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Understanding the Lived Emotional and Cognitive Experiences of Adolescents with Depression

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ABSTRACT: *Objectives:* It is now well accepted that depression is a serious psychological disorder which impacts emotional stability, cognitive functioning and social relationships during a pivotal developmental period in adolescent life. Although there has been a great deal of work done on the statistics and treatment of adolescent depression, there is not a lot of information on the lived experience of adolescents with depression. Therefore, the current study sought to explore the emotional and cognitive experiences of adolescents with depression through their personal reflections and lived experiences. *Methods:* We adopted an interpretivist qualitative research design using semi-structured interviews with five adolescents aged 13-18 years who had previously been diagnosed with depression by mental health specialists. The selection of participants was done using purposive sampling, and data collection continued until thematic saturation was achieved after five interviews. Data collection was done by individual interviews in a supportive, relaxed environment. This allowed for substantive conversations and allowed participants to openly share experiences. The interview data were analyzed using Braun and Clarke's (2006) six-phase thematic analysis. Trustworthiness was enhanced through member checking, peer debriefing, and maintaining an audit trail. *Findings:* Four themes emerged from the adolescent experiences of depression: emotional turbelence, negative self-perception, cognitive overload, and social retreat. Numerous people reported feelings of sadness, emotional emptiness, excessive self-blame, intrusive thoughts, poor concentration and withdrawal. The study emphasizes that adolescent depression is not only an emotional distress but also is significantly linked with cognitive dysfunction and other social issues that impact daily functioning, interpersonal relationships, and an adolescent's identity. *Conclusion:* The findings provide valuable insights that may inform future research and counselling practice in adolescent-centred school mental health support.

Keywords: Youth mental health, psychological distress, Negative self-perception, Cognitive functioning, social withdrawal, Lived experiences.

I. INTRODUCTION

Adolescent depression is a serious psychological problem all over the world [1-3]According to the World Health Organization (WHO), adolescence is a critical developmental period during which many young people experience emotional and psychological challenges, including persistent sadness, anxiety, and prolonged emotional distress. Depression during adolescence can adversely affect emotional well-being, social relationships, academic functioning, and overall developmental adjustment. Furthermore, previous research indicates that mental health problems can occur during the adolescent years and, if left untreated, may have long-term consequences into adulthood [4]. Adolescence is characterized by substantial emotional, cognitive, social, and psychological changes that may increase vulnerability to mental health problems [5]. While some teens can adjust easily to these demands of growing up, others may struggle with emotional and

psychological changes that put them at risk for depression [6]. Consequently, adolescents experiencing depression often report persistent sadness, hopelessness, loneliness, emotional exhaustion, and diminished self-esteem, all of which may substantially impair their daily functioning.

Although previous studies have substantially advanced understanding of adolescent depression through both quantitative and qualitative research, important conceptual questions remain regarding how adolescents interpret and make meaning of their emotional and cognitive experiences within their everyday lives [7]. Quantitative data can tell us about prevalence, patterns of symptoms and risk factors, but it cannot tell us about the personal meaning and emotional depths of depression. These approaches do not necessarily adequately reflect the psychological issues, thinking and lived experiences of adolescents. Some teenagers may not be able to show their feelings openly, while others feel they are concealing their feelings and negative thoughts from others. Consequently, some important features of their experiences may go unknown if only quantitative measures are employed in the research. Existing qualitative studies have primarily documented adolescents' emotional experiences; however, less attention has been given to understanding the dynamic interaction between emotional dysregulation, maladaptive cognition, and adolescents' meaning-making within school and family contexts [8].

Building on these unresolved conceptual issues, the present study explores the lived emotional and cognitive experiences of adolescents diagnosed with depression. Rather than merely describing depressive symptoms, this study seeks to develop a deeper interpretive understanding of how adolescents experience emotional distress and cognitive difficulties through their own narratives. Particular attention is given to how emotional experiences and negative cognitive processes interact to shape adolescents' perceptions of themselves, their relationships, and their everyday functioning.

II. LITERATURE REVIEW

1. THEORETICAL FOUNDATIONS

This study explores adolescents lived emotional and cognitive experiences of depression through the complementary perspectives of Cognitive Behavioural Theory (CBT) and Emotion Regulation Theory. Together, these theories explain how cognitive processes and emotional regulation interact to shape adolescents' emotional responses, behavioural patterns, and lived experiences of depression. Rather than functioning independently, both theories provide an integrated conceptual framework for understanding how maladaptive cognitions and emotional regulation difficulties jointly influence adolescents' experiences of depression. According to CBT, people's perceptions of themselves and their experiences are influenced by core thought patterns. As a result, adolescents with depression often hold negative perceptions of themselves, their circumstances, and their future. Persistent self-critical thinking, pessimism, and feelings of inadequacy may therefore reinforce emotional distress and prolong depressive symptoms. These maladaptive cognitive patterns not only shape adolescents' perceptions of themselves but also influence how they interpret interpersonal experiences and regulate emotional responses during depression [9].

