

Indigenization of Depression: Understanding its Impression, Expression and Experiences Among Selected Indigenous Peoples (IPs) of Luzon, Philippines

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Abstract

Depression is an alarming psychological condition among indigenous peoples throughout the world. While ethnic minorities are identified as a population that is vulnerable to mental health problems, depressive disorders have significant cultural variation in clinical presentation. Using Interpretative Phenomenological Analysis (IPA), this study aims to understand how indigenous people experience the manifestation of their depressive symptoms, based on the context of their cultural knowledge. The central question that this phenomenological study purports to answer is: How do indigenous people collectively characterize their cultural understanding on the impression, expression and experiences of depression? Thus, this paper presents the results of a phenomenological analysis of the lived experiences of various ethnic groups from Cordillera and Sierra Madre mountains, namely the Aetas, Dumagats, and Igorots, and different tribal groups such as Kangkanaey, Bago, Ibaloi, Kiangnan, and Aplai. A total of 15 elderly members representing each tribe were purposively selected to take part in the study; in-depth interviews, focus group discussions and story-telling were the methods used. The findings recommend an audible call for a culturally sensitive guided intervention for this special population that requires a holistic approach.

Keywords: depression, indigenization, indigenous peoples (IPs), phenomenology

Depression is one of the most common psychiatric disorders presented to general practitioners but is rarely recognized in ethnic minority populations. However, it does occur everywhere and affects members of ethnic groups. The rate of depression is increasing, and the disorder is nearly twice as common among the poor as among the wealthy (Kleiman, 2004). Mental health problems are interpreted and manifested differently according to race and ethnic group, since cultural and ethnic factors are sometimes obstacles to appropriate care for minorities (Frichner, 2010). Minority group individuals may experience depressive symptoms that are undiagnosed, underdiagnosed, or misdiagnosed for cultural, linguistic, or historical reasons (American Psychological Association, 2002). Depression is a universal phenomenon, yet the expressive ones are greatly influenced by one's native cultural history (Akincigil et al., 2012). Therefore, we must recognize the ways of understanding the illness, expressions of symptoms, and help-seeking patterns that may vary across and within different cultures. Depression is experienced, expressed, and communicated differently in every culture (Mers, et al., 2010).

According to the World Health Organization (2012), depression is projected to become the second-largest contributor to the global burden of disease by 2020, as well as the most common mental condition across the globe. Within the last decade, depressive experience and disorder has emerged as one of the world's biggest health and social problems (Bhui, 2011; Kleinman, 2004). As a result of the increased worldwide risk and burden of depressive disorders, it is essential that researchers improve their understanding of the complex cultural differences related to this problem, and thus learn how to provide a culturally appropriate method to address mental health issues (Schweder, 2001).

In the context of this paper, indigenization of the people under study brought out different voices and ways of knowing within particular socio-historical and cultural locations, and established a local basis for social work practice (Gray, 2010). Such a role is reposed to the value of culture as an influence on their coping mechanism in battling unwanted psychological episodes such as depression. Indigenization is a term that elucidates the native identity of a collective culture for the cause of human development, usually used by anthropologists and sociologists to signify a group of people propelling themselves or by an external factor towards a pursued development (Huang & Zhang, 2008)

Indigenization allows an institution to have a constructive look at a group of people in terms of their socioeconomic and sociopolitical existence (Hill et al., 2010). Cultural indigenization is an important aspect of mental health practice within various cultural contexts. It helps further human development across cultures without threat of adulteration from external cultural influences (Yip, 2006). Indigenous understanding is deemed important in furthering this study. In the ascent of indigenization, depression has been a common problem among indigenous people in the Philippines. This is a valid reason to indigenize the psychology-cum-clinical approach towards helping such people (Church & Katigbak, 2002). In this paper, the aforementioned relevance informs the groundwork to help clinicians provide an appropriate mental health care program for indigenous peoples. From the perspective of cultural psychiatry, culture influences the sources, symptoms, and idioms of distress (Kirmayer, 2001). These indicate that the cultural background of indigenous peoples plays a significant role in the formation of depression.

The significance of this paper lies in its attempt to provide an extensive review of the role of culture and cultural context per se in propelling an academic discussion pertaining to issues of depression among ethnic minorities, and elucidate new perspectives on how the ethnic minorities understand, express, and experience depression in the context of their culture. In

order to maintain a mentally healthy indigenous population, it is necessary to understand how ethnic and cultural differences affect the way indigenous people present their complaints of depressive symptoms. The analysis indicates that depression is both a subjective and a socially constructed experience. The powerful construction of depression as a clinical problem located in the individual may legitimize problematic experiences; however, this is insufficient to explain subjective experiences of depression, which are better understood in terms of the construction of subjectivity through social interaction.

Phenomena related to mental health issues can be explored by phenomenological methods to help mental health practitioners in describing and clarifying a phenomenon important to practice, education and research (Spenziale & Carperter, 2007). The reason for doing phenomenological research is to describe the meaning of the phenomena under study. It uses the combination of words, language, and concept to produce evidence (Husserl, 2001). Phenomenology is a vital field of inquiry that enables translation of psychological disciplines. Phenomenological inquiry enables translation of human experience into words and allows mental health practitioners to describe and explore phenomena significant to discipline (Arrigo & Cody, 2004). This approach aims for a better understanding of the nature or meaning of everyday experiences (Munhall, 2012). The research has implications for more helpful professional and personal approaches in understanding the experience of depression among certain ethnic and cultural groups. In addition, this study aims to render a practical cultural understanding of how the factors are connected with one another, how they perpetuate depression, and identify the possible ways to mitigate them.

Research Methods

Research Design

A qualitative research design was chosen as an appropriate method in exploring the nature of particular social experiences, and the complexity of human experiences that lie in the reality that people can and do hold. The aim of qualitative research is to describe and clarify experience as it is lived and constituted in awareness (Polkinghorne, 1995). It explores in detail how participants make sense of their social world, and the meanings that particular experiences and events hold for them (Smith & Osborn, 2008).

In this paper, the phenomenon being studied is the cultural meaning of depression through the lens of the lived experiences of indigenous peoples. Husserl (1970 as cited in Wojnar & Swanson, 2007) defined phenomenology as the “science of the essence of consciousness focused on defining the concept of intentionality and the meaning of lived experiences from the first point of view” (p. 173), whose basic purpose is to reduce one’s lived experiences into a description of the universal essence (Creswell et al., 2007).

The researchers used interpretive phenomenological approach to explore the indigenization of depression. The researchers attended to aspects of indigenous peoples’ cultural behaviors – what people do in their cultural world, what people know and how they describe their world. This was done by gathering occult information and perceptions through interviews, storytelling and participant observation, with prime importance given to participants’ perspectives (Finlay, 2009).

Subjects and Study Site

The study took place in Fort Magsaysay in the Province of Nueva Ecija and Aurora Province in the Philippines. It is virtually a resettlement area inhabited by people affected by various

situations from different regions and provinces brought about by natural disasters and man-made circumstances, extreme poverty and due to their nomadic tendencies and adventurous cultural norms. Among them are Igorots composed of Ibalois, Kiangans, Kankanaeys, Bago and Aplaí tribes who migrated to Sierra Madre as self-propelled settlers in the early 1950s, due to peace and order problems when the Chico Dam was being constructed. When Mt. Pinatubo erupted in 1991, the Aetas, along with other lowlanders from the Province of Zambales, Pampanga and Tarlac, also migrated to Palayan City within the Fort Magsaysay military reserve. Both the Cordillerans and Mt. Pinatubo victims now occupy the barangays of Dona Josefa and Langka, which are also inhabited by the native Dumagats, who have nomadic tendencies and roam around the mountain ranges of Sierra Madre within the Province of Nueva Ecija.

Specifically, this study is focused on two settlement barangays in Palayan City. First is Barangay Langka, formerly known as Kabalugaan and the village of the Dumagats, now the settlement of various ethnic groups from Cordillera, namely the Igorots and other tribes of Kankanaeys, Ibalois and Bagos. The second settlement is Dona Josefa (formerly Catmon), which became the settlement village of the Aetas, or *Kulots*, as they prefer to be called. In addition, the study looks at the Dumagats who chose to move to Dingalan and Umiray, Aurora Province, and Gabaldon, Nueva Ecija.

