"MY STRUGGLES MATTER": A PHENOMENOLOGICAL ANALYSIS OF YOUNG ADULTS RECOVERING FROM MAJOR DEPRESSION

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Abstract

An alarming increase in the prevalence of depression has been found among Malaysian young adults which necessitates responsiveness. This study sought to better understand the subjective personal growth experience in terms of the processes among young adults recovering from major depressive disorder (MDD). A qualitative, transcendental phenomenological design was adopted by collecting data through in-depth, semi-structured interviews, audio recordings, interview transcripts and documents. Nine Malaysian young adults with MDD (Mean age=28) who reported being in recovery from MDD for at least one year were recruited from local mental health settings through purposive sampling. Data analysis involved Colaizzi's eight-step method. The findings revealed eight personal growth processes themes: revealing the struggles, self-discovery and personal strength, personal responsibility, readiness for change, hope, redefining the meaning, forgiveness, and acceptance. Noticeably, each theme was interconnected to facilitate personal growth among major depressive young adults. The implications for mental health psychotherapy practice and future research were discussed.

Keywords**:** Personal Growth Processes, Recovery, Depression, Young Adults, Malaysian

Introduction

Depression, depressive disorder, or clinical depression is a real psychological disorder, which is also the focal root of disability that affects at least 350 million people worldwide (1, 2). In Malaysia, depression among adults is considered the most common mental health disorder, with approximately 2.3% prevalence (about half a million people) reported depression at some point in their lives (3, 4). In Malaysia, young adults aged 18 years and above showed an escalated trend within ten years from 2009 to 2019, whereby the highest percentage were recorded by those aged 15 to 29 (4, 5). Regrettably, without strong empirical evidence that observed the phenomena, depression remains hidden, untreated, and not to be spoken about, both in Malaysia and globally (6, 7).

Having onset at a young age, major depressive disorder (MDD) not only destroys people's functioning but is often recurring (8). Young adults are vulnerable to depression, in such a way that one in four young adults will experience a depressive episode (9, 10). Depression may bring about suicide at its harshest (8). Its increasing burden has alerted World Health Organization (WHO) to hold a year-long campaign "Depression: Let's talk" to urge the world to rethink their mental health approaches and treat depression with the urgency it deserves (2). It is exceptionally crucial for an individual struggling with depression to talk to a person they trust, which is often the first step towards effective treatment and recovery (2).

Young adulthood is a unique developmental period with ambiguities in relationships, economic independence, self-competence, and an uncertain future, and hence has been reported to have rates of MDD as high as in adolescence, remarkably more elevated than in mature adulthood, and also with a high MDD recurrence rate (11). On the one hand, young adulthood is a time of possibilities; but on the other hand, it is a time of rocketing psychological strain (12). Undeniably, as the depressed youths struggle

to understand what is happening to themselves, they experience emotional turmoil. Hence, it is not surprising that younger persons in their late teens (i.e., youth) and early 20s (i.e., early adulthood) have emerged as the largest population with the highest rates of onset and of major depression (13). Although many people develop their first depressive symptoms during their college years, many depressed college students and young adults do not seek the help they needed (13, 14).

Personal growth during recovery from depression

Fundamentally, personal growth during recovery from depression involves an ongoing process of healing the mind, body and spirit, which can be a help in one's life and to carry out mental health self-management in order to reduce psychiatric symptoms and achieve higher wellness (14). Apart from representing a relief of symptoms or a response to a specific treatment, not to ignore that personal growth or recovery in major depression also indicates an improvement in psychological well-being and quality of life (15). Better progress in recovery, quality of lifeand meaning of life are characterized by emerging adults with serious mental illnesses who join more community participation. For instance, parenting, employment, volunteering, college student, group membership, civic engagement, peer support, friendships, intimate relationships, and engagement in religious or spiritual activities for the young adults typically exhibit greater hope and higher expectations (3, 16). Nevertheless, numerous barriers, including institutional services are often designed for mature adults, may hinder emerging adults with mental illnesses from getting the requisite support for actively participating in the community (16).