Emotion Regulation Theory, however, provides an account of people's perception, regulation, involvement, and communication of emotions [10]. Youth may feel they are overwhelmed by their feelings of sadness, anger, disappointment, or emotional fatigue when depressed. When depressed, youth sometimes may feel that their sadness, anger, disappointment or fatigue is too much to manage [11]. Some teens might attempt to suppress their emotions, isolate themselves from friends, or not talk to others about emotional problems. Emotional regulation difficulties may therefore reinforce maladaptive cognitive patterns, creating a reciprocal process that maintains depressive symptoms and shapes adolescents lived experiences [12, 13, 14]. Taken together, Cognitive Behavioural Theory and Emotion Regulation Theory provide complementary perspectives for understanding adolescent depression. While CBT explains how maladaptive beliefs and negative thinking patterns shape adolescents' perceptions of themselves and their experiences, Emotion Regulation Theory explains how difficulties in recognising, expressing, and regulating emotions may intensify these cognitive processes. Integrating both theories enables a more comprehensive interpretation of adolescents lived emotional and cognitive experiences by recognising depression as a dynamic interaction

between maladaptive cognition and emotional dysregulation rather than as isolated psychological symptoms [15]. By integrating these approaches, we can obtain a more nuanced view of depression as a dynamic interplay of cognitive and emotional components rather than a solitary, isolated state.

2. UNDERSTANDING ADOLESCENTS' EMOTIONAL AND COGNITIVE EXPERIENCES OF DEPRESSION

Adolescent depression can be associated with feelings, thoughts and actions regarding the world around them. For many young people, it isn't just sadness, but emotional fatigue, persistent self-doubt, and difficulty thinking positively. Some young people have more and more negative thoughts about themselves, while others have persistent thoughts and concerns that they are not able to stop thinking about [16]. The impact of these experiences can manifest in a range of areas, such as school performance, interpersonal relationships, daily functioning, and psychological health, and these experiences can lead to feelings of incompetence and a loss of confidence in coping with the demands of daily living [17] Additionally, emotional symptoms and negative thoughts tend to feed into each other, contributing to an adolescent's perception of himself or herself, and how he or she understands his or her experiences and future. As a result, these emotional and cognitive struggles can impact more broadly on academic work, motivation, social relationships and daily life [8, 16, 17].

The presentation of depression in adolescents is also shaped by the life experiences, family, peer networks and social context that each one of them brings to the table. It is thus significant to know how adolescents think and feel when designing more effective and relevant mental health interventions. Family relationships, peer interactions, and school environments therefore play important roles in shaping how adolescents interpret and respond to depressive experiences throughout their identity development.

3. GAPS IN EXISTING LITERATURE

While previous research has substantially advanced the understanding of adolescent depression through both quantitative and qualitative studies, important conceptual questions remain regarding how adolescents interpret and make meaning of their emotional and cognitive experiences across different social contexts [16, 17]. The voices of adolescents are also often not heard when it comes to interventions and supports systems to address mental health issues. Although adolescents' perspectives are increasingly represented in qualitative research, their voices remain underrepresented in informing intervention development and school-based mental health support systems. Many studies have examined treatment outcomes and symptom profiles; however, fewer have explored how adolescents construct meaning from their emotional and cognitive experiences of depression within school, family, and peer contexts [18-20].

These unresolved conceptual issues highlight the need for qualitative research that moves beyond describing depressive symptoms to explore how adolescents make sense of their emotional and cognitive experiences within their everyday lives. Accordingly, the present study seeks to extend existing qualitative knowledge by examining adolescents lived emotional and cognitive experiences of depression through their personal narratives, thereby providing a deeper interpretive understanding of how these experiences are shaped within school, family, and social contexts.

The aim of this study is to gain insight into the experiences of depression in adolescents, especially their emotional reactions and cognitive processes. This study examines adolescents' awareness, coping mechanisms and responses to emotional distress and negative cognitive processes in their daily life, especially among those adolescents who experienced depressive symptoms. This study focuses on the emotional and psychological experiences of adolescents and how they become part of their coping with everyday life through listening to their own narratives in semi-structured interviews.

