LIVING IN THE SHADOW OF DARKNESS: YOUNG ADULTS' LIVED EXPERIENCES OF DEPRESSION

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LIVING IN THE SHADOW OF DARKNESS: YOUNG ADULTS' LIVED EXPERIENCES OF DEPRESSION

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In Partial Fulfillment of the
Requirements for the Degree
Bachelor of Science in Nursing

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DECLARATION

We hereby declare that this thesis is our original work, and it has been written by use in its entirety. We have duty acknowledged all the sources of information which have been used in this thesis.

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APPROVAL SHEET

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this thesis entitled **"LIVING IN THE SHADOW OF DARKNESS: YOUNG ADULTS' LIVEED EXPERIENCE OF DEPRESSION"** is hereby recommended for acceptance and approval.

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Abstract

Depression is a state of mental illness and one of the most common mental illnesses in the world that affects the way people think, feel and act. It results from a complex interaction of social, psychological, and biological factors. Depression is a more serious problem for young adults than for other adults - one out of every 10 young adults. This descriptive phenomenological study explored the lived experiences of depression among young adults in Ozamiz City, Misamis Occidental, Philippines. Snowball sampling was used to select for the target participants which included three young adults (ages 21-25) who were diagnosed with depression. Interviews were utilized to explore the experiences of depression from the three young adults diagnosed with depression and data were analyzed using Colaizzi's method of data analysis. Living in the shadow of darkness emerged as the essence of the young adults' experiences and ultimately defined what it was like to live with depression. This essence was supported by four themes: 'social isolation', 'suicidal thoughts and self-harm', 'emotional distress', and 'coping strategies.' By recognizing the impact of depression on cognitive, behavioral, and emotional aspects of their lives, healthcare providers may work towards creating a more empathetic and supportive environment that fosters resilience and mental well-being for young adults struggling with depression.

Keywords: coping strategies, depression, emotional distress, social isolation, suicidal thoughts and self-harm, young adults

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The Researchers

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Chapter 1

INTRODUCTION

Rationale of the Study

Depression is not one size that fits all illness, instead it can take in many forms. It is more than a passing bout of the blues. Depression is a state of mental illness and one of the most common mental illnesses in the world that affects the way people think, feel and act. It is characterized by intense, enduring grief or hopelessness that causes a persistent feeling of blue or numbness and hinders the ability to live a normal life. An individual's thoughts and feelings, as well as their social interactions and perception of their physical well-being, can change because of depression (World Health Organization, 2017). Depression is also a risk factor for suicide. Depression results from a complex interaction of social, psychological, and biological factors (Zorilla et al., 2019). According to American Psychiatric Association (2020), Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home. People who have gone through adverse life events (unemployment, bereavement, traumatic events) are more likely to develop depression (World Health Organization, 2021).

Approximately 280 million individuals worldwide suffer from depression (World Health Organization, 2021). Depression is even more serious problem for young adults than for other adults - one out of every 10 young adults. It typically between the ages of 15 and 30 and can run in families (WebMD, 2022).

In the Philippines, estimated six million Filipinos live with depression, making mental illness the third most common disability in the country. The nation has the third-

highest rate of mental problems in the Western Pacific as a result (Martinez et al., 2020). According to the Department of Health (2018), there were 15.4 million Filipinos suffer from depression. Furthermore, 1 in 10 young Filipino individuals experiences moderate to severe depressive symptoms. “Not enjoying life” was the symptom most frequently reported by the public, whereas “loneliness” was the most prevalent symptom in individuals who exhibit mild to severe depression symptoms (Puyat et al., 2021). Weinstein (2022) postulated that loneliness peaks between the ages of 18 and 29 and being lonely raises the likelihood of developing mental health issues, which has led to an epidemic of sadness and loneliness.

The feeling of sadness and loneliness increases the likelihood of depression among young adults. Factors that increase the risk of developing or triggering young adult depression include: having been the victim or witness of violence, such as physical or sexual abuse; having a learning disability or attention-deficit/hyperactivity disorder (ADHD); abusing alcohol, nicotine, or other drugs; being gay, lesbian, bisexual, or transgender in an unsupportive environment; having a family member who died by suicide; having a family with major communication and relationship problems; having experienced recent stressful life events, such as parental divorce, parental military service, or the death of a loved one; being subject to physical or emotional abuse; and financial setback (Mayo Clinic, 2022).

According to Jones, et al., (2017), having a chronic medical condition or dealing with significant physical health issues can contribute to the onset of depression in young adults. Family history of depression can increase the risk of developing depression in young adults (Standford Medicine, 2018). Exposures to trauma or adverse experiences

during childhood or adolescence can have long-lasting effects on mental health and may increase the risk of depression in young adults (Goldberg, et al., 2019). Young adults who engage in substance abuse, such as alcohol or drugs, are at a higher risk of developing depression (Conway et al., 2007).

Young adults may also face high levels of stress and pressure from academic or career expectations, financial pressures, and social expectations. This pressure can lead to feelings of anxiety, hopelessness, and depression (American Psychological Association, 2019).

Despite being more social and connected than older generations, emerging adults are the most isolated generation. Young individuals are searching for knowledge about how to get through loneliness and depression because of the increased level of isolation. Loneliness is one of the biggest problems facing both millennials and members of Generation Z. The association between loneliness and young people is gtting stronger despite all the most advanced communication tools since many young adults feel an increasing sense of isolation. Although social media and mobile technologies have made society more linked than ever, young people today lack the closeness of in-person, or in-real-life (IRL) and human engagement (Newport Academy, 2020).

Many studies have been conducted to investigate the prevalence of depression in young adults, as well as its symptoms and risk factors. They have regularly researched the effects of this issue, but there is no sufficient data that describe the available experiences of depressed young adults. It was for this reason that the researchers wanted to explore and describe the experiences of depression among young adults. The study will help health professionals to better understand the needs and concerns of those young

adults who are depressed as this is vital for them to connect and respond appropriately and help them when they need it most. Reducing stigma in the community, providing accessible and youth-focused services, and increasing young people's understanding of depression and its treatment are all important goals for intervention. Furthermore, raising the knowledge of depression and how mental health practitioners, including nurses, can respond to the young person successfully is essential to increase mental health awareness in the community.

Theoretical Framework

This study was anchored to the Cognitive Theory of Depression by Beck (1979). The theory proposes that people susceptible to depression develop inaccurate/unhelpful core beliefs about themselves, others, and the world as a result of their learning histories. These beliefs can be dormant for extended periods of time and are activated by life events that carry specific meaning for that person. Core beliefs that render someone susceptible to depression are broadly categorized into beliefs about being unlovable, worthless, helpless, and incompetent. Cognitive theory also focuses on information processing deficits, selective attention, and memory biases toward the negative (Beck, 1979).

Moreover, the cognitive theory is based on the belief that the way individuals perceive a situation is more closely connected to their reaction than the situation itself. Individuals' perceptions are often distorted and unhelpful, particularly when they are distressed (Beck, 1979). The theory is based on the idea that what people think (cognition), what people feel (emotion), and what people act (behavior) all interact together (McLeod, 2019). One of the key concepts of theory is the idea of cognitive

distortions, or ways of thinking that can lead to negative emotions and behaviors (Beck, 1979).

The cognitive theory of depression is appropriate in the present study because it helps determine the experiences of depression among young adults and other potential reasons of depression such as being unlovable, worthless, helpless, and incompetent, among others. Young adults' unique patterns of thinking, feeling, and behaving are significant factors in their experiences, both good and bad. Since these patterns have such a significant impact on their experiences, it follows that altering these patterns can change their experiences. The theory emphasizes the importance of changing one's thought in order to change emotions and behaviors.