In general, the community and researchers are forewarned of the distressing findings of the unbroken progression of internalizing symptoms (i.e., depression). A slower reduction in women's depressive symptoms across emerging adulthood predicted lower life satisfaction (17). However, previous research in understanding depression rarely pay heed to how and what is the personal growth experience among depressed emerging adults; adolescence and older adulthood. On the other hand, this may be overemphasized in the field of depression studies (11, 18). As the depressed young adult grows older, their hopes may be dampened gradually, along with their fluctuating encounter with severe mental illness and long-term exposure to the fragmentary mental health system, which is non-exclusive for this life stage (16).

Furthermore, even in the exploration stage, treatment for depressed individuals involves significant challenges and requires considerable effort to help depressed clients (19). Moreover, despite constant research attempts regarding depression alone, the young adults' depression issues, especially their personal recovery experiences, remain the missing pieces in scholarly literature (9, 18). Therefore, by looking into personal growth experiences during recovery from MDD, the current study is able to furnish first-hand views from recovering major depressed young adults' own words. Understanding individuals' viewpoints of recovery can help to develop successful treatment plans and add to the acquaintance of hidden depression in this population. Consequently, we presumed that more advanced mental healthcare strategies could be created based on our exploration to facilitate recovery from MDD through understanding the context by which depression in the young adult becomes apparent (20). Besides, this could help build a novel foundation for figuring out what is precisely needed to promote recovery from major depression in young adultsand foster public awareness on youth depression. In addition, to help diminish the aftermaths of depression and lower the incidence of depression relapse subsequently in adulthood. Hence, this study indicated its definite research value for seeking an in-depth understanding of the subjective young adults' personal growth experiences of recovering from MDD, apart from closing the literature gap.

Essentially, to grab an in-depth understanding of the real-life phenomenon, we carried out a qualitative study to explore the essence of the personal growth experiences of young adults who recovered from major depression by addressing the central question, "How do young adults experience personal growth following recovery from major depression?" Specifically, this study aimed to pinpoint the salient personal growth processes that helped young adults overcome MDD by highlighting the following research question, "What is the personal growth process in young adults recovering from major depression?"

Materials and Methods

A qualitative, transcendental phenomenological research design was the best fit for this study to enable a detailed exploration of the innermost world of personal growth experiences of young adults recovering from MDD (21). It is acknowledged that attempt to make sense of the meanings young adults brought upon themselves is beyond our grasp, a qualitative approach was chosen to achieve this study's purposes as it allowed the researcher to capture the participants' personal growths in their natural settings (21). Since phenomenology sought to understand how individuals came to interpret their and others' actions meaningfully (22), this perfectly matched with the heart of this study. We tried to comprehend how young adults interpret their personal growths when fighting against and eventually recovering from major depression. By including the epoche or bracketing concept that preserves and prioritizes the participants' lived experiences, a transcendental phenomenological design allowed us to concentrate entirely on their descriptions without being bound by our preconceived opinions towards the phenomenon (23).

Participants and sampling

In the present study, purposive sampling was utilized to recruit targeted participants because data from only a few individuals who have experienced the phenomenon is sufficient since it provide a detailed account of their unique

experiences, thereby uncovering its core elements (23). A fitting sample of nine individuals who were: 1) Malaysian young adults (Age ranged from 20 to 39-year-old; Mean age = 28 years); 2) being diagnosed for MDD at a local mental health settings, 3) currently or had experienced at least one recovery episode from MDD; 4) willing to participate in three audiotaped interviews; 5) willing and able to share the cognitive, emotional, spiritual, social and physical personal growth experiences when recovering from MDD; and 6) signed an informed consent form. In this study, the exclusion criteria included: 1) individuals who cannot understand English or Bahasa Malaysia; 2) diagnosed with severe major depressive disorder by a psychiatrist; and 3) at the time of interview must not be hospitalized or exhibited evidence of other severe psychosis or impairment due to alcohol or substance abuse. One man and eight women from multiracial backgrounds (i.e., three Chinese, two Malays, two Indians, and two Indigenous) were diagnosed for MDD by psychiatrists from tertiary hospitals in Perak and Kuala Lumpur, Malaysia, had participated in this study (Table 1). Seven of them were single, and two were married. Their education level varied from high school certificates to post-graduate degrees. Every participant reported experiencing recovery from major depression for at least one year. In this study, "recovery" is indicated a full remission that lasts for a defined period, and conceptually, it refers to the end of an episode of the illness but not the end of the disorder itself. The selection of participants continued until thematic saturation was achieved whereby no new themes emerged from the data. Anonymity was maintained throughout the study to ensure the confidentiality of each participant.