The purpose of this study is to gain insight into the experiences that adolescents have of depression themselves, with the aim of developing a better understanding of depression and its implications for counselling practice and mental health intervention. The findings reflect adolescents' views and offer insight into the experiences of emotional and cognitive problems in school, family and social contexts. The study also provides useful insights for counsellors, educators and mental health practitioners in developing a more youth-centred and context sensitive approach to supporting adolescents dealing with depression

III. MATERIAL AND METHOD

The current study adopted an interpretivist qualitative approach to explore how adolescents construct meaning from their lived emotional and cognitive experiences of depression. An interpretivist paradigm was considered appropriate because this study sought to understand participants' subjective meanings and personal interpretations of depression rather than to measure or explain the phenomenon objectively. This epistemological perspective informed the selection of information-rich participants through purposive sampling, the use of semi-structured interviews to encourage open sharing of personal experiences, and the interpretive analysis of participants' narratives to understand how they constructed meaning from their emotional and cognitive experiences.

An interpretivist paradigm was considered appropriate because this study sought to understand how adolescents interpreted and constructed meaning from their lived experiences of depression. This paradigm informed the purposive selection of participants who could provide rich and relevant accounts of the phenomenon, the use of semi-structured interviews that encouraged participants to openly share their experiences, and the interpretive analysis of the interview data to understand the meanings embedded within their narratives.

A qualitative approach was considered appropriate because it enables an in-depth exploration of participants' personal experiences, emotions, and subjective interpretations that cannot be adequately captured through quantitative methods. This approach enabled the researcher to develop a deeper interpretive understanding of how adolescents experienced emotional distress and made sense of their everyday challenges.

To gain insight into adolescents' experiences of depression, data were obtained through in-depth semi-structured interviews. The approach was flexible to enable participants to share their emotions, thoughts and daily struggles in a safe space. Participants were encouraged to describe their experiences in their own words, resulting in rich narratives that facilitated an in-depth interpretation of the emotional and cognitive dimensions of adolescent depression. The reporting of this qualitative study was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) [21]. The reporting of this study also considered the Standards for Reporting Qualitative Research (SRQR) to enhance the transparency and completeness of qualitative research reporting [22].

1. PARTICIPANTS AND SAMPLING PROCEDURES

Participants were selected using purposive sampling because they had direct experience of depression and were able to provide rich and relevant accounts of the phenomenon under investigation. The participants comprised five adolescents aged 13–18 years (three females and two males), all of whom were secondary school students diagnosed with depression by a licensed mental health professional (see Table 1). The recruits were drawn from schools and mental health service and were often emotionally and psychologically upset. All participants were adequately informed about the purpose and procedure of the study and participation was entirely voluntary. Before interviews, the parents/guardians and teenagers were asked for written consent as per ethical guidelines of research.

Table 1. Demographic characteristics of participants.

Participant	Age	Gender	School Level
P1	13	Female	Secondary School
P2	14	Female	Secondary School
P3	15	Male	Secondary School
P4	16	Female	Secondary School
P5	18	Male	Secondary School

Note. All participants were secondary school students aged 13–18 years and had been diagnosed with depression by a licensed mental health professional.

The selection of participants was based on their ability to provide rich and relevant descriptions of their lived experiences rather than to achieve statistical generalisability, which is consistent with the aims of qualitative research. This approach ensured that the study focused on information-rich participants who could provide meaningful insights into the phenomenon under investigation. The choice of participants was largely based on their ability to provide the richness of data and not on the generalisability of the data, which is typical of the goals of qualitative research. This approach permitted that the study would be largely carried out with individuals who had had experiences similar to those studied.

The number of participants was considered sufficient to address the research objectives, as the study prioritised rich and in-depth accounts of adolescents' emotional and cognitive experiences rather than a large sample size. Although 10–15 participants were initially planned, recruitment concluded after five interviews because thematic saturation had been achieved, with no new themes emerging from subsequent interviews. This approach is consistent with qualitative methodological principles that prioritise analytical sufficiency and conceptual completeness over sample size.

Semi-structured interviews were conducted to provide participants with ample opportunity to share their thoughts, feelings, and experiences in depth. This approach generated rich narratives that facilitated a deeper understanding of adolescents lived experiences of depression. This is consistent with the distinction between code saturation and meaning saturation in qualitative research [23].

2. DATA COLLECTION INSTRUMENT AND PROCEDURES

The main instrument used to collect data on adolescents' emotional and cognitive experience of depression was the semi-structured interview. The interviews were centered on the different emotional experiences, self-perceptions and thinking styles participants had in living with depression. The interviews examined the influence of the lived experiences on the behaviour, relationship, decision making, engagement in school and functioning of participants. The interview guide was pretested in the pre-collection stage to determine its clarity, relevance, and suitability for the adolescent respondents by asking opinions from experts in the areas of counselling and psychology. Their responses were used to adjust the questions "to a more precise wording and structure, which is closer to the aim of the study" (p. 288).

