



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

Alpha Cristina P. Bolinao^{a*}, Rosalito De Guzman^b

^a*Graduate School, University of Santo Tomas Manila, Philippines*

^b*Faculty, Graduate School, University of Santo Tomas Manila, Philippines*

^a*Email: Alphabolinao@yahoo.com*

^b*Email: rosalitodeguzman@yahoo.com*

Abstract

Depression is an alarming psychological condition among indigenous peoples throughout the world. 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 the indigenous peoples' experiences and the manifestation of their depressive symptoms which are based on the context of their cultural knowledge. The central question that this phenomenological study purported to answer was: How do indigenous peoples collectively characterize their cultural understanding on the impression, expression and experiences of depression? Indigenous peoples attributed depression to pain (*sakit*), suffering (*hirap*) and to endure (*tiis*). 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*), and for the Igorots they 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*).

* Corresponding author.

This study found that there are different depressive symptoms profiles among the three tribes: the Dumagats were more likely to emphasize affective and cognitive symptoms (e.g., mahirap kalooban at mahina ang katawan (*weak-spirited and the body is weak*), nag-alala saan kukuha ng makakain sa araw na iyon dahil wala ng mukuha sa kalikasan (worried where to get food for that day because nature has nothing left), the Aeta experienced somatic and affective complaints (e.g., sakit sa 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 complaints (e.g., walang gana magtrabaho (*lack of motivation to work*), nag-mumukmok o di nakiki-halubilo sa mga pag-titipon (*does not participate in gatherings*). This study recommends an audible call for a culturally sensitive guided intervention for this special population that requires a holistic approach.

Keywords: Depression; Indiginization; Indigenous peoples (IPs); Phenomenology.

1. Introduction

Depression is one of the most common psychiatric disorders presented to general practitioners but rarely recognized particularly in ethnic minority populations. It occurs everywhere and affects members of ethnic groups. The rates of depression are increasing, and the disorder is nearly twice as common among the poor as among the wealthy [33].

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 [19]. Minority group individuals may experience depressive symptoms that are undiagnosed, underdiagnosed, or misdiagnosed for cultural, linguistic, or historical reasons [22].

Depression is a universal phenomenon, yet the expressive ones are largely impacted in one native cultural, social and political history as well as individual experiences [21]. Depression exists around the world, however, we must recognize the ways of understanding the illness, expression of symptoms, and help seeking patterns that may vary across and within different cultural world. Depression is experienced, expressed, and communicated differently in every culture [34].

According to the World Health Organization (WHO, 2012) [34], depression is projected to become the second leading contribution to the global burden of disease by 2020, as well as being common mental conditions across the globe. Within the last decade, depressive experience and disorder has emerged as one of the world health and social problems [23]. As a result of the increased worldwide risk and burden of depressive disorders, it is essential that research professionals improve their understanding of the complex cultural knowledge, issues, and concerns related to this problem and to learn from their culture in order to provide a culturally appropriate method to address their mental health issues [39].

In the context of this study, indigenization brought out different voices and ways of knowing within particular socio-historical and cultural locations and established a local basis for localized social work practice. Such role is reposed to the value of culture as an influence to their coping mechanism in battling unwanted psychological episodes such as depression. Indigenization refers to 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 [30].

Indigenization allows an institution to have a constructive look in the case of a group of people in terms of their socioeconomic and sociopolitical existence [39]. Cultural indigenization is important in mental health practice within various cultural contexts. This is to further human development on the context of their culture without the threat of adulteration from external cultural influences [42].

Indigenous understanding is deemed to be important in furthering this study. In the ascent of indigenization, depression has been a common problem among the indigenous people in the Philippines. This is a valid reason to indigenize psychology *cum* clinical approach towards helping indigenous peoples [24]. In this study, its relevance is noted on the foundation of the indigenous culture as groundwork for looking in the context of their culture to help clinicians in providing an appropriate mental health care for them.

From the perspective of cultural psychiatry, culture influences the sources, the symptoms, and the idioms of distress [32]. These indicate that the cultural background of indigenous peoples play a significant role in the presentation of depression.

The significance of this paper is 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 minority understand, express, and experience depression in the context of their culture.

