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Exploring Depression among Adolescents with Antisocial Behavioral Tendencies: A Photovoice Study

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Abstract. *Introduction* Depression among adolescents with antisocial behavioral tendencies is often hidden behind observable behaviors such as rule-breaking, irritability, withdrawal, and interpersonal conflict.
Aim This study aimed to explore how depression is experienced and expressed among adolescents with antisocial behavioral tendencies using a participatory Photovoice approach.
Result Three interconnected themes emerged: adverse childhood experiences, antisocial coping, and depressive conditions. Family conflict, parental infidelity, bullying, academic pressure, and limited emotional support were associated with participants' negative perceptions of themselves, others, and their future. Antisocial behaviors were described not only as externalizing behaviors but also as maladaptive coping strategies used to manage unresolved emotional distress. Participants also described persistent sadness, loneliness, hopelessness, low self-worth, and social withdrawal as part of their depressive experiences.
Conclusion These findings highlight the complex relationship between depression and antisocial behavioral tendencies and demonstrate the value of participatory approaches such as Photovoice in understanding adolescents' subjective emotional experiences.

Introduction

One of the major concerns during adolescence is antisocial behavior, which may reflect underlying psychological distress rather than merely social or disciplinary problems. National reports indicate that behavioral problems among Indonesian adolescents remain a growing concern. The Indonesian National Police

Criminal Investigation Agency reported numerous cases involving adolescents in assault, group violence, vandalism, theft, and student brawls across various regions of Indonesia (Pusat Informasi Kriminal Nasional Bareskrim Polri, 2024). Such persistent violations of social norms are consistent with behavioral patterns described in Conduct Disorder (CD), a disruptive behavior disorder characterized by repetitive aggression, deceitfulness, property destruction, and serious rule violations (American Psychiatric Association, 2022). Conduct Disorder is among the most prevalent behavioral disorders during adolescence, affecting approximately 2–10% of youths worldwide (Fairchild et al., 2019). Although not all adolescents exhibiting antisocial behaviors meet the diagnostic criteria for Conduct Disorder, persistent antisocial behavioral tendencies may indicate significant psychological vulnerability that warrants further investigation.

Previous research entitled The Role of Forgiveness in Psychological Well-Being and Personality Disorders among Adolescents with Traumatic Experiences (Manafe et al., 2025, unpublished research report), conducted by a team of lecturers and students that included the present author, screened 990 adolescents from junior high schools, senior high schools, and universities in Kupang City. The screening identified 62 adolescents aged 11–19 years who demonstrated antisocial behavioral tendencies and were eligible for further qualitative exploration.

Although these findings do not represent the prevalence of antisocial behavioral tendencies in the general adolescent population, they indicate the presence of a subgroup of adolescents experiencing behavioral vulnerabilities. Previous studies have shown that persistent antisocial behaviors during adolescence are associated with increased risks of juvenile delinquency, academic failure, substance misuse, interpersonal difficulties, and criminal behavior in adulthood (Fairchild et al., 2019). These preliminary findings provided the empirical basis for the present study to further explore the experiences of depression among adolescents with antisocial behavioral tendencies.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), Conduct Disorder (CD) is characterized by a repetitive and persistent pattern of behavior that violates the basic rights of others or major age-appropriate societal norms (American Psychiatric Association, 2022). Although the adolescents in this study were not clinically diagnosed with Conduct Disorder, the concept provides an important theoretical framework for understanding antisocial behavioral tendencies during adolescence. These tendencies commonly manifest through aggression, oppositional behavior, rule-breaking, and other externalizing behaviors. Some adolescents may also exhibit social withdrawal and interpersonal difficulties, particularly in the presence of emotional distress or peer victimization (Almeida et al., 2021). Beyond these observable behaviors, antisocial behavioral tendencies may also involve poor social adjustment, including feelings of inferiority, social isolation, limited concern for others, and disregard for social norms (Sari et al., 2024).

