THE LIVE EXPERIENCES OF UNIVERSITY STUDENTS WITH DEPRESSION IN MALAYSIA

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Abstract. The number of depressed Malaysian university students has sharply increased over the past ten years. What started as a localized academic issue has now become a major national mental health crisis, but the true experiences of those affected remain elusive. Therefore, the purpose of the research is to comprehend the authentic experiences of students in Malaysian universities who are experiencing depression. This research employed a qualitative methodology via a phenomenological framework involving five participants female university students who are diagnosed clinically with depression. Information was accessed via semi-structured interviews that were digitally audiotaped, transcribed verbatim and translated to English to analyse the information. The results indicate that there are six major themes that describe the experience of having depression. They are high-achieving students losing their academic identity because they entered the survival mode, a bitter fight between seeking the help of professional assistance and turning to drug use or self-harm in order to cope, the pressure of being a normal, fearing to be seen as a burden, the contradiction between familial beliefs and attributing depression to lack of spirituality, the physically isolated nature of staying in the room because of the need to avoid social interaction, and the impact of past sexual abuse as an underlying factor of psychological trauma. The themes indicate that student depression is not just a medical problem but they are very much influenced by intrapersonal, social, cultural, and spiritual demands. It is thus recommendable to provide necessary support that will alleviate the deep-seated experience of depression, especially in the university.
Keywords: *depression, experience, mental health, university students*

Introduction

Mental health has emerged as a critical global concern in recent years, with depression identified as one of the most debilitating psychiatric conditions affecting humanity. The World Health Organization (2023) estimates that approximately 280 million individuals worldwide are living with depression. Recent findings further indicate that 30.2% of undergraduate students globally have required hospitalization due to severe depressive symptoms and have experienced substantial stress accompanied by anxiety (Jamal et al., 2022). Depression in Malaysia has become an increasing public health concern, particularly during the COVID-19 pandemic, which intensified mental health challenges across populations. National data indicate a rise in depression prevalence from 1.8% to 2.3% over a decade, with as many as 46.8% of individuals reporting depressive symptoms during the pandemic (Tamil et al., 2024; Razali et al., 2022). Key contributing factors include academic stress, unemployment, financial strain, relationship difficulties, and rapid urbanization. Despite growing awareness, significant barriers to help-seeking persist, especially in rural areas where access to mental health services remains limited. Cultural norms in collectivist societies, which emphasize family honour and emotional restraint, further discourage individuals from disclosing psychological distress. Consequently, depression remains underdiagnosed and undertreated, particularly among socially disadvantaged rural populations.

Depression has become one of the most pervasive challenges affecting both the academic performance and psychological well-being of university students in Malaysia, where increasing academic and social pressures continue to strain mental health. Empirical evidence indicates that 27.5% of Malaysian university students experience moderate depression, while 9.7% report severe to extremely severe levels (Shamsuddin et al., 2013). More recent findings further underscore the scale of the issue, with 45.6% of students reporting depressive symptoms, alongside 60.5% experiencing anxiety and 40% reporting stress, reflecting a substantial mental health burden among young adults in higher education. Recent national data suggest that the prevalence of depression among Malaysian undergraduates has increased markedly, evolving from a localized institutional concern into a broader national mental health issue. Findings from the National Health and Morbidity Survey (2025) indicate that nearly a quarter of undergraduates exhibit moderate to severe depressive symptoms, representing almost a twofold increase compared to the pre-pandemic period (Ministry of Health Malaysia, 2026). This trend may reflect a delayed onset effect, whereby prolonged academic pressure and psychological strain accumulated during earlier educational stages manifest as chronic burnout during tertiary education. Additionally, emerging patterns point to a diminishing disparity between rural and urban students, potentially driven by the widespread influence of social media and digital comparison, which amplifies achievement-related anxiety across demographic groups. Correspondingly, university counselling services have reported an annual 20% increase in intervention cases, suggesting heightened emotional vulnerability among students amid socio-economic uncertainty and a persistent emphasis on academic performance metrics such as CGPA (Zulkifli, 2026; Ahmad et al., 2024).