A pilot interview with a small number of adolescents was carried out before the main data collection which helped to check the clarity, flow and suitability of the interview questions for the target age group. Based on the findings of the pilot exercise, the interview guide was slightly adjusted to make it easier to interview the respondents, both in terms of wording and organisation. The study was conducted in accordance with recognised ethical standards, and ethical approval was obtained prior to the study. All interviews were conducted by the first author, a registered counsellor and lecturer with professional experience in adolescent mental health and qualitative research. Prior to data collection, the interviewer received training in qualitative interviewing techniques to ensure consistency, sensitivity, and ethical engagement with adolescent participants. No prior therapeutic or personal relationship existed between the interviewer and the participants before recruitment. Recognising that prior professional experience could influence data interpretation, the interviewer adopted a reflexive approach throughout the study by maintaining reflective field notes, continuously examining personal assumptions, and engaging in regular discussions with the research team to minimise potential interpretive bias and enhance the credibility of the findings.

Participants' experiences were sought throughout the study, but the environment was kept as supportive as possible in which they were able to share. Interviews were carried out both face-to-face and via secure online platforms, depending on preference and practicality of the participants. Providing both helped participants to select the environment that felt most comfortable for them and allowed for more sharing of their experiences. The interviews were normally a 45 to 60-minute period, allowing the participants enough time to discuss the emotional and personal experiences in detail. No repeat interviews were conducted because the initial interviews generated sufficiently rich data and thematic saturation had been achieved.

To facilitate the accurate transcription of the interviews and interpretation of the data, all interviews were recorded, subject to participants' consent. Observational field notes were also recorded in the process and

after the interview sessions to capture non-verbal responses including facial expressions, tone and body movements. These observations, along with verbal responses of the participants, enabled the researcher to obtain a broader picture in context of their experiences.

3. DATA ANALYSIS

Before analysis began, all the interview recordings were transcribed verbatim to ensure the authenticity and richness of the interviewees' accounts. The transcriptions were used in conjunction with the recordings of the interviews to check for accuracy and to ensure that the meaning that is within participants' narratives was captured throughout the analysis.

Braun and Clarke's six stages of thematic analysis were used to analyse the data. First, the interview transcriptions were explored multiple times to gain insight into participants' experiences and views. As the data became more familiar, some recurring ideas and expressions pertaining to the emotional and cognitive aspects of depression were identified and initial codes were given. These codes were then checked, adjusted and clustered into larger categories that represented commonalities among the participants' accounts. Each theme was checked for overlap with others that were identified, and to make sure that the themes were distinct concepts that were well supported by the data. To enhance the credibility of the analysis, coding decisions and thematic interpretations were discussed with the second qualitative researcher and independently examined by the second researcher [24, 25].

Selected transcripts were sent to another qualitative researcher, along with initial coding decisions, to enhance the credibility of the findings. Divergent interpretations were debated and clarified via consultation and additional review of the data. An audit trail was maintained throughout the study to document coding decisions, theme refinement, and the development of thematic interpretations. These procedures enhanced the dependability and confirmability of the analytical process by providing a transparent record of analytical decisions. Credibility was strengthened through member checking, independent coding, and regular discussions with the second qualitative researcher to verify coding decisions and thematic interpretations, while transferability was supported by providing rich descriptions of the research context, participants, and findings. Collectively, these strategies enhanced the overall trustworthiness of the study in accordance with Lincoln and Guba's (1985) criteria [24, 25].

4. ETHICAL CONSIDERATIONS

In this study, the principles of the Declaration of Helsinki were followed and it was approved by the relevant research ethics committee before the data collection process. All adolescent participants, and parents/guardians of children, were asked to provide informed consent and assent before participating in this study.

Table 2. Summary of the research methodology.

	Aspect	Details
1.	Research Design	A qualitative research design was adopted to gain insight into adolescents' experiences of depression and how they make sense of the emotional and cognitive challenges associated with it.
2.	Study Location	The research was carried out in schools and support settings serving adolescents.
3.	Number of Informants	The study involved five teenagers. Recruitment continued until thematic saturation was reached (n = 5), although an initial sample of 10–15 participants were anticipated.
4.	Selection Criteria	Adolescents (13–18 years) with a confirmed diagnosis of depression and parental/guardian consent.
5.	Research Instruments	Qualitative interview protocol focusing on adolescents' experiences of depression.