Table 1: Summary of participants' demographics

RP	Gender	Age	Education level	Diagnosis	Race	Period in recovery (months)
1	Male	37	Diploma	MDD	Chinese	13
2	Female	26	Bachelor's degree	MDD	Chinese	15
3	Female	25	SPM	MDD	Chinese	14
4	Female	24	PMR	MDD	Malay	12
5.	Female	29	SPM	MDD	Malay	15
6	Female	32	SPM	MDD	Indian	12
7	Female	30	Master's degree	MDD	Indigenous	16
8	Female	29	Bachelor' degree	MDD	Indigenous	14
9	Female	30	Bachelor's degree	MDD	Indian	13

Note: "Recovery" in this study indicated a full remission that lasts for a defined period, and conceptually, it refers to the end of an episode of the illness but not the end of the disorder itself.
SPM: Malaysia Certificate of Education
PMR: Lower Secondary Evaluation
MDD: Major Depression Disorder

Data collection

The data was collected from the participants who have experienced the phenomenon, and the data collection method comprised multiple interviews with participants (23). In the present study, we employed the in-depth, semi-structured, phenomenological three-interview protocol characterized by Dolbeare and Schuman's three-interview series (24). For instance, questions such as, "How is your personal growth experience from major depression?" and "What do these personal growths and recovering experiences from major depression mean to you?" were focused. The purposive sample had participated in a total of 27 semi-structured interview sessions in which they had shared the story of their major depression experiences. Each interview's length varied from 45 to 90 minutes, with most of the interview sessions lasting for approximately one hour. The interviews were audiotaped, which were later transcribed to provide a word-by-word record of the participants' sharing. Document analysis of our reflective journals and the participants' drawings were also involved in broadening the research perspectives while collecting data.

Semi-structured interview sessions were conducted over seven months after obtaining Institutional Review Board approval and informed consent from each participant. This study has also received permission from the National Medical Research Register (NMRR) with NMRR number – NMRR-16-732-30570. Before the first interviews, the participants were required to complete a demographic questionnaire. During the briefing before the interview, they were explained about potential risks and benefits, the right to withdraw at any time during the study, and pertinent private and confidential issues. Throughout the research study, we set aside our presuppositions and assumptions using phenomenological reduction or bracketing. For instance, we bracketed biases such as perceiving depression as an all-encompassing experience that could not be reduced to a general list of symptoms. Discerning depression would evoke a person's need to withdraw from people. Thematic saturation was apparent following the seventh participant.

Data analysis

An ongoing data analysis was carried out in conjunction with data collection. In this study, Colaizzi's method, which was based on Moustakas' modification of three data analysis methods, was used for analysing data (25). A total of eight steps in data analysis were applied to encapsulate the crux of our exploration for the phenomenon of interest. In the first step, to gather a complete description of the participants' personal growth experiences, a phenomenological approach was used with "what", "how", and probing questions. The second step was to transcribe verbatim all the interview sessions conducted. Thirdly, we identified the related statements with significant importance to be further analyzed. Each similar significant statement was grouped into a broader category in the fourth step, yielding eight significant categories. Then, we

generated the individual textural descriptions, followed by the sixth step to create the individual structural descriptions (i.e., identified three subthemes beneath each major theme). Next, a composite textural description and a composite structural description were constructed to help us understand the nine participants' personal growth experiences holistically. Finally, the composite textural description was combined with the composite structural description to create a universal description of the personal growth experiences, capturing the essence of the participants' sharing. Computer software was mainly utilized to help us manage, organize, and keep track of the collected data.

Trustworthiness of the study

In this study, prolonged engagement, triangulation, peer debriefing, member checking, and audit trail were incorporated throughout the process to ensure the trustworthiness of the entire research (23). The prolonged engagement ensured that the time available could be fully applied to develop ideas and do the necessary thinking, discussing, reading, and others, allowing spontaneous and creative ideas to emerge (22, 23). Member checking also operated in conformability to enhance the trustworthiness and ensure the result is nobly based on the participants' perspective (25) of their personal growth journey recovering from major depression.

