

Research Paper

Lived Experiences with Subclinical Depression: A Qualitative Inquiry into Coping, Emotional Reactions, and Growth

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ABSTRACT

Subclinical depression is a significant yet underexplored aspect of psychological distress, where people experience emotional and functional difficulties without meeting the full clinical diagnostic criteria. This qualitative study explored the lived experiences of young adults dealing with challenges like academic setbacks, loss, abuse, and family conflicts, focusing on their paths through subclinical depression, coping, and recovery. Using a phenomenological design and semi-structured interviews with carefully selected participants, data was analyzed through thematic analysis. Six main themes emerged: (i) Experiences of Failure and Trauma, (ii) Emotional Reactions, (iii) Psychological and Physical Impact, (iv) Coping Strategies, (v) Social and Academic Impact, and (vi) Recovery and Growth. The findings showed that subclinical depression was characterized by fear, helplessness, hopelessness, social withdrawal, intrusive memories, and physical complaints like fatigue, disrupted sleep, and appetite changes. Despite these challenges, participants also reported positive emotional shifts, including resilience, maturity, and empowerment. Coping strategies included spiritual practices, avoidance, support-seeking, and personal resilience, shaped heavily by the Indian cultural context. Recovery paths varied, with some participants moving toward empowerment and meaning-making, while others continued to struggle with lingering distress. The study highlights the dual nature of adversity, showing how subclinical depression is both a source of suffering and a catalyst for growth. These insights have implications for counseling, educational support, and policy interventions, emphasizing the need for holistic, culturally sensitive approaches that combine psychological, social, and spiritual resources to address subclinical depression among young adults.

Keywords: *Subclinical depression, lived experiences, coping strategies, resilience, bereavement, academic stress, trauma, qualitative inquiry, thematic analysis, Indian context*

Failure, trauma, and adversity are all part of being human. People across different cultures and societies face challenges that affect their emotional well-being, social life, and academic or professional success. These challenges can come in many forms, including academic failure, loss, abuse, relationship problems, or long-term health issues. While these experiences can be incredibly tough and leave lasting scars, they can also be opportunities for growth, resilience, and finding meaning. It's especially important to

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understand the experiences of people dealing with these challenges in today's India, where rapid changes in society and the economy, intense competition in school, and shifting family relationships have added to the emotional strain.

Trauma goes beyond extreme events like natural disasters or war. It also includes daily struggles that can seriously harm a person's mental and physical health. The American Psychiatric Association defines trauma as exposure to death, serious injury, or sexual violence, either directly or indirectly. However, trauma can show up in subtle ways that affect people's emotional and social lives, beyond the strict definition. In India, trauma can be made worse by cultural expectations, high academic pressure, and strong family duties.

Young people's stories often highlight academic stress and failure. Research has shown that competitive exams, grade expectations, and a lack of support can lead to anxiety, depression, and feelings of self-doubt. In Indian society, academic setbacks are not just educational struggles but also personal identity crises, since education plays a huge role in shaping careers and family reputation. Participants in this study shared experiences like failing competitive exams (like UGC NET) and getting low marks on board exams, which left them feeling ashamed, guilty, and helpless.

Family loss and grief were another major source of distress. The deaths of close relatives during the COVID-19 pandemic shook up family dynamics, leaving participants to deal with both sadness and new responsibilities. Studies have repeatedly found that bereavement can cause deep sadness, questions about life, and problems with daily life. In cultures like India, where extended families often share financial and emotional responsibilities, losing a parent or sibling can be a big deal for the whole household. Participants shared how losing a father or older brother changed their roles in the family and added to their emotional burdens.

Just as powerful were the stories of abuse and harassment, including childhood molestation, being coerced by peers, and receiving unwanted sexual advances from relatives. These experiences often go unshared due to shame, fear of being judged, or a cultural reluctance to discuss sex. Survivors shared that they still have disturbing memories, fear of physical touch, and ongoing anxiety in social situations. Earlier research has shown that childhood abuse greatly increases the risk of developing depression, PTSD, and trouble forming trusting relationships. The participants' stories back up this finding, highlighting the urgent need for safe spaces to share and culturally sensitive counseling.

