

# I Am Trapped in My Father's Image: When Depression Does the Domino

(Case Study on a Son and a Father who have Clinical Depression)

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## Abstract

One of the silent killers nowadays is depression. The researcher was shocked to learn that a student who appeared very normal was at the brink of suicide because of depression. Worst, the father who was the cause of the son's misery had depression, too. This study was meant to save more lives in school and in the community. This attempt is a case study told in the first person point of view narrated by the son. The son and his father were both diagnosed with clinical depression. Interview and observations were the main methods in gathering related data. The observation started in school when the student and the father came to see the guidance counselor. The researcher overheard the harsh scolding of the father to the son. Since the guidance counselor was not around, the researcher took initiative to help them. She interviewed the father first, who was obviously having hangover, and then the child. The interview transcripts revealed that the father had been abusive in terms of his behavior towards his wife and their five children; three boys and two younger girls. He was known a drunkard and would beat his wife every time he got drunk, which brought fear and eventually trauma to the children. Having enough of the abuse and beating, the wife together with her two younger girls left the husband and three boys. This worsened the undiscovered depression of the father as he felt lonely, hopeless and worthless which led to him attempting suicide. The son, tagged as "weird" in school was deeply affected by his broken family. He was often absent in school, had trouble sleeping at night because of intrusive thoughts that bothered him, would text that he wanted to commit suicide, and lost interest in coming to school. After the student's revelation, the researcher tapped the help of a psychiatrist to help them out. The two underwent therapy and they have become optimistic and hopeful in life. It is recommended that teachers should be sensitive to the feelings and trials that students go through. To give attention to them, there should have a regular homeroom meeting which would involve heart-to-heart talk of advisers with students to know their pains. The school should also educate teachers and students on the signs and effects of this mental health issue in order to help more learners and parents survive this sting. The impact of this research lies on saving the lives of two persons and others who are unaware of the threats of depression. Likewise, the story has opened the eyes of other guidance counselors and teachers all the more to be sensitive to the signs and symptoms of depression they observe on their clientele – students and their parents.

**Keywords:** Depression, Intervention, Case Study

## Introduction

Everyone feels depressed at times. Illness, the loss of a family member, the breakup of a relationship – these misfortunes and many more are natural causes of sadness and mourning. It is normal to feel depressed about a loss or failure. However, for many people, that feeling of despondency continues for months, years or if left untreated, even a lifetime (Chen et al., 2013). For such people, depression is a serious illness. Depression is the most common psychological problem in the US, afflicting more than 17 million Americans and more than 100 million people worldwide each year.

In the Philippines, more than 3.29 million people are living with depression and an almost equal number of individuals are suffering from anxiety. This was according to the Department of Health (DOH) and the World Health Organization-Philippines (WHO-PH), which called on everyone – the public, private, and civil society sectors – to engage in a "serious national chat" using multi-media platforms to understand depression and other mental health problems burdening millions of Filipinos (Ibarra, 2017).

Kent (not his real name), a high school student, was not spared from being a victim of depression. His case was not out of teenage heartbreak but of family. He witnessed and experienced the cruelty of his father. He had undergone so much sadness after his family broke up. How much pain did he have to endure? How did he recover?

## Research Questions

1. What were the causes of Kent's depression?
2. How did Kent overcome his depression?
3. Were psychotherapy, counseling, and anti-depressant effective interventions in Kent's depression case?

## Literature Review

Depression is one of the most prevalent problems in the mental health of students at different educational levels, such as high school, college and university (Arslan et al., 2009). The causes of depression can be just as varied and uncertain. In the past, it was widely believed that unexpressed feelings – particularly anger – were at the root of depression, and many

psychiatrists still accept this theory. However, recent research points to an imbalance in the chemicals that regulate mood in the brain. Heredity, or the passing along of physical characteristics through generations, also appears to play a role, as mood disorders frequently run in families (Chen et al., 2013). Experts continue to disagree on whether genetic or environmental factors contribute more to the development of depression. This controversy spills over into treatment. While traditional psychiatrists still favor psychoanalysis – the investigation of the unconscious mind through remembering the past – for depressed patients, a broad range of drugs that fight depression are now available. At the same time, many alternative therapies, including biofeedback, meditation, and the use of herbs, are being used to regulate mood, along with diet and exercise. Effective treatment may include any combination of these methods (Mobley, 2008).

Previous studies have proposed that psychological morbidity, particularly depression, is a common disorder among students (Adewuya, Ola, Olutayo, Mapayi & Oginni, 2006). Studies of psychological problems encountered by counselling centers revealed that depression was one of the five most common problems among college students. They highlighted that depression accounted for 39% of problems, a higher rate than anxiety, problems with romantic relationships, and the self-esteem of students across different settings (Erdur-Baker, Aberson, Borrow & Drapper, 2006).

