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Living Behind the Mask: A Phenomenological Study of High-Functioning Depression Among Young Adults

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A B S T R A C T

Objective: This study aimed to explore the lived experiences of high-functioning depression among young adults in Malaysia, with particular attention to concealed distress, sustained external functioning, interpersonal experiences, and help-seeking.

Methods and Materials: This qualitative study employed a phenomenological design and included 18 young adults aged 19–29 years residing in Malaysia who were selected through purposive sampling. Participants reported persistent depressive experiences while continuing to maintain academic, occupational, social, or familial responsibilities. Data were collected through individual semi-structured, in-depth interviews conducted face-to-face or through secure online platforms. Interviews explored internal depressive experiences, emotional concealment, productivity, interpersonal expectations, coping strategies, identity, and help-seeking. Interviews were audio-recorded, transcribed verbatim, and analyzed using a phenomenological thematic procedure informed by Colaizzi's method. Significant statements were extracted, formulated meanings were developed, and related meanings were organized into thematic clusters and overarching themes. Trustworthiness was enhanced through reflexivity, repeated transcript review, researcher discussion, and comparison of interpretations with original participant accounts.

Findings: Analysis identified six interrelated themes: performing wellness and competence, achievement as camouflage and psychological control, hidden depletion and private collapse, living as a divided self, invisible suffering within relationships and social expectations, and delayed recognition, selective disclosure, and efforts to survive. The findings indicated that participants' visible competence frequently concealed substantial internal distress. Achievement and productivity functioned as both coping mechanisms and forms of concealment, while sustained performance contributed to emotional exhaustion and private deterioration.

Participants commonly experienced a discrepancy between their public and private selves, felt misunderstood because of their apparent competence, and delayed help-seeking because they believed continued functioning meant their distress was insufficiently serious.

Conclusion: High-functioning depression among young adults appears to involve a cyclical process in which external competence masks psychological suffering, reinforces self-invalidation, and delays recognition and support; therefore, assessment should extend beyond visible functioning to the emotional cost required to sustain it.

Keywords: *high-functioning depression; young adults; phenomenology; emotional masking; psychological distress; help-seeking; Malaysia*

1. Introduction

Depression represents one of the most consequential forms of psychological distress across adolescence, emerging adulthood, and adulthood, yet its clinical and lived manifestations are far from uniform. Contemporary research increasingly emphasizes that depressive experiences vary substantially in symptom configuration, functional impairment, developmental course, associated psychological processes, and the meanings individuals assign to their distress. This heterogeneity has contributed to growing interest in presentations that may fall outside stereotypical images of depression, particularly when individuals continue to perform effectively in education, employment, family life, or social relationships despite considerable internal suffering. Recent discussions of novel and emerging depressive subtypes have similarly highlighted the need to move beyond overly homogeneous conceptualizations of depression and attend more closely to less visible forms of psychopathology (Chiappini et al., 2025). Developmental research has also demonstrated that depression among younger populations is complex, dynamic, and strongly shaped by cognitive, emotional, interpersonal, and contextual factors, making careful examination of subjective experience essential for improving recognition and intervention (Hankin & Griffith, 2023). Within this broader context, the phenomenon commonly described as "high-functioning depression" has attracted increasing attention because outward competence may coexist with persistent sadness, emotional exhaustion, low motivation, self-criticism, hopelessness, diminished pleasure, or a sense of psychological emptiness.

The term high-functioning depression is not generally treated as a separate formal psychiatric diagnosis; rather, it functions as a descriptive expression for individuals who experience significant depressive symptoms while continuing to maintain an apparently effective level of everyday functioning. Such individuals may attend university, meet occupational responsibilities, achieve academically, maintain relationships, respond to social expectations, and appear organized or emotionally stable. Their continued functioning can obscure the severity of their internal distress both from other people and from themselves. This discrepancy between observable performance and subjective suffering is especially important because conventional assumptions about depression often emphasize visible withdrawal, incapacity, or major disruption of daily responsibilities. When these external signs are absent or limited, depressive experiences may be minimized, misinterpreted, or recognized only after substantial psychological deterioration. Research on youth depression has underscored the importance of recognizing diverse manifestations and developmental pathways rather than relying exclusively on narrow symptom prototypes (Hankin & Griffith, 2023). Similarly, work examining psychological development among adolescents with depressive disorders has shown that depressive states influence personality development, self-perception, emotional functioning, and adaptation in ways that may not always be immediately observable from external behavior (Bihun et al., 2021; Bihun et al., 2022).

Emerging adulthood is a particularly important developmental period in which to examine this phenomenon. Young adults frequently encounter simultaneous demands related to higher education, employment, financial independence, intimate relationships, family expectations, identity development, and future planning. These developmental demands can increase vulnerability to psychological distress while also creating strong incentives to maintain an appearance of competence. Studies of emerging adults have shown that mental health is interpreted through cultural, relational, and contextual frameworks, which influence how symptoms are recognized, discussed, and managed (Zolnikov et al., 2023).

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Research conducted among university students has likewise demonstrated that psychosocial stressors, personality characteristics, self-esteem, and cognitive appraisal can interact in shaping emotional vulnerability (Rani et al., 2022). Parental attitudes and family-related experiences may further contribute to the development or maintenance of psychological difficulties among young adults, indicating that emotional distress cannot be understood independently of interpersonal environments (Khan, 2022). Earlier experiences of emotional deprivation may also have enduring consequences for the quality of memory, imagination, and emotional processing, suggesting that apparently successful functioning in young adulthood can coexist with deeper experiences of insecurity, disconnection, or unmet emotional needs (Mullally et al., 2022).

The capacity to remain outwardly functional despite internal distress may be understood partly through processes of concealment, self-monitoring, and social performance. Although research on social camouflaging has been especially developed in the context of high-functioning autism, it provides a useful conceptual analogy for understanding how individuals may deliberately or habitually regulate outward behavior in order to appear socially appropriate, competent, or unaffected despite substantial internal effort (Cremone et al., 2023). Camouflaging can involve suppressing visible signs of difficulty, imitating expected emotional responses, preparing socially acceptable explanations, or maintaining behaviors that conceal the intensity of internal strain. In high-functioning depression, similar processes may occur when young adults smile, socialize, complete assignments, meet deadlines, or reassure others that they are “fine” while privately experiencing emotional depletion. Such behavioral adaptation may initially protect academic, occupational, or relational functioning; however, it can also increase the invisibility of distress and make psychological needs more difficult to recognize.

Shame may play a particularly important role in this concealment process. Research examining the relationship between psychological symptoms and co-occurring anxiety and depression has identified shame as a meaningful mediating emotional process, demonstrating how negative self-evaluation can intensify internalizing difficulties (Mayerson et al., 2025). For young adults who strongly identify with competence, independence, productivity, or emotional strength, acknowledging depression may be experienced as inconsistent with their desired identity. They may therefore attempt to preserve a socially valued self-image through continued achievement and emotional suppression. This process can contribute to an internal contradiction in which outward success becomes evidence used to deny or minimize private suffering. The individual may reason that because they continue to function, their distress cannot be serious enough to deserve attention. Such self-invalidation may be especially powerful when emotional difficulties occur in environments that emphasize endurance, gratitude, productivity, or responsibility.