Family and interpersonal conflicts also influenced participants' mental well-being. Stories of arguments between parents, disagreements with siblings, and being overly controlled by parents show how family dynamics at home can add to distress. While Indian families can be a source of strength, they can also be a source of conflict when expectations and personal needs for independence clash. Participants reported feeling stressed when relatives stayed in their homes for a long time, which disrupted their privacy and daily routine, causing frustration and anger.

People's emotional reactions to these challenges were all over the map. Many reported feeling fear, hopelessness, helplessness, sadness, anger, and guilt, and these emotions often came with physical symptoms like sleep problems, loss of appetite, fatigue, and weight changes. At the same time, some participants said they experienced a shift toward positive emotions, including maturity, acceptance, and resilience. For them, adversity became a

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catalyst for growth, prompting them to reflect on their lives, appreciate relationships, and explore spiritual or philosophical ideas. This mix of distress and growth is consistent with the idea of post-traumatic growth (PTG), which highlights the potential for personal growth after a traumatic event.

People used a variety of coping strategies, including spiritual practices like visiting temples, praying, and listening to devotional songs, as well as avoidance through isolation, withdrawal, or distraction. Social support—whether from family, friends, or parents—was also crucial, although it wasn't always available. Some people found resilience through self-directed activities like journaling, listening to music, studying harder, or exercising. The range of coping strategies shows the influence of culture and personal agency. In India, spirituality and faith often provide a way to understand and cope with suffering, and to find hope. Likewise, networks of friends and family remain a key source of support against distress, even when people don't seek formal counseling due to stigma.

Adversity had a profound impact on both social and academic aspects of life. Participants shared that they struggled with their schoolwork after traumatic events, had trouble focusing, and were disrupted daily routines. Many also withdrew from social interactions, avoiding outings, reducing their social circle, or having a hard time trusting others. Some even hesitated to form new relationships because they feared being let down or abandoned. These effects highlight how trauma affects not just our inner emotional state, but also our education, social life, and family.

Despite these challenges, the stories also showed paths to recovery and growth. Many participants talked about empowerment—making decisions, setting boundaries, and taking responsibility for their own healing. Others shared about finding meaning, where their struggles taught them to be more compassionate and closer to their families. However, recovery wasn't smooth: some people said they were moving toward a normal life, while others still struggled with ongoing issues like fear of touch or trust problems in their relationships.

This study aims to carefully examine the personal experiences of trauma, failure, and recovery among individuals facing various challenges. Using thematic analysis, it pinpoints common patterns of emotional responses, coping mechanisms, and outcomes in participants' stories. The research adds to the growing body of qualitative research on resilience and trauma in India, where cultural values, spirituality, and family dynamics play a significant role in shaping emotional responses. The goal is to educate counselors, educators, and policymakers about the complex ways people deal with distress, highlighting both weaknesses and strengths.

Objectives of the study:

1. To explore the nature of failures and traumatic experiences as narrated by participants.
2. To analyze the emotional, psychological, and physical impacts of these adversities.
3. To identify coping mechanisms employed by participants.
4. To examine the social, academic, and relational consequences of adversity.
5. To understand trajectories of recovery and personal growth emerging from these experiences.

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Through this exploration, the study underscores the complexity of human responses to adversity and the need for holistic interventions that integrate psychological, social, and spiritual dimensions.

Previous studies highlight the complexity of trauma and failure, which can have profound psychological, social, and physical effects, but also create opportunities for growth and resilience. Theories like Lazarus and Folkman's stress-coping model, Tedeschi and Calhoun's post-traumatic growth, and resilience theories offer valuable perspectives on these experiences. In the Indian context, factors such as family, academic competition, and spirituality play a significant role. However, most research is Western-centric, and there's a lack of qualitative studies on Indian populations. This study fills that gap by conducting an in-depth thematic analysis of people's lived experiences with adversity, providing contextually grounded insights for counseling, education, and community support.

METHODOLOGY

Research Design

Our study used a qualitative exploratory research design based on phenomenological inquiry. Phenomenology is especially well-suited for capturing the essence of people's everyday experiences (Creswell, 2013). Because we aimed to understand how individuals deal with challenges like academic failures, loss, abuse, and interpersonal conflicts, a qualitative design enabled a more in-depth look at personal realities.