Selection of the Study and Sampling Design

The researchers used purposeful criterion sampling (Kleinman, 2004) to select participants who were most qualified for the inclusion criteria. To cogenerate understanding of the phenomena being studied, three tribal groups were chosen to represent the Northern Tribe of the Philippines. These were Igorots, Aetas, and Dumagats. The participants' breadth and depth of experience assisted in qualitatively describing and understanding the phenomena of lived experiences in the indigenization of depression. A total of 15 participants were included in the study. The low number is because qualitative methodology values the understanding of complex human issues rather than generalizability of results (Marshall & Rossman, 1999). The study included individuals who covered the spectrum of perspectives in relation to the phenomena that the study is exploring. Fifteen elderly individuals were purposively chosen in this study according to the following inclusion criteria: (a) were 60 years old and above; (b) were respected people in their community and regarded as having a good knowledge of their culture; and (c) were the source of wisdom and provider of advice.

Data Measure

In the initial data gathering, the participants were asked to complete an information sheet. This provides the basic demographic profile, such as name, age, and their profile characteristics as members of indigenous peoples' tribe, as well as their cultural background of the participants as showed in table 1.

Participants code	Age	Civil status	Present address	Place of origin	Ethnic group	Local language/dialect
Bulaklak	70	Widowed	Dona Josefa, Sitio Bacao, Fort Magsaysay, Nueva Ecija	Angeles, Pampanga	Aeta	Mag-antsi
Diwata	80	Widowed	Dona Josefa, Sitio Bacao, Fort Magsaysay, Nueva Ecija	Angeles, Pampanga	Aeta	Mag-antsi

Makisig	76	Married	Dona Josefa, Sitio Bacao, Fort Magsaysay, Nueva Ecija	Porac, Pampanga	Aeta	Mag-antsi
Malakas	75	Married	Dona Josefa, Sitio Bacao, Fort Magsaysay, Nueva Ecija	Porac, Pampanga	Aeta	Mag-antsi
Luntian	61	Married	Umiray, Aurora Province	Gabaldon, Nueva Ecija	Dumagat (tagabulos-baybayin)	Bulos
Anahaw	65	Widowed	Matawe, Aurora province	Umiray, Aurora province	Dumagat (tagabulosbaya bayi)	Bulos
Halimuyak	64	Married	Matawe, Aurora Province	Gabaldon, Nueva Ecija	Dumagat (tagabulos-baybayin)	Bulos
Kulasisi	67	Widowed	Matawe, Aurora Province	Gabaldon, Nueva Ecija	Dumagat (tagabulos-baybayin)	Bulos
Sibat	65	Widowed	Matawe, Aurora Province	Gabaldon, Nueva Ecija	Dumagat (tagabulos-baybayin)	Bulos
Kulapo	70	Widowed	Dupinga, Gabaldon, Nueva Ecija	Gabaldon, Nueva Ecija	Dumagat (idimala)	Kabuluwen
Mulawin	69	Married	Dupinga, Gabaldon, Nueva Ecija	Gabaldon, Nueva Ecija	Dumagat (idimala)	Kabuluwen
Adarna	64	Married	Barangay Langka, Fort Magsaysay, Nueva Ecija	Ilocos and Montain province	Igorot (bago)	Ilokano and Bago
Amihan	66	Married	Barangay Langka, Fort Magsaysay, Nueva Ecija	Montain province	Igorot (kankanaey)	Kankanaey
Sibat	60	Married	Barangay Langka, Fort Magsaysay, Nueva Ecija	Ifugao	Igorot (kiangan)	Kankanaey
Bagwis	71	Married	Palayan City, Nueva ecija	Benguet	Igorot (ibaloi)	Ibaloi
Bato	60	Married	Barangay Langka, Fort Magsaysay	Benguet	Igorot (kankanaey)	Kankanaey

Table 1: Profile of participants.

The depressive experiences were examined by open-ended and in-depth interviews. The aide memoir serves as a broad guide to topic on issues that might be concealed in the interview notes to jog the memory, rather than a list of questions (Kale, 1996). It gives insights into meanings of depressions, and the role of the cultural context, shared meanings, norms, values, and beliefs in predicting risks of depressive symptoms among the participants. Interview guide questions included the participant's cultural meaning of depression and how culture influences the impression, expression, and understanding of depression; other significant experiences were noted and documented. The interview guide helped the researchers assess cultural factors influencing participants' perspectives of their symptoms and treatment options. It included questions about participants' cultural background. Pilot testing of the interview questionnaires were purposively intended to prevent confusion or truncated responses from the participants. The questionnaires were piloted with several members that fitted the pilot testing. (Morrow et al., 2005).

The third part used the story telling format that enables subjects to describe the “story” of their lived experiences. In telling the story, each participant takes the researcher on a journey, and the researcher is likened to a companion on that journey. In this sense, research participants are dialogic partners or co-researchers in the study (Kelly & Howie, 2007). It is how indigenous peoples experience depression based on their notion of such which is reposed to their language and cultural knowledge. This format provided the opportunity for participants to define the meaning of depression in the context of their culture.

Data Gathering Procedure

Before interviewing participants, the researchers first presented them with an informed consent form for their approval to participate in the study. The form was signed by them to confirm their willingness to be one of the participants, and they were assured that all data and information gathered would be kept confidential and not used for any purpose other than the study conducted by the researchers. For the qualitative methods, focus group discussions, in-depth interviews and storytelling were employed in order to gain a richer and more complete description on how depressive symptomatology was conceptualized and expressed from the emic viewpoint, by looking at individuals’ experiences and understandings of depression.

The researchers employed Filipino indigenous research methods such as *panunuluyan*, *pakikipag-kwentuhan* and *patanong-tanong*. *Panunuluyan* was used in developing the aide memoir to observe and establish understanding about their culture. *Patanong-tanong* was used to ask random questions to the participants, when the researchers felt the need to explore further the rationale of doing certain things, such as their living conditions, their everyday life experiences. Lastly, *pakikipag-kwentuhan* was done during spare time in the form of activities, especially during the weekend. This method allowed the researchers to gain access to the communication that people use in their day-to-day interactions when talking about issues related to health and illness; and it allowed culturally sensitive interpretation of data (Ekblad & Baarnhielm, 2002; Greenhalgh, 2001).

The setting for qualitative research is the field. The field is the place where individuals of interest live, where they experience life (Spenziale & Carpenter, 2007). The inquiry was conducted in their homes, as preferred by all study participants. A series of in-depth interviews were used to gather data and as source of information. For each participant, the maximum interview time granted was two sessions, each lasting 30 minutes. The researcher visited the community thrice a week for three months. The first interview was more about establishing rapport, knowing their worldview, and general exploration of the aide memoir. The second interview functioned as a more specific interview of their experiences based on the guide questions. The third interviewed focused on their everyday experiences. The aide memoir was validated by four professionals aligned with the field of psychology, two of whom were internal and two external. It was then subjected to Filipino translation.

In the focus group discussions, there were three different categories of individuals who were tribal leaders or chieftain, traditional healers, and indigenous peoples’ teacher; all of them were regarded as opinion leaders in the community. Focus group discussions were conducted at the Bulwagan ng katutubo sa Pilipinas in Sitio Bacao, Palayan City, Nueva Ecija. The groups were supervised by the researchers who also acted as facilitators. The participants were instructed not to use their real names to keep their responses anonymous, and for confidentiality purposes.

The researchers informed the participants about the use of a voice recorder to record the interview and took notes during the interview while assuring them of confidentiality of the

interviews. To keep the emic side of the language, terminologies of the cited local language in the conversations were interpreted and checked carefully to determine if they were still in line with the original meaning of the data. After the focus group discussions, story-telling and in-depth interviews were done, and the recorded data was transcribed. Upon the confirmation of the participants, the researchers conducted interviews based on the validated aide memoir.

Mode of Analysis

Story-telling was transcribed verbatim for purposes of text analysis and data validation. Text was read and re-read to highlight significant statements and expressions that described the subjects' lived experiences. A story is composed of a beginning, middle, and end, which all require the data to be arranged chronologically (Polkinghorne, 1995; Kelly & Howie, 2007). The in-depth interview utilizing the aide memoir was transcribed verbatim using the Interpretative Phenomenological Analysis (IPA) as guiding analysis (Smith & Osborn, 2008).