6. Data Collection Procedure	Ethical clearance and informed consent were obtained before the interviews were conducted. Data were gathered through face-to-face or secure online interview sessions, supported by audio recordings and field notes.
7. Data Analysis Method	Thematic analysis following Braun and Clarke's six-phase framework.
8. Ethical Considerations	Ethical approval, informed consent, and participant protection procedures were implemented throughout the study.
9. Validity and Trustworthiness	Trustworthiness was strengthened through member checking and data triangulation using counsellors' feedback and psychological records.
10. Study Limitations	The findings were limited to adolescents who voluntarily participated and may not represent all experiences of adolescent depression.

5. DATA COLLECTION

The data collection procedures were well structured in a way that would allow them to be consistent with ethical standards and to provide a secure environment for the adolescent participants. The study received ethical clearance from the appropriate institutional review body prior to any contact with the participants.

The participants were selected using purposive sampling in which those who had the ability to offer relevant data to the experience of depression during adolescence were selected. Participants were eligible if they were young people (13-18 years) with a past professional diagnosis of depression.

Schools and adolescent support services were important in supporting participant recruitment. Clear information about the study was given to the adolescents and their parents/guardians before the interviews were conducted, so they were able to understand the purpose of the study, procedures and what would be expected from the adolescents and parents/guardians. Parents and/or guardians had written consent forms signed before participation and adolescents had assent forms signed before participation.

Comfort and privacy of the participants were emphasised during the interviews. Participants were given the choice of either doing an in-person interview or using the secure on-line platform for their interview. Interviews were conducted for each of these roughly 45-60 minutes and recorded with the consent of the interviewee. To record observations that added to the interpretation of the participants' narratives, field notes were made while and after the interviews. In the interviews participants' individual experiences were paid attention to, but also the social and developmental contexts in which the experiences occurred, such as family life, school life and peer relations.

6. RESEARCH DESIGN

Qualitative research methodology was employed to explore adolescents' meaning and experiences of depression particularly in the emotional and cognitive dimensions. This was an appropriate method as depression is subjective and complex. The purpose of the study was to gain insight into adolescents' experiences and how they perceive these experiences impact various aspects of their lives.

In-depth semi-structured interviews were used to collect the data. This allowed enough flexibility for the participants to be open about their experiences, whilst at the same time allowing the researcher to explore relevant issues in more depth. The interviews emphasised participants' emotional experiences, thought patterns, and personal experiences with depression, which led to rich and detailed descriptions of their lives.

The study was based on an interpretivist perspective, understanding that people make meaning out of their life worlds and social relations. From this perspective, the study examined adolescent understanding and interpretation of depression and the role of family relationships, school experiences, and peer interactions. The sampling method employed was a purposeful sampling to ensure that the respondents could provide the information directly related to the objectives of the study. In general, the qualitative approach enabled the researcher to look beyond the superficial descriptions of the young people's experience of depression and to provide insight into their actual experiences. Furthermore, it fostered a sense of trust and support, allowing participants to share their personal experiences and insights while remaining relaxed and comfortable. This helped to disclose the cognitive and emotional aspects of adolescent depression.

Table 3. Summary table of research design.

	Aspect	Details
1.	Research Paradigm	Interpretive paradigm emphasizing participants' perspectives and personal meanings.
2.	Design Approach	Qualitative inquiry based on in-depth conversations with adolescent participants.
3.	Methodological Rationale	To gain a deeper understanding of how young people experience and make sense of depression in their daily lives.
4.	Data Collection Tools	Interview protocol supported by reflective field observations.
5.	Analytical Framework	Pattern identification and theme development guided by Braun and Clarke's thematic analysis.
6.	Theoretical Alignment	Informed by counselling and psychological perspectives on adolescent emotional well-being.
7.	Focus of Inquiry	Personal stories describing emotional struggles and thought patterns linked to depression.
8.	Philosophical Orientation	The constructivist perspective recognizes multiple realities shaped by individual experiences.

7. QUALITATIVE RESEARCH DESIGN

The purpose of the present research was to examine coping in the context of depressive disorders among adolescents with a focus on emotional and cognitive obstacles that impact their daily functioning. A qualitative approach was considered suitable for this study, as it offers the chance to understand the experiences and bring out the voice, feelings and interpretation of the participants. This study sought to gain an insight into the lived experience and meaning of depression in the lives of adolescents.