Conceptual Framework

Depression is a common and serious medical illness that negatively affects how you feel, the way you think, and how you act. Depression results from a complex interaction of social, psychological, and biological factors (Zorilla et al., 2019).

The study explored and described the lived experiences of young adults with depression. Living in the shadow of darkness emerged as the essence of the young adults' experiences and ultimately defined what it was like to live with depression. This essence was supported by four themes: *Social Isolation, Suicidal Thoughts and Self-Harm, Emotional Distress, and Coping Strategies.*

Social Isolation

Social isolation is one of the themes that described the young adults' experience of depression.

Depression often leads to negative thoughts and feelings of worthlessness or self-doubt. These negative thought patterns can make individuals with depression believe that they are a burden to others or that they would not be understood or accepted, leading them to withdraw from social interactions (Sage Neuroscience Center, 2021).

Unfortunately, stigma surrounding mental health issues, including depression, can lead to social isolation. People with depression might fear judgment or discrimination from others, causing them to withdraw from social situations to protect themselves from potential negative reactions (Yanos et al., (2011).

American Psychiatric Association (2020) disclosed the physical signs of depression which can include trouble of sleeping, loss of energy, and increase purposeless physical activity. Due to tiredness, young adults with depression may find it difficult to participate in social activities and maintain social bonds. Increased social isolation may result from this.

Suicidal Thoughts and Self-Harm

Depression caused a change of thought and behavior in young adults. Suicidal thoughts and self-harm were experienced by them.

According to Morales et al. (2022), depression often brings about a sense of hopelessness and despair, where individuals may feel that there is no way out of their emotional pain. This hopelessness can lead to thoughts of suicide as a perceived escape from their suffering.

Suicidal thoughts and self-harm were also supported by the study of Courtet and Olie (2020). The authors postulated that alterations in the neurobiological systems,

including neurotransmitters like serotonin, are associated with depression and suicidal ideation.

Depressed individuals may also feel like a burden to their friends and family due to their condition. They may believe that their loved ones would be better off without them, which can contribute to suicidal thoughts (MedlinePlus, 2023).

Furthermore, depression frequently causes difficulty with emotion regulation. Self-harm may be used by young adults suffering from depression as a maladaptive coping method to deal with overwhelming feelings or to alleviate emotional numbness (Klonsky, 2011).

Emotional Distress

Emotional distress was also one of the identified themes by young adults. Depression causes feelings of sadness and/or a loss of interest in activities they once enjoyed. According to American Psychiatric Association (2020), the manifestations of depression include such as persistent sadness, loss of interest, and difficulty thinking, concentrating or making decisions. In the present study, young adults have experienced feeling of sadness and loss of interest which contributed to their emotional distress.

Psychiatry Organization (2020) mentioned that people who are depressed may ruminate as a tactic to avoid facing or resolving their issues head-on. They get caught in a cycle of ruminating rather than acting to address problems, which makes them feel helpless.

Additionally, rumination is often associated with cognitive vulnerabilities, such as a negative cognitive bias, in individuals with depression. They may have a tendency to

focus on negative aspects of themselves and their experiences, leading to repetitive and intrusive thoughts (Smith, et al., 2009).

Coping Strategies

Lastly, "coping strategies" was identified by young adults as one of the themes which described their experiences of depression. Amidst the negative impacts of depression to young adults' lives, they used coping strategies to deal with depression. These include keeping their faith in God, using technology as a diversion, and changing the environment particularly the people around them.

Several studies show how individuals cope with depression. Coping strategies can improve resilience in those suffering from depression. The ability to recover from hardship is referred to as resilience. Adaptive coping methods, such as cultivating positive thinking, practicing self-care, and creating a support network, can help to build resilience and cope with depressive symptoms (Southwick et al., 2014).

Effective coping skills can give a person's mood a slight boost and help reduce depression symptoms. Coping strategies for managing depression may include is by laughing, perhaps by watching a comedy show or hanging out with a funny friend (Ivey, 2022).

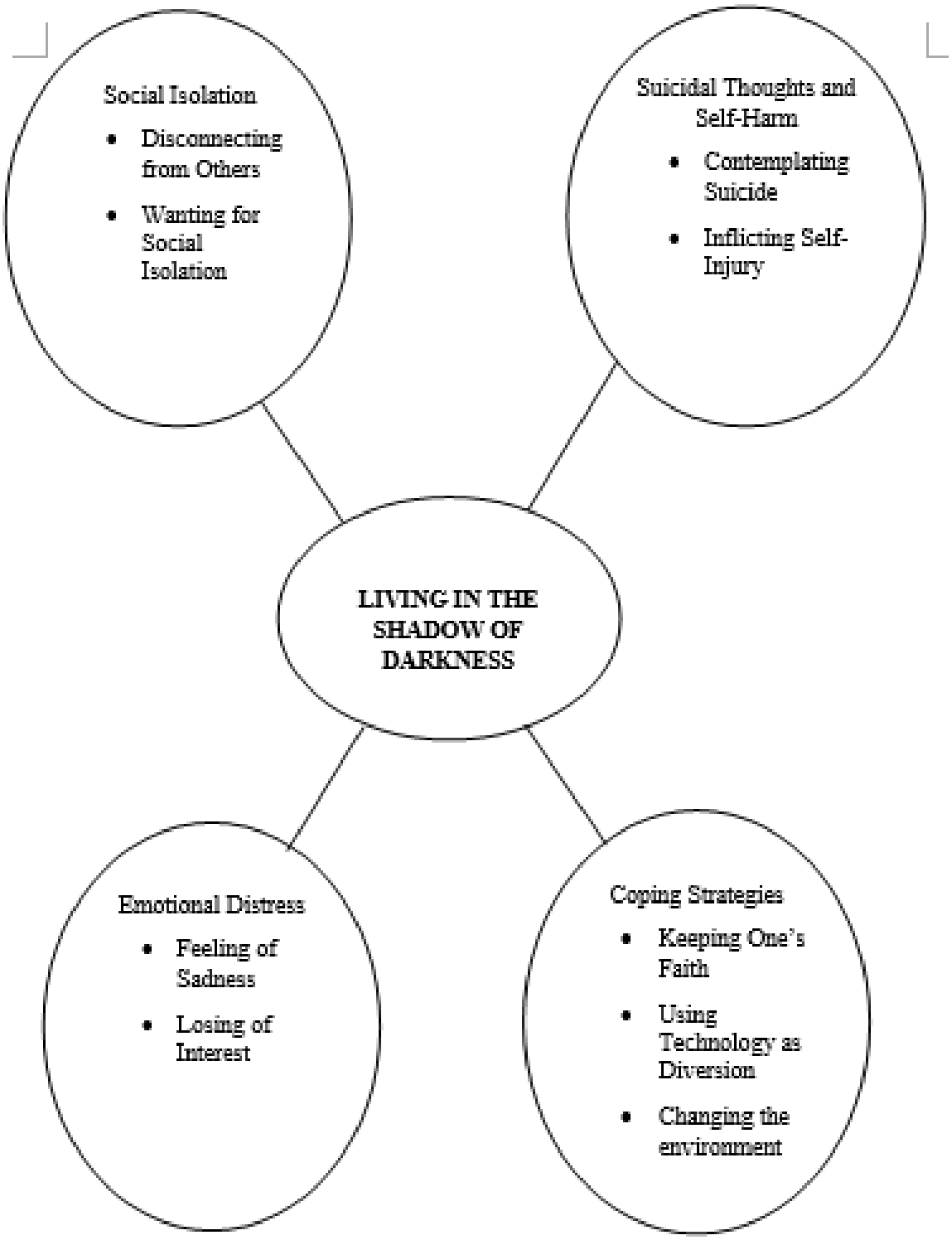

Figure 1. Young Adults' Lived Experiences of Depression

Research Question

The question that serves as guide for the researchers was “What is it like for young adults to experience depression?”