First step (*multiple reading and making notes*). The transcript was read a number of times, the left-hand margin being used to annotate interesting or significant statements. It is important in the first stage of the analysis to read and reread the transcript closely in order to become as familiar as possible with the account. Each reading and listening to the recording may provide some new insights. This is close to being a free textual analysis at this stage, the researcher can make notes about his or her observations and reflection about the interview experience or any other thoughts and comments of potential significance. They may focus on content (what is actually being discussed), language use (features such as metaphors, symbols, repetitions, and pauses), context, and initial interpretative comments. Some comments associated with personal reflexivity may also be generated (e.g. how personal characteristics of the interviewer, such as gender, age, social status, affect the rapport with the participant). It is useful to highlight distinctive phrases and emotional responses. There are no rules about what is commented upon, and there is no requirement, for example, to divide the text into meaning units and assign a comment for each unit. The extract which follows shows this first stage of analysis for a small section of the interview. At this stage, the entire transcript is treated as data, and no attempt is made to omit or select particular passages for special attention. At the same time, there is no requirement for every turn to generate themes. The number of emerging themes reflects the richness of the particular passage.

Second step (*transforming notes into emergent themes*). This step involves looking for connections between emerging themes, grouping them together according to conceptual similarities, and providing each cluster with a descriptive label. In practice, it means compiling themes for the whole transcript before looking for connections and clusters. Some of the themes may be dropped at this stage if they do not fit well with the emerging structure or because they have a weak evidential base. Some of the themes will cluster together, and some may emerge as superordinate concepts. As the clustering of themes emerges, it is checked in the transcript to make sure the connections work for the primary source material – the actual words of the participant. This form of analysis is iterative and involves a close interaction between reader and text. A final list may comprise of numerous superordinate themes and subthemes. They encapsulate each of the important issues in the analysis of data.

Third step (*clustering and represent themes*). This step produces a table of themes, ordered coherently. Thus, the above process will have identified some clusters of themes which capture most strongly the respondent's concerns on this particular topic. The clusters are themselves given a name and represent the superordinate themes. The table lists the themes which go with each superordinate theme, and an identifier is added to each instance to aid the organization of

the analysis and facilitate finding the original source subsequently. The identifier indicates where in the transcript instances of each theme can be found by giving key words from the particular extract plus the page number of the transcript. During this process, certain themes may be dropped: those which neither fit well in the emerging structure nor are very rich in evidence within the transcript.

Fourth step (*superordinate theme is constructed*). Once each transcript has been analysed by the interpretative process, a final table of superordinate themes is constructed. Deciding which themes to focus upon requires the analyst to prioritize the data and begin to reduce them, which is challenging. The themes are not selected purely on the basis of their prevalence within the data. Other factors, including the richness of the particular passages that highlight the themes and how the theme helps illuminate other aspects of the account, are also taken into account.

Fifth step (*translating the themes into a narrative account*). This section is concerned with moving from the final themes to a write-up and final statement outlining the meanings inherent in the participants' experience. The division between analysis and writing up is, to a certain extent, a false one, in that the analysis will be expanded during the writing phase. This stage is concerned with translating the themes into a narrative account. Here the analysis becomes expansive again, as the themes are explained, illustrated and nuanced. The table of themes is the basis for the account of the participants' responses, which takes the form of the narrative argument interspersed with verbatim extracts from the transcripts to support the case

Sixth step. After following the five steps enumerated above, the researchers of this study presented to the peer review process, called "member checking", to ensure validity and trustworthiness of the data. This means the encoded interview and the narrative of their experiences are returned to the co-researchers for validation. Data was coded into themes to uncover the central meaning of the phenomenon. The entire process was based on transcribed field text sorting, categorization (cool analysis) (Cote et al., 1993) and thematization (warm analysis). The cool and warm analysis was facilitated by a repertory grid that was used to eidetically reveal the central meaning of the experience. Emergent themes were labeled as truthfully and as accurately as possible. Correspondence technique, member checking procedure and critical friend technique were used in order to guarantee the truthfulness and the trustworthiness of the data (Lincoln & Guba, 1985). The researchers also used bracketing to identify and limit their bias about the study. Bracketing is a method that sets aside one's assumptions or expectations about the phenomena (Wojnar & Swanson, 2007).

Establishing Trustworthiness of Data

Qualitative research is subjective and private, and the qualitative researcher, in Stake's (1994) terms, "promotes subjective research paradigm, and that to make qualitative research more acceptable to social sciences, some methodologists have created for qualitative inquiry that are loosely paralleled to those of qualitative research" (Auerbach & Silverstein, 2003).

In order to develop trustworthiness of data, Yeh and Inman (2007) cited three methods. These methods are prolonged engagements, peer debriefing, and collaboration and member checking. Prolonged engagement refers to the need for sufficient time and interaction between the researchers and respondents to build rapport, trust and purpose (Guba, 1981). The researchers interacted extensively to observe the community of the three ethnic tribes.

Peer-debriefing involves checking and interrogating the researchers' coding and dimensionalizing, so that these remain close to the content of the data. Peer-debriefing was

done to further explore and develop the investigators' ideas, test theory, and promote clear thinking. The adviser of this study was the peer facilitator.

Collaboration and member checking is completed after data analysis. The final version of the themes and descriptions was reviewed by one member of each ethnic group. Then, the researchers and peer debriefer met to discuss all the themes and related quotes to come up with the final version. In addition, the researchers presented initial findings to most of the participants for discussion and feedback. This process served to ensure the integrity and veracity of the result from using a qualitative method that were applied as instruments through which data collection and analysis was conducted.

Ethical Consideration

There are a number of ethical issues that need to be attended prior to and concurrent with the research being conducted. Denscombe (2005) posits that "social research must be ethical". In fact, ethics in research has become an important issue especially these days. Due to this growing importance, no effort was spared in the conduct of this study. All relevant issues were sufficiently addressed. These include: (1) Respecting the rights and dignity of participants; (2) Avoiding any harm to participants; and (3) Operating with honesty and integrity.

In qualitative research study, ethical concerns arise in the recruitment of research participants, informed consent, confidentiality, protection from harm, and deception. It must safeguard participants' rights, interests, and sensitivities. Research objectives must be communicated clearly prior to the start of the research and continue throughout engagement with the community. The issue of confidentiality and privacy must be respected. It is the researcher's responsibility to provide a beneficial return.

The participants were given an informed consent form that was validated by experts to notify them about their participation in the study. A validated informed consent includes the capacity, disclosure, understanding, voluntariness and permission regarding the research that will be conducted (Jaffee et al., 2002). Ethical issues including confidentiality of the interviewee's identity were clearly explained before the interviews.

To ensure that the participants would not be harmed during the implementation of this research and due to the sensitive issues that may surface during interview sessions, the researchers underwent intensive training to conduct stress debriefing regarding the guidelines on how to conduct crisis intervention procedures, and how to manage the participants' anxiety during interviews. The latter were also informed of the immediate availability of a professional debriefer, if needed, should they become distraught while recalling distressful conflict experiences.

Findings

The list of local idioms of distress drawn from their indigenous lexicons (see Table 2) showed a variety of metaphorical representations of how depressive episodes were manifest based on their cultural context of illness. The findings indicate that the manifestation of illness and distress vary across culture, especially among the indigenous peoples, the meaning they impart and their way of making sense of their subjective experience of illness and distress. Although there was considerable degree of similarity in the imagery used by participants among the three ethnic groups and in the tendency to somatise feelings, there were some images, analogies, metaphors and descriptive language that characterize both emotional and bodily pains. The

meaning attached to the distress by the three ethnic groups draws a culturally unique expression of depressive symptoms.

