

What's Wrong with Me? Understanding the Lived Experiences of High School Students with Manifestations of Depression

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Abstract: ***Background:** Depression roots from various problems. It starts from an initiator, which then gradually transforms and ultimately leads to depression. **Purpose:** Through the understanding of the lived experiences of the high school students of Philippine School Doha with manifestations of depression, the stigmas and the flow of depression were uncovered. **Method:** This research study follows a phenomenological research design, which digs deep to the lived experiences, articulations, and musings of the respondents. The data were gathered through a semi-structured interview and were classified according to similar themes. **Findings:** Outcomes have emerged three stigmas of depression in the life of high school students namely perfectionism, connectionism, and dysfunctionism. **Conclusion:** The resulting stigmas of depression reveal the flow of depression and its slow transformation from a stigma to a manifestation then depression.*

Keywords: Frustration, Depression, Adolescents, perfectionism, connectionism, dysfunctionism

1. Introduction

Problems that cause frustration are common in the everyday lives of humans. However, how one reacts towards these problems differs from every individual which will eventually lead to the deterioration of one's mental and emotional health if not handled properly. Frustration intolerance arises, not just from the wish that reality was different, but from the collision of a demand with reality (Harrington 2011). Empirical evidence indicates that frustration intolerance beliefs, when treated as a single dimension, are related to depression, anxiety and anger, independently of self-worth beliefs (Stanković & Vukosavljević-Gvozden 2011). A study conducted by Jibeen (2012) found that frustration intolerance has differential relationships with specific dysfunctional emotions including depression, anxiety and hostility. The intolerance to frustration is intensified when adolescents exhibit stigmas that elevate the distress received from problems that are otherwise seen as trivial.

Due to the varying emotions that the youth experience day-to-day and how they perceive these, variety of ways on handling these. Some methods are more ineffective than others. A large factor that contributes to their approach towards these emotions is their inherent attitude and mindset. When frustration arises from these emotions due to problems, the outcome may lead to distress and depression if not suitably managed. Beck, Rush, Shaw and Emery (1979) outlined the cognitive theory of depression which assumes that depression results from an individual's interpretation of events (their thoughts and beliefs) rather than the events themselves. This means that a large contributor to the

depression of an individual is their reaction to problems and how their psyche deals with these. According to a study handled by Mahon et al. (2007), young adolescents with low frustration tolerance beliefs experienced greater perceived stress and had higher rates of depression and anxiety. This further strengthens the claim that negative internal ruminations and thoughts, such as frustration intolerance, are the essential origins of stress and, to a higher extent, depression.

This paper seeks to investigate the global sentiments of high school students by determining the cradles of depression and its indicators and how one aspect can slowly steer to depression. This is the age wherein students scrimmage with school and life's challenges in general the extent to which is that the overall severity of depressive symptoms tends to increase during the transition from childhood to adolescence (Hankin 2008; Twenge and Nolen-Hoeksema 2002) in that the onset of it starts to develop at an early age; when further pressured, and will stay permanently. Through this phenomenological inquiry, the researcher aims to venture the different possible facets and manifestations that all account to depression.

2. Method

Understanding the lived experiences of students who are experiencing different stages or stigma of depression, this phenomenological study captures cases of depression that emanate from a simple frustration of one's feelings. Phenomenology is an approach where it describes the essence of a lived experience of a phenomenon for several

individuals having the purpose of describing the commonalities of the experience. (Hall, Chai & Albrecht, 2016; Christensen, Johnstone & Turner, 2010 & Merriam, 2007).

Locus and Sample

Applying the process of Creswell, (2007) and Heppner & Heppner (2004) method of collecting information of at least three (3) to a maximum of thirteen (13) respondents, in-depth interviews were administered to seven (7) respondents, all of whom were high school students in Philippine School Doha particularly in the State of Qatar identified to have experienced certain degree of depression.

Instrumentation

There were two parts of instrumentation used in gathering the data. In the first part, the age, gender, grade level, and a personal description of definition were taken with the use of a *robotfoto* which according to Kelchtermans & Ballet (2002), is a cartographic sketch of the subject, given to the respondents before the actual interview. The second part was the collection of the *lebenswelt* of the respondents through interviews or discussions between an interviewer and an individual meant to gather information on a specific set of topics (Harell & Bradley 2009). However, the researchers furthered the gathering of data by utilizing a semi-structured interview that gathers data from the verbalizations of the respondents in a conversational tone. This type of interview is commonly done in order to go deeper to the respondents' sentiments and to understand these disclosed experiences.