Depression can significantly impair an individual's capacity to function in daily life, affecting relationships, academic performance, and overall productivity. If left unaddressed, it may progress into more severe psychological conditions. Common symptoms include persistent low mood, cognitive disturbances, and declining physical health. However, stigma and cultural misconceptions continue to hinder recognition of the condition and delay help-seeking behaviors, thereby increasing the risk of serious outcomes such as self-harm or suicide (Aning et al., 2021). Despite the extensive body of quantitative research documenting prevalence rates and associated factors such as academic stress (Zulkeflee et al., 2025; Bruce et al., 2023), there remains a significant gap in understanding how students subjectively experience and navigate depression within the university context. In particular, limited attention has been given to the lived experiences of students who have been clinically diagnosed with depression and the ways in which the condition shapes their daily academic, social, and personal lives (Valdez Martinez, 2026). Depression exerts multidimensional effects, influencing not only academic engagement but also interpersonal relationships, physical health, and individual development. Students experiencing depression often encounter difficulties in managing coursework, maintaining peer relationships, and accessing or utilizing mental health support services effectively. However, the nuanced ways in which these challenges manifest in everyday university life remain underexplored, particularly from the perspectives of the students themselves (Valdez Martinez, 2026).

Although quantitative studies have been instrumental in identifying prevalence rates and statistical predictors of depression, they often fail to capture the depth and complexity of students' lived experiences. The subjective meanings, emotional nuances, and personal coping mechanisms associated with depression are frequently absent from

large-scale datasets (Shah et al., 2023). Although a range of treatment options for depression exists, there is limited evidence regarding the most appropriate and effective interventions for university students in Malaysia. The success of such interventions may vary depending on cultural contexts, institutional support systems, and individual circumstances within the higher education environment. This highlights the need for more contextually grounded research to inform targeted and culturally sensitive mental health strategies. Therefore, qualitative inquiry is essential to provide a more comprehensive understanding of how students interpret and manage their experiences, ultimately contributing to the development of more effective and empathetic support systems.

Literature review

Depression is a severe mental health condition marked by persistent low mood or loss of interest, along with cognitive, emotional, and behavioural impairments that disrupt daily functioning. Its symptoms vary across individuals, making accurate diagnosis essential for effective treatment. Given its rising global prevalence, studying how individuals experience and cope with depression can provide valuable insights into its broader impacts and inform better interventions. This review aims to advance understanding of how individuals experience and cope with depression across different contexts, and how these variations influence functional, emotional, and behavioural outcomes.

Depression

Depression is one of the most widely studied psychological constructs, alongside concepts such as stress and resilience. The term depression is derived from the Latin word “depressio”, meaning “sinking,” reflecting the subjective experience of feeling weighed down or overwhelmed. It is classified as a mood disorder that exists along a continuum, ranging from transient low mood commonly experienced in daily life to a clinically significant syndrome characterized by prolonged duration and distinct symptoms that markedly deviate from normal functioning (Rivas-Acuña et al., 2011). Depression is a mental disorder primarily characterized by a persistently low or decayed mood. It is commonly accompanied by distressing emotional states such as anguish, irritability, and, in some cases, panic attacks. Individuals may also experience impairments in cognitive and psychological functioning, including reduced performance, diminished motivation, social withdrawal, and pervasive hopelessness. Additional features can include psychomotor retardation, recurrent negative thoughts, and, in severe cases, the presence of delusional ideation. Overall, depression is classified as a mood disorder marked by a sustained state of dejection and unhappiness, which may be either transient or chronic (Ashina et al., 2012). More broadly, depression is defined as a mental disorder characterized by persistent sadness, loss of interest or pleasure, feelings of guilt or low self-esteem, and physiological disturbances such as altered sleep patterns and appetite. These symptoms are often accompanied by reduced concentration, fatigue, and diminished functional capacity in daily life. The condition may become chronic or recurrent, significantly impairing overall functioning; when it is mild it can be treated with psychotherapy, but when it is moderate or severe, pharmacological treatment may be needed (Toro Tobar et al., 2016).

Depression among university students is a complex, multifactorial issue shaped by geographical, socioeconomic, environmental, and cultural influences. Regional differences in prevalence are linked to factors such as levels of socioeconomic development, environmental conditions, and historical contexts (Zhou et al., 2024). Among Korean university students, depression is strongly associated with socio-psychological and cultural pressures, including academic stress, interpersonal relationships, and concerns about future employment (Lee et al., 2024). Similar patterns are observed in Malaysia, where intense academic demands, standardized measures of success, and a "crammed curriculum" contribute to heightened psychological vulnerability (Shah et al., 2023). Overall, these findings suggest that depression in university populations is not solely an individual issue but is deeply embedded within broader environmental, cultural, and institutional systems.