LOCAL IDIOMS	LITERAL OR LOCAL MEANING	ASSOCIATED MEANING
Upay – Igorot (Aplai tribe)	Dismaya, nawalan ng ganang magtrabaho sanhi ng problema na dumarating	Disappointed, Lack of energy to work because of current problem in life
Mensasadut – Igorot (Kankanaey tribe)	Malungkot, nawalan ng gana sanhi ng mabigat na problema	Feeling sad due to a big problem encountered. Lack of energy
Nabannog – Igorot (Bago tribe)	Hirap sa buhay; hirap sa pagkain; hirap ang katawan; hirap sa paghanda sa pagtrabaho	Difficulty in life; Lack of food; Lack of energy; Fatigue and loss of initiative to work
Para kang hangin – Igorot (Kankanaey)	Mahina katawan para kang tinataboy ng hangin	Weak body that results to lack of energy
Nagmumukmuk – Igorot (Kankanaey)	Nauwi sa kawalang gana-Tahimik lang, ayaw makipag-usap pati pakikipagkapitbahay ayaw	Loss of interest to socialize – Quiet type only and I do not even talk with my neighbors
Amihain – Dumagat	Panahon walang makuhanan ng makakain, matinding kahirapan	Scarcity of food, and extreme poverty
Butang-butang – Dumagat Bulobyang-aw- Dumagat	Iba na ang sinasabi, di na tama ang ginagawa Sinira ang kaisipan	Speaks and acts differently, Crazy
Inaalislis – Dumagat	Mainit ang pakiramdam, palaging nagbabaliktaad ka sa kama	Feeling restless when I sleep
Nabubuwal Na – Dumagat	Mamatay na kesa maranasan matinding kahirapan	Suicidal tendency rather than to suffer real hardships in life
Napondo ang isip, naalisan ng Isip – Dumagat	Nawala sa tamang kaisipan	Crazy
Mahirap kalooban, mahina katawan – Dumagat	Nanghihina ang isip at katawan	Low mood/lack of energy
Nalalanta na parang dahon – Dumagat	Nanlulumo sa sobrang gutom	Feeling weak because of too much hunger
Naghihimutok ang kalooban – Dumagat	Matinding sakit ng kalooban dahil sa kahirapan	Frustration due to loss of options and resources
Puso ay gumaganoon – Dumagat	Sumisikip ang puso	Rapid heart rate/shortness of breath
Kakawitang palakol – Dumagat	Mamatay ng mulat sanhi ng matinding kagutuman at walang pagkukuhanan ng kabuhasan	Instant death due to severe hunger and lack of resources
Sumasakit na kalooban – Dumagat	Masakit sa damdamin	Pain and suffering
Mahirap ang aking katawan – Dumagat	Sumasakit ang katawan	Body pain/fatigue
Naglalatata na katawan – Dumagat	Mahina ang pakiramdam	Lack of energy
Dungos – Aeta	Humahapdi ang sikmura, hindi ka makakain, nahihilo	Stomach ache, loss of appetite and dizziness
Murit – Aeta	Kahirapan napunta sa ulo	Poverty led to being crazy
Napasma ang sikmura – Aeta	Masakit ang tiyan	Stomach ache
Panting-panting ang paningin – Aeta	Nahihilo ang mata/paningin	Dizziness

Table 2: Idiom of distress/indigenous lexicons as the expression of depressive symptoms.

Presentation of Indigenization of Depressive Experiences from the Lived Experiences of Indigenous Peoples

The findings of the study suggest substantial cultural differences in the expression of depression. It showed several fold of differences and similarities within the characteristics of depression. The descriptions of the participants' reports revealed three remarkable "themes" that were grouped into 19 sub-categories. These are (a) **sakit** ("pain") or poverty of the body that pertains to somatic domain and has nine sub-categories, such as disturbance of sleep, appetite loss, stomach ache, vomiting, dizziness and sweating, heaviness of the body, falling or crumbling of the heart and feeling hot; (b) **hirap** ("suffering") or poverty of the heart that pertains to affective domain and has six sub-categories such as feeling down and weak or lack of energy and low mood that resulted to pain and suffering, boredom, irritation and frequent crying, anger and irritation, feeling sad and worry, and feeling sad and sorrow; (c) **tiis** ("to endure") or poverty of the mind that pertains to cognitive domain and has five sub-categories such as feeling hopelessness and helplessness, excessive worry due to loss of options/frustration, excessive worry due to lack of resources/frustration, suicidal ideation and craziness. The findings support the view that culture influences the expression of indigenous peoples' depressive phenomenology which has some common roots with Western clinical pictures of the disorder.

Theme 1: Sakit (Pain)/Poverty of the Body

Poverty of the mind is a state of deprivation that is manifested in their experiences of pain and illness. In trying to give a grounded and realistic description of their experiences, participants used symbols which explained both the type of feeling and its impact upon them. Thus, there was a process of translation between essentially psychic events and functional or physical consequences as they proceeded with their explanations. These changes in bodily experience were widely associated with depressed states and featured in many lay accounts of depressive symptoms. The participants used metaphors and other descriptive language characterized by both emotional and bodily pains. Also, some somatic complaints may all be expressions of fatigue in which bodily organs are perceived as unable to contain the distress, such as disturbance of sleep, appetite loss, stomach ache, vomiting, dizziness and sweating, heaviness of the body, falling or crumbling of the heart and feeling hot – all unexplained aches and pains. These were categorized in the somatic domain, as stated in their statements, such as:

Disturbance of sleep

Dumagat 1: Talang di ka nga makatulog, maiisip mo bakit nangyari sayo un, bakit nangyari sayo un pero dumarating na mawawalan ka ng makain.

I really couldn't sleep wondering why it happened to me; it comes to a point that I don't have anything to eat.

Aeta: Gabi- gabi..Oo, kung nag-isip ako ng kabuhayan namin at kakainin.

Every night, yes, I think about our livelihood and what to eat.

Igorot: Halos di ka makatulog, kakaisip, halos wala ka ng pag-asang makaahon sa hirap, halos dalawang buwan umabot.

I could not even sleep properly, thinking as if it was hopeless to get out of poverty; it took me two months...

Appetite loss

Dumagat lalake: mahirap lunukin ung pagkain sa lalamunan, parang wala ka gana kakaisip san uli kukuha ng makakain.

It is difficult to swallow the food as I lose my appetite thinking about where to get again the food for the next day.

Aeta babae 2: malungkot lang talaga..Hindi ka makakain..hindi ka maka ano makakilos..halimbawa may gusto kang puntahan hindi mo mapuntahan gutom kana..mahihilo lang mata mo..hindi mo alam kung saan kana pupunta mahihilo kana.

It is really painful. I could not eat...I could not even move...for example, I wanted to go somewhere but I could not go because of hunger...my eyes were painful...I did not know where to go because I felt dizzy.

Igorot babae: di ka rin makakain.

I could not eat.

Stomach ache

Aeta babae: dungos-humahapdi ang sikmura, sumasakit na talaga. Nag-susuka na.

My stomach feels inflamed; it's really painful. I vomit.

Dumagat lalake: syempre gutom na yung ano mo. Mahapdi na ang tiyan mo ang salitang mahapdi ang tiyan wala pa akong makain yun salitang tagalog ba..laging ganoon kami.

Of course, I feel hungry..My tummy is painful because of lack of food to eat. Most of the time, we are like this.

Dizziness and sweating

Aeta babae 2: panting-panting ang paningin/nahihilo na mata mo para kang pagpapawisan.

My vision gets blurred and I sweat a lot.

Aeta babae 1: gutom ka na..mahihilo lang mata mo..hindi mo alam kung saan ka na pupunta mahihilo ka na

You are hungry..your eyes are dizzy..you do not know where to go because of dizziness

Heaviness of the body

Aeta babae 1: di makatayo o makalakad at hindi mo na naman mabuhat ang katawan mo.

I couldn't stand or walk and I couldn't get out of bed.

Rapid heart rate/shortness of breath

Dumagat 2: gumaganoon ang puso.

My heart beats rapidly.

Feeling hot

Dumagat 3: Inaalilis ay kainit pakiramdamm mo sa likod, yung bay pagod na pagod lahat sayo.

Your back feels hot and all your limbs feel so tired.

Dumagat 2: Biling talikud ka sa higaan, parang mainit ang iyong katawan, di ka makatulog.

I get restless and my body feels hot that I couldn't sleep.

For indigenous peoples, the most common word and the most prevalent complaint of depression was distress of body pain, pertaining to the daily occurrences of things, unfavorable living conditions and physical illness.

