Review Article

“TODAY, I HAVE A REASON TO LIVE”: EXPLORING THE LIVED EXPERIENCE OF WOMEN MDD SURVIVORS

Afifah Idris*, Noremy Md Akhir, Mohd Suhaimi Mohamad, Norulhuda Sarnon
Department of Psychology, National University of Malaysia, Selangor, Malaysia

Abstract

Depression is estimated to be the leading cause of disease by 2030 and is already the leading cause in women worldwide. In Malaysia, nearly 2.3 million people have experienced depression at least once, yet this problem has not been thoroughly investigated and addressed. Hence, a study exploring the lived experience of the survivors needs to be investigated. This study focused on the women Major Depressive Disorder (MDD) survivors to understand their journey of recovery. Survivors or also called ‘People with Lived Experienced’ have a range of first-hand experiences with treatment and recovery, making them an expert by experience. Four women with MDD were selected by using purposive sampling, and in-depth interviews were conducted before analyzing using thematic analysis. This qualitative study has found four major themes with fifteen subordinate themes: survivor’s efforts, challenges, social support and hopes. Then, the findings of this study were integrated with CHIME framework known as the guiding philosophy of recovery for mental illness patients. These findings contributed to a better understanding of the recovery process and supports needed for MDD patients to recover. In addition, this study also proved that patients with MDD could recover. Therefore, it breaks the social stigma that is still prevalent in the community. Based on these first-hand experiences shared by the survivors, it is hoped that the present interventions conducted by related organizations and caregivers can yield improvements so that the current patients who are still struggling with MDD can recover faster holistically.

Keywords: Lived Experience, MDD, Survivor, CHIME Framework, Women, Expert Experience

Introduction

Major Depressive Disorder (MDD) or better known as clinical depression is a chronic illness that contributes significantly to disease burden [1]. At its worst, depression can lead to suicide. Every year, over 700,000 people die due to suicide, and it is the fourth leading cause of death for people aged 15 to 29 years old. Referring to the National Institute of Mental Health (NIMH), the prevalence of major depressive episodes in 2020 was higher among adult females (10.5%) compared to males (6.2%). In addition, 10% to 25% of women and 5% to 10% of men are at risk of having MDD once in their lifetime [2]. Depression is estimated to be the leading cause of disease in 2030 and is already the leading cause in women worldwide. World Health Organization (WHO) estimated that 35% to 50% people from developed countries and 79% to 85% people with severe mental health problems from developing countries were not receiving any proper treatments from the mental health providers. Reasons behind these situations are due to the lack of resources, lack of trained health care providers and social stigma associated with mental illness [3]. In addition, individuals with depression are often not diagnosed accurately, and individuals who rarely experience depressive disorder have been misdiagnosed and given anti-depressants.

In Malaysia, depression has affected nearly 2.3 million people, but this issue has not been fully explored and treated. Referring to the national health and morbidity survey in 2019, about 2.3% or half a million people suffer from depression, with most patients being women (2.6%) compared to men (2.0%). High stress among women occurs due to various responsibilities that need to be performed. This situation is common in urban areas where working women must carry out and adjust tasks at home and office. It was shown that nearly one-fifth (18.7%) of working women struggled to strike a balance between their roles at home and work [4]. Additionally, some women also play a significant role as informal carers because they have to look after the younger members of the family as well as the elderly and disabled family members. Some are even single mothers who are forced to bear
greater stress, especially after being left by the husband [5]. This condition has indirectly caused a heavy mental burden among them in the long run. Other factors include stress before and after childbirth (prenatal and postnatal), physical and sexual abuse as well as violence committed by couples. Due to its high prevalence and morbidity factors, depression has become a popular research topic in Malaysia.

Depression can cause the affected person to function poorly at work or in the family setting, feel worthless and guilty, lose interests or pleasure in most or all normal activities and many other symptoms for a duration of at least two weeks (DSM-V). The journey for recovery for each patient is different. It is a complex and time-consuming process. There are some people who recover quickly, and there are others who need more time. Not only the patients with MDD must take their medicines to heal, but also the type of assistance they receive is crucial. When mental illness was first treated, the focus of professional care was on the psychosocial aspects of treatment [6]. Today, the recovery does not solely concern with the symptoms or signs reduction. The idea of recovery today encompasses social and personal procedures in which one's internal issues are resolved together with their reintegration into the society.