Further, we carried out seven peer debriefing meetings with two other licensed counsellors working in tertiary settings to help reflect our biases throughout the study. Both the participants and we, the researchers, faced intense emotional disclosures during the interviews, hence peer debriefing strategy could help balance the stimulated negative emotions, besides allowing us to remain objective and to obtain a sharing outlet for neutralizing the affected feeling. This study also adopted audit trail by coding and clustering the contents of transcriptions from time to time, then comparing the excerpts to the identified emerging themes to trace the counterparts in the data, review what has been presented, and consider an alternative perspective.

Results

In the present study, eight emerging themes were discovered regarding young adults' personal growth processes recovering from MDD. Noticeably, each theme was interconnected to facilitate personal growth among major depressive young adults. Following each emerging theme, three subthemes were revealed to be the fundamental elements in the discrete category. From this study, the participants' personal growth involved dynamic processes. They might need to go through numerous personal growth processes to attain an ultimate sense of recovery from MDD.

Each participant experienced almost similar personal growth processes in their journey recovering from major depression, although the flow of the recovery processes' might be different. All the participants perceived their personal growth as a continuous process. They had no definite answer when the process will end or fully recover from major depression. Personal growth journey for them was like a roller coaster with ups and downs. Each participant disclosed that ultimate healing may or may not be accomplished in their recovery journey, but they will most importantly continue to head towards the recovery goals. Thus, each personal growth process element was what the participants needed to empower them to function daily and to hope for a better tomorrow. Intrinsically, we categorized the participants' descriptions into eight vital personal growth processes: (a) Revealing the struggles, (b) Self-discovery and personal strength, (c) Personal responsibility, (d) Readiness for change, (e) Hope, (f) Redefining the meaning, (g) Forgiveness, and (h) Acceptance (Figure 1).

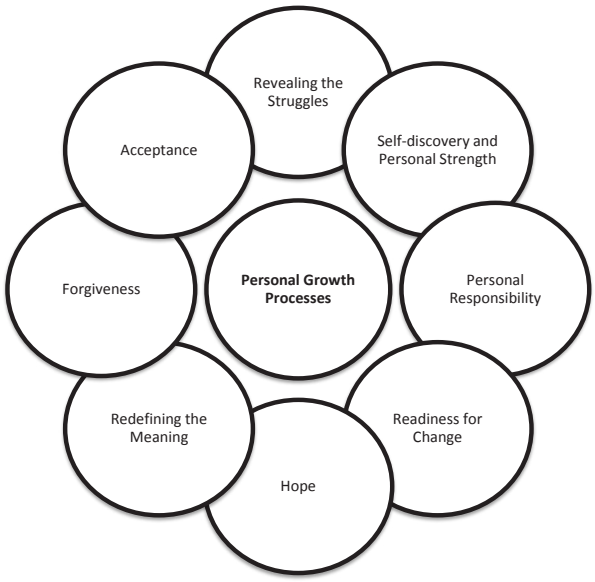

Figure 1: Interconnected personal growth processes in young adults' recovery from major depression

Theme 1: Revealing the struggles

One of the participants' most expressed struggles was negative affections, self-stigma about people's perception, and embarrassment when trying to reveal their stories to others.

Negative affections. They often experienced negative thoughts and emotions such as fear, uselessness, hopelessness, helplessness, anger, and worry. Those negative feelings were often connected with the fear of revealing their struggles in major depression to others.

> 'To be honest, to admit that depression is an illness and not something simple like a fault in some way, it's hopeless. It's a hard thing to admit to myself, and I mean, you know, depression means you are weak and crazy, and this doesn't happen to normal people.' (Research Participant [RP] 7)

Self-stigma. Participants were worried about people's judgments, treatments, and acceptance after disclosing their mental illness. They were haunted by how others will treat them after the disclosure. Each participant has encountered the fear of discrimination, bias, and being looked down upon by people after revealing their struggles.

> 'In the beginning, it was very difficult to seek help because of the feeling of shyness and being afraid of what others will be thinking of me. Sometimes I do have the perception about what the doctor will be thinking, whether she will look down on me.' (RP6)

Embarrassment. Some participants felt alone and were unable to face anyone else. They had chosen to withdraw from people at the beginning of the treatment for MDD. They also revealed that they felt lost and, most importantly, felt embarrassed to share their feelings. They believed that the embarrassment stopped them from reaching external support that was cordial and accessible to them.