Recently, many studies have been carried out on the rate of depression among students (Chen et al., 2013). They report that depression is a widespread problem and continues to increase in the student population (Sarokhani et al., 2013). For instance, one study stated that the rate of depression varied from 10% to 40% among university students in Turkey. In addition, Green, Lowery and Kopta (2013) indicated that adult students reported higher levels of symptoms of depression compared to the adult non-student population. Other studies in this area have also found that the symptoms of depression range from 27% and over, among students and these symptoms represented the most common problems encountered by university counselling centres (Mobley, 2008).

Although the prevalence of depression in the student population compared to the general population has not been well researched. A number of studies have looked at the rate of depression among particular groups of students. A systematic review of published studies, from January 1980 to May 2005 about the rate

of depression in Canadian and US medical students, reported higher levels of depression in the student population compared in the general population (Dyrbye, Thomas & Shanafelt, 2016). However, based on this study it cannot be concluded that the prevalence of depression in students is higher than the general population.

Another recent systematic review reported that depression in university students is much higher compared to the general population (Ibrahim et al., 2013) Similarly, according to this study, it cannot be concluded that the prevalence of depression is higher than the general population because this study only focused on university students.

Over recent decades, a large number of studies have been conducted on the rate of depression in medical students (Dyrbye, Thomas & Ahanafelt, 2005). Recent studies (Ibrahim et al., 2013; Dyrbye et al., 2006) have reported that the rate of depression in medical students is higher than that of the general population. In the literature it can be clearly seen that medical students, as subjects, cover most of the studies about the prevalence of student depression. Studies highlight that the rate of depression in medical students shows a higher score relative to students of other degrees (Yusoff et al., 2013).

## Methodology

### Sampling

This investigation was a case study analysis; thus, no sampling procedure was employed. The researcher carefully chose the participant, as his case was extreme, and needed to be investigated and eventually provided by remedy.

### Data Gathering Method

Interview with the participant was the major data collection method employed in this investigation. The observation was also employed including verifications using close monitoring of the participant.

### Ethical Issues

Since the participant was a minor, the researcher personally talked to the father asking permission to interview his son. Likewise, permission was sought from the participant, too, prior to the conduct of the interview. The purpose of the interview as well as of the study in general, was presented to the participant

before asking his consent for the interview proper. Permission to record the interview was also sought from the participant and his father.

During the interview, the participant was put in his most comfortable situation. Most of the interviews happened in a private place frequented by the participant. A couple of interviews were done in the participant's residence but those encounters were generally some sort of casual conversation to check the situation of the participant.

No harm was inflicted on any of the people involved in the course of the investigation. All of the necessary favors were provided to the participant in the course of the study.

### Plan for Data Analysis

Interview transcripts were analyzed as part of the data analysis procedure. No statistical tool was employed as the study was a case analysis which is dependent on the interview transcripts and observations.

### Plan for Dissemination Advocacy

The researcher has disseminated the research results to guidance counselors and some teachers. It is also planned that this research will be disseminated virtually in the in-service training in 2020 In-Service Training.

## Results and Discussion

After a series of interviews and observations with the participant and his father, the researcher came up with the analysis of the study.

### Causes of Depression

The observation and interview started in school for Kent (not his real name) and his father. The first incidental encounter was favoured with casual conversation. The interview transcripts revealed that the father had been abusive in terms of his behaviour towards his wife and their five children, three boys and two younger girls. He was known a drunkard and would beat his wife every time he got drunk for a number of years already. An account of the interview transcript with Kent validates this:

*“Basta mahubog siya, ga wild na siya dayon. Ginasakit niya si Mama, kis-a kami man. Daw tripping lang man gani kis-a pro ambot, daw kailinit. Pirmi ni*

*gakatabo, ilabi nag id kun wala kwarta. Amo ni gatabo halin elementary ko.”*

(Every time he's drunk, he goes wild. He beats Mom, sometimes he beats us too. It seems that he does this whenever he feels like doing it, but I don't know, it's detestable. It always happens especially when there's no money. This happens ever since I was in Elementary.)

*“Daw maguba payag namon kon magkit-anay sila. Gabato man si Mama e. Isog man si Mama moh. Damu lang sila gina baisan Ma'am.”*

(Our shanty seems to collapse when they fight. My mother would fight back. She's also brave. They bicker over many things.)

The frequent and violent encounters brought fear and eventually trauma to the children. Having enough of the abuse and beating, the wife left together with the two younger girls. The husband and the three boys remained.

