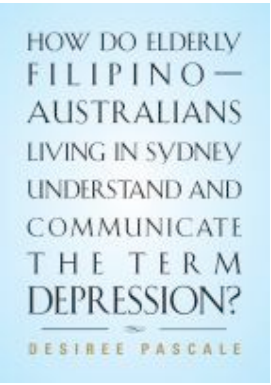
HOW DO ELDERLY FILIPINO–AUSTRALIANS LIVING IN SYDNEY UNDERSTAND AND COMMUNICATE THE TERM DEPRESSION?

DESIREE PASCALE



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How Do Elderly Filipino-Australians in Sydney Understand and Communicate the Term Depression?

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CHAPTER 1

INTRODUCTION

Depression is predicted to become the second most disabling condition worldwide by the year 2020, second only to ischaemic heart disease in the level of disability and cost to society (Australian Institute of Health and Welfare, 1999). This information is quite alarming and Lecrubier (2001) reported that according to the results of the WHO study on Psychological Problems in General Health Care, depression is currently under recognised and under treated throughout the world.

The term *depression* is a Western social/cultural construct of the late 20th century. It is a name given to a range of mental illness that in other times and places have been variously labelled as *melancholy, dysphoria,* and so forth. This is a study about the cultural/social transformation of *illness behaviour* by elderly Filipino-Australians.

When is depression really depression to a person? In Australia, the term 'depression' is used in everyday language to describe mood changes and to designate an illness; it has a *normative* meaning. However, there are no direct equivalents for the term depression in the Filipino language. Likewise, -

people in Filipino society do not conceive of depressed emotion in the same way as they do in Australian society. The meanings differ, and in the words of Becker and Kleinman (1991):

Meanings shape the sentiment itself, not only its significance but also in the way it is expressed and experienced. Thus, depression is a lived experience and the feeling of depression is the result of physiological processes interacting with meaning systems and social relationships (Becker and Kleinman, 1991:xv).

Why a study of depression

I was diagnosed with depression 12 years ago. Then followed a cascade of medications that failed to cure me of the illness that I was supposed to have. I endured a barrage of medications such as Valium, Xanax, Prozac, and Deptran because according to my doctor, he had to find the "right one" for me. About 12 months ago I stopped taking the medications and, in spite of some recent personal troubles, I haven't felt better. I then began to wonder if people were being wrongly diagnosed because of who they are and/or where they come from?

My life has certainly been visited by a variety of financial and family crisis which some would claim lead to the downward spiral path of 'depression'. However, without the

aid of medication (for depression) I was able to pull myself through all the trials and tribulations that were dealt to me by engaging a Filipino way of thinking; a way of thinking that equates personal crisis with fate, rather than with bad luck (a disease state) or witchcraft.

In other words, I used traditional Filipino techniques in dealing and putting my personal anguish and hurt in perspective. At times, the extent of the emotional and psychological pain could have been described as maddening. However, I have successfully confronted these situations and have therefore emerged resolved. Thus begun a period of *reflexivity* (assisted by social theory), a process which led me to embark on this research project.

Is the way we behave and express our emotions culturally specific, thus making us susceptible to diagnosis of mood disorders such as depression (in the Western sense)? Or is it because, the diagnostic tools used for determining this disorder are inappropriate and/or irrelevant to the person? Some answers to these questions could surely be obtained by talking to Filipino elders who had migrated to Sydney. Elders, having lived most of their life in the Philippines, would have the capacity to provide a Filipino meaning of 'depression'. That is, what does the Western mental illness called 'depression' really mean to a Filipino-Australian elder?

Stating the problem

In 1991, Filipinos were the third largest non-European settler group in Australia, exceeded only by the Vietnamese and Chinese (ABS, 2000a). Filipino Australians now ranked as the third biggest Asian group in Australia with over 120,816 individuals reported in the 2000 census (ABS, 2000a). The subgroup of those aged over 65 years is just slightly smaller than Chinese and Vietnamese Australian elders (ABS, 1999). Half of the Filipino people who migrated to Australia live in NSW (ABS, 2000). The current estimate of the total number of the Filipino community in Australia is 180,000 which includes the children of migrants (ABS, 2001).

There has been little research done in the area of subjective descriptions of 'depression'. Therefore the aim of this research is to study the meanings that elderly Filipino-Australians ascribe to their understanding of their experience of 'depression'. I was born and raised in the Philippines, and for the first 25 years of my life never heard the word 'depression'. Whereas here in Australia, most of the people I know have been diagnosed and treated for depression. And why is that so? I hypothesise that here in Australia chronic sadness is linked to mental illness; the 'normal' state is happiness. Whereas in the Philippines, both happiness and sadness are regarded as normal parts of everyday life and individual biography; it is your fate, it is natural, it is part of having been born and raised in that culture.

This study explores the dimensional and contextual conditions under which depression is defined. The thesis will emphasise personal explanations and views relating to the expression of a depressive illness. The study specifically examines the specificity of culture – the coming together of two meanings where aspects of person are challenged by inter-connection with oneself, and behaviour that is determined by a complex mix of biography and interaction. Emphasis is on the understanding of the meaning and expression of depression among the elderly Filipino-Australian people. Within this understanding, this study will also look at any implication of misdiagnosis and misclassification of a depressive disorder for this population, ensuing better detection and management of depression among elderly Filipino-Australians living in Sydney.