Contributing factors to depression in Malaysia

The rising prevalence of depression among university students in Malaysia represents a significant public health concern, driven by the interplay between academic pressures and evolving socioeconomic conditions. The transition from an exam-oriented secondary education system to more independent university learning has created disparities in students' coping abilities, with many tying their self-worth to academic performance such as CGPA (Ahmad et al., 2024; Samuel et al., 2017). This burden is further intensified by financial insecurity, particularly among students from low-income families who face heightened anxiety about unemployment and rising living costs (Ministry of Health Malaysia, 2026; The Star, 2026). Despite reforms aimed at holistic education, entrenched exam-centric culture and persistent stigma, mental health continues to hinder help-seeking and exacerbate isolation. Consequently, student depression in Malaysia reflects not only an individual medical issue but also a systemic challenge shaped by educational demands and broader societal changes, requiring comprehensive intervention.

Malaysia's education system: Malaysia's education system has long been characterized by an exam-oriented, centralized framework that prioritizes standardized testing as the primary pathway for academic progression and social mobility (Samuel et al., 2017). Historically anchored in major examinations such as UPSR and PT3, this system has been criticized for emphasizing rote memorization over critical thinking and creativity. Although recent reforms, including the abolition of these exams and the introduction of Classroom-Based Assessment, aim to promote a more holistic approach, structural challenges and entrenched exam-centric culture persist (Yusoff et al., 2025; Hajmi and Jamaludin, 2022). National policies such as the Malaysia Education Blueprint 2013–2025 and the National Education Blueprint 2026–2035 seek to humanize education through formative assessment and TVET integration, yet performance in SPM continues to dominate educational outcomes (Anwar Ibrahim, 2026; The Star, 2026). This enduring results-driven culture contributes to a high-pressure academic environment that shapes students' mental health, particularly during the transition to university, where many adopt a GPA centred view of self-worth. The shift from structured, exam-focused schooling to self-directed learning often leads to increased anxiety, stress, and depression due to limited emotional preparedness (Ministry of Health Malaysia, 2026; Ahmad et al., 2024), further exacerbated by competitive job markets and social comparison, ultimately contributing to a rise in counselling demand (Mustapha and Lee, 2025).

High Academic Orientation and Stress Profiles: The Malaysian education system is characterized by an intensive, “crammed curriculum” and a deeply entrenched exam-oriented culture, both of which contribute significantly to student psychological distress (Shah et al., 2023). Evidence shows that about 29.1% of secondary school students experience high levels of perceived stress prior to final examinations, with physiological indicators such as elevated cortisol levels further confirming the impact of academic pressure on their well-being (Shah et al., 2023). This strain extends into higher education, where academic workload continues to be a major source of psychological burden among university students, contributing to a broader mental health crisis in public universities (Musa et al., 2025). The Influence of Parental Expectations and Socioeconomic Factors: Parental influence is a key contributor to academic pressure in Malaysian families, with heightened parental expectations often translating into intense pressure on students’ academic decisions and significantly increasing anxiety levels (Shah et al., 2023). This dynamic became particularly evident during home-based learning (PdPR), where parents themselves reported elevated psychological stress while closely monitoring their children’s academic progress (Jalani et al., 2023). Additionally, student stress levels are shaped by factors such as family income, aspirations for university admission, and concerns about financial security, all of which intensify the overall academic burden.

Effects of High-Stakes Tests and Admission Model: High-stakes examinations, particularly the Sijil Pelajaran Malaysia (SPM), are a major source of psychological distress and are linked to increased student withdrawal rates. The transition into competitive tertiary programs further exacerbates stress, with first year students; especially in demanding fields like medicine reporting high stress levels driven largely by academic performance pressures (Yusoff et al., 2013). Evidence comparing admission systems also suggests that reliance on standardized testing is associated with higher levels of student distress compared to more holistic, portfolio-based assessment approaches (Hu and Zainudin, 2026). Institutional Contexts: SBP, MRSM, and SMK: Although direct empirical comparisons between school types such as SBP, MRSM, and SMK are limited, existing evidence suggests that admission into elite institutions like SBP and MRSM creates high-stakes environments that shape students’ stress profiles early in their academic journeys, with significant stress reported during demanding periods (Hu and Zainudin, 2026; Yusoff et al., 2013). More broadly, rising depression rates in Malaysia are influenced by multiple factors, including lifestyle changes, academic pressure, family dynamics, cultural and religious expectations, and the impact of the COVID-19 pandemic. Disruptions such as university closures, remote learning, and social distancing weakened students’ academic routines and social support systems, while economic hardships from family job losses disproportionately increased stress among lower-income students. These conditions collectively intensified feelings of isolation, uncertainty, and concern about the future, thereby exacerbating depressive symptoms among students.