Study Objective

The major focus of the study was to explore and describe the experiences of young adults who have been diagnosed with depression.

Chapter 2

RESEARCH METHODOLOGY

This chapter presents the research design, research setting, research participants, research instrument, data gathering procedure, ethical considerations, and data analysis.

Design

A qualitative research approach, specifically the descriptive phenomenological design. Phenomenological research aims to comprehend and characterize a phenomenon's fundamental elements. The methodology examines human experience in daily life while putting aside the researchers' prior preconceptions about the phenomenon. In other words, phenomenology research investigates actual events to learn more about how people interpret them (Ho, 2022). On the other hand, Colaizzi's phenomenological approach to data analysis is an efficient and thorough qualitative type of inquiry that enables researchers to disclose emerging themes and connected linkages, ensuring the validity and reliability of results.

Setting

The study was conducted in Ozamiz City, Misamis Occidental. The city is a 3rd class city located at the southeastern end of the province of Misamis Occidental. It has a population of 140,334 people, according to the 2020 census, composed of 51 barangays, 23 are in urban and 28 are in rural areas. The city was chosen by the researchers in considering the applicability of the study.

Participants of the Study

The participants of the study were three (3) young adults who were diagnosed

with depression. Data saturation was achieved after the third participant's shared experiences. Munhall & Chenail (2008) explained that data saturation is reached when reoccurring themes occur, and the participants describe no new themes or experiences. The participants were selected through snowball sampling. It is a well-known, nonprobability method of survey sample selection that is commonly used to locate hidden populations. This method relies on referrals from initially sampled respondents to other persons believed to have the characteristic of interest (Johnson, 2014). The criteria for selection of participants were the following: 1) young adult aged between 19 to 35 years old, 2) diagnosed with depression, 3) has given the consent to participate in the study, and 4) available for face-to-face interview.

Instrument

The researchers used semi-structured interviews with open-ended questions to collect the pertinent data and information. The researchers used the following question to elicit a rich response from the participants: "Please share with me your experiences of depression. Describe all your thoughts, feelings, and perception about depression."

Data Gathering Procedure

The researchers asked permission from the Dean of College of Nursing to proceed with the data gathering process. Following approval, the researchers identified the participants with the help of a friend who knew the target participants. After ensuring that the inclusion criteria were met, a scheduled interview was conducted. The interview was done face-to-face using a prepared interview guide, depending on the availability of the participant. At the start of the interview, the researcher greeted the participant, stated the purpose of the study, and asked to sign the informed consent. The researcher also

informed the participant of the right to withdraw at any time and that full anonymity and confidentiality should be strictly observed. The participant was encouraged to talk freely and narrate the experiences using his/her own words. The interview lasted for forty-five (45) minutes to sixty (60) minutes and was digitally recorded and transcribed. The researcher also recorded the time of the interview, noted the participant's non-verbal cues, and reflected in the journal for review and transcription purposes. The researcher asked for feedback from the participant at the end of the interview.

Ethical Considerations

The study's purpose and methodology were explained to the participants before the interviews, and both verbal and written informed consent were obtained. All data from the participants, including their personal information, was handled with care, and secretly stored and used only for research purposes. The participants' participation in the study was voluntary, and they have the right to ask the researchers to return the audiotapes of their interviews at any time. They were given assurances regarding the study's confidentiality and anonymity. The participants were also informed that they have the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Additionally, the risk of physical or emotional distress was considered. The researchers were prepared to take measures to minimize the risk, terminate the interview, and provide any necessary referrals for expert psychological assistance. After the study was finished, the recorded and transcribed materials were deleted from password-protected digital storage.

Data Analysis

Colaizzi's phenomenological method of data analysis is a strong and arduous

qualitative form of inquiry allowing researchers to reveal developing themes and interlinked relationships, ensuring the trustworthiness and reliability of results. This method is used to reliably understand people's experiences (Wirihana, et al., 2017). The transcripts from the interviews were analyzed using Colaizzi's (1978) method which are as follows: 1) making sense or acquiring a feeling for the protocol, 2) extracting significant statements, 3) formulating meanings, 4) organizing the cluster themes, 5) integration of results, 6) developing exhaustive description, and 7) validation.

Making sense or acquiring a feeling for the protocol. This step was taken when the researchers familiarized themselves with the data gathered by reading the transcripts repeatedly. Thereafter, the researchers engaged with the data and began thinking about prevalent topics discussed by the participants.

Extracting significant statements. In this step, the researchers identified statements made by the participants that were relevant to the phenomenon under study. The researchers isolated phrases, sentences, and paragraphs that talked about a meaningful topic. This continued until all interview transcripts were coded. This step helped the researchers to collate statements with similar meanings which would help them arrive at specific meanings.

Formulated meanings. The researchers in this step identified relevant meanings to the phenomenon that arise from the collated statements from the previous steps. Bracketing of responses according to its relevance to the theme was done as needed. By doing so, the data were translated into different meaning units which would fit to a single specific theme essential for the process to proceed to the next step.

Organizing the cluster themes. In this step, the researchers clustered the varied meanings to a specific theme that are common across the data. Bracketing of pre-suppositions was done to avoid potential influence of an existing theory. The identified themes were coined as the core themes of the experience in the phenomenon being studied.

Integration of results and developing exhaustive description. The researchers wrote a complete and inclusive description of the phenomenon, incorporating all themes previously identified. This step helped create a picture of the phenomenon being studied based on the identified themes. The researchers summarized the exhaustive description of the phenomenon into a concise, dense statement that captures the specific aspects identified as essential to the structure of the phenomenon studied.

Validation. In this final step, the researchers validated the findings or the fundamental structure through the participants and verified if it does capture their experiences. The feedback generated in this step helped the researchers evaluate if there is a need to modify some points in the analytical process.

Reflexivity

The researchers and participants have their own unique experiences about dealing with life's adversities. Prior to the interview, two of the five target participants refused to participate in this study. As a result, the researchers have only interviewed three participants who were diagnosed with depression. None of the researchers experienced depression; hence, a lot of emotions were felt during the interview process. However, the researcher-interviewee set aside her pre-understanding about the phenomenon being investigated and acted non-judgmentally.

The participants appear to be healthy, presentable, and to have pleasant smiles. The researchers were fortunate that, despite the participants' busy schedules and other commitments, they were willing to share their stories. As they shared their experiences, the researchers realized that depression causes them a lot. It expanded the researchers' minds as they considered the participants' experiences and how it affects their emotions, thoughts, and physical well-being. Thus, the researchers were dedicated to exploring and describing the young adults' experiences of depression and how it influences certain aspects of their lives.

Chapter 3

RESULTS AND DISCUSSION

The purpose of this study was to explore and describe the young adults' lived experiences of depression. Three young adults from Ozamiz City, Misamis Occidental were the participants of the study. The central themes were derived from analyzing and interpreting the three (3) interview transcripts. The researchers first examined the notes from the interviews that transpired previously. A total of 16 significant statements (SS) evolved from the interview transcripts. There were 13 formulated meanings (FM) which were coded, then categorized into nine themes and reduced to four themes. To come up with the findings, the researchers followed the seven-step method of data analysis of Colaizzi (1978).

Colaizzi's Seven Steps Method of Data Analysis

1. Making sense or acquiring feeling for the protocol

The researchers thoroughly studied the protocols made for this study before beginning the data analysis. The researchers constantly assessed the data from the actual interviews while it was being transcribed to ensure consistency between what was being transcribed and what was recorded during the interviews. This method was used to ensure that the participants' intended messages remained intact following transcription. The names of each participant were not included in the written transcription due to privacy and confidentiality concerns.