Although antisocial behavioral tendencies are generally characterized by externalizing behaviors, they may also reflect underlying emotional difficulties, including depression (Almeida et al., 2021). Depression is a mental disorder characterized by persistent sadness, loss of interest or pleasure, cognitive disturbances, and impairments in daily functioning, including sleep, appetite, concentration, and social functioning (American Psychiatric Association, 2022). It is also recognized as one of the leading causes of disability worldwide (Otte et al., 2016). Globally, approximately 322 million people experience depression, including around 9 million people in Indonesia (Pamungkas & Kamalah, 2021). During adolescence, depression may manifest through irritability, loss of interest, social withdrawal, and changes in emotional and behavioral functioning (Linan et al., 2025). These manifestations may overlap with antisocial behavioral tendencies, making underlying emotional distress more difficult to identify.

Previous studies have consistently reported an association between depression and antisocial behavior among adolescents. Baskoro and Fitrikasari (2010) found that adolescents with depressive disorders were at a substantially higher risk

of developing antisocial behavioral problems than those without depression. Similarly, Riastiningsih and Sidarta (2018) reported that higher levels of depression were associated with a greater prevalence of antisocial behavior. However, more recent evidence suggests that this relationship is more complex than a simple one-way association. Rehman et al. (2024) found that social exclusion may contribute to depressive symptoms, which are associated with negative emotions and maladaptive antisocial behaviors. Likewise, Kim et al. (2023) demonstrated a reciprocal relationship between depression and antisocial behavior, with the direction and magnitude of the association differing between male and female adolescents. These findings suggest that the relationship between depression and antisocial behavioral tendencies is dynamic and influenced by multiple psychosocial factors.

Despite these findings, previous studies have predominantly relied on quantitative approaches that explain statistical associations between variables. While such studies are valuable for identifying general patterns, they provide limited understanding of how adolescents experience depression, interpret their antisocial behavioral tendencies, and construct meaning from these experiences within their everyday lives. Consequently, the subjective perspectives of adolescents remain insufficiently explored, highlighting the need for qualitative participatory research to better understand the emotional dynamics underlying depression and antisocial behavioral tendencies.

This gap is important because antisocial behavioral tendencies are often interpreted solely based on observable behaviors, while the emotional experiences underlying these behaviors remain insufficiently understood. Some adolescents may respond to depression through social withdrawal, whereas others may express emotional distress through aggression, rule-breaking, or other externalizing behaviors. Understanding these diverse expressions requires an approach that can capture adolescents' subjective perspectives and lived experiences.

To address this gap, the present study employed a Participatory Research (PR) approach using the Photovoice method. Participatory Research positions adolescents

as active collaborators in the research process, enabling them to reflect on and communicate their own experiences (Cornwall & Jewkes, 1995). In this study, participants were explicitly invited to photograph situations, places, or objects that represented experiences related to depression, such as sadness, emotional distress, psychological pressure, or other emotionally meaningful experiences. The photographs then served as visual prompts during semi-structured interviews, allowing participants to explain the meanings behind the images and facilitating a deeper understanding of their emotional experiences (Dempsey, 2016; Studer et al., 2025).

The novelty of this study lies in its use of Participatory Research and Photovoice to explore depression among adolescents with antisocial behavioral tendencies from the adolescents' own perspectives. Accordingly, this study aims to explore how depression is experienced and expressed among adolescents with antisocial behavioral tendencies through Photovoice. Specifically, it seeks to understand how adolescents interpret their emotional experiences, the meanings they attribute to their photographs, and the psychological dynamics underlying their antisocial behavioral tendencies.

Method

This study employed a qualitative research design using a Participatory Research (PR) approach. Participatory research positions participants as active collaborators in the research process, enabling their lived experiences to contribute to knowledge generation (Cornwall & Jewkes, 1995). The study specifically employed the photovoice method, in which participants were explicitly instructed to capture 5–6 photographs representing experiences related to depression, such as sadness, emotional distress, psychological pressure, or other emotionally meaningful situations. Participants were then asked to select one photograph that best represented their experiences and explain its meaning during semi-structured interviews. The photographs served as visual prompts to facilitate participants' reflections on their emotional experiences and psychological conditions. This

approach emphasizes participants' subjective perspectives and lived experiences rather than statistical generalization, allowing for a deeper understanding of the psychological dynamics of depression among adolescents with antisocial behavioral tendencies (Wang & Burris, 1997; Chio & Fandt, 2007).