Psychological distress among young adults must also be interpreted within the broader interface between mental and physical health. Emotional symptoms may coexist with, be intensified by, or be confused with medical conditions that affect energy, mood, sleep, concentration, and quality of life. For example, thyroid dysfunction has been associated with altered emotional states and reduced health-related quality of life (Fanaei et al., 2022), while autoimmune thyroiditis and other endocrine-related conditions can occur in younger populations and contribute to complex clinical presentations (Endres et al., 2021). Anxiety and depressive symptoms have also been documented in individuals experiencing primary hyperhidrosis, illustrating how somatic conditions can interact with psychological distress and social functioning (Kamikava et al., 2021). Rare endocrine presentations in young adults, such as primary hyperparathyroidism, further demonstrate the importance of considering physical conditions when interpreting fatigue, mood changes, or other nonspecific symptoms (Araújo et al., 2023). These findings reinforce the need to understand depression phenomenologically and contextually rather than assuming that visible functioning or isolated symptoms provide a complete picture of the individual's psychological condition.

Sleep is another critical dimension of depressive experience among younger populations. Adolescence and emerging adulthood are periods in which sleep schedules are frequently disrupted by academic demands, social activity, employment, technology use, and psychological stress. Sleep deprivation and insomnia have significant implications for emotional regulation and mental health, with disturbed sleep potentially worsening mood instability, cognitive difficulties, and vulnerability to psychopathology (Uccella et al., 2023). Young adults experiencing high-functioning depression may continue to satisfy external responsibilities while relying on increasingly unsustainable sleep patterns, using late-night work or constant activity to maintain performance. The resulting exhaustion can remain hidden because external productivity may temporarily

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persist. Thus, functioning cannot be interpreted solely by whether a person attends university or work; the psychological and physiological cost of sustaining that functioning must also be considered.

The internal experience of depression may additionally involve disturbances in self-related cognition, memory, emotional salience, and interpersonal connectedness. Research on autobiographical memory demonstrates that phenomenological characteristics of memories vary across individuals and developmental periods, highlighting the relevance of subjective experience in understanding how people interpret their past and construct identity (Vannucci et al., 2021). Similarly, investigations of aberrant salience and psychotic symptoms demonstrate that the personal meaning and perceived significance assigned to internal experiences can substantially shape psychopathological presentation (Ballerini et al., 2022; Ballerini et al., 2021). Although these studies concern different forms of psychopathology, they underscore a broader methodological principle relevant to depression: clinically meaningful experiences cannot always be understood adequately through observable behavior alone. Phenomenological investigation is therefore valuable because it examines how individuals experience psychological states from within, including the meanings they assign to their symptoms and the ways those experiences influence identity and everyday life.

The importance of phenomenological specificity is also apparent in research on hallucinations and psychosis. Studies have demonstrated that hallucinations vary considerably in modality, subjective quality, cultural context, and associated beliefs (Toh et al., 2023). Religiosity and cultural orientation may influence the interpretation and phenomenology of unusual perceptual experiences, particularly in predominantly Muslim societies (Khaled et al., 2024). Research addressing psychosis and parkinsonian phenomena similarly shows that overlapping symptom presentations can generate important diagnostic and conceptual challenges (Waddington, 2020). These findings are not directly equivalent to depressive masking, but they demonstrate the broader psychiatric importance of examining lived experience rather than assuming that similar observable behaviors necessarily reflect identical internal processes. For high-functioning depression, the same principle is crucial: two young adults may display comparable academic or occupational performance while experiencing profoundly different levels of hopelessness, emotional numbness, or exhaustion.

The distinction between observable function and subjective impairment is also evident in functional neurological conditions. Functional dystonia, for example, requires careful differentiation from other movement disorders and often benefits from multidisciplinary assessment because symptoms cannot be understood adequately through superficial observation alone (Frucht et al., 2021). The recent increase in functional movement disorder presentations has generated debate about the contribution of social distress, awareness, and changing patterns of recognition (Nilles et al., 2022). These developments illustrate how clinical visibility is influenced not only by the presence of symptoms but also by the conceptual frameworks through which symptoms are recognized and interpreted. In a comparable way, high-functioning depression may remain insufficiently recognized when clinicians, families, peers, or affected individuals themselves expect depression to involve obvious functional collapse.

Young adults may also experience co-occurring psychological difficulties that further complicate recognition of depression. Anxiety disorders are common during adolescence and early adulthood and may interact with depressive symptoms through worry, avoidance, physiological arousal, and impaired emotional regulation (Mohapatra & Agarwal, 2021). Obsessive-compulsive phenomena may include covert or mental rituals that are not readily observable to others, demonstrating again that substantial psychopathology can exist beneath apparently normal outward behavior (Ferrão et al., 2023). Interpersonal dysregulation and self-injurious behavior among adolescents with borderline personality features further highlight the relationship between emotional suffering, relational needs, and hidden coping behaviors (Guenolé et al., 2021). Substance-related behaviors can also intersect with depressive states; for example, nicotine use has been investigated in relation to suicidality and behavioral mechanisms associated with psychological vulnerability (Swann et al., 2021). Together, these findings emphasize that internal distress among young people is often multidimensional and may remain concealed until it becomes severe.

Social and environmental experiences can profoundly shape the ways psychological distress is expressed. The experience of refugee children and families living with undiagnosed trauma-related symptoms demonstrates how psychological difficulties can remain overlooked when social, educational, and cultural systems fail to recognize

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their presentation (Mohamed, 2021). Similarly, adaptation during major collective stressors such as the COVID-19 pandemic has shown substantial variability among emerging adults, with resilience shaped by individual and contextual protective factors (Theron et al., 2023). Activities involving movement, play, creativity, and embodied participation may also support mental health and emotional expression, suggesting that well-being and distress are influenced by opportunities for meaningful engagement rather than by symptom reduction alone (Kosma et al., 2023). These perspectives are relevant to high-functioning depression because young adults may simultaneously possess resilience, maintain responsibilities, and experience significant suffering. Resilience and depression should therefore not be treated as mutually exclusive categories.

Quality of life provides another important framework for understanding hidden distress. Individuals may retain functional capacities while experiencing substantial deterioration in subjective well-being. Health-related quality-of-life research in young populations with chronic medical conditions has demonstrated the value of educational and transitional interventions that address psychosocial adaptation alongside clinical status (Werner et al., 2021). Likewise, psychological treatment for young people increasingly emphasizes individualized approaches that account for personal history, symptom configuration, developmental needs, and contextual circumstances ("Individualized Psychotherapy Treatment of Young People With Mental Disorders," 2022). Such individualized perspectives are particularly relevant when depressive distress does not fit conventional expectations. A young adult who continues to achieve academically or professionally may nevertheless require psychological support tailored to exhaustion, perfectionism, self-criticism, emotional concealment, and difficulty acknowledging vulnerability.

Depression may also involve neurobiological heterogeneity across different stages of life. Neuroimaging evidence in late-life depression demonstrates that depressive disorders are associated with complex patterns of altered neural functioning rather than a single uniform biological signature (Casale et al., 2024). Although late-life findings cannot be directly generalized to young adults, they reinforce the broader recognition that depression is heterogeneous across developmental periods. Other research examining psychosocial and neurobiological relationships in conditions such as oral mucosal disease similarly illustrates the bidirectional interactions between psychological states and bodily processes (Zhou & Lin, 2023). Individual differences in biological markers, including telomere length and genetic or environmental influences, further show that psychological and physiological development occurs within complex interactions between biology and context (Казанцева et al., 2022). These lines of evidence support a multidimensional understanding of depressive experiences rather than a purely behavioral interpretation based on visible impairment.