Researchers have extensively addressed the causes and effects of these mental diseases in several studies that have been carried all over the world. Most of this research are based on clinical reports as well as worries about the stigma that people with mental illnesses experience. However, it is difficult to find data on the experiences of women MDD survivors particularly in Malaysia. When discussing the problems of depression and the actions that need to be taken to hasten the recovery process, the survivors or also called the People with Lived Experience (PWLE) should be engaged. They are the experts by experience who have various personal experiences with respect to mental illness, services and rehabilitation, and participated in the design delivery of mental health services [7]. Therefore, the main aim for this study was to explore the women survivors’ experience. It is very crucial for everyone to understand their life experiences to help current patients who are still struggling with MDD. With the increasing numbers of depression due to the current COVID-19 pandemic that leads to more emotional pressure, it is hoped that the findings will help to reduce the statistics of MDD in future, as well as the social issues related to depression.

**Literature Review**

**Research Design**

This was a narrative, qualitative interview-based study that sought to explore the lived experience of women MDD survivors. Narrative research is the procedure used to comprehend a person's experience over time in a specific location or locations, and in social contact with the environment [8]. The survivor’s recovery from depression was measured based on the reduction in depressive symptoms that occurred over a relatively long period of time or that showed only mild symptoms. According to DSM-V, a minimum of two months of having no relapse and no significant symptoms can be considered as full remission of depression. As studies showed that MDD and stigma associated involved more women aged 55 years old and below, the survivors were all from that age range. Four women survivors named as Mrs. R, Miss M, Miss S and Mrs. T were selected by using the purposive sampling techniques and were in-depth, one-to-one interviewed. The inclusive criteria for all informants included: (i) having experiences being diagnosed with MDD by psychiatrist; (ii) relying on low-dose medications or having been freed from any medications; (iii) not experiencing relapse for at least two months before the interview; (iv) being aged 55 years and below and (v) able to speak and understand Malay or English language [9].

**Procedure**

Ethical approval for the study was given by the research ethics committee of the national university of Malaysia (JEP-2020-565). Before conducting the interview by using semi-structure questions as a protocol of study, each informant received a briefing about the study's purpose and the confidentiality of the data. They also had the rights to withdraw at any time if they no longer wanted to continue with the research. The written informed consent was obtained from all informants before conducting the interview. The interview was done in eight sessions (approximately one hour each session) which took place at the informant’s house and by video call.

Data collected were then transcribed and analyzed by using the thematic approach described by Braun and Clarke for analysis.
process [10]. According to this approach, there were six steps to be followed:

- Become familiar with the data
- Generate initial codes
- Search for themes
- Review themes
- Define themes
- Write-up

Demography of Informants

This study involved four women survivors who had been diagnosed with MDD between three and 17 years named as Mrs. R, Mrs. T, Miss M and Miss S. The factors of the MDD occurrences were different from each other. For Mrs. R, the factors were lack of attention from her parents since childhood, often being differentiated with her siblings, abusive relationships and genetics. For Miss M, the difficulty to accept the death of her parents, genetics and educational stress were the cause of her suffering from MDD. Miss S, who was the youngest survivor in this study, suffered from MDD due to bullying and often being embarrassed by the teachers at school. As for Mrs. T, she was not sure of the main cause for her MDD because she had no genetic factors or history of trauma [11].

Results

The present study revealed four major themes with 15 subordinate themes that highlighted the lived experiences of the women MDD survivors. These major and subordinate themes are discussed as follows (Table 1).

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Survivor Efforts

Recovery from MDD depended on the survivor’s own efforts. Among the efforts by the survivors were to have a good coping skill, get help from health services, complete task one by one, and take care of the food intakes, sleep and emotions [12].

Good coping skills: For Mrs. R, she had some coping skills that helped her through her recovery process. Coping skills that helped her most was by writing about her illness on the social media site, especially on Facebook. As she started sharing, her family members started to find out about her illness and stories on Facebook. According to Mrs. R:

Writing had helped me deleting bad memories in my brain. When I did the writings, it seemed to help remove the unwanted things that I did not want to remember, and those things made my brain feel free.