Theme 2: Hirap (Suffering)/Poverty of the Heart

Poverty of the heart is a state that people find themselves when they lack the ability to deal with specific circumstances, or life in general, without a total meltdown. It pertains to deepseated emotion as a state of sadness and pain.

Distress of the body was usually described as a condition of irritability, weakness and tiredness. Also, there were notable words and phrases that manifest depressive symptoms among the participants in order to express their feelings of depression in the context of indigenous cultural knowledge; they usually used compound words, typically “feel weak in the body”. The everyday language illustrated above was a prominent feature across the accounts that portray the manifestations of somatic illness as one of the nature of depression. It may be due to the inability to do anything to change an undesirable situation. Another common idiom of distress used in the expression of feelings and emotion was a state of helplessness that leads to suffering, such as feeling down and weak, lack of energy, tiredness and numbness. These pertain to affective domain as articulated in their statements below:

Feeling down and weak (lack of energy and low mood)

Dumagat lalake 1: parang walang buhay katulad sa kagubatan wala ng makuha..pag ganoon mabigat na ang aming damdamin.

It's lifeless similar to the forest that you cannot get anything; when it happens, we feel sad.

Dumagat lalake 2: naghihina ako, nanlalambot basta ganoon na lang ang buhay. Yung parang dahon na patay.

I feel weak thinking that life is like that; the feeling is heavy and the body is weak. Like a dead leaf.

Aeta babae 1: nangagalambot kana, mahina, matamlay, walang gana.

I feel weak and look pale; we lose our appetite.

Igorot babae 1: para kang hangin, tinataboy ng hangin na para kang matutumba.

I am like wind, blown by the wind for me to fall.

Dumagat lalake 2: Mahina kalooban at mahina katawan.

Weak in spirit and weak in body.

Aeta babae 1: Mabigat na mabigat ang pakiramdam.

The feeling is indeed heavy.

Aeta 3: Pag gutom na ah naglalanta na po ang katawan..oo parang hindi mo na mabuhat ang katawan mo..oo hindi kana makatayo o ano, maka-upo kana lang..hindi na makatrabaho talaga..oh syempre wala ng laman yung tiyan e..oo haha..ah hindi ko maibigkas pa yun naglulumooo..ahh basta.

If I am hungry, my body is weak..yes, as if I could not carry my body anymore..yes, I could not even stand, I just only seat..I could not even work of course. Because there is no food for the stomach..yes..ah I could not verbalize my downhearted feeling..

Some of the expressions often used to express pain and suffering about lack of resources and loss of options were *hirap kami* (“we are poor people”) and *mahirap ang buhay* (“life is difficult”) ... *kami ay laging gutom* (“we are always hungry”). These are considered natural and transient reactions to external stressors. They used familiar terms to make their experiences seem ordinary and normal part of their lives, as stated in the following.

Pain and suffering

Dumagat 2: Kamiy ay mga gutom. Minsan lang kami kumain. Mahirap na talaga, minsan natitiis naming isang beses lng kami kumakain. Talagang ala, ala aabutin ka ng gutom, naiiyak, mahirap na mahirap, malungkot na malungkot.

We are hungry. Once in a while that we eat. It is really difficult; sometimes, we endure eating once in a day only. It is real that there is no food at all, when we feel hungry, we cry, it is very difficult, it is very sad.

Dumagat 3: kalooban naghihimutok, himutok na damdamin, ung sakit ng kalooban di makatulog bakit ganito nangyari, bakit yung iba meron, ako wala, baka pinabayaan na kami ng panginoon, di mo mararamdaman pumapatak na luha mo.

The feeling is so painful, so painful that I could not sleep. Why did this happen? Why do others have lots of things? In my case, I do not have anything, why did God forsake us? You could not even feel that your eyes are shedding tears.

Dumagat 4: Mahirap na talaga, minsan natitiis naming isang beses lng kami kumakain. Humihina na nga rin ang katawan. Tiis lang kasi wala ka magawa.

It is really difficult, sometimes; we endure eating once in a day. Our bodies feel weak. we endure because we could not do anything at all.

Aeta 1: Naghihirap kami sa pamumuhay. Di na kami kumain. Mghihina katawan nagiintay ng darating.

Our life is so difficult. We are not eating anymore. Our bodies feel weak and we wait what will happen to us.

Aeta 3: Minsan wala na kami maramdaman na sakit kasi sanay na yata sa hirap at sanay na kumakalam lagi sikmura. Wala ka magawa kundi magtiis kelan uli malalagyan ang tiyan.

Sometimes, we do not feel the pain anymore maybe because we are used to diffulties and we are used to being hungry. We could not do anything but to endure until such time that there will be food to eat.

Anger appears to be the emotion that surfaces and is manifest as aggressive behavior that lead to frustration. The respondents verbalized that their life circumstances often lead to feelings of frustration, boredom, irritation, anger and frequent crying, as evidenced below.

Boredom and irritation

Dumagat 4: Nakakainip na kalagayan, naiinis ka kasi di ka nila kasama maglakad.

I get bored and restless; I feel irritated because I couldn't go with them.

Anger and frequent crying

Dumagat 5: Yan sinasabi niya palagi, humihyaw. Iyak ng iyak, galit na galit. Ayaw niya ng pinupuntahan, Tapos galit siya.

That's what he always says; shouting, crying endlessly, really mad. He doesn't like being approached, and then he gets mad.

Anger and irritation

Dumagat 2: mainit ang ulo/nayayamot.kalooban. naghihimutok, himutok na damdamin.
I become hot-headed/irritated. I complains. I become frustrated. I get disoriented, a little mad... always irritable.

Dumagat 5: saka pag ganun, di na maganda na pagiisip, medyo galit na Masungit na parati, marami na iniisip, lungkot at galit ang nasa isip at awa sa pamilya.
If that happens, one's mind is upset, sometimes, angry; most of the time very angry, lots of things are being thought of, sadness and anger surface and pity for one's family.

Feeling sad and worry

Aeta 1: malungkot ang ano paghanap kung papaano ka maka hanap buhay o ano wala na lakay ko. Masakit din anak pag naisipan mong wala kanang katuwang ng kaagapay ng hanap buhay..masakit masakit, pag naisip mo yang lakay kung minsan naiisipan ko kung minsan hm wag na para naman akong kung iisipan ko naman kako para na akong baliw haha daig mo pa ang isang baliw.
I feel sad because of the lack of job or I do not have my husband anymore. My child is also sick and I do not have my husband who can help me with my pains... it is really painful. Sometimes, I do not think a lot because I may end up as insane, more than the feelings of an insane person.

Aeta 2: pag malungkot po mahirap, oo mahirap para kang naalisan ng isip kung papaano ka makakita ng konting biyaya, konting pagkaen...oo nawawalan ng isip para kang tulala..pag-ka nakakita ng konti masaya na ng konting biyaya konting pagkaen..babalik na naman iisipin mo nanaman kung papaano kang giginhawa ng konti.
If I am sad, it is difficult. Yes, it is difficult to think of the food that I have to eat. However, if there is little food then I feel happy. Later, I feel sad and think on how I can have a better life.

Aeta 3: wala kang gana kung ano ang dapat mong gawin sa bahay.Pag ikaw lang magisa hmm ay para kang nalulungkot pag hindi mo sila kasabay kumaen.Parang mawawalan ka ng pag-asa ng sana mag ipon-ipon kame katulad niyan makapag-luto ka ng kung ano ano masaya ka ng kumakaen at kung minsan...malungkot nanaman haha....syempre iniisip mo ng papano po pagkuha ng pagkaen mo kung hindi ka magtitinda..kung hindi ka maghahanap buhay..wala kanang pambili..saan ka kukuha na naman ng makakaen...kung gutom kana malungkot kana..
I feel weak in terms of the household chores. If I am alone, I am sad if the other family members could not join me in eating. We are hopeless because we do not have savings for some foods to be eaten. I feel sad because I have to think on how we can survive, work and eat, where we can get money to buy food for us... if we are hungry then we become sad again.

Igorot babae: malungkot pag may problem....
I am very sad if I have a problem...