Research question

The objective of this study is to understand the subjective descriptions of 'depression' among elderly Filipino-Australians. This research will provide some information about the nature and characteristics of an illness by furnishing a *snapshot* of the depression experience of some elderly Filipino-Australians at a specified time. This leads to the research question, *How do elderly Filipino-Australians living in Sydney understand and communicate the term depression?* What follows is the structure of the study.

Structure of the study

Chapter 2 reviews the relevant literature into depression and culture. In Filipino society and culture there are no equivalent concepts for *depression.* This does not mean that depression (as a Western concept) is absent just because the word is absent, as depression can be experienced, expressed, and responded to in different ways. This chapter identifies recurrent themes about explanations of mental illness and discusses key concepts such as *culture-bound syndrome, idiom of distress* and *category fallacy.*

Chapter 3 explains and describes the methodology used in this study. The research tentatively inquires if depression has a culturally specific component, and if so, further asks, what are the Filipino cultural patterns through which depressive illness is experienced, interpreted and acted upon in Australian society? To address the above questions I used a qualitative method that has the capacity to discuss *intersubjective* meanings and understanding of 'depression'. To do this it was necessary to understand *emic categories.* Being both bi-lingual and having some knowledge about 'depression' (in a Western sense), I was able to elicit illness - narratives. The narrators (participants) were encouraged to relate their own stories about 'depression'. That is, in terms of what they regard 'depression' to be: namely its start, what caused it, how it progressed, how it has or should be treated,

and what implications it has for the participant and those around them (family, friends, and so forth).

I also chose to employ an *adaptive theory approach* to qualitative research because this form of the theory is both descriptive and explanatory and relies on concepts, networks and conceptual models of the social world which both shape and are shaped by that world. The idea was to compare the 'reality of depression' as it was defined by the study group.

The study group were members of a Filipino Seniors Club. However, there were some problems with ethics clearance and this fieldwork was not undertaken until January 2003. The mid-January meeting of the Seniors Club was not well attended, and as a consequence I was only able to attract four participants rather than the planned ten (or twelve). Nonetheless, my aim was not to strive for a representative sample but to identify purposive cases that would represent *specific types* of describing depression by this population, thus allowing me to study the range of types rather than determine their distribution or frequency. The age of the participants ranged from 78 to 89 years old, and three were female and one was male. The interviews were guided by a schedule that essentially helped to produce a *case study* of each participant.

Chapter 4 presents the results of the four case studies that were conducted in January 2003. A case study is an intensive description and analysis of a single individual. This

method of inquiry did support the research aims of studying in an open and flexible manner and supported a form of *social action* that could be interpreted by the participant and the researcher.

Chapter 5 reviews and analyses the findings from the case studies. This was guided by questions that are related to the research objectives, the literature on depression, and adaptive theory. According to Derek Layder (1998:174), 'by its very nature adaptive theory encourages, and as far as possible ensures, the continual checking and revising of emergent theory as the research progresses'. In this sense the validity of theory so generated is not divorced from empirical evidence but is rather inherently bound up with it'.

The question and issues that guided the analysis were the following. First, what do the participants say about the understanding of depressive illness? Moreso, how is it perceived? Is *somatisation* (as physical pain) an expression of symptom manifestation for this population? More importantly, are these expressions culturally specific?

Second, people experience depression in many different ways, but perhaps the most prominent feature is a *sad mood.* What framework of depression is employed? How does affect (emotion) affects the range of *dysphoric* affects and illness states?

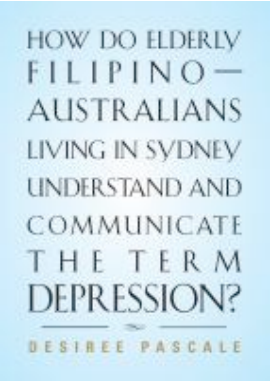
Third, there are different types of *depressive reaction* ranging from mild mood fluctuations to severe *clinical depression,* experiencing more marked physical symptoms and it seems likely that this is related to biochemical changes in the brain. For most people, a depressive reaction is triggered by a set of life events, which they find difficult to cope with. What is the influence of support and *beliefs networks* in depression for this population?

Fourth, a number of protective factors have been identified in this study, which are alleged to decrease vulnerability to depression such as, practising *positive thinking* habits (cognition), an established social support network, increase physical and social activity and a *just ignore* attitude. What are the methodological difficulties in the diagnosis and classification of the depressive disorder for this population?

Chapter 6 proposes that emotional and cognitive components are an important aspect of *depression manifestation* for elderly Filipino-Australians. With the somatisation of emotional distress, there should be concern about the reliability of the diagnostic instrument use since *survey-structured questions* such as the Center for Epidemiological Studies of Depression (CES-D) and General Health Questionnaire (GHQ) containing somatic items that 'patients' might endorse, regardless of whether or not they are depressed. The accuracy of assessment and the subsequent effectiveness of diagnosing 'depression' will depend on how

well the alleged sufferer understands and accepts or questions the *Western scientific* view of their world.

The findings of this study suggest that maintaining a strong cultural identity helped all participants to have a stronger and more solid *sense of self*. They did not consider themselves to be a worthless or, as we say in Australia 'past their use by date'. In fact, they were living active lives (to the best of their abilities) and looking forward to the next day of life. That is, they were accepting of their fate and developmental lifespan.



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