Family and Cultural Factors: Family environments play a crucial role in shaping students’ psychological well-being, as even supportive households can become sources of pressure through high academic expectations and financial dependence. Such pressures, combined with strained family relationships, contribute significantly to students’ mental burden. Gender has also been identified as an important predictor, with female students showing higher levels of depression, anxiety, and stress among Malaysian university populations (Samsudin et al., 2024). Within collectivist cultural

contexts, strong emphasis on family honour and success intensifies academic expectations, often leading students to experience guilt, shame, and discouragement when they fail to meet these standards. Furthermore, limited openness in discussing mental health within families hinders help-seeking, exacerbating students' psychological distress. Social Environment: The social environment is a key contributor to depression among Malaysian undergraduate students, with social isolation identified as a major risk factor that negatively affects academic performance, discipline, and social functioning, highlighting the importance of support from parents, peers, and teachers for emotional well-being (Yusuf et al., 2025). The impact of this issue was further intensified during the COVID-19 pandemic, when reduced social interaction significantly affected students' mental health. Studies among university students in Shah Alam reported high levels of psychological distress, including moderate to extremely severe depression (53.9%), anxiety (66.2%), and stress (44.6%) (Wong et al., 2023).

Religiosity and Spiritual Factors: The mutual dependence between religiosity and mental health is not a simple matter and should be understood in nuanced terms. On one hand, religiosity can serve as a protective factor by providing students with a sense of community, meaning, and coping resources when facing stress and uncertainty. For instance, religiously active students often demonstrate better mental health outcomes due to the supportive and normative framework offered by their beliefs (Pauzi et al., 2025; Sujarwoto et al., 2023). However, the influence of religiosity is not always beneficial. It may also negatively affect mental well-being when religious expectations lead to guilt, dependency, or internal conflict with personal values or lifestyle preferences. This is particularly relevant in multicultural contexts such as Malaysia, where students may experience pressure to conform to religious principles that do not fully align with their lived experiences, potentially intensifying depressive symptoms (Pauzi et al., 2025; Kotera et al., 2021).

Materials and Methods

This study adopts a qualitative phenomenological research design to explore the lived experiences of Malaysian university students diagnosed with depression, with a particular focus on how they perceive, interpret, and make meaning of their condition. Data were collected through in-depth, semi-structured interviews, allowing participants to provide rich, reflective accounts within a flexible yet guided framework. A purposive sampling strategy was employed to recruit five undergraduate female students from Universiti Putra Malaysia (UPM), selected based on specific inclusion criteria to ensure relevance and depth of insight. Data saturation determined the final sample size. The collected data were analysed using thematic analysis within an interpretivist framework, involving systematic coding, theme development, and the processes of decontextualization and recontextualization to construct meaningful patterns. The researcher functioned as the primary instrument throughout both data collection and analysis, engaging reflexively to minimize bias and ensure sensitivity to participants' emotional expressions. Trustworthiness was established through strategies such as member checking, peer debriefing, and audit trails. Overall, the study emphasizes a humanistic and rigorous approach to capturing the complexity and depth of participants' lived experiences with depression.

Ethical considerations

This study maintained stringent ethical standards to safeguard participants and ensure research integrity, with approval granted by the Research Ethics Committee for Human Subjects at Universiti Putra Malaysia (JKEUPM) in accordance with Malaysian guidelines. Participants were recruited through purposive, non-discriminatory sampling methods, including volunteer calls, referrals, and snowball techniques, and screened using strict inclusion and exclusion criteria to protect vulnerable individuals. Comprehensive briefings were conducted to ensure informed, voluntary participation, with written consent obtained and participants assured of their right to withdraw at any stage without penalty. Data collection was carried out in safe, confidential environments, with sensitivity to participants' emotional well-being, including the provision of support and flexibility during distress. Interviews were conducted in participants' preferred languages, with ongoing consent for recording and participation. Confidentiality and anonymity were rigorously upheld through pseudonymization, secure data storage, and restricted access, while accurate transcription and careful translation preserved the integrity of the data. Overall, ethical considerations were embedded throughout recruitment, data collection, and data management processes (*Table 1*).