In the first meeting with the doctor, it was surprising that the psychiatrist diagnosed the father with depression, too. He was always irritable, ill-tempered and became rude with no apparent reason at all according to the participant. This description of the father reflects the psychiatrist's diagnosis. The wife's decision to leave her husband made matters worse. The father felt lonesome, hopeless and worthless that he even went to the extent of attempting suicide.

*“Pagpuli ni Mama sa ila sa Manila, nagsako nagid pahubog ni Papa. Pirmi lang siya akig sa amon. Teh mga manghod ko nag-untat eskwela kag nagbarkada. Pirmi lang sila gab-i gapuli. Ako lang pirmi upod ni papa sa balay kay wala sila. Ako ya kada gab-i, indi ko katulog. Amo gid ni pinakaprotekta ko halin pa ni sang elementary ko. Bisan anhon ko, indi gid ko katulog. Damu gasulod sa ulo ko. Indi ko ma-control. Kapoy na gid ko. Teh kis-a sige lang ko sulat mga songs.”*

(When Mama decided to go home to their place in Manila, Papa's drinking got more frequent than before. He was always angry with us. So my younger brothers stopped schooling and got involved with gangs. They always went home late at night. I was Papa's constant companion at home. Every night, I could not sleep. This has been my most serious problem since my elementary grades. I couldn't sleep no matter how much I try. Many things bother my mind. I couldn't

control my thought. I'm exhausted. Sometimes, I kept writing songs to feel sleepy.)

When asked if he felt the love of his father, the informant said:

*“Palangga ya man kami. Galing pirmi lang siya hubog kag akig. Indi siya expressive sang iya feelings sa amon.”*

(Well, he also loves us. Only that he is always drunk and angry. He is not expressive of his feeling to us.)

### **Symptoms of Depression**

The constant bickering and violent fighting of his parents caused trauma to Kent. This was worsened when his mother left them (three boys) in the custody of their abusive father. Kent was tagged as “weird” in school because he was quiet most of the time and whenever he opens his mouth, he would utter hurtful words to his classmates. He was often absent in school so much so that most of the time his father had nothing to give for his allowance. When present in school, he would prefer being alone; no one wanted to befriend him most specially that he was untidy, quite smelly and had unkempt hair. He had trouble sleeping at night because of intrusive thoughts that bothered him, and lost interest in coming to school. He had an unsent text that says, “SUICIDE NEXT WEEK” which was discovered by his father.

Depression is often subtle. Before someone seeks medical help and receives a definitive diagnosis, their symptoms may masquerade as other issues, ranging from a poor attitude or alcohol abuse to a sleep disorder or an eating disorder. Behavior that may seem strange can actually be a sign of a more serious problem. Part of the difficulty in recognizing depression is that it can manifest in so many different ways (Meyers, 2015). Some people with depression may become aggressive, irritable, and even abusive. Others may simply become lethargic, anxious, or restless. Depression may also cause people to become more withdrawn or to become less interested in activities they once enjoyed. They may even express feelings of guilt, hopelessness, or worthlessness. Any of these behaviours may be evident in men or women who experience depression.

Depression ranges in seriousness from mild, temporary episodes of sadness to severe, persistent depression. Kent was diagnosed to have suffered clinical depression. “He showed symptoms more of a clinical depression. He felt sad, tearful, empty and hopeless

most of the time. He had episodes of angry outbursts and irritability or frustration even over small matters,” underscored by the psychiatrist who diagnosed Kent.

Clinical depression is the more severe form of depression, also known as Major Depression or Major Depressive Disorder. It is not the same as depression caused by a loss, such as the death of a loved one, or a medical condition, such as a thyroid disorder.

To diagnose clinical depression, many doctors use the symptom criteria for Major Depressive Disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM- 5), published by the American Psychiatric Association (Hall-Flavin, 2017). Signs and symptoms of Clinic Depression may include: (1) Feelings of sadness, tearfulness, emptiness or hopelessness; (2) Angry outbursts, irritability or frustration, even over small matters; (3) Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports; (4) Sleep disturbance, including insomnia or sleeping too much; (5) Tiredness and lack of energy, so even small tasks take extra effort; (6) Reduced appetite and weight loss or increased cravings for food and weight gain; (7) Anxiety, agitation or restlessness; (8) Slowed thinking, speaking, or body movements; (9) Feelings of worthlessness or guilt, fixating on past failure and self-blame; (10) Trouble thinking, concentrating, making decisions and remembering things; (11) Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide; and (12) Unexplained physical problems, such as back pain or headaches.