In order to maintain a mentally healthy indigenous peoples population, it is necessary to understand how ethnic and cultural differences affect the way indigenous peoples present their complaints of depressive symptoms. The analysis indicated 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 legitimate problematic experiences however; it 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 [16]. The reason for doing a phenomenologic research is to describe the meaning of the phenomena under study. It uses the combination of words, language and concept to produce evidence [6]. Phenomenology is a vital field of inquiry enables translation and psychological disciplines. Phenomenological inquiry enables translation to words the human experience and allows mental health practitioners to describe and explore phenomena significant to discipline [18]. This approach aims for a better understanding of the nature or meaning of everyday experiences [36]. The research has implications for more helpful professional and personal approaches in the understanding of the experience of depression among certain ethnic and cultural groups. Likewise, this study aims to render a practical cultural understanding on how the factors are connected with one another, how they perpetuate depression and identify the possible ways to mitigate them.

2. The Research Methods

2.1. Research Design

The qualitative research design was chosen as an appropriate method in exploring the nature of particular social experience and the complexity of human experience lies in the reality that people can and do hold seemingly. The aim of qualitative research is to describe and clarify experience as it is lived and constituted in awareness [38]. It explores in details on how the participants are making sense of their social world and the meaning particularly the experience and events state hold for participants [15].

The researcher chooses the dimension from which to view a phenomenon and attempts to understand experience through the lens of describing experience. In this particular study, the phenomenon being studied is cultural meaning of depression from the lens of the lived experiences of indigenous peoples. Phenomenology is 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” [6]. The basic purpose is to reduce one’s lived experiences into a description of the universal essence [4].

The researcher used interpretive phenomenological approach to explore the indigenization of depression. The researcher attended to the aspects of indigenous peoples cultural behaviors or what people do in their cultural world or 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 important to the participants’ perspectives [27].

2.2. 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 Aplai tribes who migrated to Sierra Madre as self-propelled settlers in early 50s due to peace and order problems when Chico Dam was being constructed.

When Mt. Pinatubo erupted in 1991, the Aetas including other lowlanders from the Province of Zambales, Pampanga and Tarlac also migrated in Palayan City within the Fort Magsaysay military reservation. Both the Cordillerans and Mt. Pinatubo victims now occupied the Barangays of Dona Josefa and Langka inhabited by native Dumagats with nomadic tendencies roaming around the mountain ranges of Sierra Madre within the Province of Nueva Ecija.

Specifically, this study is now focused on the two settlement barangays in Palayan City. Barangay Langka, formerly Kabalugaan being the village of the Dumagats is now the settlement of various ethnic groups from

Cordillera namely the Igorots and other tribes of Kangkanaeys, Ibalois and Bagos.

The second settlement is Dona Josefa (formerly Catmon) that became the settlement village of the Aetas or they preferred to be called “*Kulots*”.

Likewise, the study among the Dumagats who chose to move to Dingalan and Umiray, Aurora Province and at Gabaldon, Nueva Ecija was also considered.

2.3. Selection of the Study and Sampling Design

The researcher used purposeful criterion sampling to select participants who are the 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 study participant’s breadth and depth experiences would assist to qualitatively describe and understand the phenomena of the lived experiences in indigenization of depression. Total of fifteen (15) participants were included in the study. Adapting Reid, Flowers and Larkin’s recommendations for sampling size, this study, being qualitative, had few participants. This is for the reason that qualitative methodology value the understanding of complex human issues rather than generalizability of results [12].

The study will search for individuals who cover 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) 60 years old and above;
- (b) Who were respected people in their community and regarded as having a good knowledge of their culture; and,
- (c) People who were the source of wisdom and pieces of advice.

2.4. Data Measure

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

The second part is the semi-structured interview utilizing the aide memoir to explain the understanding of depression among indigenous peoples lived experiences. The researcher made unstructured guided questions supplemented with the aide memoir to enrich data interpretation. This form of interviewing allows the researcher and participants’ to engage in a dialogue whereby initial questions are modified in the light of the participants’ response and the investigator is able to probe interesting and important areas which arise [15]. To

capture the essence of indigenization of depression, an in depth interview was used as the data gathering technique. Specifically, the following key questions were asked during the interview. (a) How indigenous peoples describe their lived experiences of depression? (b) What are the indigenous ways of understanding depression? (c) How is depression expressed and experienced from ethnic perspective? (d) How do their cultural beliefs and practices affect their impression, expression and understanding of depression?