Our chosen approach was thematic analysis, which provides flexibility in identifying, analyzing, and reporting patterns within the data (Braun & Clarke, 2006). Using thematic analysis, we generated codes inductively, grouping them into sub-themes and overarching themes. This approach allowed for both breadth and depth, allowing the study to showcase commonalities across participants while preserving the uniqueness of each individual narrative.

Participants

Participants were selected through purposive sampling, which made sure to include individuals who had faced significant challenges in their lives. The sample included eight female and two male young adults, all at the undergraduate or postgraduate level. This age group was chosen because young adults often experience increased academic pressure, identity changes, and relationship problems, making them more likely to struggle with distress.

The participants represented diverse experiences, including:

- Academic failures, such as failing competitive exams or doing poorly on-board exams.
- Loss of a loved one (parents, siblings, or close relatives) during the COVID-19 pandemic.
- Abuse and harassment, including childhood molestation and sexual harassment by peers or relatives.
- Family and relationship conflicts, such as parental arguments, disagreements between siblings, or stress caused by living with relatives.

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Participants had to have experienced at least one major setback or traumatic event in their lives, and they had to be willing to share their stories. Before taking part, we got informed consent, with promises of keeping their information confidential and anonymous.

Data Collection

Researchers gathered data through semi-structured interviews, which enabled participants to share their experiences in their own words while offering enough structure to meet the research goals. The interview guide featured open-ended questions on:

1. Experiences with failure or trauma.
2. How people emotionally and psychologically respond to these events.
3. Health issues related to physical well-being.
4. Ways to cope have been adopted.
5. Effects on academic achievement, family, and social life.
6. Processes of recovery and how individuals perceive personal growth.

Examples of guiding questions included:

- “Can you walk me through a time when you faced a significant setback or emotional pain?”
- “What was going through your mind during that time?”
- “How did you deal with the situation?”
- “Were these experiences a factor in your academic or social life?”
- “Now that you look back, do you think you've grown or changed in any way?”

Interviews were held in Hindi and English, depending on the participants' preference, and each lasted around 45–60 minutes. With the participants' permission, conversations were recorded and then transcribed word for word. The transcripts served as the foundation for the thematic analysis.

Data Analysis

Data analysis followed Braun and Clarke's (2006) six-phase process for thematic analysis:

1. **Getting to know the data:** We read through the transcripts multiple times to develop a deep understanding of the content.
2. **Creating initial codes:** We labeled segments of data with descriptive codes that captured important features, such as “loss of concentration,” “fear of touch,” or “temple visits.”
3. **Identifying themes:** We grouped codes into broader categories like “academic setbacks,” “bereavement,” “spiritual coping,” and “social withdrawal.”
4. **Reviewing themes:** We refined the initial themes to ensure they're cohesive and consistent throughout the dataset.
5. **Defining and naming themes:** Six overarching themes were finalized: **(i) Experiences of Failure and Trauma, (ii) Emotional Reactions, (iii) Psychological and Physical Impact, (iv) Coping Strategies, (v) Social and Academic Impact, and (vi) Recovery and Growth**
6. **Creating the report:** We combined narratives with thematic analysis, backed up by direct quotes.

The iterative coding process ensured that findings reflected both the depth of individual stories and the broader collective patterns across participants.

RESULTS

The thematic analysis of interview transcripts yielded six overarching themes: (1) Experiences of Failure and Trauma, (2) Emotional Reactions, (3) Psychological and Physical Impact, (4) Coping Strategies, (5) Social and Academic Impact, and (6) Recovery and Growth. Each theme is elaborated below with sub-themes and illustrative participant narratives.

Theme 1: Experiences of Failure and Trauma

Academic Setbacks

Participants frequently narrated experiences of academic failure, particularly in high-stakes examinations. One participant described:

“मैंने बहुत अच्छे से पढ़ाई करके UGC NET दिया था, लेकिन वह क्लियर नहीं हुआ... बहुत डिप्रेसिव टाइप हो गया था।” (I studied hard for the UGC NET exam, but I did not clear it. It felt very depressing.)