2. . Extracting significant statements

The researchers continued to extract information from the written transcriptions. Removing or changing the important statements signify that the researchers went back

over each transcript and noted any words or phrases that specifically related to the topic under investigation (Colaizzi, 1978). The important statements were arranged in a table to match the transcription of the participants' sensations or emotions. The significant statements (SS) in each interview's transcription were categorized or given sequential numbers for participants 1-3 after each interview's transcription was reviewed. There was a total of 16 significant statements (SS) from the three (3) participants.

3. Formulated meanings

The study process then moved on to creating meanings (FMs) derived from the relevant statements after constructing them from the transcripts (Colaizzi, 1978). There was a total of 13 formulated meanings (FMs) derived from the 16 significant statements (SS). To make sure the meanings would not change to other meanings unrelated to the study, the researchers always evaluated and confirmed the significant statements for accuracy and consistency of the FMs created. The researchers used Colaizzi's (1978) approach of data analysis to find and illuminate the hidden meanings while considering the many contexts and ranges of the phenomenon as they are captured in the original transcript. The researchers gave it to their adviser for approval to keep focused and guided while creating FMs and must not formulate meanings that have no connection to the facts. The researchers created the themes from the FMs formulated.

4. Organizing the cluster themes

The cluster themes were created as the final phase using the defined meanings. The 13 formulated meanings were organized into 9 themes. These are 1) Disconnecting from Others, 2) Wanting for Social Isolation, 3) Contemplating Suicide, 4) Inflicting Self

Injury, 5) Feeling of Sadness, 6) Losing Interest, 7) Keeping One's Faith, 8) Using Technology as Diversion, and 9) Changing the Environment.

The 9 themes were reduced into 4 cluster themes namely: 1) Social Isolation, 2) Suicidal Thoughts and Self-Harm, 3) Emotional Distress, and 4) Coping Strategies. These 4 cluster themes were considered as main themes of the study. Each theme cluster is comprised of themes as shown below:

Theme Cluster 1: Social Isolation

Theme 1: Disconnecting from Others

Theme 2: Wanting for Social Isolation

Theme Cluster 2: Suicidal Thoughts and Self-Harm

Theme 1: Contemplating Suicide

Theme 2: Inflicting Self-Injury

Theme Cluster 3: Emotional Distress

Theme 1: Feeling of Sadness

Theme 2: Losing Interest

Theme Cluster 4: Coping Strategies

Theme 1: Keeping One's Faith

Theme 2: Using Technology as Diversion

Theme 3: Changing the Environment

The original interview transcripts were examined to validate the 4 cluster themes. This was accomplished by re-reading the transcripts and reviewing the FMs and SS to ensure that no cluster theme was introduced. The formulated meanings, themes, and the four cluster themes were then discussed with the researchers' adviser.

5-6. Integration of results and developing exhaustive description

The fifth and sixth steps in Colaizzi's analysis process involved incorporating the findings of the phenomenon of the study into an exhaustive description and determining its fundamental structure. This was achieved by fusing the themes and cluster themes to create a description. The researchers also reviewed the transcription made, significant statements, and the formulated meanings.

Discussion Of The Themes

Theme Cluster 1: Social Isolation

Social isolation occurs when young adults have little to no touch with others in their social surroundings within their social environment. The young adults have experienced disconnection from other people and at the same time they wanted to isolate themselves from others.

Disconnecting from Others. Disconnection from others is a behavior of young adults that limits or avoids them from participating in social activities and interactions with others. The depressed young adults withdraw themselves to avoid social connections due to lack of motivation to engage themselves. These were the reasons for disconnecting from other people. Their experiences of depression caused them to do this behavior. Disconnecting from others was stated by Participant 1.

"Every day dili nako ganahan mogwas and then, dili nako ganahan making estorya ug tawo then mag isolate nako dayun". (P1)

(Every day, I don't like to go out in my room, and I don't want to talk to people and then I will isolate).

According to Psych Central (2021), Depression often saps an individual's energy

and enthusiasm for activities they once enjoyed, including socializing. The lack of motivation can lead to decreased participation in social events and ultimately to social withdrawal.

Wanting for Social Isolation. Wanting for social isolation implies the young adults' preference or inclination to exclude themselves from other social interactions. As the young adults dealt with their depression, they emphasized social isolation. They wanted to isolate themselves since they do not want to interact with others. This was mentioned by Participants 2 and 3:

> *"Gusto rako naa rako sa kwarto mag isolate rako, halos di nako ganahan makig kauban lain tawo kay dili ko ganahan, mao to maglok-lok ra sa kwarto". (P2)*
>
> (I want to be in my room to isolate myself, I almost don't like to be with other people because I don't like it, so I just hang around in the room)
>
> *"Akong experience gyud as a depressed person is kanang I'd rather sleep all day and all night. I prefer spending my entire day inside my room". (P3)*
>
> (My experience as a depressed person; I'd rather sleep all day and all night. I prefer spending my entire day inside my room).

The finding was supported by the study of Steger, et al. (2009) that people with depression may isolate themselves to avoid burdening others with their emotional struggles. They may believe that their friends or family would not understand or might be overwhelmed by their feelings, leading them to withdraw from social interactions.

Theme Cluster 2: Suicidal Thoughts and Self-Harm

Suicidal thoughts and self-harm are two similar but different behaviors that occurred in young adults when they were in emotional distress and attempting to manage

intense feelings or challenging circumstances. Young adults have contemplated suicide and inflicted self-injury.

Contemplating Suicide. Contemplating suicide is a process of thinking about or considering taking one's own life. Suicidal thoughts in young adults who are depressed were influenced by psychological variables. It was related to feelings of hopelessness, helplessness, and worthlessness. Contemplating suicide was mentioned by Participants 1 and 2:

> *"Naay sometime maghuna-huna ko mag commit kay wala nay pulos akoa kinabuhi". (P1)*
>
> (There were times I'm thinking to commit because my life is useless).
>
> *"Naa toy one-time nga mo commit unta ko ba kay dili naman ko ganahan sige ug huna-huna sa mga nahitabo". (P2)*
>
> (There was one time I almost commit because I don't want to think the things that happened).

According to Kharimah, et al, (2020), young adults who are depressed may become socially isolated and withdraw, which limits their access to support networks. Lack of social support might worsen depressive symptoms and raise the possibility of suicide ideation. Furthermore, O'Connor and Kirtley (2018) also stated that depression can distort an individual's perception of the future, leading to a lack of positive future orientation. This diminished sense of future can contribute to feelings of hopelessness, which may increase the risk of suicidal thoughts.

Inflicting Self-Injury. Inflicting self-injury or self-harm is an intentional and direct act of harming oneself without the intention to commit suicide. It is evident that the

young adults faced difficult situations related to self-harm and it was one way for them to relieve themselves from emotional distress. Self-injury was highlighted by Participant 3:

> *"Naa toy one night, I have a cutter pagsulod sa akong dad sa kwarto natingala siya kay naligo nako sa akong own dugo, ang salog puno nag dugo so mao to".*
>
> (There was one night, I have a cutter when my dad entered the room, he was shocked because I'm bathed with blood and the floor was filled with blood).
>
> Participant 3 also added this statement:
>
> *"Kana pud ting exam, if dili ko kabalo sa answer kay mag ka anxiety attack ko then ako ikumot ako kamot para akong kuku mo dulot sa akong panit para ma relieve ko".*
>
> (In every exam, if I don't know the answer, I have an anxiety attack and I must clench my hand so that my nails will penetrate my palms so I can be relieved).

This finding was supported by Hamza et al. (2013) that self-harm can serve as a coping mechanism to deal with overwhelming emotional pain, distress, or negative emotions that individuals with depression may struggle to manage. By engaging in self-harm, they may experience temporary relief or a sense of control over their emotional state. Andover et al. (2016) further supports this result that self-harm is a way to externalize or communicate their inner emotional pain, as they may find it challenging to express their feelings verbally. It can be a manifestation of their emotional struggles that are difficult to put into words.