2.4.1. Study Participants Profile

Table 1: Profile of Participants

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		Dumagat (tagabulos-Baybayin)	Bulos
Anahaw	65	Widowed	Matawe, Aurora province		Dumagat (tagabulosbayabayi)	Bulos
Halimuyak	64	Married	Matawe, Aurora Province		Dumagat (tagabulos-baybayin)	Bulos
Kulasisi	65	Widowed	Matawe, Aurora Province		Dumagat (tagabulos-baybayin)	Bulos
Sibat	69	Widowed	Matawe, Aurora Province		Dumagat (tagabulos-baybayin)	Bulos
Kulapo	70	Widowed	Dupinga, Gabaldon, Nueva Ecija		Dumagat (idimala)	kabuluwen
Mulawin	60	Married	Dupinga, Gabaldon, Nueva Ecija		Dumagat (idimala)	Kabuluwen

Adarna	61	Married	Barangay Langka, Fort Magsaysay, Nueva Ecija	Ilocos and Montain province	Igorot (Bago)	Ilokano and Bago
Amihan	61	Married	Barangay Langka, Fort Magsaysay, Nueva Ecija	Montain province	Igorot (Kankanaey)	Kankanaey
Sibat	60	Married	Barangay Langka, Fort Magsaysay, Nueva Ecija	Ifugao	Igorot (Kiangnan)	kankanaey
Bagwis	65	Married	Palayan City, Nueva ecija	Benguet	Igorot (Ibaloi)	Ibaloi
Bato	66	Married	Barangay Langka, Fort Magsaysay	Benguet	Igorot (kankanaey)	kankanaey

The depressive experiences were examined or assessed 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 and notes to jog the memory rather than a list of questions [9]. 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 about depression; and other significant experiences will be noted and documented. The interview guide helped the researcher assess cultural factors influencing participants’ perspectives of their symptoms and treatment options. It includes 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 [13].

The third part includes story telling that enables the subject to describe the “story” of his/her 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, as research participants are dialogic partners or co-researchers in the study [31]. It is how indigenous peoples experience depression based on their notion of such which is reposed to their language and cultural knowledge. This provides an opportunity for individuals to define the meaning of depression in the context of their culture.

2.5. Data Gathering Procedure

Before conducting the interview to the participants, the researchers first presented an informed consent to the target selections for their approval to participate in the said study. The informed consent was signed by the

participants to confirm their willingness to be one of the participants and assured them that all the data and information gathered will be kept confidential and will not be used in any other purpose other than for the study conducted by the researchers.

For the qualitative methods, focus group discussions, in-depth interviews and story telling 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.

In such context, the researcher 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 wherein the researcher felt the need to explore further the rationale of doing things, such as their living condition, their everyday life experiences. Lastly, pakikipag-kwentuhan was done during the spare time in the activities, especially during weekend time. This method allows the researcher 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 [26].

The setting for qualitative research is the field. The field is the place where individuals of interest live, where they experience life [16]. The inquiry was conducted in their house as preferred by all study participants.

For the study, a series of in- depth interviews were used to gather data and as a source of information. Each co-researcher was interviewed twice and lasted for more than two hours. The researcher visited the community thrice a week that lasted for three months. The first interview is more on establishing rapport, their worldview, and general exploration of the aide memoir. The second interview functioned as a more specific interview on their experiences based on the guide questions. The third interviewed focused on their everyday experiences. The aided memoir was validated by four (4) professional aligned with the field of psychology, two (2) of which were internal and (2) were external. It was then subjected to Filipino translation.

In the focus group discussions, there were three different categories of individuals. These are individuals who were regarded as opinion leaders in the community. They include tribal leaders or chieftain, traditional healers, and indigenous peoples teacher. 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 researcher who also acted as the facilitator. The participants were instructed not to use their real names to keep their responses anonymous and for confidentiality purposes.

The researcher informed the participants of the use of voice recorder to record the interview and took notes during the interview and assured them of the confidentiality of the interview. 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, the recorded data was transcribed. Upon the confirmation of the participants, the researcher conducted the interview based on the validated aided memoir.

2.6. Mode of analysis

Story telling was transcribed verbatim for purposes of text analysis and data validation. Text was read and reread to highlight significant statements and expressions that describe the subjects lived experiences. A story is composed of a beginning, middle, and ends which all require the data to be arranged chronologically [38].

The in depth-interview utilizing the aide memoir was transcribed verbatim using the Interpretative Phenomenological Analysis (IPA) as guiding analysis by Smith & Osborn.