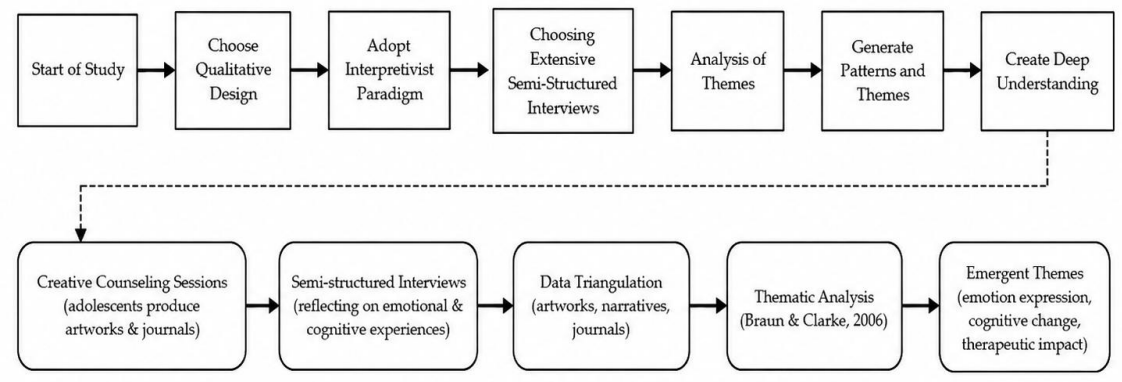

FIGURE 1. A Synopsis of the research process.

This study was guided by an interpretivist perspective which assumes that individuals make sense of their experiences and social interactions. Thus, the study aimed to examine adolescents' perceptions of depression in the context of their family, school, and peer relationships. To understand participants' experiences of depression, semi-structured interviews were conducted to obtain information about their emotions, thinking patterns and personal difficulties. The open-ended style of the interviews enabled any issues that arose to be explored further and provided detailed descriptions of the experiences of participants. Field notes were also kept which gave contextual information needed for the interpretation of data. Non-verbal cues such as tone of voice, body posture, pauses and facial expressions were observed and helped in interpretation of the results and were also used to obtain additional information regarding the emotional state of the participants.

This approach enabled this study to appreciate the individual experiences of each adolescent, and to uncover common themes within the participants' experiences. The knowledge acquired may help educators, carers, school counsellors and mental health professionals to offer more effective and responsive forms of help to teens experiencing emotional distress.

IV. DATA ANALYSIS

Interview data were analysed using reflexive thematic analysis following Braun and Clarke (2006, 2022), an established qualitative analytic approach for identifying and interpreting patterns of meaning across participants' accounts. This method was chosen for the current study as it is one that enables the researcher to explore the complex emotional and cognitive processes while maintaining respect of the participants' perspectives and contexts. Thematic analysis is sufficiently flexible to capture the diversity and richness of each person's experiences, yet retains the analytic framework.

Data analysis started with verbatim transcription of all the interview recordings. To become acquainted with data and to deepen understanding of participants' experiences, the transcripts were read several times. At this stage, important points were paid to the ideas that were recurrent, emotional expressions and cognitive experiences that appeared in the interview descriptions. Atlas.ti Version 24 was used to facilitate data organisation, coding, retrieval of text segments, and theme development. The software supported the management of qualitative data but did not replace the interpretive role of the researcher throughout the analytical process.

Initial codes were produced from data segments that represented participants' experience, feelings, perception and thoughts about depression. An inductive coding approach was adopted, whereby codes were generated directly from participants' narratives rather than being derived from predetermined theoretical categories. This approach enabled the themes to emerge from the data while remaining consistent with the interpretivist orientation of the study. Then comparisons between related codes were made on transcripts and grouped into large patterns of meaning. These patterns were then further developed into initial themes that showed shared experiences among the participants and also preserved the uniqueness of individual experiences.

Ideas were iteratively reviewed and developed as emergent. At this stage, the researcher ensured the consistency of the data in each topic and confirmed that there was a clear difference between the themes. Themes that did not have enough supporting evidence were modified, grouped together or omitted, and those that represented the experiences of the participants accurately were retained and elaborated. A name and definition for each topic were then selected that contained the most important aspects and most meaningful contributions to knowledge about adolescent depression. Finally, the themes were integrated into an interpretive account that addressed the research objectives and reflected participants lived experiences of depression. The six-phase approach of Braun and Clarke (2022) was used to conduct systematic yet interpretive analysis of participants' emotional and cognitive experiences. Any differences in coding or thematic interpretation between the researchers were resolved through discussion, repeated examination of the transcripts, and consensus until agreement was reached.

Table 4. Development of themes through reflexive thematic analysis.

