



IS HAPPINESS A SOLUTION FOR DEPRESSION?

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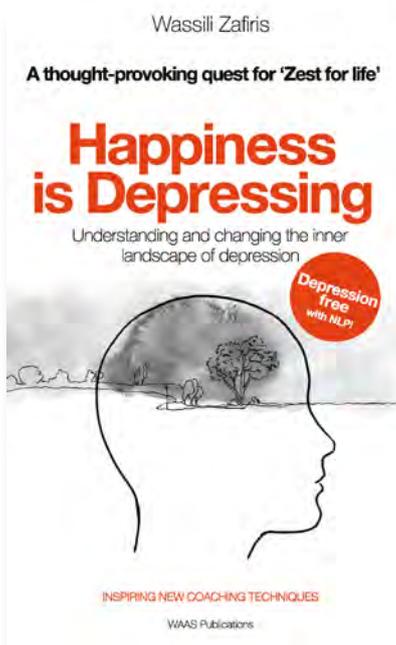
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HAPPINESS IS DEPRESSING, published in English 2019, describes a coaching method of transforming depression into Zest for Life.

A step-by-step guide to transform the main causes of depression – loneliness, adversity, negative self-image.

The book is available at [amazon.com](https://www.amazon.com).



IS HAPPINESS THE SOLUTION FOR DEPRESSION?

by Wassili Zafiris

"I just want to be happy".

Is that a phrase that ever crossed your mind?

Did you ever hear someone yell out that desire in a moment of despair?

Probably, I certainly have.

A S A NEURO-LINGUISTIC DEVELOPER I am deeply curious about the influence our language has upon our states of mind. How does language create our reality? How does our brain think? What is the language of our brain and how does our language create pitfalls for us, sometimes so big that they lead us into the dark instead of the light ...?

"I just want to be happy" seems so innocent, so matter of fact even, that we seldom question the meaning of it. I got curious about "our search for happiness" when I was researching a solution-focused coaching approach for depression.

KNOW, COACHING IS ASSOCIATED with achieving outcomes, setting goals and excellence, as where depression is associated with problems, therapy, the past and possibly resolving trauma. The combination depression-coaching seems difficult to bring together.

However, I believe that my coaching and modeling research* of depression gave me some very new insights about working with depressed clients. So much so that I decided to write a book about it (*Happiness is Depressing*, 2019).

* My research aims at resolving "mild" and "moderate" depressive thoughts and feelings.

» *I HYPOTHESIZED: what if this inertness with depression, is related to not having a clue about where to go, apart from the generally assumed goal: "I just want to be happy ..."? «*

.....

BECAME INTRIGUED with why so many people feel depressed, and if there are any other causes described other than the usual physiological disturbances.

My research also set me on the path of thinking about a methodology to resolve depressive thoughts and feelings. Amongst many findings I wondered what the goal is when a coach or therapist is working with a depressed client. I mean it may sound obvious, but in coaching we ask the question: "*what do you want?*" for the simple reason that in order to achieve an outcome we must create clarity about that outcome.

To my surprise I didn't know what the outcome would have to be when working with depressed clients. In starting to ask around, baffled by my own inability to come up with a clear destination, I discovered that no one knew. Most people and specialists I asked had an idea and came up with things to do, but no distinctive outcome.

LET'S SAY, FOR EXAMPLE, that you have a "fear of speaking in public" and you would go to a coach, what would a probable outcome be for both coach and coachee to work on? Something along the lines of: *Building self-confidence and in doing so dealing with feelings of rejection and fears of failure?*

After working with many clients (in 25 years working as coach and trainer) that experience these kinds of problems, I can confidently say that in many cases the goals are somewhere along these lines. But with depression? We simply don't know. And that got me thinking.

ONE OF THE SYMPTOMS of depression is the passiveness, inertness almost, doing nothing about the dread that one experiences. I hypothesized that what if this inertness is related to not having a clue about where to go, apart from the generally assumed goal: "I just want to be happy..."?

» *SO, WHAT'S THE DEAL with "I just want to be happy"? Well, for one, it is full of vague language. «*

.....