Theme Cluster 3: Emotional Distress

Emotional distress is the state of significant psychological discomfort or unease experienced by young adults in response to their distressing life events, emotional

challenges, or overwhelming feelings. The feelings of sadness and loss of interest exacerbate young adults' emotional distress.

Feeling of Sadness. Feeling sadness is the natural and universal emotional state of young adults characterized by a sense of sorrow or unhappiness. Depression often displays negative cognitive distortions, viewing themselves, the world, and the future in a negative perspective. These cognitive distortions can increase feelings of sadness. These were the statements of the participants that showed feeling of sadness when they have depression:

"Di na gyud ko malipayon ba. Kanang mas ganahan pako mag isolate". (P1)

(I'm not happy anymore, I prefer to isolate myself).

"Higda ra sige mag hilak ug mag huna-huna sa mga nahitabo". (P2)

(I always lie down on my bed crying and think about what happened

"I feel pud usahay nga ma left out ko sa amo family mao ng maka-sad". (P3)

(I also sometimes feel that I am left out of my family and that makes me sad).

According to Kendler and Gardner (2016), experiencing multiple negative life events or chronic stressors can increase the risk of depression and contribute to feelings of sadness. These events may include trauma, abuse, or adverse childhood experiences.

In addition, depression is thought to involve imbalances in neurotransmitters, such as serotonin and norepinephrine, in the brain. These imbalances can disrupt mood regulation and lead to increased feelings of sadness and emotional distress (Hasler, 2010).

Losing Interest. Loss of interest is a diminished or complete lack of enjoyment, pleasure, or interest in activities or experiences that one previously found enjoyable, engaging, or fulfilling. During their experiences of depression, these young adults

verbalized that they lose interest in things that they usually do, it leads them to reduced interest and decreased pleasure in activities that were previously rewarding. These were the statements that emphasized loss of interest:

"Wala nakoy paki sa akong kaugalingon ba, wala nay self-care then murag wala na jud gana sa tanan gyud". (P1)

(I don't feel like wanting to do anything anymore, and I don't take care of myself or practice self-care).

"Di nako ganahan mag painting, di nako ganahan mokaon, wala na". (P2)

(I don't like to do painting anymore, and I don't want to eat).

The finding was supported by the study of Buysee et al. (2020) that depression often involves fatigue and low energy levels, making it physically demanding to participate in activities. Young adults may feel too tired to engage in hobbies or socialize, contributing to a loss of interest.

According to Safai (2019), depression is a mental health condition that can alter a person's motivation and enjoyment, leaving them with feelings of apathy and emptiness.

Theme Cluster 4: Coping Strategies

Coping strategies are the cognitive, behavioral, or emotional efforts that young adults take to cope with depression. Amidst the negative impacts of depression, young adults used coping strategies to deal with depression. These include keeping one's faith, using technology as diversion, and changing the social environment.

***Keeping One's Faith*.** Keeping one's faith was one of the coping strategies used by young adults when facing depression. They continued to believe in the Creator when it was difficult to do so. They verbalized how their strong spiritual belief helped them to

cope with their depression. These were the statements verbalized by the participants on how they kept their faith in God:

"Mag pray ko ni God asking for help kay dili na gyud ni mao bitaw". (P1)

(I pray to God asking for help because it is no longer good).

"When the time passes until karon nagpanampit gyud ko sa Ginoo ngayo ug tabang and nagpasalamat". (P2)

(When the time passes until now, I always pray to God asking for help and thankful to Him).

"Pray mao ra jud na, pray lang jud always if mag anxiety ko pray lang jud, if kanang mawal.an nakog gana pray lang gihapon ingana". (P3)

(I just pray, I pray always if I have an anxiety attack, I pray if I have no longer interest to continue).

According to Koenig (2012), engaging in spiritual practices and beliefs can provide a sense of meaning and purpose in life, which can be particularly important for those struggling with depression who may feel a lack of purpose.

Moreover, Casat On Demand Organization (2023) postulated that religious or spiritual communities can provide a supportive and understanding environment. Engaging with like-minded individuals and participating in religious gatherings may foster a sense of belonging and reduce feelings of isolation, which can be particularly valuable for those with depression.

Using Technology as Diversion. Using technology as diversion is the act of using computers or gadgets as a means to escape from or avoid real-life stressors, problems, or negative emotions. In today's digital age, young adults verbalized the use of

technology as their coping strategy to divert their attention. This may be a distraction to seek solace from real life. Using technology as diversion was mentioned by Participant 1:

''Naa rako sa computer...mao ni siyay diversion nako, mao ra nay gapa busy nako sauna". (P1)

(I'm always at the computer; it serves as my diversion, and it keeps me busy).

Technology can provide a source of distraction and entertainment, which may temporarily alleviate depressive symptoms and offer a break from emotional distress. Watching videos, playing games, or engaging with online content can be used as coping mechanisms (Babbage., 2018).

Changing the Environment. Changing the environment means changing the young adults' social surroundings, particularly the people around them. This was the statement of the Participant 2 that showed the need for change of environment as its coping strategy:

"*Pinakauna ga change ko ug environment particularly sa mga tawo nag palibot nako". (P2)*

(First, I change my environment particularly the people who surround me).

According to Cherry (2023), some individuals with depression may change their social environment to seek out more supportive and understanding relationships. They may recognize that certain relationships or social circles are not conducive to their well-being and actively seek to connect with people who can provide emotional support and empathy. Furthermore, Kim, et al. (2022) supported the idea that people with depression may find that certain social environments or relationships contribute to their negative

emotional state. They may distance themselves from toxic or unsupportive relationships to protect their mental well-being.

Generally, coping strategy involves taking direct actions to address the stressor or problem at hand. It includes problem-solving, seeking information, and making efforts to change the stressful situation (Okafur, et al., 2022).

EXHAUSTIVE DESCRIPTION

The experiences of depression in young adults affect their cognitive, behavior and emotion. Living with depression is like living in the shadow of darkness. They have experienced social isolation, suicidal thoughts and self-harm, and emotional distress. However, in their struggles with depression, the young adults have described different coping strategies that allow them to deal with depression.

The young adults wanted to be socially isolated; they found engaging and interacting with people a difficult thing to do. They have this disinterest in social connections. In their everyday lives, they did not want to go out and talk to people anymore. They did not want to go out of their homes and preferred to just isolate themselves. Because of their lack of motivation to engage themselves in social connections, they tend to withdraw themselves. They avoided social interactions to manage their stress and negative emotions. They did not want to be around other people, they just wanted to be alone, stay and spend their entire day in their rooms.

Young adults with depression felt hopeless, overwhelmed with emotional pain, and despair. These feelings have led them to have suicidal thoughts and worse, self-harm such as cutting their wrist which is often considered as an outlet or a distraction from their misery.

The young adults had also experienced feelings of sadness while facing depression. They reminisced about the things that caused them to be depressed and even felt left out from their own family. Depression had led young adults to emotional exhaustion as well, resulting in their being unmotivated to do the things that they once enjoyed. They mentioned that there were times that they did not mind how they looked,

because they did not care about themselves anymore. They lose interest in doing the activities they find enjoyable. Even the daily routines such as bathing and eating, they found it uninteresting.

However, during their darkest days, young adults managed to find their coping strategies such as keeping their faith. They mentioned on praying to God. This shows how essential religion and spirituality can be in providing emotional support, comfort, and a sense of direction to certain people with depression. They also used technology such as computers as their way of coping with depression. Furthermore, changing the social environment was a way to avoid triggering their negative emotions. They limit their interactions or even avoid individuals or places that contribute to their depression. Coping strategies are unique strategies for individuals that depend on dealing with stress, managing their emotions, and getting through challenging situations.