Raw Data Extract	Initial Code	Category/Subtheme	Final Theme	Interpretive Meaning
"Sometimes I feel sad for no reason. It's the feeling that stays, even when nothing is happening." (P1)	Persistent sadness	Emotional distress	Emotional Turbulence	Participants experienced persistent emotional distress characterised by difficulties in regulating intense emotions, reflecting maladaptive emotional regulation processes.

"I always feel like I'm not good enough, no matter what I do." (P2)	Self-blame	Negative self-evaluation	Negative Self-Perception	Participants internalised negative beliefs about themselves, consistent with dysfunctional self-schemas described in Cognitive Behavioural Theory.
"My mind keeps going over the same things over and over." (P4)	Rumination	Persistent negative thinking	Cognitive Overload	Persistent rumination reflected maladaptive cognitive processing that maintained depressive experiences and interfered with everyday functioning.
"I prefer being alone because talking to people feel too tiring." (P3)	Social withdrawal	Social isolation	Social Withdrawal	Social withdrawal functioned as both a response to emotional distress and a factor that further reduced opportunities for interpersonal support.

1. QUALITATIVE DATA ANALYSIS

Table 5. Summary of themes, subthemes, and illustrative quotations.

Themes	Sub themes	Description	Quote
Emotional Turbulence	1. Everlasting sadness	Still feeling sad for no reason, which is affecting how you feel each day and your motivation.	"Sometimes I feel sad for no reason. "It's the feeling that stays, even when nothing is happening." (P1)
	2. Emotional numbness	Often, emotional detachment, or the inability to feel emotion, is a way of coping with distress.	Sometimes I don't feel anything at all. I feel "like I'm empty." (P3)
Negative Self-Perception	1. Low self-esteem	Negative self-evaluations, sense of inadequacy, and perceived personal failure.	"I always feel like I'm not good enough, no matter what I do. (P2)
	2. Self-blame	Tendency to blame oneself for academic or interpersonal problems.	"When something goes wrong, I always blame myself. (P5)
Cognitive Overload	1. Overthinking	Unwanted, persistent thoughts that are difficult to control	"My mind keeps going over the same things over and over. (P4)
	2. Difficulty concentrating	Decreased concentration and mental exhaustion that disrupt learning and everyday activities	."I try to concentrate in class, but my mind wanders. (P1)
Social Withdrawal	1. Avoidance of interaction	Intentional withdrawal from social activities and relationships because of emotional exhaustion or discomfort.	"I prefer being alone because talking to people feels too tiring." (P3)
	2. Feelings of isolation	Increased loneliness resulting from prolonged social withdrawal.	"Being alone makes me feel safer, but also lonelier." (P2)

Taken together, the four themes extend beyond isolated symptoms and illustrate adolescents lived experiences as an interconnected psychological process. Emotional turbulence was closely intertwined with negative self-perceptions and maladaptive cognitive processing, while social withdrawal reflected both emotional distress and reduced interpersonal engagement. Viewed through Cognitive Behavioural Theory and Emotion Regulation Theory, these findings suggest that persistent negative cognitions and difficulties

in regulating emotions mutually shaped adolescents' experiences of depression rather than functioning as separate phenomena.

The four themes identified in this study are conceptually represented in Figure 2. Rather than depicting linear causal relationships, the figure illustrates the interconnected nature of adolescents lived experiences of depression. Participants' narratives suggest that emotional turbulence, negative self-perception, cognitive overload, and social withdrawal co-occurred as interrelated dimensions of depressive experiences. Collectively, these findings indicate that adolescent depression is best understood as a complex psychological phenomenon in which emotional, cognitive, and interpersonal experiences are closely intertwined.

Viewed through the lenses of Cognitive Behavioural Theory and Emotion Regulation Theory, these findings provide a broader conceptual understanding of adolescents lived experiences of depression. The persistent negative self-beliefs and rumination described by participants are consistent with maladaptive cognitive schemas proposed by Cognitive Behavioural Theory, whereas emotional turbulence and emotional numbness reflect difficulties in regulating emotional experiences as described in Emotion Regulation Theory. Collectively, these findings extend beyond a description of symptoms by demonstrating how emotional, cognitive, and interpersonal experiences interact to shape adolescents' understanding and experience of depression in their everyday lives.