Table 1. *Participant demographic information.*

Participant	Age	Gender	Nationality	Major	Institution
1	22	Female	Malaysian	English Literature	UPM
2	23	Female	Indonesian	Communication	UPM
3	25	Female	Malaysian	Human Development	UPM
4	23	Female	Eritrean	Physics	UPM
5	27	Female	Malaysian	Human Development with Management	UPM

Transcription and coding

Prior to the initiation of coding, member checking was conducted whereby transcripts were returned to participants for verification and confirmation of their expressed views and perspectives. The interviews were transcribed verbatim, capturing not only spoken words but also vocal nuances such as tone, pauses, and inflections to provide deeper insight into participants' emotional states and attitudes. Additionally, participants' non-verbal behaviours and mannerisms were observed and systematically documented as field notes to enrich the interpretive analysis. The transcribed interviews were imported into Atlas.ti 8 for systematic coding and analysis. The transcription process preserved conversational features such as interruptions, interjections, and expressions of agreement or disagreement to ensure an accurate representation of participants' perspectives. A constant comparative method was employed to examine codes across the dataset, enabling the identification of patterns of similarity and difference, which informed the development of four overarching themes: (1) Commitment to achieving academic excellence, (2) Coping Mechanisms for Depression, (3) Lacking in social interaction and (4) Sexual abuse resulting in psychological trauma. The analytical procedure adhered to Braun and Clarke's (2006) six-phase framework, encompassing data familiarization, initial code generation, theme identification, theme review, theme definition and naming, and the production of the final report.

Results and Discussion

The first research question explores how university students' experiences depression. By examining the narrative descriptions provided in the interviews, a few central themes emerge pointing out the challenges of being a depressed individual struggling to balance depression with university life in Malaysia.

Commitment to achieving academic excellence

The participants in the conversations set the tone for the discussion citing academic performance as a very important microsystem, as it is a primary source of identity as well as a critical point of pressures. Citing that, irrespective of their state of mind, they tend to believe that continuing to achieve good grades is a necessity they cannot compromise with regard to their self-esteem. For several participants, the drive for academic achievement is an internalized necessity for consistency and validation. This drive creates a high achiever identity that is often fragile; when depression sets in, the inability to sustain these perfect standards leads to a deeper psychological collapse. Also, the participants also point out that external expectations within the family microsystem frequently reinforce this commitment, as parental figures set benchmarks that link academic results to family pride.

P3: "*I achieved straight 9As and was the first student at my school to do so. Throughout Form 4 and Form 5, my performance was consistent; I was always ranked in the top three. Regardless of whether it was the mid-term, early, or year-end exams, I consistently maintained my position in the top three*."

P1: "*So, in school, in high school, I studied at School X. I took my SPM there. I got 6 A's... Yeah, I got an excellent result for STPM. Alhamdulillah, I got a 4.0 GPA*."

P5: "*I got an A-plus in all subjects and I was ahead of my classmates and all of that... Always aim for A's or flat 4's. Achievers... I would say yes. Because my mom is kind of like that. She's like I need to achieve it. Like if I get my results, the first question she is going to ask, like if I got 98, then 'where is the 2%?' Yeah, that's the thing. Every time. Ever since I was a child*."

P2: "*To be honest, I really was an academic achiever, an overall achiever since I was a child actually, because maybe of my parents' expectations as well, right? I am an only child, so everything I did... I really did for my parents. And before... my mom was quite firm, quite stern about my academics. And then, after my mom 'dropped' declined]. there was a phase of ups and downs in my academics itself*."