Others recalled board exam failures and unexpected backlogs in professional courses:

“फार्माकोलॉजी में मेरा बैक लग गया, किसी को यकीन नहीं था कि मैं फेल हो जाऊंगा।” (I got a backlog in pharmacology; no one believed I would fail.)

These failures were perceived not merely as academic events but as threats to identity and social standing.

Family Loss and Bereavement

The death of close relatives, especially during the COVID-19 pandemic, left enduring marks. One participant lost both an elder brother and father in different years:

“भैया और पापा के जाने के बाद घर की कंडीशन बहुत खराब हो गई... सारी जिम्मेदारी मेरे ऊपर आ गई।” (After my brother and father passed away, the condition of the house worsened, and all responsibilities fell on me.)

Another recalled the paralysis and eventual death of a grandmother:

“दादी को पैरालिसिस हुआ था, दो साल तक सफर किया और फिर चल बसी।” (My grandmother suffered from paralysis for two years before passing away.)

Such losses disrupted family structures, often forcing participants into premature maturity.

Abuse and Harassment

Several participants shared experiences of molestation or harassment. One recalled childhood abuse:

“मैं बहुत छोटी थी... मम्मी की फ्रेंड का बेटा मुझे गलत तरीके से छूता था... बाद में समझ में आया कि यह गलत था।” (I was very young... my mother's friend's son used to touch me inappropriately... later I realized it was wrong.)

Another spoke about harassment by a peer:

“हम सब दोस्त साथ में थे... सुबह महसूस हुआ कि कोई मुझे छू रहा है... बहुत रोकने की कोशिश की लेकिन वह जबरदस्ती कर रहा था।” (We were all friends together... in the morning I felt someone touching me... I tried to stop him, but he was forcing himself.)

These traumatic memories resurfaced repeatedly, leading to anxiety, fear of touch, and mistrust.

Family and Interpersonal Conflict

Domestic tensions and sibling disputes were recurrent. One participant explained:

“रिलेटिव्स घर में तीन साल रहने आ गए... पापा-मम्मी के बीच लड़ाई शुरू हो गई... प्राइवसी चली गई।” (Relatives came to stay in our house for three years... fights started between my parents... I lost my privacy.)

Another described sibling rivalry:

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“भाई से कभी नहीं बनती... हर चीज में प्रेशर रहता है कि उसको खराब ना लगे।” (I never get along with my brother... there's always pressure to keep him happy.)

These conflicts compounded stress and created feelings of helplessness within family systems.

Theme 2: Emotional Reactions

Negative Emotional States

Participants expressed deep emotional turmoil. Fear, helplessness, and hopelessness were recurring:

“किसी नॉर्मल व्यक्ति के टच से भी डर लगने लगा था।” (I was scared even by the touch of a normal person.)

Bereavement was often accompanied by despair:

“भाई और पापा के जाने के बाद लगता था कि कुछ बचा ही नहीं है... बस रोता रहता था।” (After my brother and father passed away, it felt like nothing was left... I just kept crying.)

Shame and guilt also surfaced, especially after academic setbacks:

“रिजल्ट देखकर लगा कि जीवन का कोई मतलब ही नहीं है।” (Seeing my result, I felt life had no meaning.)

Positive Emotional Shifts

Despite distress, several participants reported positive emotional growth:

“अब मैं किसी से डरता नहीं हूँ, सिर्फ किसी को खोने से डरता हूँ।” (Now I fear nothing, except losing someone.)

Others described resilience emerging from pain:

“बहुत परेशानियां झेलने के बाद अब लगता है कि लाइफ को और अच्छे से जीना चाहिए।” (After enduring so many problems, I now feel life should be lived more fully.)

Theme 3: Psychological and Physical Impact

Psychological Consequences

Depression, anxiety, and intrusive memories were common. One participant noted:

“रात में नींद नहीं आती थी... बार-बार वही घटना याद आती थी।” (I could not sleep at night... I kept remembering the incident.)

Another reported social withdrawal:

“पहले बहुत सोशल थी... अब पब्लिक में बोलने से पैर कांपते हैं।” (I used to be very social... now my legs tremble when I have to speak in public.)