Data Collection and Ethical Consideration

The source of data of this study follows the 4-step data collection process. The first step was designing and creating interview questions. Then, a written permission was sent to the high school students (Creswell 2003). The third step was arranging a time & place for the interview Laforest (2009). Finally, the information gathered were recorded through the use of audio or video tapes and handwritten notes (Creswell 2003, Sutton & Austin 2015). The gathered data were treated with utmost confidentiality to ensure respondents anonymity of articulations and musings.

Mode of Analysis

Each gathered interview was audio taped and transcribed verbatim (Creswell, 2005). Steps in the qualitative analysis were utilized (1) preliminary exploration of the data by reading through the transcripts and writing memos; (2) coding the data by segmenting and labeling the text; (3) verifying the codes through inter-coder agreement check; (4) using *dendrogram* (Faulker and Sparkes 1999), wherein responses that express similar ideas and form relationships with each other are compared and grouped into themes and (5) connecting and interrelating where thought units emerged and form into themes (Ivankova & Stick 2007). Through the researchers' careful analysis the main themes surfaced. The themes were then subjected to a member-checking procedure wherein they were triangulated or quadrangulated for verification.

3. Findings

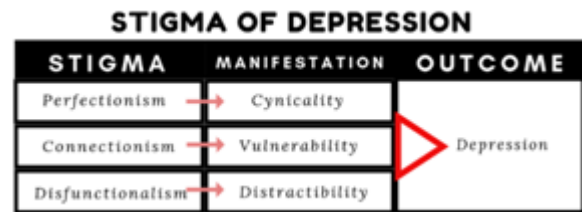


Figure 2: Impact on Students' Frustration

Figure 1: The figure shows how the stigmas of frustrations transform to different manifestations, which ultimately leads to depression. It shows how one stigma then transcends to a manifestation which then results to depression.

Uncovering the triggering stimulus-response of depression of high school students who have endured despondency and distress, this phenomenological attempt highlights the lived-experiences of the respondents that will eventually lead to answer the question: **How does frustration trigger depression?** This study affords three stigmas of depression: perfectionism; elucidates that being a perfectionist can be a sign of depression when it manifests cynicality on behavior, connectionism; is a stigma that resorted to vulnerability of a person to becoming a victim of depression, and disfunctionalism; a stigma that exhibits the person's distractibility in responding to a given situation. These stigmas are the underlying latent causes of depression that emanate from frustration

Perfectionism

The characteristic of being a perfectionist carries a negative orientation with it. According to Psychology Today, people who are perfectionists are focused on avoiding failure which makes them toxic. Moreover, it exhibits self-oriented perfectionism — which occurs when individuals attach irrational imperfections of themselves and are extremely corrective of themselves, causing the individual to be affected emotionally. A respondent conveyed that she finds difficulty in solving her problems which results to frustration *"I'm not that good at dealing with any problems so I easily get frustrated, stressed, and anxious because of it."* (R7)

Indeed, every individual feels uneasy whenever they are unable to solve their conflicts therefore leading to frustration. Feelings of anxiousness start to arise due to how they interpret and react to the given situation.

People prone to perfectionism are more likely to struggle with anxiety and depression. They possess an all-or-nothing mindset which leads them to think that everything they do must meet their expectations and that is the only time they would feel a sense of satisfaction. One verificatory expression from a respondent revealed that:

"For me, I am frustrated about one thing even it is small or big, because I am afraid of mistakes. So, if I make one mistake, I will get depressed on a problem." (R3)

The habit of creating impossibly high expectations of themselves is the leading cause of being a perfectionist. It

may sound like a harmless personality that an individual may possess. However, it is one of the factors that lead to suicidal thoughts.

Truly, being a perfectionist allows an individual to be challenged. However, setting a standard that is unattainable to humans is detrimental both emotionally and mentally which make an individual cynical in everything that he or she wishes to do.