The accounts of the participants demonstrate a profound internalization of Malaysia's examination-oriented culture, in which academic achievement is closely tied to personal identity and self-worth. Although previous scholarship has established that highly compressed and demanding curricula contribute to systemic stress among students, the present findings further suggest that, among high-achieving students, such stress is often transformed into a fragile and performance dependent self-concept. The participants' persistent desire to remain within the top academic rankings and their strong ambitions indicate that academic success functions not merely as a source of

psychological pressure, but as a central pillar of personal validation and perceived survival. This observation aligns with the findings of Musa et al. (2025), Shah et al. (2023), Jalani et al. (2023), and Yusoff et al. (2013), which collectively highlight the pervasive influence of academic expectations on students' psychological well-being and identity formation. These studies emphasize that high-performing students often internalize societal and familial expectations to such an extent that academic excellence becomes inseparable from their sense of self-esteem, social acceptance, and future security. Furthermore, the cited literature underscores how students' commitment to achieving academic excellence is reinforced by competitive educational environments that reward high performance while simultaneously intensifying emotional strain. In this context, commitment to excellence is not solely driven by intrinsic motivation or intellectual curiosity, but also by the fear of failure, social comparison, and the perceived consequences of underachievement. Consequently, the participants' narratives reflect a broader sociocultural pattern in which resilience, discipline, and academic perseverance are cultivated alongside heightened vulnerability to stress and psychological exhaustion.

Coping mechanisms for depression

Coping Mechanisms for Depression emerged as the second theme where participants described coping with depression as a desperate and deeply personal struggle for survival, shaped by the overwhelming and persistent nature of their emotional pain. As the symptoms of depression became long-lasting and debilitating, they relied on a wide range of psychological and behavioural coping mechanisms in an attempt to manage their distress. These coping responses reflected both maladaptive behaviours, which posed serious physical and psychological risks, and adaptive behaviours that helped preserve emotional stability and support recovery. Their experiences revealed that coping was rarely a simple or rational choice between "healthy" and "unhealthy" responses; rather, it was an instinctive effort to endure intense inner turmoil and regain a sense of control amid emotional suffering.

> P1: "*I'm coping by way of getting treatment. I feel like getting treatment getting help I seek for help it's one of the best things I ever did. Yes, meaning people say depression can be healed can be cured actually it took 9 months actually truly if taking with prescribed medicine*."

> P2: "*If healthy, of course exercise and writing. I like to write, right. Then like listening to songs or breathing exercises, things like that. How I handle the healthy ones, of course I get those from psychologists and psychiatrists*."

> P3: "*I think going for a walk. it helps me a bit and I think just getting something sweet because I have a very sweet teeth tooth so yeah. Just go for a walk even for 10 minutes... go get some fresh air and little sweet treats... And maybe talk to someone that I feel like someone that i miss someone that i feel comfortable with which is my friend so yeah*."

> P4: "*The reason I overdosed was because I was conscious. I overdosed because at that time I couldn't stand the voices in my head anymore, so I just wanted to sleep. I cried for three straight days, and the cough syrup indeed made it so I couldn't wake*

myself up. At that time, I actually didn't realize that I was self-harming myself. It was like a blackout. But I realized the next day I saw there were already slashes near my hand... I realized I saw my belongings were scattered. I saw a knife next to me. My hand was cut."

P5: "*Then... I abuse drugs; And I abuse marijuana as well. So, I'm really... yeah, substance abuse. Because my body turns out it can't handle alcohol, but like... Marijuana has become like a daily intake for me. It's like... the only time I'm sober is when I'm broke*."

The transition from high-achieving identities in Theme 1 to engagement in self-destructive behaviours such as overdosing and self-harm reflects a significant resilience gap among the participants, suggesting that academic excellence within highly competitive educational systems does not necessarily foster emotional preparedness for university life. The findings indicate that in the Malaysian context, prolonged psychological exhaustion developed within the rigid and examination-oriented Sijil Pelajaran Malaysia (SPM) system may later manifest as chronic burnout when students encounter the self-regulated demands of higher education. Although participants demonstrated strong academic competence, their reliance on rote learning and intensive academic drilling appeared to limit the development of adaptive emotional coping skills, leaving them vulnerable to stress, uncertainty, and psychological distress. These findings are consistent with Lee et al. (2024), who identified academic stress as a major contributor to depression among university students, and align with Shah et al. (2023), who emphasized that the overcrowded and achievement-oriented Malaysian education system functions as a systemic stressor that undermines students' emotional well-being and resilience development. Furthermore, participants' maladaptive coping behaviours, including overdosing on Panadol and self-mutilation, support existing literature indicating that untreated depression may escalate into self-destructive tendencies. The present findings extend this literature by demonstrating that such behaviours may also operate symbolically within a sociocultural environment where self-worth is closely tied to academic success, causing participants to externalize feelings of inadequacy, helplessness, and identity fragmentation through self-harm. Nevertheless, the recovery narratives shared by participants further suggest that resilience is a dynamic and developable capacity, strengthened through therapeutic support, emotional validation, and adaptive coping strategies, thereby underscoring the importance of culturally and contextually relevant mental health interventions within Malaysian universities.