*Firthstep:(Multiple reading and making notes).*The transcript is read a number of times, the left-hand margin being used to annotate what is interesting or significant about what the respondent said. 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 might 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.

Secondstep: (Transforming notes into Emergent Themes at this stage). 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.

Thirdstep:(clustering and represent themes). This step is to produce a table of the 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.

Fourthstep: (*superordinate theme is constructed*). Once each transcript has been analysed by the interpretative process, a final table of superordinate themes is constructed. Deciding upon 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.

Fifthstep: (*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

Step six: The researcher presented this to the peer review process, a process called 'member checking' to ensure validity and trustworthiness of the data. This means the encoded interview and the narrative of their experiences will be 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) [2] 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 [5]. The researcher also used bracketing to identify and limit the researcher's bias about the study. Bracketing is a method that set aside one's assumptions or expectations about the phenomena [40].

2.7. Establishing Trustworthiness of Data

Qualitative research is a subjective, private and the qualitative researcher "promotes subjective research paradigm [17], 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 [1].

In order to develop Trustworthiness of Data, three methods need to be employed. These methods are prolonged engagements, peer debriefing, and collaboration and member checking [41]

2.7.1. Prolonged Engagement

This refers to the need for sufficient time and interaction between the researchers and respondents to build rapport, trust and purpose [5]. The researcher was interacting extensively to observe the community of the three ethnic tribes.

2.7.2. Peer-debriefing

This involves checking and interrogating the researchers coding and dimensionalizing, therefore remains 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.

2.7.3. Collaboration and Member Checking

After data analysis, the final version of the themes and descriptions was reviewed by one member of each of ethnic group. Then, the researchers and peer debriefer were meet and discuss all the themes and related quotes to come up with the final version. In addition, the researcher was presented the initial findings to most of the participating participants for discussion and feedback.

This process serves 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 is conducted.

2.8. Ethical Consideration

There are a number of ethical issues that need to be attended prior to and concurrent with the research being conducted. It 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 is spared in the conduct of this study. All relevant issues are sufficiently addressed. These include: 1.) Respecting for the rights and dignity of participants; 2.) Avoiding any harm to participants; and 3.) Operating with honesty and integrity [43].

In qualitative research study, ethical concerns arise in the recruitment of research participants, informed consent, confidentiality, protection from harm, and deception. It must safeguard the participant’s rights, interest, 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 with a beneficial return.

The participants were given an informed consent that is validated by experts and will 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 [7]. Ethical issues including confidentiality of the interviewee’s identity will be clearly explained before the interview.

To ensure that the participants will not be harmed during the implementation of this research and due to the sensitive issues that may surface during interview session, the researcher undergoes intensive training to conduct stress debriefing regarding the guidelines on how to conduct crisis intervention procedures and how to

manage the participant’s anxiety during the interview. It was also informing them about the immediate availability of professional debriefer, if needed, because of the possibility of becoming distraught due to recalling of distressful conflict experiences.

3. Findings

The list of local idioms of distress drawn from their indigenous lexicons showed a variety of metaphorical representation of how depressive episodes manifest based on their cultural context of illness (as seen in table 1). 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 draw a culturally unique expression of depressive symptoms.

Table 1: Idiom of distress/ indigenous lexicons as the expression of depressive symptoms

LOCAL IDIOMS	LITERAL LOCAL MEANING	OR 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 nagbabaliktad 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 kabuhayan	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
Naglalata 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

Presentation of Indigenization of Depressive Experiences from the lived experiences of indigenous peoples

The findings of the present study suggest substantial cultural differences in the expression of depression. It showed several fold of differences and similarities within the characteristics of depression.

Through the thickness and richness of the descriptions of the participants, three remarkable themes emerged that were grouped into nineteen 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 give support to the view that culture influences the expression of indigenous peoples in depressive phenomenology as seen in Table 2 which has some common roots with Western clinical pictures of the disorder.

Theme 1: sakit/ poverty of the body

Poverty of the mind is a state of deprivation that 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 are widely associated with depressed states and feature 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 are all unexplained aches and pains. These were categorized in somatic domain as stated in their statements such as:

Disturbance of sleep

Dumagat one-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. nagsusuka 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- Inaalislis 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 similar word and the most prevalent complain of depression is distress of body pain pertaining to the daily occurrences of things, unfavorable living conditions and physical illness.

Theme 2: hirap/ 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 melt down. It pertains to the deep seated emotion as a state of sadness and pain.