7. Validation

Validation of results was the Colaizzi's last step in the data analysis process. In this study, it was done by asking the participants whether the theme clusters were the description of their experiences of depression. The participants were also asked to validate the accurateness of the exhaustive description with their actual experiences. A copy of the exhaustive description was given to them to read, and it was written in a way that showed their real experiences. All three (3) participants confirmed that what was written in the researchers' exhaustive description is really what they experienced.

Chapter 4

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study aimed to explore and describe the experiences of depression among young adults. To further understand the experiences of depression, this study was anchored to the Cognitive Theory of Depression by Beck (1979). The cognitive theory of depression proposes that people susceptible to depression develop inaccurate/unhelpful core beliefs about themselves, others, and the world because of their learning histories. The study used a descriptive phenomenological design and conducted in Ozamiz City, Philippines. Three young adults who were diagnosed with depression were the study participants and they were selected through snowball sampling. Interviews were utilized to explore the experiences of depression. The data were analyzed using the seven-step of Colaizzi's (1978) data analysis method.

Findings

Living in the shadow of darkness emerged as the essence of the young adults' experiences and ultimately defined what it was like to live with depression. This essence was supported by four themes, namely: 1) Social Isolation, 2) Suicidal Thoughts and Self-Harm, 3) Emotional Distress, and 4) Coping Strategies.

Social isolation has its sub-themes, namely disconnecting from others, and wanting for social isolation. On the other hand, suicidal thoughts and self-harm's sub-themes were contemplating suicide and inflicting self-injury. Emotional distress has its sub-themes, and these were feelings of sadness and losing interest. Moreover, the sub-themes, and these were feelings of sadness and losing interest. Moreover, the sub-themes

of coping strategies were keeping one's faith, use of technology as diversion, and changing the social environment.

Conclusions

In conclusion, the experiences of depression in young adults have profound effects on their cognitive, behavioral, and emotional well-being, leading to negative impacts on various aspects of their lives. Living with depression for young adults is like living in the shadow of darkness. They have experienced social isolation, suicidal thoughts and self-harm, emotional distress. However, in their struggles with depression, they have identified coping strategies to deal with depression. Thus, the young adults were able to see the light. The young adults in this study expressed a strong desire for social isolation, finding it difficult to engage with others and losing interest in social connections. They preferred to withdraw from social interactions to manage their stress and negative emotions, often spending their days in isolation. Depression causes young adults to experience feelings of hopelessness, overwhelming emotional pain, and despair, leading them to contemplate suicide and engage in self-harm to cope with their misery.

Happiness for young adults seemed difficult during the period of depression, and they felt a sense of disconnection from their own family and others around them. They also reported emotional exhaustion and a lack of motivation, resulting in a loss of interest in activities they once enjoyed, including daily routines.

Despite their struggles, the young adults found coping strategies to use through their darkest days. Some kept their faith through prayers and attending religious services, while others used technology as an escape from reality. Changing their environment and

limiting interactions with stress-triggering individuals or places were also strategies they employed to cope with depression.

By recognizing the impact of depression on cognitive, behavioral, and emotional aspects of their lives, healthcare providers may work towards creating a more empathetic and supportive environment that fosters resilience and mental well-being for young adults struggling with depression.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are made:

1. The young adults may seek professional help, surround themselves with genuine support systems such as family, peers, or loved ones, and engage in activities that may help boost mental health such as regular exercises, healthy eating, and sufficient sleep.

2. The barangay officials in the community may develop a community culture that values open communication about mental health, eliminates stigma, and supports those who are depressed.

3. The City Health Office and Department of Health may aim to expand mental health services, particularly in remote or underserved areas, for consultations and counseling. They also plan to implement mental health programs in schools to educate young adults, foster overall well-being, and intervene for at-risk individuals.

4. Future researchers may conduct a more in-depth study with regards to the lived experiences of young adults with depression including the factors that trigger their depression.

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APPENDICES

Appendix A: Letter of Request

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 9001:2015 Quality Management System – DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

April 28, 2023

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of rsing and are currently working on research study entitled "LIVING IN THE DARKNESS: YOUNG ADULTS' LIVED EXPERIENCES OF DEPRESSION". s to explore and describe the experiences of depressed young adults and helps us to feelings of others and see things from their perspective. With this, they would like to ask approval from your good office to allow them to conduct the study. It will be conducted in Misamis Occidental from April to June, 2023.

Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,

Researchers

JOSHUA A. BAITAN

GAEBRIELLE NICOLE V. GALLENERO

JEMARIE A. RAGPALA

ARGIE MAE M. VALLEGA

ALYSSA BIANCA P. WATE

Approved by:

DR. SAMMY B. TAGHOY
College Dean

Appendix B: Guide Questions for Interview

Introduction

- Introduce self.
- Extend gratitude to the participant for agreeing to take part in the study.
- Discuss the purpose of the study.
- Provide informed consent.
- Provide structure of the interview (audio recording and taking notes).
- Encourage clarifications if there are any.
- Make participant feel comfortable.

A. Opening Questions

1. Ask about participants' profile as age, gender, and civil status.
2. How long have you been diagnosed with depression?
3. What it is like talking to your doctor?
4. What made you think you are depressed?
5. What/Who made you decide to seek help from professional

B. Core Questions

1. Can you tell me about your experiences when you have depression?
2. What are the challenges in your day-to-day life?
3. What did you do to overcome depression?
4. What are your experiences when you feel down?
5. How is your relationship with your family (your parents and siblings)?

C. Concluding Question

1. Do you have anything else to share regarding your experiences?

Appendix C: Informed Consent Form

MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology

RESEARCH INFORMED CONSENT FORM

Title

This study is titled "Living in the Shadow of Darkness: Young Adults' Lived Experiences of Depression" in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing.

Researcher

This study is to be conducted by Joshua A. Baitan, Gaebrielle Nicole V. Gallenero, Jemarie A. Ragpala, Argie Mae M. Vallega, and Alyssa Bianca P. Wate who is pursuing the degree in Bachelor of Science in Nursing at Misamis University College of Nursing, with Dr. Sammy B. Taghoy as the adviser. The researchers can be contacted through this mobile number +639686840503 or email address baitanjoshua21@gmail.com,jemarie.ragpala15@gmail.com, and alyssawate@gmail.com.

Purpose of the Research

This study aims to explore and describe the experiences of depressed young adults and helps us to understand the feelings of others and see things from their perspective.

Description of the Research

This study is a qualitative research approach specifically the phenomenological design, and the data will be gathered through an interview within three (3) months.

Potential Benefits

This study will benefit and applies to help health professionals to better understand the needs and concerns of those young adults who are depressed. Through this study, depression may will becoming more widely accepted and it will save lives to the individuals and improves overall quality of life. This study will also provide another opportunity for future researchers to analyze and will provide initial information to develop in term of preparation, knowledge, and skill. Moreover, this study may help in reducing stigma in the community, providing accessible and youth-focused services, and increasing young people's understanding of depression and its treatment are all important goals for intervention. Furthermore, raising the knowledge of depression in how mental health practitioners, including nurses, can respond to the young person successfully is essential to increase mental health awareness in the community.

Confidentiality

In the conduct of the study, full confidentiality will be assured. No information that discloses your identity will be released or published without your specific consent to the disclosure and only imperatively necessary. The materials that contained the raw

information derived from you will be destroyed after data processing within a given period.

Publication

The results of this study may be published in any form for public and scholarly consumption or used in classrooms instruction to enrich learning and generate more knowledge for future research.

Participation

Your participation in this study must be voluntary and you have the right to withdraw if you feel uncomfortable in the process of gathering information from you.