Despite getting criticism, Mrs. R still continued her sharing [14].
I don’t want people to take many years to get help like me. I know that I’m sick, but I denied. I got married, and had postpartum depression. I’ve beaten my children to the point of wanting to drown my children. I don’t want people to feel the bad things I’ve been through them. That’s why I wrote. I don’t care about what people say. I know what I want to convey to the community.

Like other survivors, Miss S also had her own coping skills when she felt her mental health was compromised. According to her:

I listen to songs... I clean the house... (Miss S)

According to Miss S, listening to the songs can help her emotions to recover [15].

Help from health services: Apart from having good coping skills, the recovery process is also aided by the help from health services. When Mrs. R was initially diagnosed with MDD, she was referred to an Occupational Therapist.

I had four appointments. First, I was given the DASS test, then it was more about storytelling. Then, it was massage therapy. Then, there was aromatherapy. Then, the last time I remember, the therapist told me to lie down, the lights were dimmed, music was played, I heard a sound of waterfall, the sounds of birds... From there I understood how the grounding technique worked. We need to focus on the surrounding, not what is on our mind.

For Mrs. T, apart from the support from family members and her friends, her recovery depended a lot on the medications. According to her, Mrs. T believed more on the medical aspects to speed up her recovery process.

Hospital medicines are more helpful than traditional medicines.

Mrs. T has also sought treatments at four different places for her recovery process. According to her:

I went to therapy at four different places. Two at government hospitals, one at a private hospital, and another one at university’s hospital.

Just like Mrs. R, Mrs. T also has been taught relaxation techniques, especially when having a panic attack. According to her:

For example, if we are having panic attack, the therapist taught us to do deep breathing.

Completing one task at a time: When the researcher asked Mrs. R regarding the important components needed for depressed patients to recover, she asserted the most important thing was to learn to ‘do it one by one’. According to her:

Honestly, if I say it all, people will feel heavy. Like myself, as a patient, if I listen to a talk, and that individual tell me to take care of everything, I feel like…. I can’t. Because I once went through a phase of depression that made me feel lazy. So, I learnt to do one by one.

According to Mrs. R, as a patient suffering from depression, sometimes she found it difficult to get up on a daily basis, let alone to do daily chores. Therefore, she learned to solve something one by one or little by little.

As a patient who has experienced a phase of feeling lazy to live, my advice is try to settle one by one. Like me, I learn by getting up early. When I can get up in the morning, I learn to set small goals. Then, I learned to cook. At first, I try to cook one dish only. Then I tried to cook rice with fried fish for example. When I see everyone eats, I feel happy. Only after that I learn to add dishes. So, when I was able to wake up early in the morning, I learnt to do other things too. So, everyday, I have a goal to achieve.

Like Mrs. R, Miss M also emphasized on solving one thing at a time in an effort to recover from depression. According to Miss M:

During the latest relapse, I couldn’t really afford to do anything. It’s just that God gave me the power to do back what I liked to do before. For example, I have learned about 99 names of Allah. But I only remember one name (during relapse). So, I recited it the whole time. I couldn’t afford to get up, but it’s ok. I just recited it while lying down.

Taking care of the food intakes, sleep and emotions: Mrs. R also stressed the importance of taking care of the daily food intakes and bedtime. In fact, Mrs. R also limited her screen time in an effort to maintain her mental and physical health. According to her:

You have to take care of the daily nutrition and sleep. People are always taking easy about sleep. Need to keep track of screen time as well.

The same thing was also voiced by Miss M. According to Miss M, she now had no problem or not experienced bad affects if she forgot to
take the medicine. According to her, her recovery factors also depended on her nutritional, emotional and sleep patterns. No problem (if forget to take medicine). You got to take care of your emotions and food intake (nutrition) and have enough sleep. That’s all.

**Challenges**

The survivors have also experienced various challenges during the recovery process. Among the challenges that they faced were the acceptance of family members after being diagnosed with MDD, social stigma, struggle against self-stigma and the challenges of starting a new life.