Distress of the body is 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 use 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 is a state of helplessness that lead 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 mabuhay 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 naglulumoo..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 are “hirap kami” and “mahirap ang buhay... kami ay laging gutom”. It is considered as natural and transient reactions to external stressors. They use familiar terms to make their experiences seem ordinary and normal part of their lives. As essentially 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, inmy 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 difficulties 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 manifested 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, humihiyaw. 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

Aeta1-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.

Acta 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..pagka nakakita ng konti masaya na ng konting biyaya konting pagkaen..babalik na naman iisipin mo nanaman kung papaano kang ginhawa 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.

Acta 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 kang pambili..saan ka kukuha nanaman 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 makapagtrabaho, kung wala kaming pagkain na mahahanap 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 thisway.

Dumagat 2-marami na iniisip, lungkot at galit ang nasa isip at awa sa pamilya.

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

Theme 3: tiis /poverty of the mind

The experience of depression as distress is a reaction to lack of resources and loss of options. However, it is articulated by the participants in distinctive ethnic idioms and interpreted by sufferers. They also include rumination or excessive worry of thinking associated with various problems of living, poverty and anxiety. There were also some distinctive elements to the way in which they describe 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, akoy 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,tsssk,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 kakaisip 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 workingso 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 are 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 sabihin 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, yaung mag-ano hindi ka makakain. Syempre wala ng laman, kundi ka kumakain, sumasakit na talaga. Humahapdi ang sikmura 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 may be 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 who behaved in a strange, abnormal or unexpected way, but do not necessarily has 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-awtawag 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 ngsasalita 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 may express 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 maggamot 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.

4. Discussion

The most affected indigenous peoples on the state of deprivation and hunger are the Aetas and the Dumagats along the mountain ranges of Sierra Madre. The devastating experienced of Aetas in 1991 with the eruption of Mt. Pinatubo and the long period of Lahar flows, they were deprived of their ancestral lands virtually losing their meager resources and lost their families and relatives for so many years they were dependent on government and civic rations and assistance. Cases of malnutrition, hunger and deprivation were noted. Also, various illnesses were observed because of their poor health conditions as victims of such disastrous situations. Some of them even resulted in roaming around reaching even Metro Manila begging for help to augment their limited rations. Others were tried to earn by making bow and arrow, native novelties and some vegetables, root crops, wild birds and flowers that they collect in the Mountains of Central Luzon and Sierra Madre. Even under normal situation, during encountered and immersion some of them just eat meal a day or sometimes rely on what herbs and root crops they collect while roaming around the forest areas. With such cultural practice and because of their experienced as Mt. Pinatubo victims, the Aetas lived in a hand to mouth existence or do not think about their future so most of them even deny themselves of schooling particularly the elders who did not even entered any school so most of them could not read and write. It's good that the young generations are fortunate enough to be awarded of some scholarship from the government and other civic groups and churches that assisted their schooling.

Since most of them lost everything after the Mt. Pinatubo eruption they experienced the feelings of being helpless and some turned mendicants and simply wait for some civic spirited people to visit them and received some relief goods and other assistance. Their minds are 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 again they will be transferred to other place outside of the military reservation. Sadness and pain among the Aetas are common situations because primary concerns and anxieties to them are their insecurities considering that their homelands and farmlands are quite temporary with no security of their stay and tenure in their communities. Some of them are within the military reservation, forest protected areas, restricted mining activities that even up to the present, their claim for ancestral domain have not yet been awarded to them.

While most of Mt. Pinatubo Aeta victims already returned to Pampanga, Tarlac and Zambales, There are still about fifty (50) families who chose to stay within the military reservation and common occurrences of military exercises as well as firing and bomb explosions around their area, and it brought fears and anxieties to them. Their means of socialization are quite limited to drinking spree and small time gambling just to relax and enjoy life no matter what sadness and pain that occurred to them. They also experienced some sort of insults, denials and frustrations in their lovelife because of their small built, curly hair or "kulot" and their dark skin. The Aetas also cited that they were also victims of unfair treatment and bullying.

On the other hand, Dumagats have a nomadic tendency to go from one place to the other areas like 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 making some novelty items for sale. They do suffer deprivation and malnutrition particularly among the senior citizens and children who just rely and depend on their abled family heads and sons searching the mountain ranges of wild animals like deer, monkeys, wild pigs and other foodstuffs available in the forest and ocean and rivers. Hopelessness to them occur everytime a calamity or typhoon occurred because their upland crops are being affected. They are also victims of hopelessness because their former habitats are already occupied by other people and they could no longer harvest their own planted coconut trees in their former areas.