Lacking in social interaction

The absence of social interaction is one of the characteristic features of the experience of the participants, as it is a shift between being a socially active butterfly or high achiever to becoming physically and emotionally confined. This theme brings out how the students deliberately drop their peer groups in order to cope with their restricted emotional energy and escape the perceived judgment of the university setting.

P1: "*Actually I don't have friends in UPM... because it's like when I feel in trouble, I don't feel I can count on anyone at UPM. I feel lonely. Yes. It's too lonely*."

P2: "*I was also the only international student in my patch, so it was quite lonely and isolating experience for me that really impacted my mental health... I mainly go to university do my stuff and if i needed to get them some things done i will get it done and then i go back to my room*."

P3: "*Regarding friends, actually I'm mostly by myself because I don't want to burden them, I'm very afraid of troubling someone... those who are counsellors, they realize, "the participant isn't talking," "participant isn't coming out of her room*."

P4: "*I just attend class whenever I can and whenever I can wake up from the room if not indeed, I just rot in bed and eat maggi... I just like ignore all the things happening around me*."

The findings indicate that social withdrawal among university students experiencing depression functions as a strategic, although maladaptive, survival mechanism aimed at conserving limited emotional and psychological resources. Participants frequently described isolating themselves within their dormitory rooms, using physical withdrawal as a form of sanctuary to escape the cognitive and emotional demands associated with maintaining the appearance of normal functioning in social and academic environments. This finding is consistent with Shah et al. (2023), who reported that students in high-pressure academic contexts often engage in social withdrawal as a means of preserving their remaining mental capacity for survival. However, the absence of social interaction carries substantial psychosocial consequences, as several participants expressed fears of becoming a burden to others, reflecting collectivist cultural norms in which personal struggles are frequently suppressed to maintain interpersonal harmony and avoid disrupting group cohesion. Within this sociocultural framework, students may render themselves socially invisible when they perceive themselves as incapable of contributing positively to their social environment or fear being viewed as inadequate or unproductive individuals. Furthermore, participants' narratives revealed a profound disruption in identity, particularly among those who previously perceived themselves as socially active and well-connected during high school but experienced intense loneliness upon entering university. This transition often became self-perpetuating, as prolonged isolation restricted access to peer support systems that have been identified as essential for emotional recovery and psychological resilience (Hassan et al., 2022). Consequently, the dormitory room emerged as a paradoxical space that simultaneously functioned as a refuge from stigma, judgment, and social pressure, while also serving as an environment of emotional stagnation and psychological deterioration that reinforced the participants' disconnection from university life and the outside world.

Sexual abuse resulting in psychological trauma

This theme shows how sexual assault destroys a student's sense of safety, which can lead to a clinical collapse during college. The lack of protection and recognition from those around them exacerbated their trauma. Their experiences left them with deep psychological scars that are now causing them to struggle with major depressive disorder.

P5: "*My childhood experience. I was raped in primary school by my uncle. Okay. What else? Yes (paused). Yes; And the saddest thing is that I froze when that happened. Yes. I stopped*."

P5: "*Yes. I started remembering again about that rape when I... during COVID. Yes. Because during that COVID time I was working. And then during working hours I had an accident. Once. So there was like a little crack on the head. So, I did a check-up for everything. Because I started being unable to sleep, and then... that thing like kept coming back to mind. so, from that time, I indeed every, like, 1, 2, 3 AM I would wake up. Every single day. So, yeah. Disturbs a lot. So, when I remember even, I don't feel like living. And then, yeah. Hand scratch. Yes*."

P2: "*Then after that a lot of traumas because in middle school I dated someone and was also assaulted. So, in my opinion it added to my traumas. Then in high school I was a victim of revenge porn. So, it was really chaos. So, I was always sad, always stressed, things like that*."