**Acceptance of family members:** For Mrs. R, the first challenge she had to go through was the acceptance of her own family members when they found out about her illness. After her first sharing went viral on the social site Facebook, her mother did not want to communicate with her. Mrs. R also was deeply saddened by the words of her father’s family members, who accused her father of having been reckless in carrying out his responsibilities as a father. According to Mrs. R:

> My mother said, when I got an invitation to go live on television and talk about my depression, my father's side started to talk about me on their WhatsApp group. My mother told me that she had never seen my father look very sad. Not long after that, he got a call from his sibling. They said, “what are you doing with your daughter? You don’t know how to take care of your children.” When I found out about his, I was very sad. Because for me, this is only one factor (among other factors that caused depression).

Her sharing on television and Facebook also made the relationship with her mother better although it took some time. According to Mrs. R, her mother has begun to understand her daughter’s illness.

So, one day my mom came to my house. We both hugged and apologized. And I think the main core that made me depressed is gone. And my health is getting better after that. (crying)

**Social stigma:** For Miss M, the stigma from her own family was her biggest challenge during her recovery process from MDD. Her family members were more convinced that her illness was the result of saka (a mystical related illness believed for generations by most people). According to Miss M:

> For example, my siblings may understand, but not my uncles and aunties. They don’t understand until now. They still believe in the saka thing. So, this thing cannot be solved if they still believe in the mystics.

The stigma against depression was also still growing. According to Miss M, the common stigma she received was:

> There is no cure for this disease (laugh). (Miss M) The problem of stigma also happened to Miss S. According to her:

People say depression happens because we don’t pray. Many people feel that this thing (depression) does not exist.

Mrs. T also informed about the stigma among health care workers that she had gone through before. According to her:

> Like me, I’ve been before this many times... like previous relapse, I went to XXX clinic. There, the staff asked me “Are you not praying? If not, why are you feel like committing suicide, right?” So, I feel like the staff themselves need to be educated.

**Struggle against self-stigma:** For Mrs. R, not only she had to face social stigma from the family and society, but also she could not escape from the self-stigma she felt. According to Mrs. R:

> It’s just hardest when…for me, when I started to feel better and saw the rhythm of wanting to be healthy, but then, I felt I was a loser. I spend much time on Facebook (doing sharing), but sometimes I will indirectly judge and differentiate myself from others. As a result, it affects my mental health.

According to Mrs. R, sometimes she wanted to stop writing on Facebook. But she did not want all her previous sharing to disappear if she closed her Facebook account. She was also aware of her responsibility to educate the community about mental illness. According to Mrs. R:

> I feel like I want to close (Facebook). But at the same time, I have a responsibility to society. My way of helping and educating is by sharing. If I deactivate my Facebook, all my writing will be lost.

According to Miss M, she also had self-stigma due to the social stigma she heard.

The stigma that said we’re crazy. We can’t recover. No one else is sick like me. It’s only me.
For Miss S, she also had self-stigma against the illness she suffered before she was diagnosed with MDD. According to her:

I feel like...crazy...I remember I was very sensitive... Apparently what I felt... was a disease...

**Challenges of starting a new life:** In addition to facing criticism from family members and community, Mrs. R biggest challenges was to start a new life. According to her, when her mental health showed improvements, she had to face difficulties to continue her life because she was heavily depending on her husband in daily life when she was sick. According to Mrs. R:

Frankly speaking, I wanted to go out to work, but I did not know what to do. For example, when I got an invitation to something, it’s actually my husband who took care most of the things. He will tell me what I should do. He will say “R, you need to ask for invitation letter as a speaker”, “R, you need to ask for quotation”, “R, you have to do this, that...” My husband is the one who encourages me a lot, especially in terms of technical support.

She added, she was afraid to shoulder a responsibility. According to Mrs. R:

Because I used to be in a phase where I did not want to do anything in life (when relapse), now I’m learning to take responsibility. But, I do not dare to do many things at once. (Mrs. R)

She then added:

It was my husband who taught me to look for solutions, not problems. But, it took me three years to finally taught my brain to always think about solutions whenever problems occurred. Before this, if I was angry with my child, I would make a fuss. But, I see that my children will still make the same mistake. I just realized that they didn’t understand. For example, when they spilled water, I would be very angry. I would say many bad things to them. Then, I realized, if they spilled water, I just asked them to take cloth and wipe it. Settle. That’s the best solution.