Connectionism

Being overburdened by issues from various aspects can be taxing to the mental, emotional, and physical health of a person. If an individual is encumbered with frustrations that exceed his/her tolerance, there is a possibility of the human mind to be influenced by connectionism, which is the attempt to identify, often baseless and fabricated, relationships and networks between these problems. As a result, victims of this stigma experience a domino effect wherein the initial frustration induces the propagation of new frustrations. This claim is reinforced by the statements of these respondents:

"I have this tendency to have my responsibilities get affected by my own frustration from one thing. For example, when I'm frustrated with my family I can't focus in school." (R1)

"My mindset tries to connect every problem together so when I'm frustrated at one problem it usually spreads to other problems as well." (R2)

Evidently, this latent factor can bring about a negative ripple effect on the reception of an individual to oncoming problems. It influences a person to assume a defeatist and pessimistic attitude. The short-term repercussions of this mentality are stress and irrationality but when allowed to develop, can lead to dejection and depression. The manifestation of this can be recognized as vulnerability as these respondents revealed:

"I feel helpless and overwhelmed as I don't know what to do to remain composed." (R2)

"I get annoyed easily and sometimes pour my anger out on people without the intention of actually doing so." (R5)

"I feel weak and useless because I don't know how I can control my frustration not to turn into depression." (R6)

Indeed the presence of multiple layers of frustrations can be uncontrollable to ordinary students but can cause further dissonance to the psyche of those plagued with connectionism. Those that bear this stigma experience difficulty in handling their issues where a simple imbalance can effectuate the onset of depression. One confirmatory statement asserts *"Most of the time, new problems add up to the other problems of which I tried to solve them but eventually I couldn't at that moment and this makes me depressed." (R2)*

Dysfunctionalism

Being pre-occupied by problems, tasks, and frustrations can be self-consuming. If a person has a lot of works or

problems that he cannot deal with all at the same time dysfunction may occur which will result to unequal and improper decision making and to losing sense of right things to do. Rapid draining of physical and psychological energy will take place at this stage which may destroy one's proper behavioral status. As articulated with these responses:

"I feel overwhelmed, which causes me to lose focus on my priorities" (R1)

"I feel like I lose all my proper decision making and I start to do unnecessary things." (R7)

One loses the will to take pleasure on different activities that he or she commonly be fond of. Being frustrated will shatter one's state of mind. The feeling of being frustrated at this state will lead to depression.

"Normally if I'm frustrated, I'm not in the mood. Even if we do the most enjoyable activities, I still can't enjoy it because I'm frustrated." (R4)

Being dysfunctional is a massive trouble that any person can have. As given support by the testimonies of the respondents. Dysfunctionalism affects each individual's mentality and physicality in an adverse manner.

4. Discussion

Perfectionism

Perfectionism in the context of this study, is the mindset of setting high, and often unreasonable, standards to oneself and his/her work. Perfectionism is often seen to exhibit both adaptive (positive or normal) and maladaptive (negative or neurotic) components (Clara et al. 2007). This research focuses on the maladaptive aspect of perfectionism and how it manifests in a person causing cynicism. Cynicism is operationally defined as a characteristic of a person with prejudice towards others and to a general outlook in life and is labelled as social perfectionists (Clara et al. 2007). Socially prescribed perfectionists may fear societal failure and experience cognitive dissonance, which in turn makes them more vulnerable to depressive episodes when minimal control is perceived (Jackman et al. 2017). This vulnerability can be seen as cynicism which gradually deteriorates the ability of a person to feel happiness and enjoyment, when endured for a long period of time, this can lead to depression. Perfectionists are easily distracted by past mistakes and negative feelings wherein they tend to perpetuate and contemplate about these. They infer unsubstantial opinions that their lives are not perfect and will inculcate feelings of worthlessness and despondency. Several empirical researches have concluded that there is a relationship between perfectionism and elevated contemplation (Blankstein & Lumley 2008; Flett, Madorsky, Hewitt, & Heisel 2002). Analysis from the responses of the participants imply that a perfectionistic attitude entails frequent tendencies of rumination of inconsequential mistakes.

It is speculated that perfectionistic thinking is prevalent in academic settings as it is a typical desire for students to perform well. However, those manifesting the maladaptive aspect of perfectionism, the desire for high-level