> 'I felt like when I was diagnosed with MDD, I just felt like I do not want to face anyone, especially some of my friends who don't know about my condition. And then I felt that I just avoided my friends and family because I felt so embarrassed to face them, which I felt I could not mix with them like how I mix with them previously.' (RP9)

Theme 2: Self-discovery and personal strength

Along with personal growth, the participants slowly discovered their inner strengths instead of focusing on the prolonged trap of sadness and their weaknesses.

Focus on personal strengths. Some of them started to acknowledge both of their personal strengths and weaknesses, but they chose to focus on their strong points to bounce back from the restraints of MDD. Whatever participants once perceived as weakness, they allowed themselves to improve it.

> 'I focus a lot on my strengths, my resiliency. I try to figure out my talents, capacity, and how to cope with all the problems. I am trying to understand myself more instead of realizing my weaknesses only. I start to ask myself, why not change my weaknesses into my strengths? I am now focusing more on my strengths, like my coping abilities and my talents.' (RP2)

External strengths. Some participants discovered external forces that helped them to be strong to enable them to come out from their major depression. Such strengths were originated by the people whom they perceived as having considerable influences on them. They wanted to prove to themselves and to these individuals that they have regained sufficient authority to face the social intolerances.

> 'But the thing is, if we want to recover, we need to know ourselves too. It is starting with ourselves. That is why, sometimes I will tell myself that I need to be strong. I need to be strong because if I am weak, people around us will trample on us.' (RP4)

Empowerment. This self-discovery and personal strength element helped construct participants' personal resiliency and get to know themselves better. Self-discovery was a vital dynamism that emerged at the beginning of recovery, sustained continued recovery from major depression, and empowered participants to achieve their goals.

> 'It's inside. I just must try to improve myself from that. I want to be a better person as much as I can. I know my purpose in life and that I can empower myself so that I can heal eventually.' (RP9)

Theme 3: Personal responsibility

Every participant was aware of the importance of personal responsibility in their personal growth journey, regardless of the responsibility towards self or family.

Individual responsibility. The participants shared the importance of realizing the need to love themselves first if they wanted changes to happen. Without recognizing their responsibility, they could hardly break through their barriers to help themselves and seek help from others.

> 'I first realize that I never love myself as much as I love others. I cannot forget that I need to take care of myself too. If I have encounter problems, I must get others to help me. I told myself, don't try to do stupid things. I can be strong no matter what happens.' (RP5)

Family responsibility. Personal responsibility varied from self to family. As participants became aware of their responsibilities and duties, they learned that they must stand up for themselves and family members whom they loved.

> 'Because for the sake of family, I must cheer up. That means I must consider and to concentrate, to be responsible to my family. Work is work, I am me, a family is a family, so I just need to focus on what I love.' (RP1)

Responsibility to reciprocate. Most of the participants viewed their responsibility towards their family as something they must fulfil. They believed it as one of the reasons which had pushed them to continue overcoming their major depression. Further, they also thought that responsibility has made them a useful and better person and portrayed them as filial children who repaid family kindness.

> 'I need to repay their kindness, and I need to repay for whatever all the things that they have, you know. They helped me, and you know that kind of thing so that they keep me going on.' (RP7)

Theme 4: Readiness for change

The process of personal growth following recovery from major depression begin when participants were ready to change.

Time to change. The element of readiness for change was perceived differently by each participant. Readiness for change in their journey of recovery was experienced

as the need to help oneself, the requisite for moving forward, the desire to enjoy life, the unwillingness to stay in depression, the potential change within oneself, the small steps towards recovery, the steppingstone to change, and the unnecessary blame on others.

> 'I feel like I need to do something with my life. It is time to change. I mean, I cannot continue to be like that. I know that something is wrong, but then it seems tough. I just feel that maybe I can do something to change it bit by bit.' (RP8)

Instinctual change. The participants felt an urge from the inner state to make a difference. They desired the recovered condition, and the change should begin with oneself.

> 'I sensed the change within me. The eagerness and the feeling to want to get better, and the feeling of wanting to prove to my parents that I will be back like previously, the feeling of wanting to go to work again and wanting to study again.' (RP4)

Evolutionary growth. Thus, readiness for change was perceived as energy to move from major depression and experience personal growth. This personal growth process of readiness for change has helped participants to evolve in their journey of recovery from major depression.