Physical Health Effects

Trauma manifested physically in weakness and low immunity:

“बीपी लो हो जाता था... घबराहट होने लगती थी।” (My blood pressure would drop... I would feel anxious.)

Another participant shared:

“खाना खाने का मन नहीं करता था... बहुत कमजोर हो गई थी।” (I could not eat... I became very weak.)

Sleep and Eating Disturbances

Sleep disruption was pervasive:

“रात-रात भर नींद नहीं आती थी... सुबह तीन-चार बजे से पहले नींद नहीं आती।” (I could not sleep at night... I wouldn't fall asleep before 3 or 4 am.)

Eating patterns also changed:

“वाइट रसगुल्ले बहुत पसंद थे... सामने रखे रहे लेकिन खाने का मन नहीं किया।” (I loved white rasgullas... but even when they were in front of me, I had no desire to eat.)

Theme 4: Coping Strategies

Spiritual and Religious Coping

Spirituality emerged as a significant coping resource:

“मंदिर जाकर बैठ जाती थी... वहां शांति मिलती थी।” (I would sit in the temple... it gave me peace.)

Others relied on devotional songs and bhajans:

“भजन सुनना पसंद है... उससे कंट्रोल कर लेती हूं।” (I like listening to bhajans... they help me control myself.)

Avoidance and Withdrawal

Avoidance was common:

“घर छोड़कर जाने का मन करता था... सब से अलग रहना चाहती थी।” (I felt like leaving home... I wanted to live apart from everyone.)

Another said:

“रूम में जाने का मन नहीं करता था... बाहर ही रहती थी।” (I didn't feel like going to my room... I stayed outside instead.)

Support-Seeking

Some participants found strength in friends and family:

“मम्मी और एक फ्रेंड से बात करके हेल्प मिली थी।” (I got help from my mother and one friend.)

Others hesitated to seek help:

“पापा ने काउंसलर से मिलने को कहा था लेकिन मैं नहीं गई।” (My father suggested seeing a counselor, but I did not go.)

Personal Resilience

Personal agency was central to coping:

“खुद को बिजी रखती थी... पढ़ाई और कामों में लग जाती थी।” (I kept myself busy... engaged in studies and tasks.)

Another emphasized determination:

“जो भी हो, लड़ना है और लड़ते रहना है।” (Whatever happens, I must fight and keep fighting.)

Theme 5: Social and Academic Impact

Academic Disruption

Trauma affected academic performance:

“नेक्स्ट डे एग्जाम था... सबसे लोएस्ट स्कोर आया।” (The next day was my exam... I got my lowest score ever.)

However, some later improved:

“ट्वेल्थ में मार्क्स काफी इंप्रूव हुए क्योंकि अब ध्यान पढ़ाई पर लगने लगा।” (My marks improved in twelfth grade because I started focusing more on studies.)

Relationship Strain

Conflicts strained relationships:

“पापा से अब बात नहीं करती... झगड़े के बाद दूरी आ गई।” (I no longer talk to my father... after arguments, distance grew.)

Sibling disputes added stress:

“भैया के साथ हमेशा बहस हो जाती है।” (I always end up arguing with my brother.)

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Social Withdrawal

Several participants described avoiding social spaces:

“दोस्तों के बीच जाने में डर लगता है... पब्लिक स्पीकिंग में पैर कांपते हैं” (I feel scared to go among friends... my legs shake during public speaking.)

Theme 6: Recovery and Growth

Empowerment and Control

Some participants described reclaiming agency:

“अब कोई भी डिसेज़न आराम से ले सकती हूँ... पहले से ज्यादा कॉन्फिडेंस है” (Now I can take any decision calmly... I have more confidence than before.)

Meaning-Making

Others reframed suffering as lessons:

“लाइफ बहुत अनसर्टेन है... अब हर दिन को वैल्यू करना सीख लिया है” (Life is very uncertain... I have learned to value each day.)

Partial vs. Full Recovery

Recovery was uneven. Some still struggled:

“आज भी किसी के टच से डर लगने लगता है” (Even today, I fear someone's touch.)