Igorot babae 2: Marami ng beses, oo marami ng beses na akoy nalungkot..Oo nung namatay na yung anak naming pati na yung kabuhayan namin. Kung kailan kami makapagtatrabaho, kung wala kaming pagkain na mahahanapan mag-asawa. Oo iniisip ko na nga lang yung buhay naming.

Many times, yes, many times, I am sad.. Yes, when my son died including our source of living. When will we have work and when will we eat if ever we have jobs to do. Yes, I only think on how we will survive.

Feeling sad and sorrow

Dumagat 1: kung balik tanaw mo, malungkot na malungkot ang pakiramdam mo ayaw ko na minsan.

If I have my flashback of my life, I feel very sad because I feel that I do not want to see it this way.

Dumagat 2: marami na iniisip, lunkot at galit ang nasa isip at awa sa pamilya.

Stressed out, sad and there's anger and pity for the family.

Theme 3: Tiis (To Endure)/Poverty of the Mind

The experience of depression as distress was a reaction to lack of resources and loss of options. However, it was articulated by the participants in distinctive ethnic idioms and interpreted as suffering. They also included ruminations or excessive worry about various problems of living, poverty and anxiety. There were also some distinctive elements to the way in which they described physical and mental pressure – pressure in the head as excessive worry, helplessness, and hopelessness. Cognitive domain may also be present with symptoms of excessive worry.

Feeling hopelessness and helplessness

Dumagat lalake 3: Pag naratay na kami mag-asawa sa banig, talagang kahirap, maiiyak ka na lang kasi wala naman tutulong.

It is really difficult when my wife and I get sick; we couldn't do anything but cry because no one will help us.

Dumagat lalake 1: Pag naisip mo talaga, masiraan ka ng loob, ako'y naiyak, pg problema koy matindi, kahit ganu katibay ang loob ko, pg naibulalas muna nawawala na. Masakit na talaga loob mo, baka masabi mo pinabayaan ka ni lord.

Sometimes I couldn't think of a way or any solution to the problems. My inner self is sulking. I am in pain that I find it hard to sleep. Why is this happening? Why do other people have this while I have none; I couldn't help but think that perhaps God has abandoned us; then without me knowing, tears start falling?

Dumagat lalake 2: gabi-gabi iniisip, pag-iisip masiraan ka minsan ng loob, naiiyak ka na lng, maiiyak ka kakakisip.

Every night, I am always restless and my mind wanders. There is nothing else in my mind except my problems. Yes, nothing that I become famished; I cry; it is really difficult and lonesome.

Aeta babae 2: oo malungkot ang ano paghanap kung papaano ka maka hanap buhay o ano wala na lakay ko...pag malungkot po mahirap. Malungkot lang talaga. Hindi ka makakain..hindi ka maka ano makakilos..Malungkot din wala Na pambili Ng pagkain, isipin Na namn san kukuha ng makakain.

Yes, it is sad to look for a job or your husband is not around anymore... if I am sad, it is difficult. I am very sad and I could not eat. I could not even move. It is difficult if I do not have money to buy food and I have to think where can I find food to eat.

Aeta lalake 3: Naiisip nila, walang tumutulong, tssssk, naisip nila hay haay walang tumutulong dito, magutom ka, isang beses lang kakain. wala na suporta, wala na bigay. Isipan nila andoon na sa Pampanga.

They think that there are no people who would like to help; you are hungry because you eat only once. No support, no assistance. They think that there are foods in Pampanga.

Excessive worry due to loss of options/ Frustration

Aeta 1: pagod na pagod na kami sa kahirapan, sakit na sa ulo kakaisip, kalabaw na trabaho ng trabaho. Mamurit ka kakakisip san hihingi tulong kasi yung para sa kulot, napunta sa unat. Para kaming niluluto sa sarili naming mantika. Sobrang problema sa buhay namin na mahirap talaga.

We are already tired of hardships in life; it is painful to think about this situation, we are like carabaos working so hard. The assistance that should be given to people who have curly hairs was given to the people who have non-curly hairs. Too much problems in life is very difficult.

Aeta 2: Minsan, wala ka na maramdaman manhid na sana na Sa kahirapan at gutom.

Sometimes, we couldn't feel any pain at all because we are used to deprivation and starvation.

Dumagat lalake 1: isip ng isip paano na ang buhay. Hirap buhay walang magawa kundi magtiis, maiiyak ka kakaisip.

I think hard about life. Life is so difficult but I have to endure and it leads to tears while thinking about life.

Dumagat lalake 2: gabi-gabi iniisip, pag-iisip masiraan ka minsan ng loob, naiiyak ka na lng, pati magsaing di namalayan di mo nagawa, pag-iisip sobra.

Every night, I think a lot. Too much thinking could lead to frustration, I cry and even cooking could not be done because of too much thinking.

Dumagat lalake 3: minsan isipin mo gusto mo na sumuko, pero paano nga e ganito lng naman kaming katutubo. Kaisipan ko pag may suliranin ako e parang amihain lakas ng hangin, ihip ng ihip na ayaw na matigil sa kakaisip.

Sometimes, I would like to give up but we, as indigeneous peoples lead a life like this. If I have a problem, it is like the wind that blows like my mind that does not stop thinking at all.

Other than the aforementioned, the respondents further elaborated in their verbalizations the pain and suffering they experienced as a result of lack of options and resources, such as excessive worry, as shown in their statements.

Excessive worry due to lack of resources/Frustration

Dumagat 2: isip ka ng isip sa gabi ano pwede pangkabuhayan kung walang wala na.

I keep on thinking every night about what could be our means of living if we are already left with nothing.

Dumagat 3: mabigat na ulo ko tapos paggising sasabihin mo saan na naman kukuha makakain.

My head feels heavy and whenever I wake up, I start thinking again where I would get food for the day.

Igorot 1: isip ka matindi, ano paraan saan trabaho uli, saan kukuha pangkabuhayan, trabaho lang ng trabaho walang tigil, kasi pag tumigil e wala na malalaman ang sikmura. *I think hard about what to do, where I could get food; I have to keep on working because if I stop, I will have nothing to eat.*

Lack of resources and financial hardship were often referred to as *kakawitang palakol/mamatay ng mulat* (“lack of resources/scarcity of food”) for the Dumagats and *dungos* for the Aetas, meaning *sakit na nararamdaman kung wala ka makain or kagutuman* (“scarcity of food”).

Dumagat 2: Kaming katutubo, nakadepende buhay naming sa panahon. Misan pag panahon ng amihain may sinasabi kami na panahon ng **kakawitang palakol** o sabi nilay mamatay ng mulat. Ibig sabihn mamatay ng dilat ang mata sa gutom. Marami nagkakasakit sa panahon na iyon, marami nagugutom. Matagal yoon na pagtitiis. Kasi wala kami makain noon kundi kung ano anon a lang na meron sa paligid.

We, as indigenous people, depend our life in terms of dry or wet seasons. Sometimes, if the season is favorable then there is no worry. However, if the season is unfavorable, then people die of hunger. There are lots of people who get sick and many of them die of hunger. The suffering lasts for days. We did not have food before and whatever is seen in the environment then we have to be satisfied.

Aeta 3: Sa amin tawag doon ay **dungos**, humahapdi and sikmura, young mag-ano hindi ka makakain. Syempre wala ng laman, kundi ka kumakain, sumasakit na talaga. Humahapdi ang sikmuta dala ng matinding kagutuman, nahihilo na mata at di kana makatayo.

In our place, we call it as “dungos”, the stomach is hungry, you can not eat anything. Since there is no food available because of scarcity of food, the hunger is terrible, the eyes are dizzy and you could not stand anymore.

A person who is severely troubled was labeled as having *murit* for the Aetas, and *butang-butang* and *bulobyang-aw* for the Dumagats. These were commonly used in daily language when someone behaved in a strange, abnormal or unexpected way, but not as necessarily having a mental disorder.

Dumagat 2: butang-butang, di niya inaakala ginagawa niya, parang nababaliw. *He doesn't know what he's doing, as if going crazy.*

Dumagat 1: bulobyang-aw tawag sa amin, hindi na normal dahil sa problemang matindi. Nalulungkot, nagsasalita mag-isa, gagala siya hanap ng makakain. Parang nababang-aw, lakad ng lakad at nghahanap kung saan may makain, nagtatawa mag-isa, pero pagkatapos naman noon normal na ulit. Parang kimbaga pinaparaos lang niya yung nararamdaman niya niya na problema na hindi niya nakayanan.