> 'I am clear that I cannot stay in this condition anymore, and I need to move forward. Although a lot of things that happened in my life and they could not be changed, I want to change, to grow up again, to go further. I want to get recovered.' (RP5)

Theme 5: Hope

Hope was the vital energy presented by participants at the onset of their personal growth and developed as they live their lives.

Seeing hope. As recovery from major depression progressed, most participants generally hope to relieve symptoms and a better future and improvements in life. They were raising hope according to their dreams and resources.

> 'I hope that I can enjoy my life. I foresee myself living a simple but more enriched life. I want to spend time on myself. It can be going out for movies alone or whatsoever. It's more like how to enjoy life again.' (RP3)

Foreseen possibilities. The hope experienced by participants included the hope to keep living, be worthy, express love, appreciate every moment with others, recover, take control of their own life, become stronger for family, and have a good life. They anticipated unseen possibilities that might make their lives better.

> 'Because I realize that there's no point blaming myself or anyone for disappointing me because there won't be any different. I hope to become more confident. That's why I try to trust people again because I feel that not everyone is the same. I can make my life better when I try to change for the better.' (RP6)

Triumph over depression. Some participants expressed their hope for exerting effort to achieve recovery. They wanted to defeat MDD by trying to get closer with others to break through their comfort zones.

> 'I hope that I am recovering, and I have the confidence that I can be fully recovered. I can live a good life like others. I can get outside of myself and talk with strangers more comfortably.' (RP9)

Theme 6: Redefining the meaning

Each participant experienced a process of redefining the meaning of personal growth. As they learned to redefine the purpose of their personal growth through job satisfaction, love for family, changing old self to new, standing on their own feet, striving for survival, values in life, being true to self, and changing the way to see oneself.

Changing thoughts for survival. The participants mentioned that they gradually changed their way of thinking about work, family, life, and themselves. One of the participants shared that a change of mind ignited her survival instinct.

> 'I realize that I have to change my way of thinking about my job slowly. I look at my relationship with my family in a different way now. Somehow, I see myself as a survival, after I start changing my thoughts, surviving depression, recovering from it, and starting to get well.' (RP2)

Redefine depression. When some participants started to redefine the meaning of depression, they rethought the previous circumstances positively. The relatively negative experience was changed into new thinking that boosted their self-esteem.

> 'So far, the experience of depression changed me from negative to positive. I think that was a good experience for me because it helped me to stand on my own two feet, to be genuine to myself, and I also know that I can decide what I want in my life.' (RP6)

Redefine self-worth. Recovering from major depression was perceived to be a lengthy process that required enormous determination. Hence, most of the participants believed that by redefining self's values, they were able to energize themselves forward in recovering from major depression.

> 'I think it was something like changing the old self into a new person. I just must be myself to know what I need, to know what I need to do, to make myself better. I realized that I could be, and I am a person. I deserve support and happy life.' (RP3)

Theme 7: Forgiveness

The process of forgiveness happened when the participants chose to forgive their past, forgive themselves, and forgive those who hurt them before.

Process of learning. Forgiveness was believed as one of the essential elements in their personal growth journey as they started to learn how to treat themselves better. Most participants perceived their forgiveness as a learning process in which they experienced modesty, forgave rather than hate, and let go of their hurts and past experiences.

> 'I think it was a learning process. It is like you need to learn to forgive rather than hating others and never let go of all those kinds of feelings. And I also need to learn to be thankful.' (RP2)

Self-forgiveness. Most of the participants also experienced positive inner changes following forgiveness. Forgiveness allowed them to move on and to free themselves emotionally.

> 'I want to forgive myself because that is one of the things that I want to do. So, I forgive myself for doing all the stupid things in my life. I am not 100%, but I forgive what I did before and not blame myself anymore or feel guilty for maltreating myself in the past.' (RP8)

Forgiving others. When suffering from major depression, some participants would blame others or felt that other individuals caused the illness. Thus, one of the remarkable turning points in their personal growth processes was forgiving other people they perceived as hurting them and leading them to major depression.

> 'I chose to forgive them, leave them behind, and move on in my life. I cannot continue my life if I still have the anger in me, so I forgive those people and try to live my life better. Because I think it's time for me to forgive and to let go.' (RP4)

Theme 8: Acceptance

Most of the participants experienced the process of acceptance. Acceptance was described as a series that progressed from the process of forgiving.

Open-mindedness. Acceptance was perceived as a personal growth process that helped participants accept what had happened in their past. Even though the past remained disagreeable, the participants were willing to take it as a part of their lives.