The research was conducted in Kupang City, East Nusa Tenggara, Indonesia. Participants were recruited from junior high schools, senior high schools/vocational schools, and public and private universities through a previous screening study conducted by the research team. Purposive sampling was used to select participants based on the following inclusion criteria: adolescents aged 10–18 years, residing in Kupang City, demonstrating elevated antisocial behavioral tendencies identified through the Personality Diagnostic Questionnaire–4 (PDQ-4), exhibiting moderate depressive symptoms based on the Beck Depression Inventory (BDI), and willing to participate in interviews and Photovoice activities.

The PDQ-4 (Hyler, 1994) is a self-report screening instrument developed to identify personality disorder traits based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. In the present study, the PDQ-4 was used solely as a screening instrument to identify adolescents with antisocial behavioral tendencies and was not intended to establish a clinical diagnosis of Antisocial Personality Disorder. Likewise, the BDI was used only to screen the level of depressive symptoms, and participants with moderate depressive symptoms were included in the study. Exclusion criteria included adolescents outside the specified age range, those who did not demonstrate antisocial behavioral tendencies or moderate depressive symptoms, those not residing in Kupang City, and those unwilling to participate. A total of five adolescents (four females and one male) met the inclusion criteria and participated in the study. Participation was voluntary, and no financial incentives were provided.

Table 1.
Characteristics of the Participants

Participant	Age	Gender	Educational Institution	Interview Location
CA	16 years	Female	SMAN 2 Kupang	Subasuka Beach
MG	18 years	Female	Unwira Kupang	Ohayo Cafe
SA	18 years	Female	SMAN 3 Kupang	Participant Home
JH	17 years	Male	SMAN 1 Kupang	Participant Home
EM	15 years	Female	SMKN 1 Kupang	Subasuka Beach

Data collection involved two main techniques: Photovoice and semi-structured interviews. Interviews were guided by the SHOWeD technique, enabling participants to reflect on and explain the meanings behind each image. Following the individual interviews, the photographs and participants' reflections were revisited during a Focus Group Discussion (FGD) to compare experiences across participants, identify similarities and differences in their perspectives, and confirm the consistency of the interpretations generated from the interviews. This process also functioned as a form of member checking by allowing participants to review and clarify the meanings of their experiences collectively. The participatory process enabled participants to actively construct and communicate the meanings of their depressive experiences from their own perspectives, consistent with the principles of Participatory Research (Cornwall & Jewkes, 1995).

Ethical approval was obtained from the Health Research Ethics Committee of the Faculty of Public Health, Universitas Nusa Cendana. Written informed consent was obtained before data collection. For participants younger than 18 years, written parental consent and adolescent assent were obtained prior to participation. Participants' identities were anonymized using initials, and all personal information and research data, including photographs and interview transcripts, were kept confidential and securely stored throughout the study.

Data preparation included transcribing interview recordings, organizing photographs and field notes, and systematically categorizing the data according to their sources. Data were analyzed using Creswell's thematic analysis approach

(Creswell, 2014). The analysis involved organizing the data, reading and reviewing the interview transcripts and photographs repeatedly, generating initial codes, grouping similar codes into categories, developing themes and subthemes, and interpreting the meanings of the themes in relation to the research objectives.

Photographs were analyzed together with participants' verbal explanations during the interviews, allowing visual and verbal data to complement one another throughout the analytical process. To enhance the trustworthiness of the findings, member checking and source triangulation were conducted. Member checking took place during the Focus Group Discussion (FGD), where participants reviewed, clarified, and confirmed the researchers' interpretations of their experiences. Source triangulation was conducted by interviewing the participants' parents and close friends after the individual interviews to verify the consistency of the information provided by the adolescent participants. This process involved cross-checking information by comparing data obtained from different sources to strengthen the credibility of the findings (Sugiyono, 2016). This methodological approach enabled an in-depth exploration of adolescents' subjective experiences of depression while maintaining methodological rigor and ethical integrity.

Result

Analysis followed a thematic approach, integrating narratives and photographs to uncover patterns of experience. Three interconnected themes emerged: Adverse Childhood Experiences (ACE), Antisocial Coping, and Depressive Conditions. These themes demonstrate a progression in which early life stressors influence maladaptive coping strategies, which subsequently contribute to depressive symptoms, forming a cohesive understanding of adolescents' psychological vulnerability.

