan.” (During my elementary, I usually have ribbons. I am sporty, fond of joining art exhibit and poem making, dancing and singing. In fact, I sing to wedding parties and a member of church choir.)*

### **Preoccupation with one’s own health, excessive irritability**

*“Gusto ko po mag-aral maayos, may problema sa physical, may laman po na namumuo sa lalamunan ko. May ulcer din po ako. Madalas sumasakit ang ulo ko na nasusuka, na nahihilo. Wala po akong ganang kumain. Sa isang araw. Isang beses lang po ako kumakain. Iritable ako kahit sa maliit na bagay. Hindi ko po alam kung bakit ganun.” (I want to study well but I have some physical problems. There is a mass in my throat. I have ulcer, have frequent headaches and vomiting too. I have no appetite to eat. I only eat once a day. I become easily irritated even on small things and I don’t know why.)*

### **Low self-esteem**

*“Takot po ako makisalamuha sa ibang tao kasi takot ako na makarinig ng bad comments kasi nakakababa ng lahat ng interest sa lahat ng gawain. Kaya ako easy go lucky ayaw ko na makita ang sarili ko na madapa ulit. Kuntento na ako at least hindi ako ang pinakamababa sa mga subjects naming sa aking barkada.” (I am afraid to be with other people because I don’t want to hear bad comments because I lost my interest in doing things. I just take it easy now because I don’t want to see myself fall again. I am contented that at least I don’t get the lowest grades in my subjects as compared to my friends.)*

### **Recurrent thought of Death**

*“Lagi po akong nag-iisip magpakamatay. Natakot po ako na hind na bumalik ang aking unang boyfriend. Uminom ako ng mga expired na gamut. Matataas ang dosage. Mga 80pieces. Tatlong araw akong walang kulay. Malamig ang aking katawan at nanginginig. Marami akong journal para kapag namatay ako may mababasa sila tugkol sa akin”. (I always think of ending my life. I was afraid my boyfriend would not come back to me. I took expired medicines with high dosages. It was about 80 pieces. For three days I was fainted. I felt so cold, my whole body was shivering. I have a lot of journals so that when I die they can read something about me.)*

### **Experiences to fight depression**

Joy tries to cope with her feeling of unappreciated and unaccepted by engaging in another romantic relationship. She recuperates her self-esteem from the acceptance and support from

his present boyfriend. She rebuffs the thoughts of her problems and escapes from it through spending time with peers and some leisure activities like watching television and movies. These make her stop from thinking and finding solutions for her problems.

### Acceptance from another romantic relationship

*“Nakipagboyfriend akong muli para makipaglokohan lamang. Pero sabi ng aking boyfriend, take me as your friend. Hayaan mo sabihin mo ang lahat at ipaliliwanag ko sa iyo, sabi niya. Sobra po siyang nakatulong. Nakita ko sa kanya yung wala sa una kong boyfriend. Although pinatawad ko na ang una kong boyfriend, parang kulang eh. Sabi ng boyfriend ko ngayon gawin ko inspirasyon lahat ng pagkakamali ko para pagdating ng araw eh kaya ko nang iharap ang mukha ko kahit nadapa na ako.”*(I decided to have boyfriend again to make fun with guys. But my boyfriend told me to take him not only as his boyfriend but also as a friend. Tell me everything about your past relationship and I will explain it to you. He is really a great help. I saw on him what I have not found with my boyfriend. Although, I already forgave my boyfriend, still something is missing. My boyfriend advised me to take my mistakes as my inspirations so that time comes that I will be confident to face first boyfriend in spite of what happened.)

*“Ang pagbibigay po ng virginity ko sa unang boyfriend ko ang malaki kong pagkakamali Kapag ang isang bagay ay nawala hindi na kayang ibalik. Kaya ngayon iniingatan ko ang aking relasyon kasi mahirap na makakita ng tao na tanggap ka.”*(Losing my virginity is a big mistake. When we lose something, we cannot bring it back. That’s why I keep my relationship with my present boyfriend because it will be hard for me to look for someone who can accept me.)

### Self-Denial

*“Natatakot po akong marinig ang aking sariling pagkakamali sa iba. Nakakabingi lagi. Once na marinig ko po iyon babalik na naman po sa akin yun. Iisipin ko na naman po kung paano maaalis sa isip ko yun at kung paano masosolusyunan.”*(I am afraid to hear my own mistakes. I feel so deaf. When I hear it again, I will remember my mistakes again. I will think again how to get out of my mind and how to solve it.)