Also, noted that Dumagats confided that they seldom mingle with other people and chose to settle away from other dwellers in the community because they also suffer some insulting situations because of their physical attributes like their hobby of chewing bitter nuts or “*nganga*”. They too suffered loneliness because of lack of recreational facilities and amenities in the mountains and forest areas. During times of problems, some of them are being consoled by their elders and tribal leaders and some Christian missionaries visiting their houses for bible studies and spiritual fellowship.

The different tribes of Igorots have their own share experiences of helplessness because there are also cases of fraud from other parties where recruiters for overseas work run which they found out later as illegal recruiters and there buyers of their gold shortchanged or failed to comply with their business arrangements. Some Igorots members encountered also some great loses in their crops from upland because of landslide, erosion and even forest fires so feeling of hopelessness are being experienced by them.

For the Igorots with different tribal groups like the Kankanaey, Ibaloi, Kiangnan, Aplai and Bago who were forced to migrate along the Sierra Madre because of peace and order problems as wells as their interest in gold panning and small scale mining and root crops cultivation most of them have abled bodies and hardworking, traits, hence, hunger is not common to them. They are also accustomed to upland farming and they also shared their harvest to their tribe members who are old enough to do hard labor. While they also suffered poverty particularly the old generations. The different tribal groups of Igorots have also their share of experiences being lonely because of their strong family ties, their mourning when their love ones and family members passed away, they have some cultural practice of not joining any social activities and some of them even practice burying their loved once near their houses and own backyards. While most of them are not sociable, they chose to be physically fit thru sports and other wholesome recreations. Drinking spree is also common to them as they claim that its way of forgetting their problems and to warm up their bodies after hard work and to counter the cold temperature in the evenings.

In exploring the expression of depression symptoms among indigenous peoples, it was found that language issues, cultural beliefs and practices influence 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), and for the Igorots they 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 “ hiras sa buhay; hiras sa pagkain;hirap ang katawan; hiras 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 to endure (*tiis*). A common experience among indigenous peoples is extreme poverty that may cause starvation and deprivation of basic needs. Hunger is natural and part of normal life situation for the indigenous peoples. 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 [25].

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 [37]. 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 vary based on their distinct cultural knowledge. For indigenous peoples, the most similar word and the most prevalent complains of depressive symptoms are 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 use compound words, typically “*mahina katawan, mahina isip*” or feel weak the body. Unexplained aches and pains often accompany depression, and individuals may also experience loss of energy, and fatigue or lethargy [44]. Depression is an experience related to distress, which may be in reaction to loss, enduring the pain, and bereavement. However, it is articulated by the participants in distinctive ethnic idioms and interpreted by sufferers. For the Aetas the person who is severely troubled may be labeled as having “*murit*” or mental illness and for the Dumagats is “*bulubyang-aw*”. They also include 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 describes 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 [45]. 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 is pertaining to the daily occurrences of things, unfavorable living conditions, physical illness, therefore consider it 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 affects 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. 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 which is the case for the participants in this study [4]. Somatization which is accepted as a conflicting factor in diagnosing of depression is closely related with how someone interprets somatic sensations attributed what causes them. Somatic symptoms which might be considered as an expression of psychological distress can lead to unnecessary medical evaluation or malpracticen [32]. They describe how negative life events directly affect their cognition and lead to changes in their self-perceived competences [37].

5. 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. That 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 may discuss to physical pain. It pertains to mental health problems but for them it denote to social and moral problems because of the daily challenges in meeting basic needs are 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 is pertaining to the daily occurrences of things, unfavorable living conditions, physical illness, therefore is considered as natural occurrences. Among most of the study participants, depressive symptoms were perceived as a transient reaction to external stressors.

For indigenous peoples, where 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 their cultural context in which it occurs. They describes the symptoms of depression depends on the cultural lens they are looking 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. The meanings and implications of depressive symptoms may vary considerably across culture, personal and social meanings of depression differ in culture.

Depression is often recognized and, as a consequence, left untreated especially among indigenous peoples.

6. Recommendation

The usual contention about depression is the context on 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 a clinical assessment.

This study recommends an audible call for a culturally sensitive guided intervention with this special population is needed toward a holistic approach. It can contribute to rethinking mental health services and health promotion for Indigenous populations and communities.