Despite increasing recognition of heterogeneous depressive presentations, comparatively little attention has been directed toward the lived experience of young adults who remain externally successful while privately struggling. Quantitative symptom measures are essential for estimating severity and identifying diagnostic patterns, but they may not fully capture the psychological labor involved in appearing well, the meaning of productivity as a coping mechanism, the guilt associated with rest, the experience of emotional collapse in private, or the uncertainty created when one's visible life appears inconsistent with one's internal state. Phenomenological inquiry is particularly well suited to examining these experiences because it prioritizes first-person accounts and seeks to identify the essential structures through which a phenomenon is lived and understood. This perspective is also consistent with broader psychiatric research demonstrating that subjective phenomenology can reveal clinically meaningful distinctions that are not obvious through externally observable behavior alone (Khaled et al., 2024; Toh et al., 2023).

Malaysia provides a particularly meaningful context for such inquiry because young adults may navigate intersecting expectations related to educational attainment, occupational advancement, family responsibility, interpersonal harmony, religious or cultural norms, and emotional self-regulation. These contextual influences may shape whether psychological distress is disclosed, minimized, spiritualized, normalized, or privately managed. At the same time, young adults in Malaysia are increasingly exposed to global mental-health discourse through higher education, social media, digital communities, and expanding psychological services. This combination may create tension between growing awareness of depression and continuing reluctance to identify oneself as psychologically unwell when external functioning remains intact. Understanding how young adults themselves describe this tension is therefore important for improving recognition, reducing delayed help-seeking, and developing more sensitive clinical and preventive responses.

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Accordingly, the aim of this study was to explore the lived experiences of high-functioning depression among young adults in Malaysia, with particular attention to the ways they maintain outward functioning, conceal psychological distress, interpret their internal experiences, navigate interpersonal and sociocultural expectations, and make decisions regarding disclosure and help-seeking.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative phenomenological research design to explore the lived experiences of high-functioning depression among young adults in Malaysia. A phenomenological approach was selected because the study sought to understand how individuals experience, interpret, and assign meaning to depressive symptoms that coexist with apparently successful functioning in academic, occupational, social, and everyday domains. Rather than focusing exclusively on observable symptoms or clinical indicators of depression, the study was designed to examine participants' subjective experiences of maintaining an outward appearance of competence, productivity, and emotional stability while privately experiencing persistent sadness, emotional exhaustion, diminished pleasure, self-criticism, hopelessness, or other depressive experiences. The phenomenological orientation enabled detailed exploration of the discrepancy between participants' external presentation and internal psychological experiences, as well as the personal, interpersonal, and sociocultural meanings associated with concealing emotional distress. The study was conducted among young adults residing in Malaysia, where cultural expectations concerning achievement, family responsibilities, emotional restraint, social reputation, and psychological help-seeking may influence how depressive experiences are perceived and expressed.

The participants consisted of 18 young adults residing in Malaysia who were purposively selected because of their direct experience of the phenomenon under investigation. Participants were between 18 and 29 years of age and represented diverse educational, occupational, and social backgrounds. Purposive sampling was employed to ensure that all participants possessed sufficient experiential knowledge to provide rich and detailed accounts of living with depressive symptoms while continuing to maintain relatively high levels of everyday functioning. Recruitment was undertaken through announcements distributed through university networks, young-adult community groups, mental health-related online platforms, and social media channels. Potential participants initially received information regarding the aims of the research, the voluntary nature of participation, confidentiality procedures, and the general focus of the interviews. Individuals who expressed interest were screened according to the study eligibility criteria before being invited to participate in an interview.

Eligibility criteria included being between 18 and 29 years of age, currently residing in Malaysia, reporting a sustained experience of depressive symptoms or significant depressive feelings, and perceiving themselves as continuing to function effectively in important areas of everyday life despite these experiences. High functioning was operationally understood as the ability to continue fulfilling major academic, occupational, familial, or social responsibilities while experiencing persistent internal psychological distress. Participants were required to describe a recognizable discrepancy between their outward functioning and their internal emotional state, such as continuing to attend university, maintain employment, meet deadlines, interact socially, care for family members, or achieve expected goals despite experiencing sadness, exhaustion, emotional numbness, reduced motivation, hopelessness, or related depressive experiences. Because "high-functioning depression" is not treated as a separate formal psychiatric diagnosis in this study, the term was used phenomenologically to describe the participants' lived experience rather than as an independent diagnostic category. Individuals who were unable to provide informed consent, who were experiencing acute psychological or psychiatric instability that would make participation inappropriate, or whose experiences did not correspond sufficiently to the phenomenon under investigation were excluded. Recruitment and interviewing continued until the research team determined that adequate depth and variation had been achieved and that subsequent interviews were no longer contributing substantively new meanings to the developing thematic structure. Data saturation was considered to have been reached with the 18 participants included in the final analysis.

Ethical principles governing qualitative research with psychologically sensitive populations were carefully observed throughout the study. Before participation, each individual received a clear explanation of the purpose and procedures of the study and was informed that participation was entirely voluntary. Written informed consent was obtained before the interviews commenced. Participants were informed of their right to decline to answer any

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question and to discontinue participation without penalty or the need to provide a justification. Because the interviews addressed potentially distressing experiences related to depression, emotional concealment, exhaustion, hopelessness, interpersonal difficulties, and psychological vulnerability, interviews were conducted in a supportive and nonjudgmental manner. Participants were reminded that they could request a pause or termination of the interview at any time. Identifying information was removed from transcripts, pseudonyms or identification codes were assigned to participants, and research materials were handled confidentially. Particular attention was given to protecting participants from unnecessary disclosure of sensitive personal information and ensuring that quotations selected for reporting could not reasonably be linked to identifiable individuals.

2.2. Measures

Data were collected primarily through individual semi-structured, in-depth interviews designed specifically to elicit detailed descriptions of participants' lived experiences of high-functioning depression. Semi-structured interviewing was selected because it provided sufficient consistency across interviews while allowing participants considerable freedom to describe experiences that were personally meaningful and to introduce issues that had not been anticipated by the researchers. An interview guide was developed on the basis of the study objectives and the phenomenological orientation of the research. Questions were deliberately open-ended and non-leading to facilitate comprehensive descriptions of participants' experiences in their own words. The interview process began with broad questions concerning participants' experiences of emotional distress and their understanding of themselves as individuals who continued to function despite depressive feelings. Subsequent questions explored how participants experienced depression internally, how they managed daily academic or occupational responsibilities, how they presented themselves in interactions with other people, and whether their outward behavior differed from their private emotional experiences.

Further areas of exploration included participants' experiences of hiding or masking psychological distress, the effort required to maintain productivity and social participation, perceived expectations from family members, friends, colleagues, educational institutions, and society, and the emotional consequences of appearing well when they did not feel well internally. Participants were encouraged to describe specific situations in which they appeared competent, cheerful, productive, or emotionally stable despite experiencing significant distress. Interviews also examined participants' perceptions of achievement and perfectionism, feelings of guilt or inadequacy, experiences of fatigue and emotional depletion, difficulties asking for help, concerns about being misunderstood, and the extent to which they believed others recognized their psychological struggles. Additional questions addressed coping strategies, social support, help-seeking experiences, personal interpretations of depression, and the ways in which living with concealed distress affected participants' identity, relationships, motivation, and expectations for the future. Probing questions such as requests for clarification, examples, descriptions of feelings, and explanations of the meanings attached to particular experiences were used throughout the interviews to deepen the phenomenological accounts.