Informed Consent

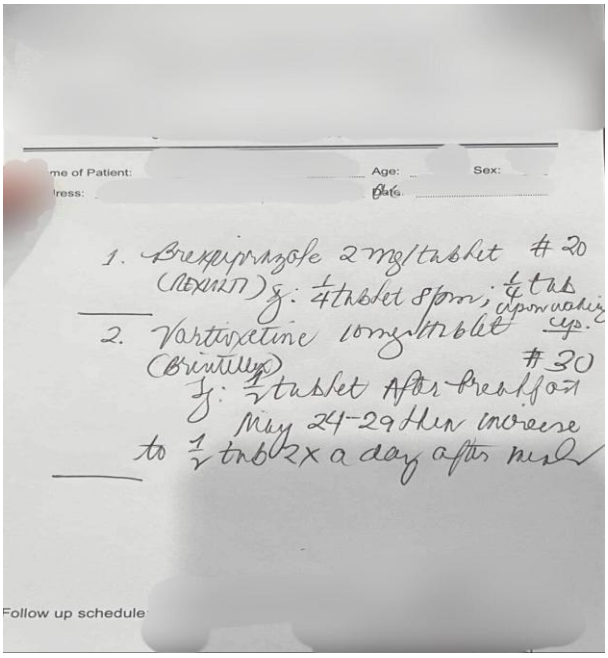
Given the information above, I confirm that the potential harms, benefits, and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time I deem it to be necessary or to seek clarifications for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

_____ _____

Printed Name and Signature of the Research Respondent Date

Appendix D: Participants' Drug Prescriptions

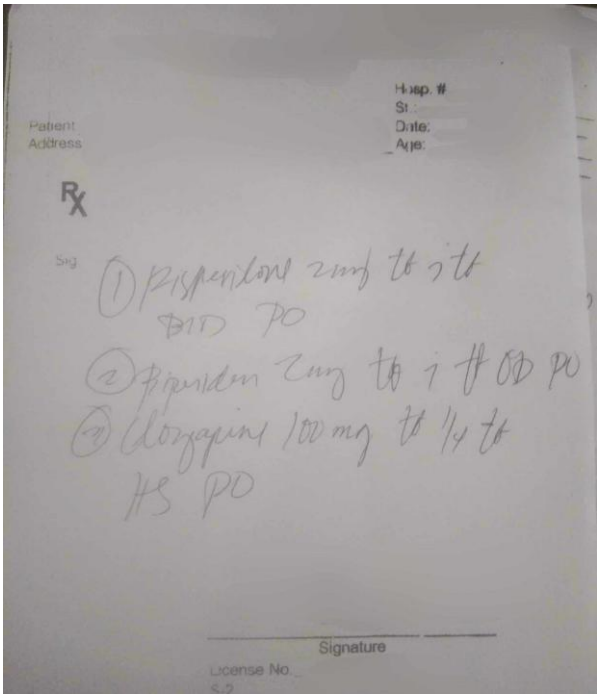
Participant No. 1


me of Patient: Age: Sex:
ress: Date:

1. Brexpiprazole 2mg/tablet #20
(ROXIATI) Sig: ¼ tablet 8pm; ¼ tab upon waking up.
2. Vortioxetine 10mg/tablet #20
(Brintellix)
Sig: ½ tablet After Breakfast
May 24-29 then increase
to ½ tab 2x a day after meals

Follow up schedule:

Participant No. 2


Hosp. #
St:
Patient
Address
Date:
Age:

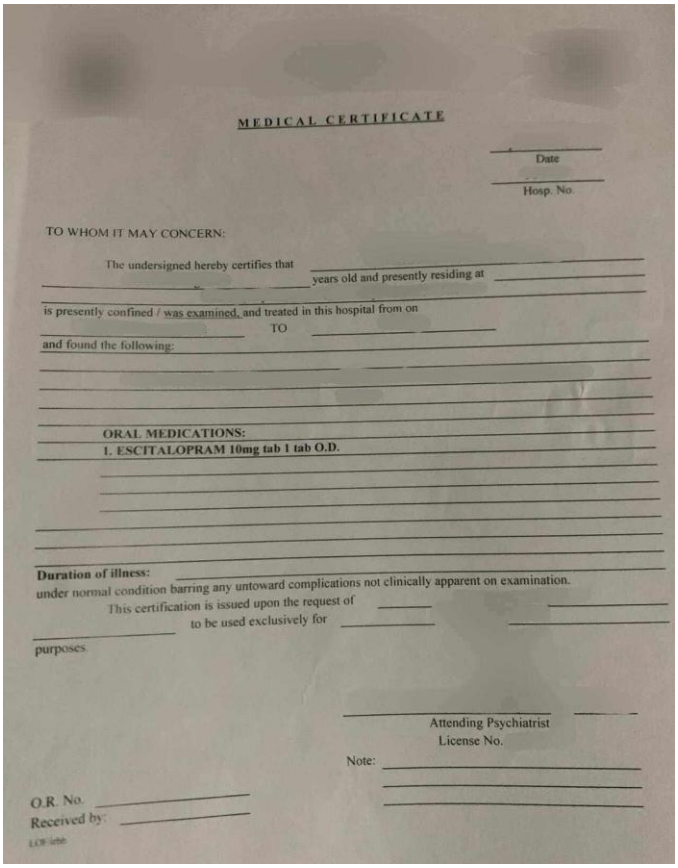
Rx

Sig

① Risperidone 2mg to i tt BID PO
② Fluoxetine 2mg to i tt OD PO
③ Clozapine 100mg to ½ tt HS PO

Signature
License No.

Participant No. 3



MEDICAL CERTIFICATE

Date

Hosp. No.

TO WHOM IT MAY CONCERN:

The undersigned hereby certifies that _____ years old and presently residing at _____ is presently confined / was examined, and treated in this hospital from on _____ TO _____ and found the following:

ORAL MEDICATIONS:

1. ESCITALOPRAM 10mg tab 1 tab O.D.

Duration of illness:

under normal condition barring any untoward complications not clinically apparent on examination.

This certification is issued upon the request of _____ to be used exclusively for _____ purposes.

Attending Psychiatrist

License No.

Note:

O.R. No.

Received by:

Appendix E: Significant Statements

Significant statement	Transcript No.	Page No.	Lines No.
"Every day, I don't want to go out and then I don't want to talk to people anymore and then I just isolate myself. I don't care about myself, no selfcare and loss of interest to everything (P1)."	01	1	1-2
"I want to be in my room isolating myself; I don't want to be with other people because I don't like it. I lost my passion in painting and I don't want to eat anymore (P2)".	02	1	5-6
"Ahhh.. My experiences as a depressed person; I'd rather sleep all day and all night and I can't take a bath. I prefer spending my entire day inside my room (P3)".	03	2	8-9
"There some time I'm thinking I want to commit but that was just nothing (P1)".	04	2	12
"There was one time I tried to commit suicide because I could not take it anymore thinking of the things that happened but my friend caught me (P2)".	05	2	15
"There was one time, I'm on the verge of dying because I am cutter. When my dad entered the room, he was shocked why I am bathed with blood, the floor was filled with blood that's it, but in that day on that night my dad told me that I am embarrassing on what I did to myself (P3)".	06	2	16
"*I am no longer happy; I prefer to isolate myself (P1)".*	01	1	3
"I'm always lying on the bed crying and thinking the things that happened (P2)".	02	1	7
"*I feel sometimes that I'm left out with my family which is saddening (P3).*	03	1	10
*I'm always on the computer, this serves as my diversion to make myself busy before. I also pray to God asking for help. These are the main factors why I am still here *laughs* (P1)".*	07	3	18-19

First, I change my environment particularly the people around me. I am not religious; I don't go to church every Sundays but at that time I repented. I still pray to Him up to this day asking for help and being grateful (P2)".	08	3	21-24
I just pray that's all, even my doctor told me to pray always if I have my anxiety attack pray, if your losing will to continue pray (P3)".	09	3	25

Can you tell me about your experiences?