performance is coupled with distorted cognitions that negatively affect academic performance and add to mental health burdens (Pirbaglou 2013). People afflicted with maladaptive perfectionism are burdened with high-standards set by themselves and often adopt a defeatist attitude when committing mistakes instead of being a possible source of motivation and inclination to excel. Maladaptive perfectionism involves a strong focus on avoiding error, overly general high standards, feelings of self-worth dependent on performance, and responses to failure involving harsh views of the self (Clara et al. 2007). It is observed that those who are perfectionists possess both adaptive and maladaptive aspects, but various stressors and frustrations contribute to deciding which facet of perfectionism manifests in a person. Those with more emotional-control and a healthy support system are less likely to establish maladaptive perfectionism than those who do not. The activation of a maladaptive demand for perfect performance skews the aspirational process and activates self-negating processes, recapitulating earlier reactions by parental or other authorities. Therefore, instead of self-demands to be perfect being reduced when perfection is not attained, such demands are intensified, with reactions to failure becoming self-deprecating (Enns et al. 2002, Soenens et al. 2004). The multiple elements and circumstances that influence a perfectionist's psyche should all be taken into account and controlled properly to ensure the benefits of adaptive perfectionism could be realized instead of being hindered by the adverse effects of maladaptive perfectionism.

Perfectionism can be a possible root of cynicism. People who possess the characteristic of being a perfectionist are meticulous in carrying out their daily tasks. While perfectionism can be an advantageous trait, it also manifests inimical effects that may trouble an individual's mental state. Committing mistakes makes a perfectionist doubt themselves and feels pressure when other people are able to carry out their tasks according to their will. When an individual is a perfectionist, it leads to avoidance among peers. Perfectionists may suffer from deficits in social problem solving because they are highly defensive and believe that problems must be perfectly resolved. (Flett et al. 2011). Being a perfectionist may cause avoidance among peers since everything must be done their way in order to refrain from making mistakes. Perfectionism correlates strongly with depression, dysphoria, and general negative effects. There have been fewer studies that have examined the relationship between perfectionism and other specific forms of anxiety such as panic, worry, and posttraumatic stress disorder (PTSD) symptoms (Flett and Hewitt et al. 2011). Inhibiting the traits of perfectionism and cynicism can cause adverse effects on an individual's mental health. They tend to restrain themselves from a social sphere, therefore leading to a reduced social contribution and lives in complete isolation due to the fact that they fail to see the genuineness and sincerity in people.

Ostensibly, students who possess the stigma of perfectionism are more prone to those who do not. The relationship between stressful life events and depression is significantly elevated among perfectionistic individuals and stress combined with perfectionism would significantly

predict later depression beyond the prediction afforded by initial level of depression (Hewitt and Dyck 1986). When manifested, this exhibits the trait of cynicism wherein perfectionists tend to view the world negatively and inherit it with pessimistic attitude. All these contribute to the exhaustion of the human mind thus leading to the onset of depression.

Connectionism

One person can easily be depressed depending on how he perceives or interprets things. Cognitive vulnerability is a potent risk factor for depression. Individual differences in cognitive vulnerability solidify in early adolescence and remain stable throughout the life span. (Haefel et al., 2014). Surrounding yourself with hopelessness and suppressing one's emotion will make an individual more prone to depression. Having poor emotional well-being and experiencing traumatic experiences will surely make an adolescent emotionally vulnerable and suppression of emotions can be a factor for that. (Ecclestone et al., 2011). Major depression can be caused by concealing of emotions that can lead to vulnerability in a cognitive manner.

When one gets frustrated that causes a domino effect of continuous frustration is surely a difficult position to handle. Some individuals have a cognitive vulnerability that interacts with stress to produce depression. Specifically, people are vulnerable to depression because they have a tendency to generate interpretations of stressful life events (and dysphoric moods) that have negative implications for their future and for their self-worth. (Abramson, Metalsky, & Alloy, 1989; Nolen-Hoeksema, 1991). In this context common cause of stress is mostly the root of frustration that contributes or creates more problems for the person having cognitive vulnerability. Studies show that cognitive vulnerability interacts with stress and that people with negative cognitive styles are vulnerable to depression. (Alloy et al. 2000, Christensen et al., 2006; Østergaard et al., 2012). Connectivity of problems can lead to a person being more vulnerable to other problems or even more prone to depression.

Unequivocally, when an individual is experiencing problems that will frustrate him/her, there is a chance that frustration will create a chain of events that will lead to multiple frustrations. Moreover, it is found that containing emotions is a factor of having cognitive vulnerability where one's interpretations and reasoning will be altered. Major depression is characterized by alterations in emotional functioning, including depressed mood and anhedonia (Ehring et al., 2010).