A. Adverse Childhood Experiences (ACE)

The first theme highlights early negative experiences within family and social environments. Family dysfunction emerged as a central factor.

Participant CA described parental infidelity, leading to low self-esteem, suppressed sadness, and heightened anxiety:

"My parent had an affair. It happened last year, around March or April..." (Informant CA).

Similarly, EM recounted repeated paternal infidelity, witnessing family conflict that left lasting emotional scars:

"My father had an affair. Since I was little, my father and I used the same mobile phone…" (Informant EM).

SA described exposure to financial and relational conflicts within the family, leaving no safe outlet for emotional expression:

"My mother and father often fought over financial problems. I was still very young at the time, and I didn't have anyone to talk to. Whenever they fought, all I could do was cry or isolate myself in my room..." (Informant SA).

In addition to family stress, social dysfunction contributed to emotional strain. Experiences of bullying and peer rejection impaired social confidence. CA recalled being bullied by a teacher, affecting his ability to express himself:

"I was bullied when I was in elementary school. My teacher would say, 'Look at her, she's better than you..." (Informant CA).

MG described fear of ridicule and judgment, leading to avoidance of social interaction:

"...I also don't like dealing with people. I'm afraid that what I tell them will be told to someone else..." (Informant MG)

The combination of family and social stressors created a foundation for maladaptive coping behaviors, which are described in the next theme.

B. Antisocial Coping

Adolescents employed antisocial coping strategies as a response to early adversity, including rule-breaking, impulsivity, emotional dysregulation, and reduced empathy. SA, EM, and JH reported skipping school or minor theft to cope with stress:

"...Not at home. At school, I just didn't do my assignments, skipped classes, fought with teachers..." (Informant JH).

Impulsivity and emotional dysregulation were frequent, indicating difficulty managing negative emotions:

"I don't know. I get angry very easily..." (Informant EM).

"...I don't want other people to bother me..." (Informant SA).

High-risk behaviors and self-harm were also reported as mechanisms to release emotional tension:

"I have. I hurt myself..." (Informant SA).
"...like riding my motorcycle fast, looking for an escape, watching something, or sleeping more often..." (Informant JH).

Reduced empathy and self-centered behaviors reflected the internalization of early stress and contributed to social detachment:

"...I really don't like sharing my things with other people..." (Informant MG).
"...I'm not sensitive, so I don't know. I don't care either..." (Informant CA).

These maladaptive coping strategies not only reinforce social isolation but also pave the way for the emergence of depressive symptoms, linking to the next theme.

C. Depressive Conditions

Depressive conditions manifested as persistent sadness, social withdrawal, low self-esteem, and hopelessness. CA reported recurrent feelings of emptiness and disconnection.

Figure 1. The feeling of tightness that is felt

Source: Participant CA

"This photo shows how I feel, like there's a heaviness in my chest. It's a photo taken at church. I just feel sad. I used to go to church regularly, and I asked God for too many things. I had expectations that were too high of God, so I felt like God didn't answer them..." (Informant CA).

MG and SA associated sadness with parental pressure and academic stress:

"Yes, I do feel sad. Sometimes my parents only want us to follow what they want, not what we want. But I can't do anything because they're my parents, so I just go along with it..." (Informant MG).

Figure 2. Feelings of sadness that arise when doing self-reflection

Source: Participant SA

"I was feeling sad because my fear has been very overwhelming lately. Then, I took the second photo while I was waiting at the doctor's office. I took it with mixed feelings. I kept asking myself why I had ended up in this situation, why I had to go through this. I just felt sad..." (Informant SA).

Social withdrawal and low self-worth were noted in EM and JH:

Figure 3. Depicts a state of emptiness and loneliness

Source: Participant EM

"I feel empty. There's no one at all, so it shows that when I'm sad, there's no one there. It's like this represents my heart, there's no one there at all..." (Informant EM).