References

- [1] C.F. Auerbach & L.B. Silverstein. *Qualitative data: An introduction to coding and analysis*. NY: NYU Press, 2003.
- [2] J. Cote, J. Salmela, A. Baria & R. Storm. "The Sport Psychologist: Organizing and Interpreting Unstructured Qualitative Data". *Canadian fitness and lifestyle research institute*, vol. 7, pp.127-137, 1993.
- [3] J.W. Creswell, W. Hanson, V. Clark Plano & A. Morales. "Qualitative Research Designs: Selection and Implementation". *Sage Journals: The Counselling Psychologist*, vol. 35, March 1, 2007, pp. 236-264.
- [4] S.J Fitzpatrick & K.S. Montgomery . *Internet for Nursing Research. A guide to strategies, skills and resources*. New York: Springer, 2004.
- [5] E.G. Guba & Y.S. Lincoln. *Competing paradigms in qualitative research*. *Handbook of qualitative research*, 1st ed., pp. 105-117, 1994.
- [6] E. Husserl. *Analyses concerning passive and active synthesis: lectures on transcendental logic*. Boston: Kluwer Academic (A.D. Steinbeck, Trans.), 2001.
- [7] A.J. Kimmel. "Ethics and Values in Applied Social research". *Applied Social Research method Series*, London: SAGE Publications Inc., vol. 12, 1988
- [8] A. Kleinman. *Culture and Depression*. *New England: J Med*. Vol. 351, pp. 951-953, 2004.
- [9] S. Kvale, Steinar. *Interviews: An introduction to Qualitative Research Interviewing*. Thousand Oaks, London, New Delhi: Sage Publications, 1996.

- [10] Y.S Lincoln & E.G. Guba. *Naturalistic Inquiry*. Beverly Hills, CA: SAGE Publications Inc., 1985.
- [11] C.K. Malachowsky. "Ethnographic Fieldwork Strategies for the Novice Health Science Researcher", *Forum: Qualitative Social Research*, vol.16 (2), pp. 1-16 2015.
- [12] C. Marshall & G.B. Rossman. *Designing qualitative research* 3rd ed., Thousand Oaks, CA: Sage, 1999.
- [13] J.S.L. Morrow & G. Rakhsha & C.L. Castaneda. "Qualitative research methods for multicultural counseling". *Handbook of multicultural counseling* 2nd ed., Thousand Oaks, CA: Sage. pp. 575-603, 2001.
- [14] M.Q. Patton. *Qualitative Research and Evaluation methods*. Thousand Oaks, CA: Sage, 2002.
- [15] J.A. Smith & M. Osborn. "Interpretative Phenomenological Analysis". *Qualitative Psychology: A Practical Guide to Research Methods*. London: SAGE Publications Ltd: 2nd ed., Jan. 17, 2008.
- [16] H.J.S. Speziale & D.R. Carperter. *Qualitative research in nursing: Advancing the humanistic imperative* 4th ed., Philadelphia: Lippincott Williams & Wilkins, 2007.
- [17] RE. Stake. "Case Studies". *Handbook of Qualitative Research*. Thousand Oaks, Sage Publications, pp. 236-247, 1994.
- [18] B. Arrigo, & W.K. Cody. "A dialogue on existential- phenomenological thought in psychology and in nursing". *Nursing Science Quarterly*, vol. 17, pp. 6-11, 2004.
- [19] T. G. Frichner. "Impact on Indigenous peoples of the International legal Construct known as the Doctrine of Discovery". *Permanent Forum on Indigenous issues Ninthe session New York*, pp.19-30, April, 2010.
- [20] M. Gray. "Indigenization in a Globalizing World". *International Social Work*, vol. 53, pp. 15-27, 2010.
- [21] A. Akincigil, M. Olfson, M. Siegel, K. Zurlo, J. Walkup & C. Stephen. "Racial and ethnic disparities in Depression care in community-dwelling elderly in the United States". *American Journal of Public Health*, vol.102 (2), Feb. 2012.
- [22] American Psychological Association. "Guidelines on multicultural education, training, research, practice, and organizational change for psychologists". Washington, DC: American Psychological Association, 2002.
- [23] K. Bhui. "Cultural psychiatry and epidemiology: Researching means, methods and meanings". *Transcultural Psychiatry*, vol. 48, pp. 19-23, 2011.