Symptoms are usually severe enough to cause noticeable problems in relationships with other or in day-to-day activities, such as work, school, or social activities. Clinical depression can affect people of any age, including children. However, clinical depression symptoms, even if severe, usually improve with psychological counselling, anti-depressant medications or a combination of the two.

At school, Kent showed very remarkable symptoms of clinical depression. He was often absent: *“Tambay lang man ki-a sagua; computeran or tulog sa balay,”* (Just sitting around outside, computer shops or sleeping at home.) He lost interest to go to school and when he was in school, most of the time he was not in his spirit. Often, his teacher would notice him that he was not in focus. He easily got lost and easily irritated too. One time, he just blurted out, shouted, *“Kagahod!”* (Noisy!) angrily in the middle of the class when everyone else was discussing about an exciting topic. Everybody was surprised because Kent was

known to be quiet and the shy type.

To complete the diagnosis and analysis of Kent for a better remedy, the child's father was also interviewed. According to the Father, it was very difficult for him to accept that his wife left them. He was in total shock. He explained that poverty has been the principal cause of all his troubles. He narrated that his earning as a skilled carpenter was not enough to sustain his family's needs, especially when all his children started schooling. He sometimes feels useless and irresponsible, and liquor had been his last resort to momentarily forget his problems. He also said that if he had no money, he was greatly bothered and his way of coping is through liquor. He and his wife did not understand that the behaviours exhibited were symptoms of depression. He even said that "I stopped going to church." When asked about other indifferent thought that came to his mind, he simply answered, "I thought of committing suicide to end it all."

### ***The Intervention***

After a series of interviews and observations with Kent and his father, the researcher knew that Kent needed immediate help. She arranged a consultation visit to a psychiatrist for Kent and his father.

The father was very willing to help the child but admitted he does not have the financial resources to seek professional help. Hearing it, the researcher assured him that she would handle all the expenses to which Kent's father showed reluctance to accept at first, but with the researcher's explanation of the urgency and seriousness of Kent's situation, he agreed.

The researcher accompanied Kent and his father to the psychiatrist. Surprisingly, the doctor made diagnoses to both father and son – Depression. The father realized that Kent's unusual behavior and his own uncontrollable temper and thought are indeed caused by depression. As a result, both of them were prescribed to take anti-depressants until they get well.

The doctor conducted psychotherapy with Kent every follow-up session. With the counselling and all the support of some of his teachers having understood his problem, made him feel loved and cared for, something he was deprived of in life.

The researcher looked for a sponsor to finance all the medicines of Kent since the father could not afford to do it. The subjects' activities, emotional state and mental status were closely monitored every day. The table below outlines the details of the counselling session as intervention.

Just after three days from the first visit with the doctor and caring gestures of the researcher, Kent showed much difference. Very positive results were achieved. He said he could sleep very well from then on and consequently his countenance would glow. He became very gregarious, happy and a bit talkative. At home, he said, his father also changed. He said his drinking was reduced to once a week instead of daily. His father likewise started cooking food for them and was calm. These gave the participant happiness which contributed to his feeling good.

Kent was never absent in school and became more inspired to let out his talent of song composition. Knowing he had this talent, the researcher gave him a guitar which helped him redirect intrusive thought to creating music.

He did not become an honor student but his grades were all high. He beamed with happiness when some of his teachers gave him gifts during the moving-up ceremony. He expressed enthusiasm in going to school and succeeding in life. He said he wanted to be a seafarer to help his family on financial matters later on. His father gave up drinking and had improved in his parenting style. A talk between Kent's father and mother has been in progress most especially that the latter would always call to monitor Kent's situation as she was also worried having learned his health concern.

The medication and psychotherapy are still going on. The doctor said that he's quickly recovering.

### **Conclusion**

This case study aimed to diagnose the causes of Kent's depression and provide necessary remedies on how he could cope with it. The information that the researcher gathered was based on the accounts of Kent and his father and on the diagnosis of the psychiatrist.

After the analysis of the case, psychotherapy and anti-depressants were recommended to both Kent and his father. The therapy would last until complete healing is ensured. Follow-up sessions with the psychiatrist, in the form of consultations, are still ongoing. The researcher monitors the participant's medicine intake.

The result of this case study-action research was very successful. Psychotherapy, anti-depressant, counseling, love, and care of teachers and parents, and prayers were once again proven to be some of the best therapies for depression as long as the patients have

the will and commitment to change towards making things better.

The researcher recommends that teachers should be genuinely second parents to students by becoming sensitive and sympathetic to their students. Love and care work like magic in alleviating a person's condition and serious problem.

Going a long way beyond what is expected of a teacher is not easy, but if done well, is heroic.

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