Others felt they had moved on:

“अब नॉर्मल लाइफ जी पा रही हूँ... पहले से भी बेहतर” (Now I am living a normal life... even better than before.)

The findings demonstrate the dual nature of adversity: it generates emotional, psychological, and social suffering but also provides avenues for resilience and growth. While participants struggled with fear, loss, and withdrawal, they also reported empowerment, maturity, and renewed appreciation for life. Coping was mediated by spirituality, personal resilience, and support systems, though professional counseling remained underutilized.

DISCUSSION

Our study aimed to investigate the personal experiences of young adults who have faced failure and trauma, including their emotional and psychological reactions, coping mechanisms, and paths to recovery and growth. By analyzing qualitative interviews through a thematic approach, we identified six main themes: experiences of failure and trauma, emotional responses, psychological and physical effects, coping strategies, social and academic consequences, and recovery and growth. This section examines these findings in relation to existing research, highlighting both similarities and unique aspects from the Indian socio-cultural context.

These stories show that academic failure is still a major source of stress for young adults. High-pressure exams like the UGC NET, board exams, and professional courses don't just affect their education plans, but also their family's reputation and what society expects of them in India. Earlier research has found that failing academically can lead to depression, anxiety, and even suicidal thoughts (Deb et al., 2015). This study's findings support that, with participants reporting feeling deep shame and hopelessness after doing poorly.

However, this study offers a more nuanced view by highlighting how overconfidence and inadequate guidance exacerbated these setbacks. Participants remembered that being praised

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for their academic potential sometimes led to unrealistic expectations, and failure had a more profound emotional impact. This aligns with Lazarus and Folkman's (1984) stress appraisal model, where a perceived threat to one's self-identity intensifies distress.

People's stories of losing loved ones, especially during the COVID-19 pandemic, match what research says about the deep impact of bereavement on mental and social well-being (Stroebe & Schut, 1999). When family members die, it can shake up a household's financial and emotional stability, often forcing people to take on adult responsibilities too early. These experiences are especially meaningful in Indian families, where a strong sense of community makes loss even harder to cope with.

These stories also show how loss affects people across generations, with one participant sharing how his brother's passing put a bigger financial burden on him and his siblings, leading to extra emotional stress. This added layer of pain and responsibility, on top of the initial grief, adds new insights to the existing research on bereavement, especially in close-knit families.

Reports of childhood molestation and peer harassment align with research showing that sexual abuse has lasting effects, including vivid memories and trouble trusting others (Widom & Czaja, 2019). In India, cultural stigma and a lack of openness around sex often stop people from speaking up (Kumar & Tiwari, 2016). Participants backed this up, sharing how they hid their experiences from parents and friends, fearing they'd be judged or blamed. One notable aspect here is the delayed realization of abuse. Many participants didn't recognize the abusive nature of their childhood experiences until adulthood, highlighting the importance of teaching consent and boundaries at the right age. These findings are crucial for developing prevention strategies in Indian schools and families.

Stories of family feuds, sibling fights, and tension with relatives who live with them show how family, while meant to protect, can actually cause stress. This is in line with Shek's (2005) research on family conflict in collectivist cultures. The stories reveal how a lack of privacy and autonomy—for instance, having to give up one's bedroom for relatives—can throw off routines and increase frustration. This highlights a paradox in collectivist societies: the same family system that offers security can also limit individual well-being.

Participants' responses were marked by fear, helplessness, shame, and despair, echoing Brewin et al.'s (2000) finding that trauma triggers a range of negative emotions. Notably, participants reported fearing everyday touch after harassment, indicating that trauma becomes physically ingrained. Some expressed guilt over underperforming or failing to prevent traumatic events. These emotional reactions highlight the connection between trauma and identity: academic failures were seen as threats to personal worth, while bereavement and abuse eroded trust and safety. These interpretations align with narrative identity theory, which suggests that people make sense of adversity by incorporating it into their personal stories (McAdams, 2001).

At the same time, participants reported that adversity led to growth, maturity, and resilience. This aligns with Tedeschi and Calhoun's (1996) idea of post-traumatic growth (PTG). For instance, one participant shared that after multiple losses, he no longer worried about everyday challenges, but only the possibility of losing loved ones. This shift in fear from

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general vulnerability to specific attachment highlights how trauma can help clarify what matters most.