We call it “bulobyang-aw”, he's not normal anymore because of his big problems; sad; he speaks to himself, he'll go out and wander just to find food.

Aeta 3: Kahirapan, napunta sa ulo mo yung **murit, loka loka**. Nasira na kaisipan, namurit na. Pag isip isip sa problema, dadlain na un sa utak niya kaya ginanon na niya isisp niya kasi di na niya nakayanan problema. Minoret na niya kaya sya ay nagsasalita ng di nniya alam pero puro naman hinahakit sinasabi niya at problema sa asawa niya.

Poverty; it goes to your head; crazy, you lose your mind.

However, within the Dumagats' context of ending pain or suffering, they expressed the wish for God to take their lives, as a way to convey that they are in suffering. Hopelessness leads to suicidal thinking and attempt due to inability to cope with the adversity of life's circumstances.

Aeta 1: Ano po ang naging sanhi ng anu, may sakit dahil yung mata niya namuti, nag katarata po muna. Ngayon pumunta na sa kuwan niya. Sa utak niya. lagi pong sumasakit ang ulo niya. Sa...Katarata. Pinatignin po, at magagamot po sana, yun nga lang ayaw niya. Anu po. Ayaw na po niya, Dahil Iba na yung nararamdaman..Kaya yun po...Hindi naman po labis na ... siguro mga isang taon lang. Wag ka nang maggagamot sa akin, di niya sasabihin ano sakit niya magsisinungaling sya, sinakal na niya sarili ay...

Uh, the reason actually is... he's sick, because he had white stuff in his eyes, symptom of cataract. Then, it went up to his brain; his head always aches. It started there, the cataract. He had it checked and it could have been cured but he didn't want it. He didn't want it because he feels something else. Because he got sick first, then he couldn't support his child anymore. So there... it wasn't really that long... about a year, I think.

Dumagat 2: nabubuwal na, maigi na po mamatay kesa maranasan matinding kahirapan. *He falls so often; it's probably better to die than to experience more suffering.*

Dumagat 5: Pili lang ang kinakausap niya. Ay para po bang talagang siguro yung parang nalulungkot. Yung buhok po niya eh di niya masuklay parati nakapuyod lang po yung buhok niya (I: ahhhh) talagang parang yung parang yung batang hindi nililinis ganun ang itsura niya. Yung damit niya marumi na, maputi na maitim na po. Doon sa loob po na yun nakasara yung pinto yung dalawang pinto at saka mga bintana nakasara. Ayaw niya ng pinupuntahan. Tapos galit siya. May araw at gabi ay nakahiga siya. Nakahiga lang po siya. Mag-nganga. Mag- nganga tayo sasabihin ko. Hindi po ang sagot niya sakin, ay gaganon lang po siya. Di yun sasagot, sasabihin ko ay may kumpleto nganga ko. Ayaw po niya. Eh di hindi na nga siya nagsasalita. Inaano na nalang niya yung ulo niya. Hiyaw, araw-gabi. (kadi-Dino Kadi) asawa ko asan kana? Yan sinasabi niya pag humihiyaw. Iyak ng iyak, galit na galit. Yoon po nagbinti napo siya.

He only talks to very few people. It's like, maybe, he's really sad. He can't even comb his hair; it's always tied up, really, he's like a kid that doesn't get cleaned up, and he looks like that. His clothes are dirty, what used to be white is now black with dirt. He closes both his doors and windows. He doesn't like being visited. He's always mad. There are days and nights he'd just lay in bed, just lying there. Let's chew betel nut, I'd tell him. He'd say no. He won't answer. I'd tell him I have betel nut. He doesn't like it. He won't even talk. He'll just shake his head. He always shouts, day and night, screaming "My spouse, where are you?" That's what he shouts out, he always cries, really mad. Then, he hanged himself.

Discussion

The most affected indigenous peoples in this study, facing deprivation and hunger, were the Aetas and the Dumagats who live along the mountain ranges of Sierra Madre. The devastating experiences of Aetas in 1991 with the eruption of Mt. Pinatubo and the long period of Lahar flows led them to be deprived of their ancestral lands, virtually losing their meager resources, relatives and being dependent on government and civic rations and assistance for a long time. Cases of malnutrition, hunger and deprivation were noted. Also, various illnesses were observed because of their poor health conditions. Some of them even started roaming around, reaching even the metro city of Manila to beg for help to augment their limited rations. Others

tried to earn their living by making bows and arrows, native novelties and growing vegetables and root crops, securing wild birds and flowers that they collected in the mountains of Central Luzon and Sierra Madre. Often, they eat just one meal a day, or sometimes rely on what herbs and root crops they collect while roaming around the forest areas. With such cultural practices and because of their experiences as Mt. Pinatubo victims, the Aetas live a hand-to-mouth existence and do not think about their future much. That is also why most of them even deny themselves schooling, particularly the elders who never went to school – so most of them cannot read or write. However, the young generations are fortunate enough to be awarded some scholarships by the government and other civic groups and churches that assist with their schooling.

Since most of them lost everything after the Mt. Pinatubo eruption, they experienced feelings of being helpless. Some turned mendicants and simply waited for some civic-spirited people to visit them and give relief goods and other assistance. Their minds were not focus on savings but only to sustain and meet their daily needs. Their hopelessness is now centered on their anxiety of where to go if they are again transferred outside the military reservation. Sadness and pain among the Aetas are common because their primary concerns and anxieties are related to their insecurities regarding their homes. These are quite temporary and they have no security of stay and tenure in their communities. Some of them are within the military reservation, forest protected areas, and restricted mining arenas. Their claim for ancestral domain have not yet been awarded to them.

While most Mt. Pinatubo Aeta victims have already returned to Pampanga, Tarlac, and Zambales, there are still about 50 families who chose to stay within the military reservation. Military exercises, firing and bomb explosions around their area are common occurrences, and brings fear and anxieties to them. Their means of socialization are quite limited to drinking sprees and small time gambling just to relax and enjoy life. They also experience insults, denials and frustrations in their love life because of their small build, curly hair or *kulot* and dark skin. The Aetas also cited that they were victims of unfair treatment and bullying.

On the other hand, the Dumagats have a nomadic tendency, and move from one place to another collecting forest products for foods and meager income. They also chose to stay near the Pacific Ocean within the Province of Aurora for fishing and diving for *banagan* or lobsters and other seashells that make novelty items for sale. They do suffer deprivation and malnutrition, particularly the senior citizens and children, who just rely on the able family heads and sons to search the mountain ranges for wild animals such as deer, monkeys, wild pigs and other foodstuff. Hopelessness occurs every time a calamity such as a typhoon occurs because their upland crops are affected. They are also victims of hopelessness because their former habitats are already occupied by other people, and they can no longer harvest their own planted coconut trees in those areas.

Also, the Dumagats confided that they seldom mingle with other people and chose to settle away from other dwellers in the community because they suffer insulting situations because of their physical attributes, as well as for hobbies such as chewing bitter nuts or *nganga*. They suffer loneliness because of lack of recreational facilities and amenities in the mountains and forest areas. During times of problems, some of them are consoled by their elders and tribal leaders, while some Christian missionaries also visit their houses for Bible studies and spiritual fellowship.

The Igorots too have their own share of helplessness because there are also cases of fraud by other parties where recruiters for overseas work turned out to be illegal, they were cheated by buyers who shortchanged them while buying their gold, or failed to comply with their business arrangements. Some Igorot members encountered great losses in their crops from upland because of landslides, erosion and even forest fires.

The Igorots have different tribal groups such as the Kankanaey, Ibaloi, Kiangnan, Aplai and Bago who were forced to migrate along the Sierra Madre because of peace and order problems. Their interests lie in gold panning, small-scale mining and root crops cultivation. Most of them are able-bodied and hardworking, hence hunger is not common to them. They are also accustomed to upland farming and share their harvest with those tribe members who are too old to do hard labor. However, they too suffer from poverty, particularly the older generations. The different tribal groups of Igorots have experiences of being lonely when their loved ones and family members pass away. They have some cultural practice of not joining any social activities and some of them even practice burying their loved ones near their houses and own backyards. While most of them are not sociable, they choose to be physically fit through sports and other wholesome recreations. Drinking spree is also common to them as they claim that it is a way of forgetting their problems, to warm up their bodies after hard work, and to counter the cold temperature in the evenings.