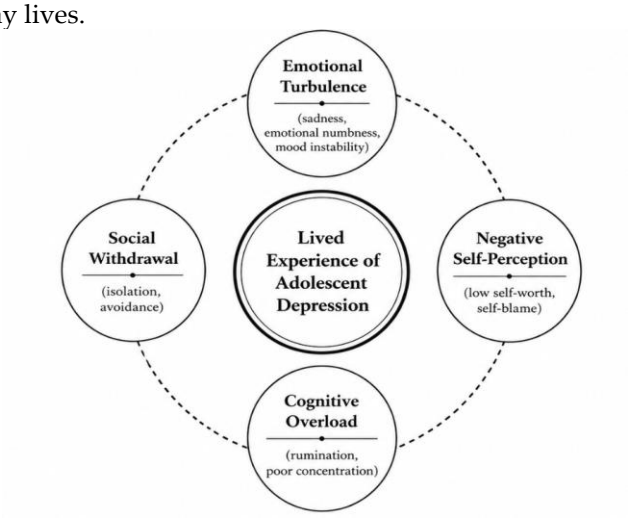

FIGURE 2. Interrelated themes identified from adolescents lived experiences of depression.

V. CONCLUSION

This qualitative study provides an interpretive understanding of adolescents lived experiences of depression by exploring how emotional, cognitive, and interpersonal processes interact in their everyday lives. Rather than viewing depression as a collection of isolated symptoms, the findings demonstrate that adolescents experience depression as a multidimensional psychological phenomenon shaped by interconnected emotional turbulence, negative self-perception, cognitive overload, and social withdrawal.

The findings suggest that adolescent depression is better understood as more than a stand-alone psychiatric disorder. Rather, it is a complex and dynamic experience which is influenced by chronic emotional disturbance, dysfunctional thoughts and interpersonal interactions. These findings extend current knowledge by illustrating how emotional dysregulation and maladaptive cognitive processes coexist within adolescents' social environments, thereby shaping their lived experiences of depression. Chronic sadness, anger and emotional numbness were significantly related to negative self-evaluations and demanding cognitive activities such as rumination and excessive self-criticism. In addition, symptoms of emotional and cognitive problems seemed to feed into each other, exacerbating adolescents' psychological distress. Also, a

sense of isolation and not being understood was compounding these inner conflicts, especially at home and in school.

The results, as a whole, highlight the need to create safe and supportive spaces for adolescents to share their ideas, concerns and feelings. In particular, the study emphasises the importance of reflective and expressive and developmentally appropriate ways of supporting and counselling in the school setting. This can help adolescents become more aware of their emotions, question their negative thinking, and be able to express their problems more effectively. The findings also highlight the importance of interventions that address emotional regulation, cognitive restructuring, and supportive interpersonal relationships simultaneously rather than as independent therapeutic targets.

The study offers valuable knowledge about adolescents' experiences of depression, but it has several limitations. The first limitation is the small number of participants (5), which might restrict the transferability of the study results to other groups of adolescents and contexts. Qualitative research is not designed to be statistically representative, and the experiences mentioned in this research may not reflect a complete range of emotional and cognitive experiences of all teens who struggle with depression. The subjects were also selected to have a similar cultural and educational background. In addition, the use of purposive sampling may have introduced recruitment bias, as participants were selected based on their ability to provide rich accounts of their lived experiences. Participation was voluntary; therefore, adolescents who agreed to participate may have been more willing to discuss their emotional experiences than those who declined, introducing the possibility of self-selection bias. Although the interviewer adopted a reflexive approach throughout the study, the researcher's professional background and interaction with participants may have influenced the interview process and interpretation of the data. Furthermore, the study was based on single interviews conducted at one point in time and therefore could not capture changes in adolescents' experiences over time. Although member checking was undertaken during transcript verification, participants did not review the final thematic interpretations, which may have limited opportunities to confirm the researchers' interpretive conclusions. Furthermore, the participants represented a relatively homogeneous educational and cultural background, which may limit the transferability of the findings to adolescents from more diverse socio-cultural contexts.

Future studies employing longitudinal qualitative designs are recommended to explore how adolescents' emotional, cognitive, and interpersonal experiences evolve over time. Including participants from more diverse cultural and socio-economic backgrounds would further enhance the transferability of the findings.

Overall, this study contributes not only empirical evidence regarding adolescents lived experiences of depression but also a richer conceptual understanding of how emotional, cognitive, and interpersonal dimensions are experienced as interconnected aspects of adolescent depression. These findings may inform future qualitative research and support the development of more context-sensitive counselling interventions for adolescents. These findings further suggest that adolescent depression should be understood as an interconnected emotional, cognitive, and interpersonal experience, providing a conceptual basis for more holistic school-based counselling interventions.

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Author Contributions

Each author contributed substantially to the study design, manuscript preparation, and interpretation of the findings.

Conflicts of Interest

The authors declare no conflicts of interest associated with this study.

Data Availability Statement

Data supporting the findings of this study are available from the corresponding author upon reasonable request. Due to ethical and confidentiality considerations involving adolescent participants, the data are not publicly available.

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