The narratives provided by the participants concerning early-life trauma and digital violations offer significant insight into the prolonged and cumulative nature of sexual trauma within the university context. Unlike conventional academic stressors experienced by students, these traumatic experiences persist across developmental stages and may re-emerge with greater intensity during periods of heightened vulnerability, particularly when students are physically separated from familial support systems or confronted with independent stressors such as those experienced during the COVID-19 pandemic. The findings suggest that the university period may represent a critical developmental stage in which unresolved childhood or adolescent trauma resurfaces and overwhelms previously maintained psychological defences. In this regard, higher education environments may unintentionally become spaces where long suppressed traumatic experiences are first confronted in the absence of stable emotional support. Furthermore, the findings demonstrate a complex relationship between digital violations and depressive symptomatology. Experiences such as revenge porn contribute to sustained psychological distress by extending trauma beyond the initial violation into ongoing social anxiety, fear of exposure, and reputational insecurity, thereby complicating the recovery process. The participants' descriptions of "freezing" responses further illustrate the embodied and enduring nature of trauma, revealing how traumatic experiences can manifest physically through paralysis, emotional numbness, or impaired functioning well into adulthood. These findings indicate that trauma is not solely psychological in nature but also corporeal, influencing students' ability to function academically, socially, and emotionally. Additionally, because sexual violations and digital exploitation remain heavily stigmatized within many sociocultural contexts, participants often felt compelled to manage the resulting suicidal ideation, insomnia, and emotional distress in isolation, particularly when family members minimized, ignored, or failed to acknowledge their experiences. Consequently, the findings underscore the importance of examining contemporary forms of digital trauma alongside concealed childhood abuse, as both significantly shape students' academic persistence, emotional survival, and mental health outcomes. The university environment may therefore serve as a critical point at which these "hidden anchors" of

unresolved trauma surface, making institutional recognition and trauma-informed support systems essential for student well-being and recovery

Implications

The findings suggest that depression among university students is deeply influenced by interconnected social and academic factors, highlighting the need for comprehensive, multi-level interventions within higher education institutions. The study emphasizes the importance of gender responsive mental health policies that address differing patterns of stigma and emotional masking among students, as well as stronger institutional protections against cyber-harassment and online victimization linked to psychological trauma. In practice, the research advocates for the implementation of student-led mental health first-aid initiatives and the training of educators and administrators to recognize psychological distress even among high-performing students. Despite offering valuable phenomenological insights, the study is limited by the emotional sensitivity of the topic, the homogeneity of the sample, the exclusive focus on female participants, and the recruitment of respondents from a single university environment, which may restrict the broader applicability of the findings. Future research should therefore expand to more diverse demographic, socioeconomic, and institutional contexts, including private universities, vocational colleges, and rural populations, to better understand how environmental and structural factors shape mental health outcomes. Additionally, future studies should adopt gender-sensitive approaches that encourage male participation and integrate trauma-informed and longitudinal frameworks to examine the long-term effects of interpersonal violence and evaluate the effectiveness of specialized trauma counselling in university settings.

Conclusion

Over the past decade, depression among Malaysian university students has escalated into a major national mental health concern, yet the live experiences of affected students remain insufficiently explored. This qualitative phenomenological study examined the experiences of five female university students with clinically diagnosed depression through semi-structured interviews that were recorded, transcribed verbatim, translated into English, and analysed thematically. Four major themes emerged from the findings: the loss of academic identity, in which students entered a survival mode that diminished their self-esteem and intellectual aspirations; the struggle between seeking professional help and resorting to self-harm or substance abuse for temporary relief; the pressure to maintain an appearance of normality; the fear of being perceived as a social burden; and the impact of past sexual abuse as a significant source of psychological trauma. Notably, the study identified prior sexual abuse as a critical underlying factor contributing to severe depression, suggesting that academic stress alone is often not the primary cause of students' mental breakdowns. Instead, university life may function as a context in which long-suppressed trauma resurfaces. Overall, the findings indicate that student depression is a multifaceted crisis shaped by personal trauma and social stigma, highlighting the need for university support systems to move beyond conventional counselling approaches and adopt trauma-informed interventions.

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Conflict of interest

There is no conflict of interest in this study. This study was conducted without any commercial or financial contributions from external parties, except for the authors personal efforts and resources, ensuring the absence of conflicts of interest.

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