In exploring the expression of depressive symptoms among indigenous peoples, it was found that language issues, cultural beliefs and practices influenced the experience of depression. Intrinsically, the indigenous understanding of depression is metaphorical in orientation. They use symbols or somatic metaphor to explain depressive symptoms. For the Dumagats, the indigenous concept of depression is related to *kakawitang palakol/mamatay na mulat* (lack of resources and loss of options), while for the Aetas, they experience *dungos* or *pasma sa tiyan dahil sa gutom* (“stomach ache, dizziness and loss of appetite”), while the Igorots describe the symptoms as *upay* or *walang gana mag trabaho* (“lack of energy to work”), *mensasadut* or *malungkot o nawalan ng gana sanhi ng mabigat na problem* (“feeling sad due to problem encountered and lack of energy”), *nabannog* or *hirap sa buhay*; *hirap sa pagkain*; *hirap ang katawan*; *hirap sa paghanda sa pagtrabaho* (“difficulty in life; lack of food; lack of energy; fatigue and loss of initiative to work”).

Indigenous peoples attributed depression to pain (*sakit*), suffering (*hirap*) and endurance (*tiis*). A common experience among indigenous people is extreme poverty that may cause starvation and deprivation of basic needs. Hunger is natural and part of normal life situation for indigenous people. In view of these predicaments, the depressive symptoms might be viewed as a normal emotional reaction. However, the causal role of stressful life events associated with poverty appears to play a much more central role in triggering depressive symptoms. Depression creates a mindset of scarcity among the participants. It shows a significant association between poverty and depression among older women concurring with previous studies that have found that lack of economic resources and financial difficulties are risk factors for depression in late life. Those deficits associated with poverty, lack of financial resources and lack of adequate health care, have a social drift effect and significantly affect mental health. Substantial evidence links poverty to depression in late life (Dunlop et al., 2003). Research indicates that families living in urban poverty encounter multifaceted risks associated with the hardship of depleted resources, burdens of high stress and incivilities, and exposure to multiple traumas (Phillips et al., 2015). Because ethnic groups are overrepresented, there can be additional suffering secondary to racist attitudes and negative social perceptions of people living in poverty.

The expressions of symptoms among the three ethnic groups varied based on their distinct cultural knowledge. For indigenous peoples, the most similar word and most prevalent complaints of depressive symptoms were suffering (*matinding hirap*, *mahirap na mahirap*) and pain (*hirap*). In order to express the feeling of depression in the context of their cultural knowledge, they usually used compound words, typically *mahina katawan*, *mahina isip* or “feeling weak in the body”. Unexplained aches and pains often accompany depression, and individuals may also experience loss of energy, and fatigue or lethargy (World Health Organization, 2008). Depression is an experience related to distress, which may be in reaction to loss, enduring pain, and bereavement. However, it was articulated by the participants in distinctive ethnic idioms and interpreted by sufferers. For the Aetas, the person who is severely troubled was labeled as having *murit* or mental illness and for the Dumagats as *bulubyang-aw*. They also included rumination or excessive worry of thinking (*hirap buhay walang magawa kundi magtiis*) associated with various problems of living, poverty and anxiety. Distress of the body usually described a condition of irritability, weakness and tiredness. Unexplained aches and pains often accompany depression, and individuals may also experience a loss of energy, fatigue or lethargy (World Health Organization, 2010).

Life events and experiences of indigenous peoples seem particularly difficult, threatening, distressing, and unmanageable. Stressful life experiences of the indigenous peoples heighten emotional distresses, causing to experience depressive symptoms. The experience of depression pertained to the daily occurrences of things, unfavorable living conditions and physical illness, and were therefore considered as natural occurrences. Among most of the study participants, depressive symptoms were perceived as a transient reaction to external stressors. The findings revealed that the description of depression varied in this population, and that depression affected all dimensions of the participants’ physical, psychological, and cognitive aspects. In line with prior research, the present study suggests that negative life events and experiences are significantly associated with depressive symptoms (Fitzpatrick et al., 2005; Shapero et al., 2014). Other studies indicate that external stressors constitute risk factors that interact with personal predispositions (primarily psychological stressors, environmental stressors, or a combination of these two) to produce psychological distress (Grant et. al. 2004; Fitzpatrick & Montgomery, 2004) which is the case for the participants in this study. Somatization, which is accepted as a conflicting factor in diagnosing of depression, is closely related to how someone interprets somatic sensations and attributes what causes these (Duman et al., 2004). Somatic symptoms which might be considered as an expression of psychological distress can lead to unnecessary medical evaluation or malpractice. They describe how negative life events directly affect their cognition and lead to changes in their self-perceived competences (Kirmayer, 2001).

Conclusion

In the indigenization of depression, the impact of culture on the experience and presentation of depressive symptoms has been attributed to cultural differences in the conceptualization of depression. The illness representation is not only part of the culture in terms of shaping experience, but also mirrors and reflects cultural realities.

The present study revealed varying depressive symptom profiles among the three ethnic groups: the Dumagats were more likely to emphasize affective and cognitive symptoms (e.g. *mahirap kalooban*, *mahina katawan* (“weak-spirited” and “the body is weak”), *nag-alala saan kukuha ng makakain sa araw na iyon dahil wala na mukuha sa kalikasan* (“worried where to get food for that day because nature has nothing left”), the Aetas experienced somatic

complaints (e.g. *sakit tiyan/napasma* (“stomach ache” and “pains”), *di makatulog* (“could not sleep”), *sakit ulo sanhi ng gutom* (“headache due to hunger”), and the Igorots reported more affected and cognitive problems (e.g. *walang gana magtrabaho* (“lack of motivation to work”), *di nakikihalubilo sa mga pagtitipon* (“does not participate in gatherings”) and *mensasadut* or *malungkot o nawalan ng gana sanhi ng mabigat na problem* (“feeling sad due to problem encountered and lack of energy”).

To contextualize their narratives, their experiences about moods and feelings were connected to physical pain. It pertains to mental health problems, but for them it denoted social and moral problems, because the daily challenges in meeting basic needs were repeated as key sources of stress among them. The manifestation and characteristics of mild depression compared to the narrative experiences of indigenous peoples are mostly similar. The experience of depression pertained to the daily occurrences of things, unfavorable living conditions, physical illness, and therefore was considered as a natural occurrence. Among most of the study participants, depressive symptoms were perceived as a transient reaction to external stressors.

For indigenous peoples, concepts such as depression and mental illness are not commonly understood but the syndrome is thought to be synonymous with other more accepted terms. There is no universal conceptualization of depressive disorders; the experience, meaning, expression of depressive symptoms varies as a function of the cultural context in which it occurs. Their description of the symptoms of depression depends on the cultural lens they are being looked through. Their cultural knowledge influences the source of distress, the form of illness experience, symptomatology, the interpretation of symptoms, modes of coping with distress, help-seeking and the social response to distress and disability. Therefore, it is difficult to have a universal concept of depressive disorders because cultural variations greatly influence the meaning and expression of indigenous concept of depression.

Findings support the view that cultural forces influence the expression of indigenous depressive phenomenology, which nevertheless has some common roots with western clinical pictures of the disorder. The premise is that depression and depressive symptoms are a universal experience bound to common biological features, but the local idioms of distress, expressions and modes of communication, could be culturally specific. Depression is often recognized and, as a consequence, left untreated, especially among indigenous peoples.

Recommendations

The usual contention about depression is the context of how it is actually situated, based on universal diagnostic criteria which are applied without cultural bias. In order to deliver care that is culturally valid, clinicians need a method that systematically allows taking culture into account when conducting any clinical assessment. This study recommends an audible call for a culturally sensitive guided intervention with this special population to ensure a holistic approach. It can contribute to rethinking mental health services and health promotion for indigenous populations and communities.

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