The interview guide was applied flexibly rather than as a rigid sequence of questions. The interviewer followed the direction of each participant's narrative and explored experiences that appeared especially meaningful to the individual. This approach allowed participants to describe experiences that might not have been captured through standardized psychological instruments and helped preserve the contextual and subjective character of the phenomenon. Interviews were conducted either face-to-face in a private setting or through a secure online video-conferencing platform when an in-person meeting was impractical. Participants were allowed to select the format in which they felt most comfortable discussing sensitive personal experiences. Interviews were conducted in a language in which participants could express themselves comfortably, primarily English or Malay, depending on individual preference. Each interview lasted approximately 45 to 75 minutes. With participants' permission, interviews were digitally audio-recorded to ensure an accurate record of their narratives and subsequently transcribed verbatim for analysis. When interviews were conducted in Malay, relevant material was translated into English during preparation of the analytic and reporting materials, with attention to preserving the original meaning and emotional nuance of participants' statements.

In addition to the interview guide, a brief demographic information form was used to obtain contextual information relevant to interpretation of participants' experiences. The form included age, gender, educational status, employment

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status, relationship status, and other basic background characteristics considered useful for describing the study sample. These data were used only to contextualize the qualitative findings and were not intended for statistical analysis or diagnostic classification. The researcher also maintained field notes and reflexive notes during and immediately after interviews. Field notes documented contextual observations, notable emotional expressions, pauses, changes in tone, and other aspects of the interview that could contribute to interpretation without replacing participants' verbal accounts. Reflexive notes were used to record the interviewer's initial impressions, emerging ideas, possible assumptions, and questions requiring further examination during analysis. The combination of audio-recorded narratives, verbatim transcripts, demographic information, field observations, and reflexive documentation provided a sufficiently rich dataset for phenomenological analysis.

2.3. Data analysis

The interview data were analyzed using a phenomenological thematic procedure informed by Colaizzi's method of phenomenological analysis. Analysis was conducted systematically while remaining closely grounded in participants' descriptions of their lived experiences. The process began with repeated reading of each verbatim transcript to obtain an overall understanding of the participant's account and to become immersed in the experiential context of the data. Audio recordings were reviewed when necessary to confirm the accuracy of transcription and to clarify emotional emphasis or ambiguous statements. During the initial stage of analysis, the researchers attempted to bracket, as far as possible, pre-existing assumptions concerning depression, productivity, achievement, and psychological functioning so that participants' own meanings could remain central to interpretation. Reflexive notes were maintained throughout this process to identify assumptions or interpretative tendencies that could potentially influence the analysis.

Following familiarization with the complete transcripts, significant statements directly related to the experience of high-functioning depression were identified and extracted. These statements included descriptions of internal depressive experiences, emotional concealment, continued performance of daily responsibilities, perfectionistic expectations, social presentation, exhaustion, loneliness, perceived pressure, help-seeking, interpersonal misunderstanding, self-evaluation, and strategies used to maintain functioning. The researchers then formulated meanings from the significant statements while attempting to remain faithful to the context and intention of each participant's narrative. Similar meanings were compared across participants and grouped into preliminary meaning units and thematic clusters. Through an iterative process of constant comparison, overlapping codes were merged, conceptually distinct experiences were separated, and the emerging categories were repeatedly checked against the original transcripts. Particular attention was paid to both shared patterns and variations in experience so that the analysis did not reduce the phenomenon to a single uniform description.

The developing thematic clusters were subsequently organized into broader themes that captured central dimensions of the participants' lived experiences. The analysis examined the relationship between outward competence and internal distress, the psychological costs associated with maintaining a socially acceptable or high-performing identity, the mechanisms through which participants concealed depressive experiences, and the meanings attached to productivity, achievement, relationships, vulnerability, and help-seeking. Themes were not determined according to how frequently particular words appeared in the transcripts; rather, they were developed according to their experiential significance, recurrence across narratives, conceptual coherence, and relevance to the research phenomenon. The researchers repeatedly moved between individual statements, preliminary codes, thematic clusters, and complete transcripts to ensure that the final structure accurately represented the participants' accounts. Divergent and contradictory experiences were retained when they provided important insight into the complexity of high-functioning depression rather than being removed simply because they did not conform to dominant patterns.

After identification and refinement of the thematic structure, an exhaustive phenomenological description of the experience was developed by integrating the major themes and their interrelationships. This description was subsequently condensed into a fundamental structure representing the essential characteristics of living with high-functioning depression among the participating young adults. Credibility of the analysis was enhanced through researcher reflexivity, repeated engagement with the transcripts, comparison of interpretations with the original interview material, and discussion of emerging themes within the research team. Where appropriate, participants'

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original statements were revisited to ensure that interpretative conclusions were supported by the data rather than by researchers' assumptions. Member reflection was also used by sharing a summary of the emerging interpretation with selected participants and inviting them to indicate whether it adequately reflected the essence of their experiences. Feedback was incorporated where it clarified or enriched the phenomenological interpretation.

To strengthen the trustworthiness of the findings, credibility, dependability, confirmability, and transferability were considered throughout data collection and analysis. Credibility was supported through prolonged engagement with participants' narratives, in-depth interviewing, probing for clarification, and systematic comparison between the emerging interpretations and the original transcripts. Dependability was enhanced by maintaining a transparent record of the analytic process, including interview materials, coding decisions, thematic revisions, field notes, and reflexive documentation. Confirmability was addressed by documenting researchers' assumptions and analytic decisions and by grounding interpretations in participants' accounts rather than treating researcher expectations as evidence. Transferability was facilitated through detailed description of the study context, participants, sampling criteria, data collection procedures, and the experiential characteristics of the phenomenon, enabling readers to determine the potential relevance of the findings to other populations and settings. Data analysis continued alongside data collection, allowing emerging insights to inform subsequent interviews and enabling the researchers to explore developing concepts in greater depth. The analytic process concluded when the thematic structure was judged to provide a coherent, comprehensive, and phenomenologically grounded representation of how young adults in Malaysia experience depression while maintaining an outward appearance of effective everyday functioning.

3. Findings and Results

Eighteen young adults residing in Malaysia participated in the study and completed the semi-structured phenomenological interviews. Participants ranged in age from 19 to 29 years, with a mean age of 24.4 years. Ten participants were women and eight were men. With respect to ethnic background, nine participants identified as Malay, five as Chinese Malaysian, three as Indian Malaysian, and one as belonging to another Malaysian ethnic background. Seven participants were full-time university or college students, eight were employed full-time or part-time, and three were simultaneously engaged in higher education and paid employment. Twelve participants were single, while six reported being in a romantic relationship. Nine participants were living with parents or other family members, four were living with friends or housemates, and five were living independently. Eight participants reported having previously received a formal diagnosis of a depressive disorder or having been informed by a mental health professional that they were experiencing clinically significant depressive symptoms, whereas ten had not received a formal diagnosis despite describing prolonged experiences of sadness, emotional exhaustion, reduced pleasure, hopelessness, or other depressive experiences. Seven participants had previously sought professional psychological or counseling support, while the remaining eleven had either never sought professional assistance or had postponed doing so despite recognizing that they were experiencing substantial emotional difficulties. Across the sample, participants generally described themselves as externally functional: they continued attending classes, completing assignments, maintaining employment, meeting deadlines, caring for family members, participating in social interactions, or fulfilling other expected responsibilities. Nevertheless, their narratives revealed a substantial discrepancy between visible functioning and private psychological distress. The phenomenological analysis resulted in six interrelated major themes and eighteen subthemes that collectively represented the lived experience of high-functioning depression among the participants.