**Social Support**

According to the survivors, their recovery process depended on the several aspects, namely good care by the caregiver, support from other family members, indirect assistance from others and efforts in seeking alternative treatments.

**Good care by the caregiver:** For Mrs. R, she was very fortunate to get an excellent care from her husband. According to Mrs. R, despite being beaten before, Mr. K, her husband, still took a good care of his wife. In fact, Mr. K never once abused Mrs. R throughout their marriage, especially when Mrs. R’s mental health deteriorated. According to her:

After I gave birth to my first child, I had postpartum depression. I could feel that I did not like my baby. I felt like it’s hard to take care of the baby. I used to rage, I hit my husband, I kicked him. That’s not normal right? Usually, I raged when my parents were asleep. So, my husband was the one who saw my true colors.

According to Mrs. R, she was once asked by a psychiatrist to be warded while going through a severe relapse episode. But, on her husband’s assurance, the doctor allowed Mrs. R to go home and be cared for by Mr. K. According to her:

I should have been warded. But, because the bed was full, and I had a baby to breastfeed, on my husband’s assurance, I took a very high dose of medicine, and I was like a living corpse for two weeks at home. I just slept all the time. During that time, my husband was a very tired person. Before he went to work, he would prepare the breakfast. At 10 o’clock in the morning, he would come back to bathe the kids and went back to work. At 12 o’clock, he would buy lunch and sent to us. At 5 o’clock, he would buy food for dinner, bathe and take care of the kids. I just lied down. Slept.

As for Miss M, she also received a good care from her brother, Mr. I, and his family from the beginning knew about Miss M’s poor health. Miss M also shared how she was taken care of despite being warded in the psychiatric ward. Her brother would commute to the hospital almost every day to feed and ensure that the care by the hospital to Miss M was done well. According to Miss M:

Although I have been warded, my brother would come every day. He would come to bring the food, and I would eat with him with his wife and his children. In another aspects, it’s harder for him because he worked as a security guard at a school. After work, he would come to the hospital. That was his routine every day. Only then, he could sleep after seeing me. He also gave some conditions to the ward if they wanted to detain me. He told the doctor and nurses to bathe and feed me, every day, just like how he would take care of me at home.
Support from other family members: Mrs. R was also lucky to have the support from her eldest sister, especially after learning about her MDD. According to Mrs. R:

My brother, he’s more silent. Because yeah, man… he doesn’t have many things to say. So, when we meet, we chat as usual. But my sister, maybe because…emm… I am the only sister, when those things went viral (Mrs. R’s sharing about her illness on Facebook), my sister was so shocked, but she had no condemnation.

Since that day, her sister has helped Mrs. R a lot in managing her daily life, especially in her business.

So since then, she has given a lot of support. I started selling biscuits. At that time, I was pregnant and living on the 4th floor of apartment. My sister will help me pick up the biscuits, take order from her officemate, and help me with sales. Not only that, when I did an online class (teach photography), she will be in that group. She will ask a lot even though she knows already.

For Mrs. R, her sister’s involvement in her photography class made her feel loved and cared. Her sister has provided a lot of emotional and spiritual support.

Mrs. T’s parents have taken the initiative to do Islamic medical treatment. Even though it put some pressure on Mrs. T, but seeing her mother’s efforts, Mrs. T complied with her mother’s request. According to Mrs. T:

There are many places that we went. It’s a bit tense for me. Because when we met the ustaz (Islamic named for Muslim faith healer) he would judge me and told me to stop taking the medicine. So, that added more pressure.

Indirect assistance from others: Miss M has also undergone spiritual treatments as one of the recovery processes from depression. She has been involved with this support group since 2018. According to Miss M, her friend she met through this support group helped her a lot and most importantly, understood when she was under stress. According to Miss M:

There was one time when I shared a room with Mrs. W (her friend from the support group). Mrs. W has already slept that night. But, I couldn’t. I cried and sobbed. It was 3-4 o’clock in the morning. Mrs. W then realized that I was crying. She then asked “M, why are you crying? Are you sick?”. Then I said, “No. I’m ok”. Then Mrs. W asked, “Is there anything you want to share with me?” Those questions were like a medicine for me. I felt relieved.