» *DEPRESSION is common, it is called "the flu" of the 21st century.*«

DEPRESSION IS SO COMMON it is called "the flu of the 21st century". 340 million people worldwide reportedly feel depressed. In the Netherlands alone 1 in 5 report feeling depressed. In a country of 17 million that is quite an achievement, but the Netherlands is no exception, most countries show similar figures. The numbers are rising every year and the current medical approach does not seem to deliver. How else can we explain the continuous rise of reported depression while the use of anti-depressants has risen 10-fold in the last 5 years alone?

An effective treatment for a problem should make it occur less instead of more, should it not?

SO, WHAT'S THE DEAL WITH "I JUST WANT TO BE HAPPY"?

Well, for one, it is full of vague language.

Words carry meaning, they are basically symbols to convey their meaning to us and others. So, when, for example, I say the word "love", you probably have some meaning you relate to that word and depending on your own experience with love, you have a nice or not so nice association attached to it. Maybe you remember your worst or best love, maybe you feel saddened because you miss your love and maybe you feel angry because your love betrayed you. Whatever you attach to the word 'love' is the meaning the word has for you.

WORDS CARRY MEANING from one place to another. That's where it becomes interesting because they do not only carry meaning from us to others, but also from ourselves to ourselves. How does that happen?

Well, the words and phrases you yourself pronounce have to be understood by yourself, and in order to understand what you are saying you have to get a sense of what those words mean.

At the same time the words you speak are a reflection of a deeper experience you have. However, what comes out "on the surface" is only a reflection of what is really experienced, because language by its nature is a generalization of our experience.

THIS EXPLAINS WHY it can be such a challenge to get to the bottom of what something you casually say actually refers too on a deeper level. And it explains why it can be challenging to understand each other.

What we say is at first a general description of a deeper (often even unconscious) reference experience.



Photo: 52Herz

BUT WHAT DOES "I JUST WANT TO BE HAPPY" MEAN? WHAT DO THOSE WORDS REFER TO?

Well it means: *"I want to be, as a matter of fact, in a constant state of contentment."* Think about that.

What in our lives is *"a matter of fact"*? How many things in our lives are there just because they are there and we do not need to do anything about them?

And then the part: *"In a constant state"*. Are we ever in a constant state of anything? Is it even natural to be in a constant state of anything for that matter? Probably not.

Here is the thing, giving yourself the (unconscious) goal of *"wanting to be, as a matter of fact, in a constant state of contentment"* can only set you up for one thing - failure. Because something that does not belong to our nature, we can't and won't create in our lives. And thus can our language (mis-)lead us to places unachievable for us, to only experience the dissatisfaction that it creates.

AND WHAT IS DEPRESSION?

As defined in DSM (*The Diagnostic and Statistical Manual of Mental Disorders*) it is a "common and serious mood disorder". In the DSM it states that a person is clinically depressed when one has five out of the eight symptoms described there, and the cause for that state is determined as a physiological one, namely the lack or imbalance of certain neurotransmitters in our brains. Now, there are some fundamental flaws with the DSM classifications of depression and these critiques do not only come from my hand but from some of the leading psychiatrist that worked on the last five DSM editions themselves.

» *People with depressive thoughts and feelings use 'dark language' ...*
"It is as if a dark cloud is hanging above my head " ...
"It has all become grey."
Are those just words, just matter of fact expressions?«

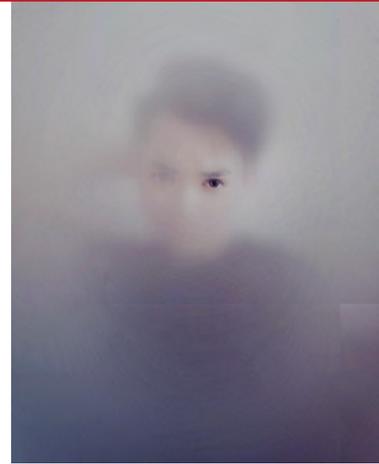


Photo: 52Herz

WHAT STRUCK ME WAS that we take so for granted what is in this well intended manual that we hardly discuss the underlying assumptions of what is implied in there, nor do our governmental institutions and job centers, General Practitioners and assessment agencies. Why would they, it is considered researched and factual, but is it?