Table 1

Major Themes and Subthemes Representing the Lived Experience of High-Functioning Depression

Major theme	Subthemes	Phenomenological meaning
Performing wellness and competence	Maintaining a socially acceptable appearance; concealing emotional distress; functioning automatically despite internal suffering	Participants deliberately or habitually presented themselves as capable, calm, productive, and emotionally stable even when experiencing sadness, exhaustion, or hopelessness internally.

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Achievement as camouflage and psychological control	Productivity as distraction; perfectionistic self-expectations; guilt associated with rest and reduced performance	Academic and occupational achievement became both a strategy for concealing depression and a means of regulating feelings of inadequacy, vulnerability, and loss of control.
Hidden depletion and private collapse	Emotional and physical exhaustion; deterioration after responsibilities were completed; withdrawal during private time	The effort required to sustain public functioning frequently resulted in profound exhaustion, emotional collapse, inactivity, or withdrawal once participants were alone or no longer required to perform.
Living as a divided self	Separation between the public and private self; emotional numbness and disconnection; uncertainty about one's authentic identity	Participants experienced a persistent division between the person presented to others and the person experienced internally, producing feelings of inauthenticity, confusion, and emotional detachment.
Invisible suffering within relationships and social expectations	Feeling misunderstood because of outward competence; fear of burdening or disappointing others; cultural and interpersonal pressure to remain strong	Because participants appeared functional, their distress was frequently overlooked or minimized by others, while expectations concerning strength, achievement, and emotional restraint discouraged disclosure.
Delayed recognition, selective disclosure, and efforts to survive	Believing distress was not serious enough; postponing professional help; selective help-seeking and self-developed coping strategies	Continued functioning caused participants to question the legitimacy of their own suffering, often delaying help-seeking until symptoms became severe while encouraging reliance on routines, compartmentalization, and selective disclosure.

Table 1 presents the six major themes and eighteen subthemes generated through phenomenological analysis of the participants' narratives. The findings indicated that high-functioning depression was not experienced simply as the coexistence of depressive symptoms and everyday productivity. Instead, participants described a complex experiential condition characterized by continuous movement between external competence and internal deterioration. The first theme, performing wellness and competence, represented the visible dimension of participants' lives and described how they continued to appear dependable, sociable, and successful despite significant emotional distress. The second theme demonstrated that achievement frequently served a dual function: it protected participants from external scrutiny while also allowing them to avoid, control, or temporarily suppress painful internal experiences. The third theme captured the psychological cost of sustaining this performance, particularly the exhaustion and collapse that occurred when external responsibilities ended. The fourth theme reflected the deeper identity consequences of prolonged masking, as participants increasingly experienced themselves as divided between a socially functional self and a privately distressed self. The fifth theme situated these experiences within interpersonal and sociocultural contexts, showing how visible competence could paradoxically make suffering less recognizable to other people. Finally, the sixth theme captured the consequences of this invisibility for recognition and help-seeking. Participants often interpreted their continued ability to work, study, communicate, and fulfill responsibilities as evidence that their depression was not sufficiently serious to justify support, thereby prolonging the period during which they attempted to manage their distress independently.

Table 2

Cross-Participant Distribution of the Major Experiential Themes

Major theme	Participants describing the theme, n	Participant coverage	Central experiential pattern
Performing wellness and competence	18	100.0%	All participants described maintaining an outward appearance that concealed the severity of their internal emotional difficulties.
Achievement as camouflage and psychological control	16	88.9%	Most participants used academic achievement, work, productivity, or constant activity to distract themselves from distress or confirm their personal worth.
Hidden depletion and private collapse	17	94.4%	Nearly all participants reported becoming markedly exhausted, withdrawn, emotionally overwhelmed, or inactive when external demands were removed.
Living as a divided self	15	83.3%	Most participants experienced a pronounced discrepancy between their socially presented identity and their private emotional experience.
Invisible suffering within relationships and social expectations	16	88.9%	Participants frequently felt that friends, relatives, colleagues, or classmates underestimated their distress because they appeared to function normally.
Delayed recognition, selective disclosure, and efforts to survive	17	94.4%	Continued functioning commonly led participants to minimize their own symptoms, delay seeking professional help, or disclose their difficulties only to carefully selected individuals.

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As shown in Table 2, performing wellness and competence was evident in the narratives of all 18 participants, making the discrepancy between outward appearance and internal emotional experience the most universal feature of the phenomenon. Hidden depletion and private collapse, as well as delayed recognition and selective help-seeking, were described by 17 participants, demonstrating that maintaining daily functioning was typically accompanied by substantial psychological costs and difficulties acknowledging the seriousness of distress. Sixteen participants described achievement as a means of camouflage or emotional control, while the same number discussed feeling unseen or misunderstood within their interpersonal and social environments. Fifteen participants explicitly described experiencing themselves as divided between a competent public identity and a distressed private self. These counts were used descriptively to demonstrate the distribution of experiences across the sample rather than to imply quantitative prevalence or statistical generalizability. Importantly, individual themes did not occur independently. Participants who reported stronger pressure to perform frequently also described greater emotional exhaustion, stronger reluctance to disclose vulnerability, and more pronounced uncertainty regarding whether their suffering was sufficiently serious to merit professional attention. The convergence of these patterns suggested that high functioning was experienced not as evidence of psychological well-being but as a behavioral capacity that could coexist with, and in some cases actively conceal, considerable depressive distress.

Table 3

Representative Participant Statements Illustrating the Major Themes

Theme	Participant	Representative statement
Performing wellness and competence	P04, 23 years	"People usually think I am doing well because I submit everything on time and I still joke with them. They do not see what happens when I go home. Sometimes I feel like the person they meet during the day is a role that I know how to perform."
Performing wellness and competence	P11, 27 years	"Even when I feel completely empty, I know how to answer messages, attend meetings, and say that everything is fine. It has become automatic. I can look normal without feeling normal."
Achievement as camouflage and psychological control	P02, 21 years	"If I keep working, I do not have to think too much. When I stop, everything comes back. So being busy feels safer, although it also makes me more tired."
Achievement as camouflage and psychological control	P15, 26 years	"My grades became proof that I was okay. If I was still performing well, I told myself I could not really be depressed. I became more demanding of myself exactly when I was struggling the most."
Hidden depletion and private collapse	P07, 24 years	"I can survive the whole day and do everything people expect, but when I reach my room I cannot do anything. Sometimes even taking a shower feels difficult after spending the whole day pretending that I have energy."
Hidden depletion and private collapse	P13, 29 years	"At work I am organized and responsible. At home I sit in silence and sometimes do not even want to speak. It feels like I use all my energy outside and there is nothing left for myself."
Living as a divided self	P05, 22 years	"There are two versions of me. One is the version everyone knows, and the other one is the person who is tired, sad, and does not know why she is still trying so hard."
Living as a divided self	P17, 25 years	"After a while I was not sure which version was real. I could smile and talk normally, but internally I felt detached from everything, including myself."
Invisible suffering within relationships and social expectations	P09, 28 years	"When I finally said that I was struggling, someone told me, 'But you are doing so well.' That made me feel like I had to prove that I was suffering, and after that I stopped talking about it."
Invisible suffering within relationships and social expectations	P01, 20 years	"I did not want my family to worry or think I was weak. There was always this feeling that I should be grateful, study hard, and handle my problems without making them bigger for everyone else."
Delayed recognition, selective disclosure, and efforts to survive	P12, 24 years	"I kept thinking therapy was for people who could not get out of bed or could not work. Because I could still function, I thought I should solve it myself."
Delayed recognition, selective disclosure, and efforts to survive	P18, 27 years	"I only told one person everything. With everyone else I gave a smaller version of what I was feeling. I needed support, but I was afraid that if people knew the whole thing, they would see me differently."