As for Miss S, when she was at school, the school counselor helped her a lot, especially when she felt uncomfortable in class, and she could feel that there was something that would trigger her illness. According to Miss S:

Sometimes, if I felt uncomfortable in class, I would go to the counselling room. She (Counsellor) would tell my teacher about my conditions. She explained to the teacher that I couldn’t study like other students.

According to Miss S, her counsellor would text her mother to asked about her condition. She said:

The counsellor sometimes messaged my mom to ask about me.

Hope

When discussing the issues related to mental illness, the survivors have expressed their expectations for self, family, community as well as for healthcare workers and service providers.

Expectation to self: For Mrs. R, being able to speak in front of many people was a hope placed on her. According to her:

My hope is one day I could speak in front of many people like in Ted Talk. I have that vision. But I realized, my biggest anxiety right now is speaking English. I can speak English, but with broken grammar.

According to Mrs. R, when she was able to speak in front of many people, it was satisfying to her.

I hope I can go to the international stage, not only talking about awareness, but also serving the community since it is my life satisfaction.

She then added:

And my dream is, one day I can live just like a normal human being and benefit others. Hopefully, when I die later, there is something I can leave behind. Wow. How big is that dream!

Expectations to family: Miss M also placed some hope for her family. She wanted her family members to have the same feelings as her, which was to be grateful for the test (illness) that God has given her. According to Miss M:
Before this, there were those who felt the stress of taking care of me. But of all their sacrifices, I hope they will feel blessed, just like how I feel. I hope by taking care of me, they know that God has taught them something. “There were many favors and lessons I got by taking care of my sister.”

**Expectations to community:** According to Miss M, the stigma occurred because there was a lack of empathy in society. She hoped that society would put an effort to understand about mental illness.

Stigma of people who think they are healthy, rich, knowledgeable. Hence, these people are lacking empathy.

Like others, Mrs. T also hoped that the stigma in society about the patients and mental illness could be reduced or removed. This is because, according to her:

"It is the stigma that actually makes the patient’s conditions worse."

**Expectations to healthcare workers and service providers:** Mrs. R hoped for more therapy sessions for mental illness patients. For her, the therapy was very helpful during the recovery process. Unfortunately, not many therapists are available at this point. According to Mrs. R:

“I think the role of psychology students or other people who have skills in these things are to do the therapy sessions, where patients can come and enjoy the therapy. For example, I have seen a counsellor who does the art therapy. Patients will go there and do the art. And the counsellor will then try to tell the story from the art. For example, if the patients use a lot of dark color, maybe he is currently depressed about something.

The same thing was also voiced by Miss M. She also agreed that therapy was one of the ways to recover from mental illness. But according to her point of view, she needed more spiritual types of therapy especially for Muslims.

Patients need therapy. Examples in terms of Qur’anic verses.

**Discussion**

Even with the different factors, this study found that MDD patients were able to recover from their illness. In order for mental illness patients to achieve recovery, Leamy et al. had identified five processes comprising of connectedness, hope and optimism, identity, meaning and empowerment. It is better known as CHIME personal recovery framework.

Connectedness or having contact with the outside world is very important for mentally ill patients to recover. However, to be connected while struggling with depression is not an easy process for the patients. The majority of the survivors say that their depression is related to the feeling of isolation and loneliness. In this study, all of the informants were lucky enough to get support from their caregivers. This situation was related to Richardson and Barkham study, in which caregiver’s social support was crucial for the patient’s ability to recover from mental illness. All of the informants have been receiving full social support from their caregivers, making them not feel isolated and proving that they are loved by the family. The survivors have been doing activities together with their caregivers such as gardening, sewing, sports and religious activities. Having a good relationship with family is very important because family is a source of material and emotional support to mental illness patients. In this study, Mrs. R’s mental health has been improving a lot since her mother began to reconcile with her after her writing went viral on social media, sharing about her journey being an MDD patient. According to her, a good relationship with her mother is the most important factor in her recovery from MDD, leading her to have a more broaden social life after. Now, most of the survivors has been invited by a number of programs related to mental health awareness to talk about their journey.