"Gusto rako naa rako sa kwarto mag isolate rako, halos di nako ganahan makig kauban lain tawo kay dili ko ganahan, mao to maglok-lok ra sa kwarto. Loss of passion di nako ganahan mag painting di nako ganahan mokaon, wala na … Higda ra sige mag hilak ug mag huna-huna sa mga nahitabo" Participant 2

What are your challenges in your day-to-day life?

"Wala nako gana mokaon, wala nakoy gana sa tanan naa rako permi sa kwarto maghigda sige ug huna-huna. Naa toy one-time nga mo commit unta ko ba kay dili naman ko ganahan sige ug huna-huna sa mga nahitabo". Particpant 2

What did you do to overcome depression?

"Pinakauna ga change ko ug environment particularly sa mga tawo nag palibot nako.I don't go to church every Sundays pero kato nga time na nahitabo ba mura kog nakaingon basol ko oi, gi-unsa man ko nimo. When the time passes until karon nagpanampit gyud ko sa Ginoo ngayo ug tabang and nagpasalamat" Participant 2

Appendix F: Formulated Meanings, Themes, and Theme Clusters

Participant 1			
Significant Statements	**Formulated Meanings**	**Themes**	**Theme Clusters**
Every day, I don't want to go out and then I don't want to talk to people anymore and then I just isolate myself.	Disinterest in social connections	Disconnecting from Others	Social Isolation
I don't care about myself, no selfcare and loss of interest to everything	Lack of motivation to take care on oneself	Losing Interest	Emotional Distress
There some time I'm thinking I want to commit but that was just nothing.	Fleeting thoughts of wanting to commit suicide	Contemplating Suicide	Suicidal Thoughts and Self-Harm
I'm always on the computer, this serves as my diversion to make myself busy before.	Individual creates a distraction through technology	Using Technology as Diversion	Coping Strategies
I also pray to God asking for help because this is not good anymore.	Seeking God as their support	Keeping One's Faith	Coping Strategies
I am no longer happy; I prefer to isolate myself.	Feeling of unhappiness and desire for isolation	Feeling of Sadness	Emotional Distress

Participant 2			
Significant Statements	**Formulated Meanings**	**Themes**	**Theme Clusters**
"I want to be in my room isolating myself; I don't want to be with other people because I don't like it. I prefer Isolating myself.	Disinterest in social connections	Wanting for Social Isolation	Social Isolation
I lost my passion in painting, and I don't want to eat anymore.	Lack of motivation to take care on oneself	Losing Interest	Emotional Distress
There was one time I tried to commit suicide because I could not take it anymore thinking of the things that happened, but my friend caught me.	An attempt to commit suicide	Contemplating Suicide	Suicidal Thoughts and Self-Harm
First, I change my environment particularly the people around me	Recognizing the need to change on the people they are associating with	Changing the Environment	Coping Strategies
I am not religious; I don't go to church every Sundays but at that time I repented. I still pray to Him up to this day asking for help and being grateful	Seeking God as their support	Keeping One's Faith	Coping Strategies
I'm always lying on the bed crying and thinking the things that happened.	An act of crying and ruminating about past events	Feeling of Sadness	Emotional Distress

Participant 3			
Significant Statements	**Formulated Meanings**	**Themes**	**Theme Clusters**
Ahhh.. My experiences as a depressed person; I'd rather sleep all day and all night and I don't take a bath. I prefer spending my entire day inside my room.	A desire of withdrawing themselves from others	Disconnecting from Others	Social Isolation
There was one time, I'm on the verge of dying because I have a cutter. When my dad entered the room, he was shocked why I was bathed with blood, the floor was filled with blood that's it. In every exam if I don't know the answer I have and anxiety attack and what I will do is I clench my hand to penetrate my nails on my palm to relieve my anxiety	Maladaptive behavior committed to deal with emotional distress	Inflicting Self-Injury	Suicidal Thoughts and Self-Harm
I feel sometimes that I'm left out with my family which is saddening.	Feeling of exclusion in the family	Feeling of Sadness	Emotional Distress
I just pray that's all, even my doctor told me to pray always if I have my anxiety attack pray, if your losing will to continue pray.	Remaining steadfast in one's faith	Keeping One's Faith	Coping Strategies

CURRICULUM VITAE

PERSONAL INFORMATION:

Name	:	Joshua A. Baitan
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Home Adress	:	Purok 5 Baybay Triunfo, Ozamiz City
Contact Number	:	09686840503
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Parents	:	Felipe B. Baitan Stella A. Baitan

EDUCATIONAL ATTAINMENT

Elementary School : Baybay Central School
Purok 5, Cotta Area, Ozamiz City
Batch 2014

Junior High School : Ozamiz City National High School
Bernad St., Ozamiz City
Batch 2018

Senior High School : Misamis University
H. T. Feliciano St., Aguada, Ozamiz City
Batch 2020

College : Bachelor of Science in Nursing
Misamis University
H. T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL INFORMATION:

Name	:	Gaebrielle Nicole V. Gallenero
Age	:	22
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Parents	:	Norberto L. Gallenero Janeth V. Gallenero

EDUCATIONAL ATTAINMENT

Elementary School :	St. Benilde Integrated School Barra, Opol, Misamis Oriental Batch 2013
Junior High School :	Clarin National Highschool Poblacion 3, Clarin, Misamis Occidental Batch 2017
Senior High School :	Clarin National Highschool Poblacion 3, Clarin, Misamis Occidental Batch 2019
College :	Bachelor of Science in Nursing Misamis University H. T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL INFORMATION:

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Parents :Jerome V. Ragpala
Marife A. Ragpala

EDUCATIONAL ATTAINMENT

Elementary School : Hilarion J. Ramiro Jr. Elementary School
Purok 1 Mentering, Ozamiz City
Batch 2014

Junior High School : Mercy Junior College
Poblacion Tubod, Lanao del Norte
Batch 2018

Senior High School :Misamis University
H. T. Felicano St., Aguada, Ozamiz City
Batch 2020

College :Bachelor of Science in Nursing
Misamis University
H. T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL INFORMATION:

Name : Argie Mae M. Vallega
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Email Adress : argiemaevallega18@gmail.com
Parents : Arcadia A. Macalisang

EDUCATIONAL ATTAINMENT

Elementary School : Ozamiz City Central School
Tinago, Ozamiz City
Batch 2014

Junior High School : Ozamiz City National High School
Bernad St., Lam-an, Ozamiz City
Batch 2018

Senior High School : Misamis University
H. T. Feliciano St., Aguada, Ozamiz City
Batch 2020

College : Bachelor of Science in Nursing
Misamis University
H. T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL INFORMATION:

Name : Alyssa Bianca P. Wate
Age : 21
Birthdate : March 13, 2002
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Religion : Roman Catholic
Home Adress : Purok Yellowbell, Limason
Vincenzo Sagun Zamboanga
Contact Number : 09618196627
Email Adress : alyssawate@gmail.com
Parents : Jose B. Wate
Mariolou P. Wate

EDUCATIONAL ATTAINMENT

Elementary School : Limason Elementary School
Limason, Vincenzo Sagun, Zamboanga Del Sur
Batch 2014

Junior High School : Saint Columban College
Santo Nino District, Pagadian City
Batch 2018

Senior High School : Misamis University
H. T. Feliciano St., Aguada, Ozamiz City
Batch 2020

College : Bachelor of Science in Nursing
Misamis University
H.T. Feliciano St., Aguada, Ozamiz City