Table 3 provides representative statements illustrating the experiential meanings underlying the thematic structure. Participants repeatedly differentiated between what others could observe and what they experienced internally. Statements related to performing wellness showed that social interaction, productivity, humor, responsiveness, and apparent emotional stability could continue even when participants experienced profound emptiness or sadness. Narratives concerning achievement revealed that productivity was often used both as distraction and as evidence against the legitimacy of depression; participants sometimes reasoned that successful performance meant that they could not be experiencing a serious psychological problem. Accounts of hidden depletion demonstrated the

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temporal organization of masking, with external functioning commonly occurring during structured periods of the day and emotional deterioration emerging once participants returned to private environments. Statements representing the divided self illustrated how repeated concealment could eventually affect participants' sense of personal authenticity, producing uncertainty about which version of themselves was genuine. Interpersonal narratives showed that responses emphasizing participants' success or apparent wellness could unintentionally invalidate their experiences and discourage subsequent disclosure. Finally, participants' statements regarding help-seeking revealed an implicit hierarchy of suffering in which they compared themselves with imagined individuals who were less functional and concluded that professional assistance should be reserved for people whose depression was more externally disabling. Taken together, the quotations illustrate that the mask was not merely intentional deception; rather, it frequently developed into an ingrained strategy for maintaining relationships, preserving achievement, protecting others from worry, and sustaining a sense of control.

Figure 1

Phenomenological Structure of Living Behind the Mask: The Cyclical Relationship Between Internal Depression, External Performance, Temporary Validation, Emotional Depletion, Concealment, and Delayed Help-Seeking

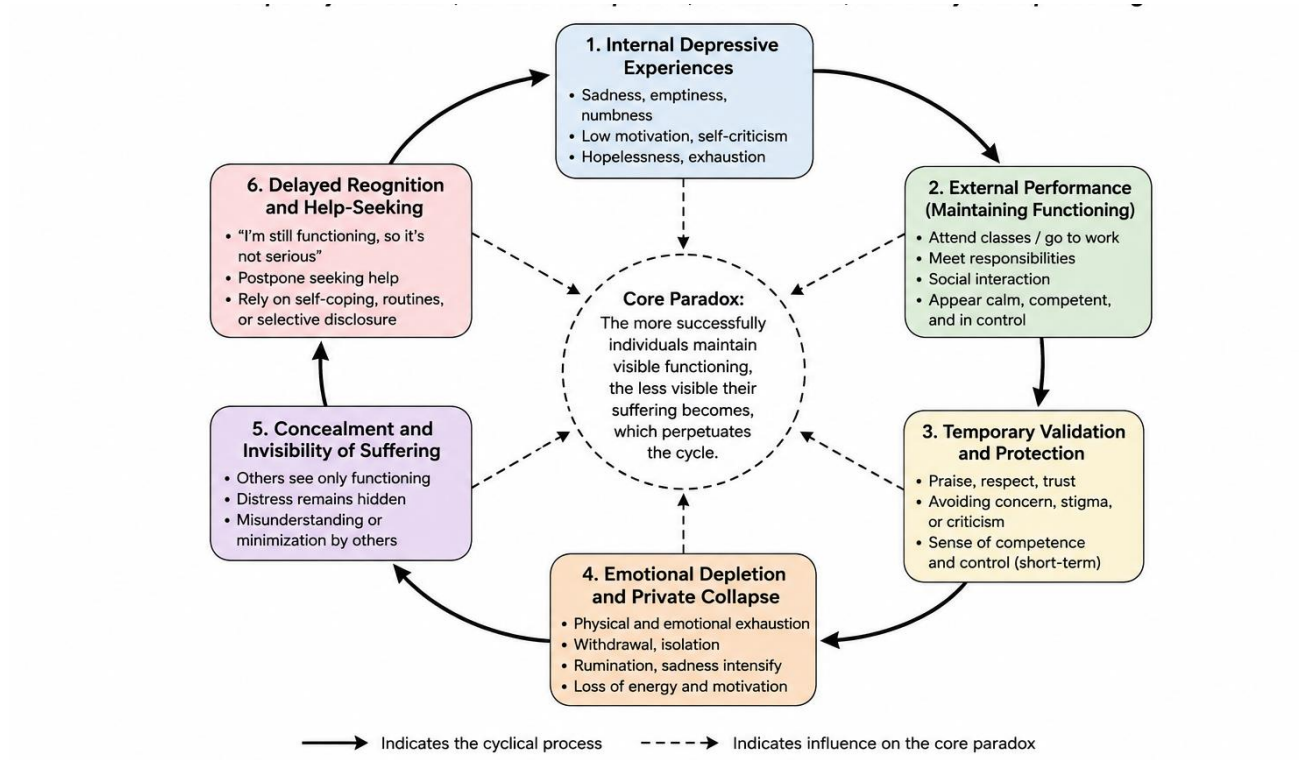

Figure 1 represents the underlying experiential structure identified across the interviews. Participants' accounts suggested a recurring cycle beginning with internal depressive experiences such as sadness, numbness, self-criticism, low motivation, hopelessness, or exhaustion. In response to these experiences, participants intensified or maintained external functioning by attending classes, completing work, meeting deadlines, supporting others, socializing, or presenting themselves as emotionally stable. Successful performance provided short-term protection from questions, criticism, stigma, or perceived failure and sometimes produced temporary reassurance that they remained competent and in control. However, maintaining this external presentation required considerable emotional and cognitive effort and was frequently followed by exhaustion, withdrawal, emotional collapse, or intensified depressive experiences in private. Because other people primarily observed the functional stage of the cycle, participants received relatively little recognition of their distress. The absence of external concern reinforced their own belief that the problem might not be sufficiently serious and increased their tendency to conceal symptoms, return to

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productivity, and postpone seeking support. The cycle therefore illustrates a central paradox of the participants' experiences: the more successfully they maintained visible functioning, the less visible their suffering became, and the reduced visibility of their suffering contributed to the continuation of the very behaviors that sustained the mask.

4. Discussion

The present phenomenological study explored the lived experience of high-functioning depression among young adults in Malaysia and identified six interrelated themes: performing wellness and competence, achievement as camouflage and psychological control, hidden depletion and private collapse, living as a divided self, invisible suffering within relationships and social expectations, and delayed recognition, selective disclosure, and efforts to survive. Taken together, these themes indicate that high-functioning depression is characterized not by the absence of impairment, but by a discrepancy between visible functioning and internal psychological burden. Participants were often able to meet academic, occupational, social, and family responsibilities while simultaneously experiencing sadness, emotional numbness, exhaustion, self-criticism, reduced motivation, and hopelessness. This finding is consistent with contemporary arguments that depression is heterogeneous and that emerging or less conventional depressive presentations may not conform to stereotypical patterns of obvious incapacity or social withdrawal (Chiappini et al., 2025). It also aligns with developmental perspectives emphasizing that depressive experiences among young people vary substantially in presentation, severity, and functional consequences and therefore require approaches that attend to subjective experience rather than relying exclusively on externally observable dysfunction (Hankin & Griffith, 2023).