> 'I get to accept my condition already because before that it was more like denial. And I tend to have more acceptance of myself and start to be more open-minded rather than close-minded. I try to accept my past as a part of my life, although it is still unpleasant.' (RP7)

An open heart. Participants learned to accept themselves, such as weaknesses, failures, and the darkest emotions they have experienced. They acknowledged their existence in the world despite flaws and mistakes, as well as strengths and achievements.

> 'I was trying to accept myself and the reason for my existence in this world. I need to accept myself with an open and sincere heart. All my weaknesses or strength, now I accepted both because I think they are part of my life. I have gotten peace.' (RP8)

Accept external help. Most of the participants believed that they could open themselves for seeking and accepting external help for better personal growth through acceptance. They noticed the support given by the people surrounding them.

> 'I accept all these trials, challenges, and sufferings after knowing that people around me are very supportive. My family accepted me for who I am. My friends accept me even after I told them about my illness. My colleagues and bosses do not discriminate me even they know about my illness. They still treat me the same.' (RP5)

The eight themes and subthemes in personal growth processes during young adults' recovery from major depression were summarized in Figure 2.

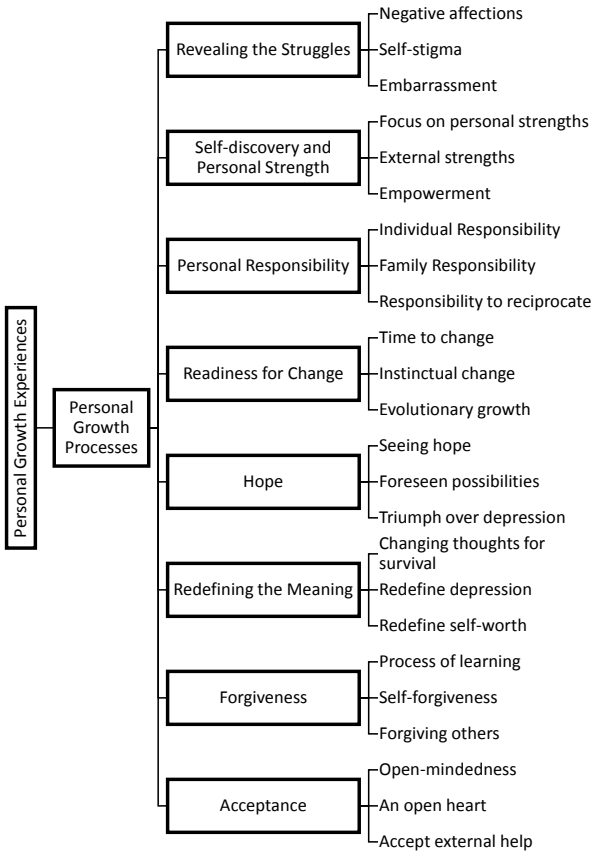

Figure 2: Summary of emerging themes and subthemes in personal growth processes during young adults' recovery from major depression

Discussion

Our study's findings reveal a detailed description of the subjective, personal growth experiences of young adults recovering from MDD. A total of eight themes of personal growth processes emerged (Figure 1). The eight themes of the personal growth processes each has three subthemes: (a) Revealing the struggles, (b) Self-discovery and personal strength, (c) Personal responsibility, d) Readiness for change, (e) Hope, (f) Redefining the meaning, (g) Forgiveness, and (h) Acceptance. When the participants shared their experiences, there were unique interconnections. For instance, one process is linked with another process (e.g., forgiveness and acceptance). All processes were annexed to each other in a meaningful way, but we could determine the definite relationships among these emerging themes. We believe that perhaps it is supremely dependent on the participants' background, education, living environment, family, social status, work, health, and emotional/cognitive functioning. Due to the limitations of this study's qualitative approach, we regard the meaning in such interconnections rather than highlighting how these elements are related to each other.

In this study, participants' perceived struggles as part of the processes in their personal growth journey during recovery from major depression, which was consistent with the findings in past studies. Young adults often embrace negative attitudes and beliefs about depression treatment (26), which makes them delay and hesitate from being diagnosed and treated for depression, besides motivating their intention not to accept the physician's diagnosis of depression (27). The participants also believed that by developing personal strengths such as resiliency, self-understanding, self-motivation, coping abilities, and ascertaining of own weaknesses and strengths, they felt a sense of empowerment in their personal growth journey to recovery from major depression (28, 29).