Figure 4. Reflection of feelings of emptiness and directionlessness

Source: Participant JH

> *"I took this photo because I was feeling empty. I felt empty, like I wasn't doing anything. So this photo really shows emptiness, it was blurry, like I didn't know where I was going..." (Informant JH).*

Low self-esteem and indecision were reported by CA, MG, JH, and SA, reinforcing feelings of inadequacy and helplessness:

> *"...I'm not very confident. It's sad. No one cares..." (Informant CA).*
> *"I see myself as being less than other people..." (Informant JH).*
> *"I used to have a friend who was pretty. Whenever I walked with her, most people looked at her instead of me. That's what made me feel insecure too..." (Informant MG).*
> *"I see myself as kind of a mess now. Sometimes I hate myself..." (Informant SA).*

Finally, participants expressed loss of hope for the future, a culmination of early adversity and maladaptive coping:

> *"...My fear has been very overwhelming lately because there's a lot of pressure. I'm afraid of being left alone. I'm afraid my future won't be clear. I feel like I don't have a future..." (Informant SA).*
> *"It's all gray, like I don't have a future. But I'm still trying to make one..." (Informant CA).*

Discussion

The findings of this study indicate a dynamic and interconnected relationship among adverse childhood experiences (ACEs), maladaptive coping strategies, and depressive conditions in adolescents with antisocial behavioral tendencies. Rather than demonstrating a causal relationship, the findings suggest that these experiences were closely interconnected within participants' personal narratives.

Several participants described adverse childhood experiences, including family conflict, parental infidelity, bullying, and limited emotional support, as important contexts in which emotional distress developed. These experiences were frequently accompanied by maladaptive coping strategies and depressive symptoms, supporting previous studies that have identified family dysfunction and psychosocial stressors as factors associated with both antisocial behavior and depression (Almeida et al., 2021). Similarly, Rehman et al. (2024) suggested that psychosocial stressors may contribute to emotional distress, which can be associated with depressive symptoms and maladaptive behavioral responses.

Family dysfunction, including parental infidelity, frequent family conflict, and limited emotional support, was described by several participants as an important source of emotional distress. These experiences were often accompanied by feelings of insecurity, helplessness, sadness, anxiety, and low self-esteem, suggesting that disruptions in family relationships may reduce adolescents' sense of emotional safety and support. In addition, several participants described experiences of peer bullying and negative judgments from others, which appeared to reinforce social withdrawal, mistrust, and heightened vigilance in interpersonal relationships.

These findings are consistent with previous studies highlighting the important role of family environments in the development of antisocial behavior. Farrington et al. (2001) identified ineffective parental discipline as one of the strongest predictors of antisocial behavior during adolescence, while Paquette Boots et al. (2011) emphasized that ineffective parenting practices, including inconsistent discipline, harsh parenting, and a lack of positive reinforcement, may contribute to maladaptive behavioral development. Taken together, these findings suggest that family and school environments may shape adolescents' emotional responses and the coping strategies they use when facing psychological distress.

Depressive experiences in this study were reflected in persistent sadness, feelings of emptiness, negative self-perceptions, hopelessness, and concerns about the future. Participants' photographs and verbal explanations suggested that these experiences were often intertwined with antisocial coping behaviors and social withdrawal rather than being expressed directly. For several participants, photographs depicting empty places, churches, or waiting rooms symbolized feelings of loneliness, uncertainty, emotional burden, and disappointment, illustrating how they interpreted their depressive experiences.

These findings are consistent with previous studies suggesting that depression during adolescence may be reflected through emotional, cognitive, and behavioral changes rather than explicit emotional disclosure (Pamungkas & Kamalah, 2021; Linan et al., 2025). Furthermore, integrating participants'

photographs with their verbal reflections through the Photovoice process provided deeper insights into the subjective meanings of emotional suffering that may not be fully captured through standardized quantitative measures alone.

Several participants described that family conflict, bullying, or parental infidelity were accompanied by feelings of sadness, insecurity, and low self-worth, which were followed by maladaptive coping behaviors such as social withdrawal, rule-breaking, or self-harm. Although these coping behaviors were described as providing temporary emotional relief, participants also reported that they did not resolve their emotional distress.

A key contribution of this study lies in the use of the Photovoice method within a Participatory Research framework, which enabled adolescents to actively express and interpret their experiences of depression through photographs and verbal reflections. By combining visual and verbal data, the study captured emotional meanings and lived experiences that may be difficult to communicate through conventional interviews or standardized questionnaires (Wang & Burris, 1997; Nykiforuk et al., 2011). However, Photovoice also has limitations. The meanings attached to photographs may vary across participants, and some adolescents may have been reluctant to disclose sensitive experiences despite the participatory approach. To enhance the credibility of the findings, these potential biases were minimized through semi-structured interviews, Focus Group Discussions (FGDs), member checking, and source triangulation, allowing participants to clarify the meanings of their photographs and confirm the researchers' interpretations.