Dr ALLEN FRANCES, who worked on DSM edition 4 and one of the critical psychiatrists, seems to differ. He argues against the validity of some of the findings in the DSM manual. There are some underlying assumptions that the manual is based on, that influence our thinking about what depression is and what we can do with it. For the sake of this article I will mention only a few:

1. Depression is a disease, an illness of the mind. This is a logical assumption because the contributors to the DSM are psychiatrists and by trade doctors. Doctors have a few means to draw conclusions and create interventions: medicate or operate. As it's difficult to operate on someone's brain for depression, the logical alternative is medication. But we have to ask ourselves, is the depressed state a symptom of an illness of the mind?



Photo: yunjeong

2. The cause of the problem is in the brain. The only workable cause for a psychiatrist to intervene at is at the level of neurotransmitters, so we have to assume that there is an imbalance of neurotransmitters in our brain and that that is the cause of the depression. But is that true? I mean, are these imbalances of chemicals there just by itself, as if there is a flaw in the brain, or do chemicals in our entire system adapt to the experiences we have, and particularly what these experiences mean to us?

The chemical explanation rules out our interaction with the world and how we attach meaning to our experiences. The meaning we attach to an experience will set in motion a whole series of chemical reactions. When, for example, I interpret some behavior as threatening, it is helpful that I produce chemicals that make me alert in order for me to protect myself. What was first? The chemicals? The experience? My interpretation?

I tend to go for the last explanations. Of course, our bodies are steered by complex chemical processes. However, it is fair to ask ourselves if the chemicals steer our behavior or if we activate our neurotransmitters when our circumstances demand that of us, and especially the meaning we attribute to the experiences we have.

3. The last assumption I want to address here is that depression seems to be extensively described, the symptoms mapped out, the focus on brain imbalance in the forefront of our research studies - but what is the solution for depression?

I can hear you say medication, but this is not a solution for the state of depression. It is a possible solution for a probable cause of depression. But a solution for the state itself? That has hardly been described.

SO, WHAT DOES THIS ALL MEAN? When we challenge these assumptions, new perspectives can open up about "what depression is", "what its causes can be" and "what its solution could be".

I became curious about what a depressed person experiences. What is going on inside a depressed person? What does he see, hear, feel? And what shapes that experience? Not the symptoms as described in the DSM but the actual experience of depression. In working with more and more clients that experienced chronic dissatisfaction I started to notice some patterns. And it is my believe I found some evidence that supports the above points. Take for example the language of depression. Research has been done on the language use of depressed people, but not in one specific area: the language of "light and dark".



One of the most striking discoveries does probably not sound new: people with depressive thoughts and feelings use 'dark' language.

"I can't see the light at the end of the tunnel", "It is as if a dark cloud is hanging above my head", "It (my experience) has become all grey". And much more of these statements.

What does it mean when someone uses "dark" language? Are those just words, matter of fact expressions? What if these are not just words but real expressions of the internal experience of a depressed person? What if a depressed person is describing their inner experience in a very factual way?

A S MY RESEARCH EXPANDED I became more and more aware of the fact that depressed people describe their inner world or "inner landscape" as I started to call it, very specifically. I noticed that the general experience of a depressed person can be compared to being in a complete closed room, where the light has been shut off without an idea of an exit. Just image how you would feel ...

Now, here is the thing: the person is only in part aware of this darkness. Why? Our senses are by nature focused on the outside world, the outer landscape. It is as if we are looking through a dark veil to the outside world without us understanding where all the color has gone.

N OW IMAGINE THIS SCENARIO: You are locked up in a completely dark room, without any idea of where the exit is, and you have no idea you're even in there. The only thing you experience is more and more dissatisfaction and the thing you want is, "to just be happy" ...

Desiring something unattainable will in time deepen your disappointment and prove your inability to change anything about your situation. Depression is easily explained from there.

WHAT CAN WE LEARN FROM ALL THIS?

An important part of change is that we need to know where we are in order to achieve our outcomes. For that reason I developed a roadmap of first raising awareness of where a depressed person is. It is inside the dark room where one can find light. Not light outside of the room but an inner light that will clarify the path to the outcome of depression.

Well, what then is the outcome one wants to achieve when feeling down?

If "being happy" is not what we need to aim for to resolve depressive thoughts and feelings, what then should be our aim?

Zest for life! But why?

Zest for life is the desire to live and to keep on living. I cannot imagine any more appropriate outcome when working with somber and depressed people. ●