- [24] A.T. Church & M.S. Katigbak. "Indigenization of psychology in the Philippines". *International Journal of Psychology*, vol. 37, pp. 29-48, 2002.
- [25] D.D. Dunlop, J.L. Song, L. Manheil & R.W. Chang. "Racial/ethnic differences in rates of depression among preretirement adults". *American Journal of Public Health*, vol. 93 (11), pp. 45-52, 2003.
- [26] S. Ekblad & S. Baarnhielm. "Qualitative Research, Culture and Ethics: A Case Discussion". *Transcultural Psychiatry*, vol. 39(4), pp. 46-48, 2002.
- [27] L. Finlay. "Exploring Lived Experiences: Principle and Practice of Phenomenological Research". *International Journal of Therapy and Rehabilitation*, vol. 16 (9), pp. 47-48, 2009.
- [28] E.G. Guba. "Criteria for assessing the trustworthiness of naturalistic inquiries". *Educational Communication And Technology Journal*, pp. 75-91, 2008.
- [29] J.S. Hill, M. Lau, & Sue, W. Derald. "Integrating Trauma Psychology and Cultural Psychology: Indigenous Perspectives on Theory, Research, and Practice". *Traumatology*, vol. 16(4), pp. 39-47, 2010.
- [30] Y.N. Huang & X. Zhang. "A Reflection on Indigenization Discourse in Social Work". *International Social Work*, vol. 51, pp. 11-22, 2008.
- [31] T. Kelly & L. Howie. "Working with Stories in Nursing Research: Procedures used in Narrative Analysis". *International Journal of Mental Health Nursing*, vol. 16 (2), pp. 13-14, 2007.
- [32] L.J. Kirmayer. "Cultural variations in the clinical presentation of depression and anxiety: Implication for diagnosis and treatment". *Journal Clinical Psychiatry*, vol. 62, pp. 22-28, 2001.
- [33] S. Kleiman. "Phenomenology: To wonder and search for meanings". *Journal of Advanced Nursing*, vol. 40, pp. 61-68, 2004.
- [34] A.C. Mers, K. Hails, C.D. Brill, T. Chang, A. Yeung, M. Fava & NH. Trinh. "Cross-cultural aspects of depression management in primary care". *Current Psychiatry Rep.*, vol. 14, pp. 33-34, 2011.
- [35] S.L. Morrow. "Quality and trustworthiness of naturalistic inquiries". *Journal of Counseling Psychology*, vol. 52, pp. 25-26, 2005.
- [36] P.L. Munhall. "Nursing research: A Qualitative perspective". Massachusetts: Jones & Bartlett Learning, 2012.
- [37] A.C. Phillips, C. Douglas & D. Geoff. "Negative life events and symptoms of depression and anxiety: stress causation and/or stress generation". *Anxiety Stress Coping Journal*, vol. 28, pp. 35-37, Feb. 5, 2015.

- [38] D.E. Polkinghorne. "Narrative Configuration in Qualitative Analysis". *International Journal of Qualitative Studies in Education*, vol. 8 (1), pp. 5-23, 1995.
- [39] R.A. Shweder. "Three Psychology of Practice and the Practice of the Three Psychologies". *Asia Journal of Social Psychology*, vol. 3, pp. 20-22, 2001.
- [40] D.M. Wojnar & K.M. Swanson. "Phenomenology: An Exploration". *Journal of Holistic Nursing*, vol. 25 (3), pp. 17-18, 2007.
- [41] C.J. Yeh & A.G. Inman. "Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices". *The Counseling Psychologist*, vol. 35, 2007.
- [42] K.S. Yip. "Developing social work students' reflectivity in cultural indigenization of mental health practice". *International and Multidisciplinary Perspective*, vol. 7, Nov. 6, 2006.
- [43] M. Denscombe. (2005.) *Research Ethics and the Governance of Research Projects: the Potential of Internet Home Pages*. *Sociological Research Online*. Vol. 10, <http://www.socresonline.org.uk/10/3/denscombe.html> [Jan. 2017].
- [44] World Health Organization [WHO]. (2008). *The international classification of mental and behavioural disorders [ICD] (10 Rev. Ed)*. New York, NY: Author <http://www.who.int/classifications/icd/en/bluebook.pdf> [Jan. 9, 2017].
- [45] World Health Organization [WHO]. (2010). *Depression*. Geneva: <http://www.who.int/mediacentre/factsheets/fs369/en/> Wu, Z., Noh [Jan. 26, 2017].