The findings also have several practical implications. For schools, adolescents who frequently display antisocial behaviors, such as rule-breaking, aggression, or social withdrawal, should be considered for early psychological screening and referral to school counselors or mental health professionals, as these behaviors may also reflect underlying emotional distress. For parents, parenting programs that strengthen emotional communication, supportive relationships, and consistent caregiving may help reduce adolescents' psychological vulnerability. For

mental health practitioners, interventions focusing on emotion regulation, adaptive coping strategies, and family involvement may be beneficial for adolescents who exhibit antisocial behavioral tendencies accompanied by depressive symptoms.

Several limitations should be considered when interpreting the findings. The study involved a small number of participants recruited through purposive sampling; therefore, the findings are not intended to be generalized to all adolescents with antisocial behavioral tendencies. In addition, participants were recruited from Kupang City, and sociocultural factors may have influenced how depression and antisocial behavior were experienced and expressed. Although the Photovoice method generated rich data, participants' willingness to disclose sensitive experiences may also have influenced the depth of the information obtained.

Overall, this study contributes to the literature in two important ways. First, it provides empirical insights into the interconnected nature of adverse childhood experiences, maladaptive coping strategies, and depressive conditions among adolescents with antisocial behavioral tendencies from the adolescents' own perspectives. Second, it demonstrates that Photovoice is an effective participatory method for exploring adolescents' subjective psychological experiences by integrating photographs with participants' verbal explanations.

Conclusion

This study explored the dynamics of depression among adolescents with antisocial behavioral tendencies in Kupang City using a Participatory Research approach with the Photovoice method. The findings indicate that depression in these adolescents cannot be understood as an isolated phenomenon but arises from the complex interaction of adverse life experiences, relational difficulties, and the meanings they attribute to their experiences. Family conflict, social rejection, traumatic events, academic pressure, and low emotional support consistently contributed to negative cognitive patterns, social withdrawal, persistent sadness, irritability, loss of interest, and feelings of low self-worth. The study also revealed that antisocial behaviors often function as maladaptive coping mechanisms rather

than merely deviant acts, and that depressive symptoms and antisocial tendencies influence each other dynamically over time.

These results contribute to psychology by providing a nuanced understanding of the subjective experiences of adolescents, highlighting the interplay between emotional, cognitive, behavioral, and social factors. Practically, the findings suggest that interventions should focus not only on observable behaviors but also on strengthening emotional regulation, improving interpersonal support, and providing safe spaces for adolescents to express and process psychological distress adaptively. The study's limitations include the small sample size, context-specific findings, and reliance on participants' reflective abilities, which may affect generalizability.

Suggestion

Practically, the findings highlight the importance of psychological interventions that extend beyond managing observable behaviors by strengthening emotional regulation, enhancing family and social support, and creating safe environments where adolescents can openly express and process psychological distress. Future research is recommended to employ longitudinal and/or mixed-methods designs to better understand how depression and antisocial behavioral tendencies develop and interact over time. Studies involving larger and more diverse samples across different cities and cultural contexts are also needed to enhance the transferability of findings. In addition, future research should examine contextual factors such as parenting practices, family relationships, cultural influences, and differences across age and gender to provide a more comprehensive understanding of adolescents' psychological experiences.

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Author contribution

NH served as the lead author and was responsible for the conception and design of the study, participant recruitment, data collection, data analysis, interpretation of the findings, and manuscript preparation. RPM contributed by supervising the research process, providing critical feedback throughout the study, and assisting in the interpretation of the findings and manuscript revision. ZCAS contributed by supervising the research process, reviewing and refining the data analysis and interpretation, and revising the manuscript for its scientific content. RPCW contributed by providing critical feedback on the interpretation of the findings, ensuring the theoretical interpretations were conceptually sound and aligned with the theoretical framework used in the study. MA contributed by providing valuable feedback and suggestions throughout the research process. All authors read and approved the final version of the manuscript.

Competing interest

The authors declare that there are no financial or personal relationships that could have influenced the work reported in this study.

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