The participants considered that personal responsibility was a crucial aspect that affected their decision making and readiness for change somehow, which was in line with the past study (30). Apart from being responsible for oneself, the participants stressed their responsibilities towards their family. The desire to stand up for themselves and for people they loved was perceived as something they must fulfil. This facet might be one of the reasons which urged them to conquer their major depression. Furthermore, the participants perceived the readiness for change as a point where the inner mayhem confronted them by their state of major depression. The current finding is corroborated with previous research (29, 30). The participants' description of a need for a change in circumstances is supported by the evidence that fresh start experiences can improve remission chances. Once they are ready to make a difference, they become victorious over their barriers to seeking medical or professional care for major depression. A well-prepared state of mind reduces their reluctance in admitting their MDD, elevates their courage to convince themselves, and then seeks mental health services.

When participants start to change, they saw hope, anticipated to make more positive changes, and committed to reaching achievable goals (31). They felt the vital energy of self-assured anticipation that helped them visualize possibilities that they had previously discounted (32, 33). They might take a new perspective on the meaning of life and innately energize themselves when they hope for better lives. One of the participants believed that by redefining the meaning (32) of his job, he could cope with his work stress and face different workplace challenges. He felt that by changing his thinking and how he looked at things (19), he learned a better way to reach his job satisfaction. This finding is consistent with Frankl's existential-logotherapy (33), which emphasizes the importance of values and the meaning of an individual's life (34). When the participants redefined the self-doubt periods of feeling down daily, they might grasp a sense of well-being. They might start to trust, to love, and to forgive themselves.

Furthermore, participants believed that by forgiving themselves and others, they allowed themselves to be free from negative emotions (35). The aspect of forgiveness found in this study is corroborated with the guide underlined by Bloch (36), whereby one of the self-care activities of healing from depression is mental-emotional self-care (e.g., cognitive restructuring, daily affirmations, self-forgiveness). We noticed that forgiveness is relatively vital for its capability to release feelings of resentment towards the past and to usher in a state of acceptance. There are three categories in the acceptance element highlighted by the participants: self-acceptance, acceptance by others, and the acceptance of past hurts. Substantially, when they opened their heart to accept whatever things that happened to them with a different perception, it helped them learn to accept their past and accept themselves as well (37). A person enclosed in hatred can hardly take kindness and is blinded to available support.

Implications and recommendations

This study reveals the transition and turning point of the participants who took steps to release themselves from major depression. The findings reflect that their engagement in the personal growth processes was phenomenally constructive. The current result contributes to improving the understanding of MDD and its treatment, reducing social stigma, and stimulating access to meaning-focused interventions such as logotherapy and existential therapy. Moreover, this study benefits counsellors or psychotherapists, and mental health professionals as they prioritize a holistic view of the personal growth experiences encountered by major depressive young adults. We suggest future research to reach out to young adults or emerging adults who received less age-focused treatment for depression. As most of the depression studies worldwide and in Malaysia remain unpublished and lacked focus on recovery from depression, it is recommended to have more local and international researchers investigating the recovery or healing themes of MDD. For instance, particularly the interconnected relationships between each

of the themes and personal growth elements discovered in the present study, which may facilitate fresh start experiences to improve remission chances and increase recovery chances in depression. More research studies on recovery and recurrence themes of MDD may assist in help-seeking behavior holistically. We also recommended having more researchers conduct more qualitative studies on similar focus because it would help provide a deeper understanding of major depressive young adults' subjective experiences.

Conclusion

In conclusion, all eight themes that emerged in the young adults' personal growth experiences have helped the participants recover from major depression. All the young adult participants have undergone personal growth following recovery from major depression, which comprised of (a) Revealing the struggles, (b) Self-discovery and personal strength, (c) Personal responsibility, (d) readiness for change, (f) Hope, (g) Redefining the meaning, (h) Forgiveness, and (i) Acceptance. Each unique personal growth process is interconnected throughout the healing journey of the participants recovering from major depression. It is crucial to be mindful of and to understand each theme's role. This knowledge contributes to more objective and holistic views in understanding a young adults' personal growth following recovery from major depression.

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Competing interests

The authors declare that they have no competing interests.

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