### Self-help only

*“Ayaw ko po ng counseling. Alam ko po na ito ay makatutulong para sa pagpapayo at pagko-convince para sa positive ways pero sa bandang huli ako pa din po ang creator ng choices, options, decisions and results.”*(I don’t want to have counseling. I know it can help me through their advices and can convince me for positive ways but in the end, I am still the creator of my choices, options, decisions and result.)

### Looking Forward

Joy is looking forward for appreciation which seems to be the main cause of her depression. She wants to learn to forgive, to be accepted, to improve problem-solving skills and to seek help from others. She knows that if she would not be able to give the expectations of her parents, friends and all the people she is anticipating for the future problem.

### Appreciation

*“Kung galing sa ibang tao ang appreciation lalo na sa parents ko. Kasi kahit sa sarili ko ay wala akong tiwala. Yung galing ng iba ang naa-appreciate ko. Support ng pagiging proud especially from my parents. Sobrang dami ng kanilang expectations na nakakapagod. Nakakapagod gumawa ng tama hindi naman na-aappreciate.”* (I am looking forward for

*appreciation especially from my parents. I don't even trust myself. I will appreciate my parent's support of being proud to me. They have a lot of expectations that is really tiring. I am so tired of doing good things but am not appreciated.)*

### **Forgiveness, Acceptance, Problem-solving skills and Confiding Adult outside the Family**

*"Kailangan po ang tao ay marunong magpatawad, tumanggap ng pagkakamali, matuto magsolusyon sa problema at making din po sa iba. Huwag sariling desisyon lamang ang isaalang-alang". (A person should know to forgive, to accept mistakes, and learn to solve problems and to listen to others. Don't take your own decision only.*

*"Dahil proud sa akin ang boyfriend ko. Ipinagmamalaki niya ako sa mga kaibigan niya na matalino daw ako at maganda. Dahil appreciated ako ng boyfriend ko hindi ako gumagawa ng mali para sa kanya." (Because my boyfriend is so proud of me. He tells his friends that I am intelligent and beautiful. Because my boyfriend appreciates me, I will not do things that are wrong for him.)*

### **Future Problem**

*"Kapag hindi ko po nakuha ang expectations sa akin ng aking parents, friends and lahat ng tao." (When I failed my parents' expectations, my friends and all the people.)*

### **Discussion**

The main findings of the study were consistent with the previous studies on understanding depression among adolescents in the Philippines. The uniqueness in the lived experience of Filipino youth going through depression was the findings that extended family issues can also be attributed to the depression among teenager. Depression can only start with adolescents not being appreciated nor accepted especially from parents. It is the baseline that creates interconnected problems in different aspects of life among adolescents. Examining the subjective experiences of adolescents going through depression allowed us to delve deeper into their intimate process of meaning construction as they experience their lives before, at present and what they are looking forward while experiencing depression. Findings were generally supported in a previous IPA study on the lived experiences of adolescents suffering from depression. Their study also indicated similar themes such as family risk factors associated with depression, social and academic factors and the need for guidelines and strategies for school based interventions. In the present study, it is through deliberate self-reflection that participant was able to create new meaning of their own individual persons in relation to becoming and being a depressed adolescent. As a Filipino youth experiencing depression, the participant is looking forward for appreciation, acceptance, and forgiveness and to seek help in order to overcome her depression.

### **Theoretical Implications**

Research indicates that college students suffering from depression can be found not only in the subjective experience of the self but also the self in the different contexts of life such as family system, family dynamics such as family structure (extended family); parent-child interaction, family communication, parenting, presence of shared time and activities) and parent-child interactions, peer and romantic relationships. This implies the importance of looking for the lived experience within an ecological framework.

### **Practical Implications**

Knowing the subjective experiences of college students going through depression proves that in the Philippines there is no awareness about it and there is no realization that it is a

sickness. As Joy said during the interview, “Miss hindi po ako nababaliw, ha? It shows that she has not received appropriate intervention or necessary medical examinations. The result of her PHQ-9 supports that she is already suffering from moderately severe depression. Also, different signs and symptoms entail for professional mental health practitioner.

A topic of future research in this area could focus on the development of training program that will develop teacher’s competence in identifying and responding to symptoms of adolescent’ depression because educators can be an ideal scouts for depression since depression often results in lower academic performance, behaviour problems, and poor socialization. Schools should also develop a guidelines and strategies for school based interventions like collaboration with parents, teachers and school guidance counsellor to assist the students in coping with their academic and personal-social concerns and issues, creating a peer support, building social skills, increase engagement in pleasant events and provide education about depression. To conclude the subjective experience of adolescents going through depression reveals the possibility of moving from rejection to appreciation, self-denial to self- acceptance, anger to forgiveness, inability to solve problems to improved problem solving skills and from not seeking help to confiding with someone outside the family.

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