Participants' reports of depression, anxiety, intrusive memories, and occasional suicidal thoughts align with global research on the psychological impact of trauma (Kessler et al., 2017). However, the social withdrawal and avoidance of public speaking seen here are especially significant in academic settings, where performance and participation are highly important. These patterns show how trauma not only affects personal well-being but also disrupts social and academic roles.

Physical symptoms like low blood pressure, weakness, headaches, and disrupted sleep align with van der Kolk's (2015) idea that "the body keeps the score." The significant presence of appetite loss and fatigue indicates that trauma affects both physical and emotional well-being. This highlights the importance of comprehensive interventions that tackle both psychological and physiological aspects.

Our findings support Pargament's 1997 framework on religious coping, which suggests that spirituality gives people a sense of meaning and helps them hold onto hope. Many participants found solace in temples, bhajans, and prayer, saying these practices brought them peace and strength. In India, where religion is a big part of daily life, these strategies are culturally relevant and easy to access.

Many people avoided certain behaviors, such as staying out of their own rooms, isolating themselves from friends, or refusing to talk about their experiences. Although this avoidance might temporarily ease their distress, research suggests it can actually slow down recovery (Roth & Cohen, 1986). The fact that intrusive memories continued to haunt participants who relied heavily on avoidance supports this idea.

Having a supportive social network was key, which aligns with Cohen and Wills' (1985) idea that support can help. Many participants found relief by talking to mothers, siblings, or close friends. However, they rarely sought professional counseling, showing that mental health services in India are still stigmatized (Verma & Sharma, 2019). This points to a pressing need to make counseling more accepted and make it a part of education.

Participants' resolve to "fight and survive," their journaling habits, and academic focus echo Masten's (2001) concept of resilience as "ordinary magic." These stories show how resilience emerges from everyday actions, discipline, and changes in mindset, rather than extraordinary resources.

Academic disruptions were clear, with a sharp drop in performance right after the traumatic event. However, some participants reported a boost in later stages, implying that adversity can sometimes be a motivating force. This matches up with Servaty-Seib and Hamilton's (2006) research showing that grief can initially hinder but ultimately refine academic focus. Participants also reported social changes, such as pulling away from their peers, being more distrustful in relationships, and speaking up less in public. These findings align with Feeny et al.'s (2000) research showing that trauma can change how people interact with each other. In a culture that values group involvement, this kind of withdrawal can make feelings of isolation worse.

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Many participants reported gaining the ability to make decisions calmly, set boundaries, and trust themselves. These findings align with Ungar's (2011) ecological model of resilience, which suggests that individuals not only adapt internally but also tap into external resources to regain control. This is consistent with Park's (2010) meaning-making model, where participants reinterpreted their struggles as life lessons, highlighting the uncertainty of life and the importance of family ties. It seems that these meaning-making processes are key to transitioning from a sense of helplessness to empowerment.

Recovery was a mixed bag: some participants said they had completely returned to normal, while others still struggled with ongoing fears, particularly a fear of touch. According to Bonanno's (2004) model of resilience, this variation is expected, as people take different paths—some bouncing back quickly, others experiencing lasting distress. This highlights the importance of tailored interventions rather than a one-size-fits-all approach.

Implications of the study

The findings reinforce key psychological theories:

- **Stress and Coping Theory (Lazarus & Folkman, 1984):** People evaluated their experiences as threats, which led to coping strategies that spanned from avoidance to problem-focused resilience.
- **Post-Traumatic Growth (Tedeschi & Calhoun, 1996):** Participants showed growth in maturity, spirituality, and self-reliance.
- **Resilience Theory (Masten, 2001):** Suggests that everyday activities like journaling, music, and studying can help people recover, showing that resilience is a process rather than a fixed trait.
- **Meaning-Making Models (Park, 2010):** It suggests that daily activities like journaling, music, and studying can aid in recovery, highlighting that resilience is something that develops over time rather than a natural trait.