Hope and optimism were very prominent throughout the interviews. All of the survivors expressed their hope that they would fully recover, and the dose of medication could be reduced. In addition, they really hoped that the stigma could also be curbed. This finding was in line with a systematic review which reported that individuals who thought about their future would strive to achieve their dream based on two orientations: Motivation (cognitive desire) and planning (ability to plan). As Bird et al. showed, hope was an important domain for most individuals especially during the early stages of recovery, where at this point, there was an increase in hope for many mental illness patients after going through a phase of despair. Hope, according to Favale et al. can be seen as the beginning of the healing process, and it provides a crucial foundation to accomplish a goal.
The creation of an identity to find the strength and capability in reaching personal goals is intimately linked to the recovery from mental illness. For most people, redefining or restoring good thoughts about oneself is the key to healing. Additionally, it is believed that the recovery process involves the discovery of a "new self" or some other sorts of identity modification. According to a study by Apostolopoulou, et al., the respondents found that their sense of identity and self-worth were strengthened by their return to control over their lives, the assumptions about responsibility, the perception that they were contributing members of society, the restoration of normalcy, and the restoration of employment. This was in accordance with the current study. The survivors have begun being active in the community. Although at first, they did not believe in their abilities, they managed to prove that they were capable of performing given tasks. Even though it might appear as a small success by most people, for them, it was a big and worthwhile success, especially after recovering from MDD. Even if the idea of identity is thought to overlap with other recovery concepts, it is inextricably linked to the healing process.

The process by which people: (i) regain a more meaningful life, (ii) comprehend mental illness and the challenges that surround it, (iii) make the transition to spirituality to form a framework of understanding and explanation of their lives and experiences, (iv) seek an active role in society, and (v) strive for the well-being of life is what is meant by the concept of meaning in the CHIME personal recovery framework. The survivor’s participation in activities and hobbies is seen as their driving force in daily life that is described as an empowering experience, giving a long-lasting impact, not only while doing those activities. In fact, survivors can use the moment to be more creative and as a “reference point for life in general”. This concept of meaning gives the survivors an experience of extraordinary joy or achievement. This is due to the fact that it enables the survivors to enter a free zone where they can give lesser attention to negative thoughts or feelings of loss by giving their lives a new purpose. While most depressed patients will use avoidance coping strategies and try to comprehend what is happening to them, it will make them feel emotional unstable. Therefore, for MDD survivors, reconstructing purpose into life after recovery is very crucial.

Empowerment refers to the process through which a person reclaims control over his or her life, accepts personal responsibility, and makes investments in or incorporates positive factors into their life. This idea of empowerment emphasizes the capacity for self-care and planning the daily activities. The ability to take care of oneself is very clearly shown in the interviews that have been conducted. According to all survivors, they were unable to manage themselves during relapse. Everything was done by their caregivers. But, after recovering, the survivors were now able to manage themselves despite still being dependent on medication. They were also able to organize daily schedule and the activities needed to do every day. As has been shared by all the survivors, they have a reason to live and look forward to each day. This situation can be seen in Mrs. R’s situation where every morning, she was able to organize the activities she needed to do that day. If she feels unwell or is able to identify things that could trigger her mental health that day, she will avoid or stay away from approaching or engaging in the activity. So did the other survivors. Upon recovery, they were able to organize the tasks that needed to be done on a daily basis. This is because, they would self-reflect on their mental health state every morning. This situation has been discussed by Bird et al. on the importance to focus on strength when discussing the concept of empowerment.

Conclusion

The concept of personal recovery in the mental illness aspect was described as a process of altering one’s attitude, values, feelings, objectives, abilities, and/or roles. Based on the lived experience of MDD survivors, the researchers found that the recovery was achievable due to their self-effort, with the strong desire to heal becoming the impetus for them to seek for help. As WHO has estimated that depression would be the leading cause of disease in 2030, it is hoped that these findings would help relevant organizations to improve the current interventions to help those who are still suffering and struggling with MDD so that they can recover faster and indirectly help to decrease the MDD statistics in future.

References


Corresponding author: Afifah Idris, Department of Psychology, National University of Malaysia, Selangor, Malaysia
Email: afifah.idris90@gmail.com

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