Dysfunctionalism

Rooting from the different factors of frustrations, dysfunctionalism predominates in a frustrated individual. It is seen to be a stigma of frustration that manifests into depression. The role of dysfunctional attitudes as a moderator in the relationship between negative life events and depression has been theoretically and empirically suggested by many investigators. Beck et al. (1979) have proposed that depressogenic schemas or dysfunctional attitudes constitute a cognitive predisposition or vulnerability to depression. Dysfunctionalism displays how

an individual is negatively affected by his or her stigma of depression. Dysfunctional health behavior is a contemporary challenge, exemplified by the increasingly significant portion of health problems stemming from people's own behavior and decision-making. This dysfunctional attitude contributes deeply to the frustrations of an individual that ultimately leads to depression (Østergaard et al., 2012).

Moreover, teenagers especially high school students undergo the juggling complex elements in life as adolescents; it is never an easy task. It is the desideratum of a teenager to communicate with other individuals and function according to life's demands. Eberhart, et. al (2011) showed that maladaptive schemas, which are theorized to underlie the manifestation of dysfunctional attitudes (Beck, et. al 1967), were related to interpersonal stress generation in a sample of female undergraduates. Disfunctionalism manifests an attitude wherein an individual loses interest in everything and chooses to not function due to their frustrations. Dysfunctional attitudes were longitudinally related to the generation of interpersonal and achievement stress in adolescents (Stanković, & Vukosavljević-Gvozden, 2011). One of the causes of this dysfunctional attitude roots from the different pressures brought about by the environment of an individual.

Subsequently, experiences outside psychological factors contribute to the depressive sentiments of an adolescent. Previous childhood experiences administer the manifestation of these frustrations turning to depression. Childhood traumas might also enhance the risk of depression in adulthood causing low self-esteem, insufficient coping attitudes, insufficient affective regulation and dysfunctional attitudes (Kendler, Gardner, & Prescott, 2002; Vitriol, Ballesteros, Florenzano, Weil, & Benadof, 2009). In a study conducted by Turkoglu et.al (2012), it was discovered that dysfunctionality and depression are correlated and that the severity of depression can be worsened by such dysfunctional attitudes. Dysfunctional attitudes composed of quite strict and unchangeable generalizations are not affected by daily experiences. Dysfunctional attitudes shaped with various experiences beginning from childhood might cause the onset of depression as they may be activated with a trigger incident (Hankin et al., 2009). At some cases, depression among individuals remains dormant but once triggered by incidental frustrations, this leads to depression. This dysfunctional attitude gradually transforms to unguarded distractibility or disconnection from reality that manifests to depression. Truly, depression increases from this stigma since it involves diagnostic difficulties, carries risk of becoming chronic, and causes significant loss of competence and negative economic outcomes (Scheele, Mihov, Schwederski, Maier, & Hurlemann, 2013)

5. Conclusion

This inquiry has created grounds from which future researchers can build on by identifying the possible coping mechanisms which have been rooted from its contributory factors, stigmas, and manifestations that eventually lead to depression. Additionally, High School Students should ensure that they are well equipped with knowledge concerning the different cognitive behaviors of an individual

to alter feelings of depression. They should ensure the effectivity of each coping mechanism and its corresponding effects and benefits on their depression. Surfacing the different methods of coping will guide students to resolve their feelings of distress, despondency, and frustration before these notions metamorphose into depression. When an inadequate or ineffectual coping technique is administered, the convalescence of one's psyche against depression can diminish and even have deleterious outcomes. Through identifying the coping mechanisms will give students clear options and suggestions to practical means of facing their depression and thus providing them awareness on the impacts, advantages, and disadvantages of each individual method.

Furthermore, this study seeks to create a backdrop on the perceived stigmas of depression and their corresponding manifestations of high school students considered as the universal adversarial effects on students. It was found that there were three stigmas of depression that will lead to the manifestations of depression the first being; Perfectionism that turns into Cynicality. Second, Connectionism to Vulnerability and lastly, Disfunctionalism that leads to Distractibility. The first stigma describes about how a person initially has a tendency of being a bit perfect and that if it is too much it turns a bit skeptical. The second stigma elaborates about how one problem connects to the other that may create a causal sequence wherein the person becomes more vulnerable to depression. Finally, the third stigma where a person is bothered by his frustrations that makes him/her lose focus thus leading to them distracted by other things.

Conclusively, while this study uncovers how depression flows from certain stigmas in that when continually experienced may lead to manifestations of depression, the quantitative metric is also a tool to gather data as to who are more prone to depression; the male or the female. Such metrical poise encourages future researchers to deepen the root cause of depression by combining the results of both the qualitative and quantitative methodologies utilizing the mixed-method research design.

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