The first theme, performing wellness and competence, demonstrated that all participants engaged in some form of outward emotional management. They continued to attend classes, work, interact socially, meet deadlines, and present themselves as capable even when their internal state was markedly different. This pattern suggests that functional behavior can operate as a social mask through which distress becomes concealed. Although social camouflaging has been studied most extensively in high-functioning autism, the underlying process of regulating outward behavior to conform to expected social norms provides a useful conceptual parallel for the present findings (Cremone et al., 2023). In the current study, participants described smiling, responding positively to questions about their well-being, participating in conversations, and fulfilling responsibilities despite feeling emotionally depleted. Such behavior should not be interpreted simply as deception. Rather, it appeared to function as an adaptive strategy for avoiding stigma, concern, disappointment, or unwanted scrutiny. The distinction is important because it reframes masking as an attempt to preserve social continuity and identity rather than an intentional falsification of experience.

The second theme, achievement as camouflage and psychological control, further illustrated the complex role of productivity in high-functioning depression. Participants often used academic or occupational achievement not only to maintain external expectations but also to regulate their own emotional state. Constant activity reduced opportunities for rumination and provided temporary evidence that they remained capable and in control. This pattern is compatible with findings showing that psychological distress in young adults is closely related to self-appraisal, self-esteem, and responses to psychosocial stressors (Rani et al., 2022). When personal value becomes tied to achievement, productivity may serve as a compensatory mechanism through which individuals attempt to protect themselves from feelings of inadequacy or instability. The current findings also resonate with evidence that parental and interpersonal expectations can contribute to psychological vulnerability among young adults (Khan, 2022). Participants who perceived themselves as expected to be successful, dependable, or emotionally strong frequently described greater difficulty tolerating reduced productivity.

Perfectionistic self-demands and guilt associated with rest emerged as especially important components of this theme. Participants often intensified their efforts when they felt psychologically worse, creating a paradox in which distress led to more effort rather than visible withdrawal. This may help explain why their condition remained unnoticed. Their externally observable behavior could be interpreted as evidence of resilience, ambition, or healthy adjustment, even when it was driven by fear of failure or emotional avoidance. Related research on shame is informative in this regard. Shame has been shown to mediate relationships between psychological symptoms and anxiety or depressive outcomes, indicating that negative self-evaluation may intensify internal distress while simultaneously discouraging disclosure (Mayerson et al., 2025). In the present study, participants often described being ashamed of struggling when they believed they

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"should" be coping successfully. Consequently, achievement became both a shield against external judgment and a means of defending against internal self-criticism.

The third theme, hidden depletion and private collapse, revealed the cost of maintaining this outward performance. Nearly all participants reported substantial exhaustion after completing their public or obligatory roles. Many described being able to function effectively during the day but becoming withdrawn, inactive, or emotionally overwhelmed once they returned home or were no longer required to perform. This finding challenges the assumption that preserved daily functioning necessarily indicates mild psychological disturbance. Instead, participants appeared to use a large proportion of their available psychological and physical resources to maintain externally expected behavior, leaving little energy for self-care or recovery. This interpretation is supported indirectly by research demonstrating the close relationship between sleep disruption and mental health in young people (Uccella et al., 2023). Disturbed sleep, fatigue, and emotional dysregulation can reinforce one another, potentially allowing individuals to continue functioning temporarily while progressively increasing internal depletion.

The present findings also suggest that private collapse should be understood as part of the same functional system that produces outward competence. Participants were not necessarily functioning well across all contexts; rather, they often redistributed their limited energy toward roles perceived as unavoidable. This distinction is clinically important. Functional assessment based solely on attendance, grades, employment status, or social participation may overlook substantial impairment that appears in less visible areas, such as reduced self-care, social withdrawal at home, inability to experience pleasure, or prolonged recovery after daily obligations. Broader research on emotional states and health-related quality of life similarly shows that subjective well-being may be significantly impaired even when individuals retain substantial functional capacity (Fanaei et al., 2022). Thus, the current study reinforces the need to distinguish observable role performance from subjective psychological wellness.

The fourth theme, living as a divided self, highlighted the identity consequences of prolonged masking. Participants frequently described a separation between a public self that appeared competent and a private self characterized by sadness, exhaustion, detachment, or hopelessness. Over time, this discrepancy created uncertainty about authenticity and contributed to emotional disconnection. Phenomenological research on autobiographical memory demonstrates that subjective experience is central to the way individuals construct continuity and meaning in relation to the self (Vannucci et al., 2021). The current findings extend this perspective by suggesting that persistent divergence between internal experience and external presentation may interfere with a coherent sense of identity. Participants sometimes questioned whether the socially competent version of themselves was genuine or merely performed, while others felt that their depressed private self represented a hidden truth that no one else could see.

This divided-self experience may also be understood through the broader psychiatric concept of subjective salience. Studies of aberrant salience have demonstrated that the meaning individuals assign to internal experiences can substantially shape psychopathological interpretation (Ballerini et al., 2022; Ballerini et al., 2021). Although the clinical contexts differ considerably, the underlying implication is relevant: internal experiences are not merely symptoms but are interpreted through personal narratives that affect identity and behavior. In the present study, participants often interpreted their ability to function as evidence against the legitimacy of their own depressive experience. This created a self-invalidating cycle in which visible competence undermined confidence in subjective suffering. The more effectively participants maintained their public roles, the more difficult it became for them to accept that their distress might be clinically or psychologically significant.

The fifth theme, invisible suffering within relationships and social expectations, demonstrated that outward competence could actively reduce the likelihood of receiving support. Participants often described responses such as surprise, disbelief, or minimization when they disclosed their difficulties because others perceived them as successful or emotionally stable. This finding is consistent with the broader evidence that mental-health experiences are embedded in cultural and interpersonal contexts. Studies of emerging adults have shown that beliefs about mental health, social norms, and perceived acceptability of disclosure influence how distress is understood and managed (Zolnikov et al., 2023). In predominantly Muslim cultural contexts, subjective psychological experiences may also be interpreted through religious and sociocultural frameworks, illustrating the importance of understanding psychopathology within local systems of meaning (Khaled et al., 2024). The present Malaysian findings similarly

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suggest that expectations concerning strength, gratitude, family responsibility, and perseverance may influence whether young adults feel able to acknowledge emotional difficulty.

Participants also reported fearing that disclosure would burden or disappoint others. This was especially prominent among those who occupied supportive or dependable roles within their families and peer groups. Such relational concerns are compatible with evidence linking psychological distress with interpersonal relatedness and emotion regulation in young people (Guenolé et al., 2021). Participants did not simply avoid disclosure because they lacked relationships; many were socially connected but believed that revealing the full extent of their distress would alter how others perceived them. This distinction helps explain why loneliness can coexist with frequent social interaction. The core problem was often not social isolation but the absence of spaces in which participants felt able to be psychologically vulnerable without needing to manage other people's reactions.