Practical Implications

1. **Counseling Services:** Companies should make counseling more accessible and make it clear that seeking help is normal.
2. **Academic Support:** Remedial programs and mentorship can help reduce academic disruptions caused by trauma.
3. **Family Interventions:** Family counseling can help resolve conflicts and strengthen supportive relationships.
4. **Spiritual Integration:** Interventions that respect cultural spirituality might be more effective in Indian contexts.
5. **Awareness Campaigns:** Open discussions about sexual abuse and trauma in the public can help break down stigma and encourage people to speak out.

Limitations and Future Directions

Although this study offers valuable qualitative insights, its limitations include a small sample size and a relatively uniform demographic (mostly students and young adults). To improve generalizability, future studies should include more diverse samples across different age groups, socio-economic backgrounds, and regions. Longitudinal research could shed more light on how coping strategies and growth change over time. Additionally, future studies might investigate the role of digital platforms, as young adults are increasingly using social media for both coping and seeking support.

CONCLUSION

Overall, the findings highlight the dual nature of adversity: trauma not only causes distress across emotional, physical, and social areas but also creates opportunities for growth, resilience, and empowerment. These insights emphasize the need for comprehensive interventions that combine psychological support, family dynamics, and cultural resources. By examining trauma within the Indian socio-cultural context, the study adds depth to the global discussion on resilience and offers strategies tailored to the local context for promoting well-being.

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Conflict of Interest

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APPENDIX

Thematic Analysis Table

Themes	Sub-Themes	Codes (Illustrative/Exhaustive)
1. Experiences of Failure and Trauma	Academic setbacks	Exam failure (UGC NET not cleared, pharmacology backlog), poor marks in board exams, overconfidence, pressure from parents, academic stress
	Family loss & bereavement	Death of brother, father, uncle, cousin during COVID, grandmother's paralysis and death, loss of close relative by suicide
	Abuse and harassment	Childhood molestation, unwanted sexual advances by relative/peer, coercion, intrusive memories, fear of touch, anxiety in crowds
	Family/interpersonal conflict	Parental fights, sibling rivalry, restrictions from over-possessive parents, relatives living at home creating stress, strained father–daughter relations
2. Emotional Reactions	Negative emotional states	Fear, hopelessness, helplessness, sadness, shame, guilt, regret, loneliness, panic, anger, frustration
	Positive emotional shifts	Gained maturity, acceptance, resilience, feeling stronger, valuing relationships, spiritual solace
3. Psychological and Physical Impact	Psychological consequences	Depression, anxiety, intrusive memories, suicidal ideation (some), social withdrawal, overthinking, loss of interest, avoidance
	Physical health effects	Low BP, weakness, weight loss, excessive sleep/insomnia, chest tightness, headaches, fatigue
	Sleep and eating disturbances	Broken sleep, nightmares, insomnia, excessive sleep, irregular eating, overeating/undereating
4. Coping Strategies	Spiritual/religious coping	Visiting temples, prayers, bhajans, listening to spiritual talks/podcasts, faith in God
	Avoidance and withdrawal	Isolating from others, staying busy, ignoring triggers, reluctance to disclose traumatic events
	Support-seeking	Sharing with mother, close friend, sibling, counselor suggestion (sometimes accepted, sometimes not), extended family help during crises
	Personal resilience	Keeping busy, journaling, listening to music, studying harder, exercising, self-reflection, “fight and survive” attitude
5. Social and Academic Impact	Academic disruption	Poor exam performance post-trauma, lack of concentration, missed opportunities, later academic improvement
	Relationship strain	Strained family ties (father–daughter conflict, sibling issues), reduced bonding, loss of trust in relationships

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Themes	Sub-Themes	Codes (Illustrative/Exhaustive)
	Social withdrawal	Avoiding outings, reduced interest in socialization, fear of public speaking, reluctance in making new friends
6. Recovery and Growth	Empowerment and control	Self-reliance, decision-making improvement, boundary-setting, personal responsibility for healing
	Meaning-making	Hardship as life lesson, valuing uncertainty of life, deeper bond with family, prioritizing self-care
	Partial vs. full recovery	Some participants still experiencing lingering effects (fear of touch, distrust), while others report moving toward normalcy