The sixth theme, delayed recognition, selective disclosure, and efforts to survive, showed that preserved functioning frequently delayed help-seeking. Participants commonly compared themselves with stereotypical images of severe depression and concluded that because they continued working, studying, or socializing, they were not “depressed enough” to justify professional support. This finding is particularly significant because research has emphasized the need for earlier recognition of diverse depressive presentations among young people (Hankin & Griffith, 2023). When mental-health literacy is based primarily on highly visible impairment, individuals with concealed or atypical presentations may remain untreated despite experiencing substantial distress. The emerging literature on novel depressive subtypes likewise supports the importance of recognizing presentations that do not fit traditional expectations (Chiappini et al., 2025).

Selective disclosure emerged as an intermediate strategy between complete concealment and open help-seeking. Participants often told one trusted person or disclosed only less threatening aspects of their experience, such as stress, tiredness, or pressure. This pattern resembles the broader observation that some psychologically significant processes remain covert and are therefore underestimated by observers. Research on obsessive-compulsive disorder, for example, has demonstrated that mental rituals can constitute clinically meaningful symptoms despite having little outward visibility (Ferrão et al., 2023). Similarly, the present findings suggest that depression can include a substantial hidden component in which internal suffering is not represented accurately by visible behavior. This reinforces the importance of direct inquiry into subjective experience.

Participants' self-developed coping strategies also deserve attention. Routines, task lists, structured schedules, exercise, music, journaling, spiritual practices, and limited social withdrawal were frequently used to maintain stability. Some of these strategies may represent genuine resilience. Research on emerging adults during the COVID-19 pandemic has shown that resilience involves dynamic interactions between individual resources and environmental supports rather than a simple absence of distress (Theron et al., 2023). Likewise, engagement in movement, play, and meaningful activity has been associated with positive mental-health experiences (Kosma et al., 2023). In the present study, however, resilience and suffering were not mutually exclusive. Participants could demonstrate considerable perseverance while still experiencing clinically meaningful psychological burden. Therefore, resilience should not be interpreted as evidence that intervention is unnecessary.

The findings also underscore the importance of individualized mental-health care. Young adults with high-functioning depression may differ substantially in symptom profile, coping style, family environment, cultural context, and willingness to disclose. Individualized psychotherapy approaches have been emphasized as important for responding to the diverse needs of young people with mental disorders ("Individualized Psychotherapy Treatment of Young People With Mental Disorders," 2022). The present findings support this position by demonstrating that treatment and assessment must extend beyond symptom counts to include the individual's subjective effort to maintain functioning, relationship with achievement, fear of vulnerability, and interpretation of help-seeking. In some cases, clinicians may need to explore whether apparent success is supported by sustainable coping or maintained through chronic overexertion and emotional suppression.

The results may also be considered in relation to broader evidence showing that psychological symptoms can coexist with physical conditions and somatic experiences. Anxiety and depression have been reported among individuals with primary hyperhidrosis (Kamikava et al., 2021), while thyroid dysfunction can affect both emotional states and quality of life (Fanaei et al., 2022). Other medical conditions occurring in young people, including autoimmune thyroiditis and endocrine abnormalities, further demonstrate

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that fatigue, mood changes, and reduced well-being can have multiple interacting determinants (Araújo et al., 2023; Endres et al., 2021). Although the present study was focused on lived depressive experience rather than differential diagnosis, these findings reinforce the importance of comprehensive assessment rather than assuming that exhaustion or low motivation is exclusively psychological.

More broadly, the results reinforce the value of phenomenological approaches for studying forms of psychological distress that are not fully represented by observable behavior. Research across psychiatric conditions has shown that phenomenological examination can reveal clinically meaningful differences in subjective experience, including hallucinations and other unusual perceptual phenomena (Toh et al., 2023). Similar lessons emerge from work on functional neurological disorders, where careful attention to presentation, subjective experience, and context is necessary for accurate understanding (Frucht et al., 2021; Nilles et al., 2022). The current study demonstrates that the same principle applies to high-functioning depression. Visible competence provides only a partial account of functioning, and the internal cost of maintaining that competence may be substantial.

5. Conclusion

The overall phenomenological structure identified in this study can therefore be understood as a self-perpetuating cycle. Internal depressive experiences generated a need to preserve outward functioning; successful functioning produced temporary validation and reduced external concern; the effort required to maintain performance resulted in emotional depletion; exhaustion increased the need for concealment and withdrawal; and the invisibility of suffering reinforced delayed recognition and help-seeking. This process resembles the broader complexity of youth psychopathology, in which symptoms, coping behaviors, interpersonal contexts, and self-appraisals interact dynamically rather than operating independently (Hankin & Griffith, 2023; Rani et al., 2022). The central implication is that the capacity to function should not be equated with psychological wellness. For the participants in this study, functioning often represented a survival strategy rather than evidence of recovery.

6. Limitations & Suggestions

One limitation of this study is that the findings were derived from a relatively small purposive sample of 18 young adults living in Malaysia, and the experiences identified may not represent all young adults with concealed depressive symptoms. The phenomenological design was intended to achieve depth rather than statistical generalizability, and participants who were willing to discuss their experiences may have differed from individuals who remain unwilling or unable to disclose psychological distress. The use of self-reported retrospective accounts may also have introduced recall bias and may have been influenced by participants' current interpretations of past experiences. In addition, high-functioning depression was used as a descriptive phenomenological concept rather than a formal diagnostic category, and participants differed in whether they had received a professional diagnosis. The inclusion of interviews conducted both face-to-face and online may have produced some variation in the depth or style of disclosure. Finally, although the study attended to sociocultural context, the diversity of Malaysian ethnic, religious, educational, and socioeconomic backgrounds means that cultural influences could not be examined comprehensively within a single qualitative sample.

Future research should investigate high-functioning depression using larger and more diverse samples across different cultural, educational, occupational, and socioeconomic contexts. Comparative qualitative studies could examine whether masking, perfectionistic productivity, private collapse, and delayed help-seeking are experienced differently across ethnic or cultural groups. Longitudinal research would be particularly valuable for determining how concealed depressive experiences develop over time and whether sustained high functioning predicts later burnout, reduced quality of life, or more visible impairment. Mixed-method studies could combine phenomenological interviews with validated measures of depression, perfectionism, emotional suppression, shame, sleep quality, resilience, social support, and functional impairment. Future studies should also examine gender differences and explore how family expectations, workplace culture, academic competition, digital self-presentation, and religious beliefs influence concealment. Research involving clinicians, family members, partners, and peers could further clarify why high-functioning depression remains difficult to recognize from an external perspective.

In practice, mental-health professionals should avoid assuming that academic achievement, occupational stability, social participation, or a composed appearance indicates emotional well-being. Assessment should include direct questions about the psychological effort required to maintain

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daily functioning, changes in energy after responsibilities are completed, guilt associated with rest, emotional numbness, private withdrawal, and discrepancies between public presentation and private experience. Universities and workplaces should develop mental-health messaging that makes clear that individuals do not need to experience visible collapse before seeking support. Counselors and psychologists should provide psychologically safe opportunities for young adults to discuss perfectionism, shame, family expectations, emotional concealment, and fear of burdening others. Psychoeducation for families, educators, supervisors, and peers should also emphasize that depression can coexist with competence and productivity. Early recognition of hidden distress may reduce prolonged self-invalidation, delayed treatment, and the cumulative psychological cost of maintaining a mask of wellness.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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