# Depression: Wake up from the disease paradigm

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[Originally published in “INzicht” no. 71, the Dutch magazine for NLP professionals]

***"Then my depression presents itself before I open my eyes, with powerless grief."***

Many people know exactly what made them feel depressed. For example, they lost their child or loved one, or were maltreated, convicted, fired, or lost their vitality, fertility, beauty, identity, creed, mother country or wealth. Or, because in every nature documentary, on the TV news or in the newspaper, they see the earth being destroyed, and therefore they know that they are suffering from an *eco-depression*. Many others don't know. They find everything pointless, too cumbersome, know no joy, neglect themselves and are considering suicide. As a result, they lose their friends and become isolated. When these people see their family doctor or psychiatrist, the search for a customized cocktail of pills begins, because they fit exactly into the *depression-is-a-disease model*.

The main government- and pharma-sponsored depression research focuses on depression as a *physical or brain disease*. This is the vision in which medical science feels most at home and where it can apply its high-tech. From this perspective, these researchers accordingly find affirmative data. Hence, fMRI scans, for example, reveal that certain parts of the brain are less active in depressed patients. Researchers then conclude that it is an *activation disorder* and that the brain must be stimulated electrically (tACS, transcranial Alternating Current Stimulation). Or one measures a decrease or increase of certain enzymes, hormones or neurotransmitters in depressive brains; therefore, these substances must be boosted or inhibited. Or one sees a similarity with the erythrocyte sedimentation rate in case of infections. So it seems to be an *inflammatory disease* and anti-inflammatory drugs are tried. Because people with depression, on average, eat more unhealthily and exercise less than so-called healthy people, they should be brought to better nutrition and exercise. From the *disease paradigm* one comes to more surprising remedies: from sleep deprivation, giving party drugs (ketamine) and ritual drugs (Ayuasca) to electroshocks (ECS). The confusing thing here is that most treatments have a certain degree of positive effect, which is why people like to believe that they are on the right track with the *disease model*. However, definitive evidence is still lacking, so every study ends with the conclusion that more research is urgently needed, because depression threatens to become an epidemic.

In the 1980s, NLPers noticed that their depressed clients mainly displayed K(kinesthetic) and AD(auditory digital) eye access signals and only few Vc (visual construct) signals. And they also used heavy, dark, static and wearisome metaphors for their current condition: "In the dark I try to crawl up with leaden legs out of an ever-deepening pit". In the same way as Solution Focused Therapists and other cognitive therapists (CBT, REBT, ACT and schema therapy), NLPers found that depressed people often hold pessimistic and impotent beliefs and often repeat them with their inner voices. And that they have lost their sunny future: on their future timeline nothing attractive is waiting for them. Psychotherapy that focuses on negative cognitions and the construction of a future perspective, often has a fairly positive effect, though it often seems that something essential is forgotten after all. But what can that be?

Well, three times in my life I was 'lucky' to be depressed without knowing the cause. Besides, I am also versed in NLP. This allowed me to analyze my depressive experience. For example, during my second depression I had the strong sense, that I could look at the most beautiful landscapes without experiencing a feeling of joy or beauty. However, I was also able to model how my depressions passed. Twice they dissolved, after I had opened myself completely (before going to sleep) to what was wrong with me. To my unconscious I repeatedly said at the pace of my breathing, "What's wrong? Let it come..." Both times, answers came a shortly after promptly to me in the form of voices that spoke clear, unequivocal messages: "Stop doing… all the time. Start doing … much more." After accepting, converting and implementing these insights, my mood changed radically.

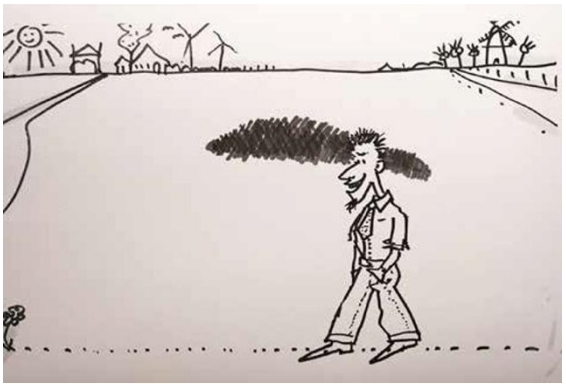
That second time I was camping all by myself in the Pyrenees. When I had allowed the answers to penetrate deep down in me, a feeling of pain in my bowels turned into an almost euphoric experience. You could rightly call it a spiritual experience. Subsequently I experienced with unprecedented clarity the shades of colour in the environment in the here and now. In both cases I was able to convert the answers that emerged from my inner self into different behavior, after which the depressions were over. I felt like a feather in the sun again.

At the beginning of my third depression, which lasted at least three years, I had been working on the subject of *mental space* for quite some time. So, when one day I was waking up very gradually, but in a sad mood, I had the presence of mind to explore my mental space. And yes, there it was! I stumbled upon a dark cloud that undoubtedly was related to my depressive feelings, and that floated half a meter to the right of my head.

In my mind I now hear medically trained voices questioning the seriousness of my depressions: 'If they pass so easily, they weren't real depressions.' For a serious, clinical depression, is a brain disease. Actually, the only remedies for it are heavy antidepressants or electroshock. However, hearing critical voices is much more indicative of schizophrenia! Have you considered Truxal, Fluanxol or Anatensol?'

You will always see that, when you are struggling with a certain theme (such as depression), a client with similar complaints turns up on your doorstep. And after that, a few more, i.e. study material enough. If you believe in something, you will always find it,' my inner skeptics immediately shouted, 'self-fulfilling prophecy!' So, it was with suspicion that I discovered that my depression clients all had dark things in their mental space. Dark clouds, veils, walls, beams, stones and creatures. Things that often obscured their view of the future and took the colour out of their lives. Things that weighed heavily and that they strenuously dragged along with them. Dark things that, with the disappearance of the depression, also seemed to disappear. With the right combination of steps this disappearing trick succeeded more and more often.

Particularly in Germany I heard that as a non-medic practitioner you are not allowed to treat depression, because depression there has the status of a *brain disease*. So, treating depression as a non-medic is *unauthorized practice of medicine*. Could it be that in Germany solving my own depression was already illegal? But, of course, everyone is allowed to ask people about the experience of their complaints: What is your depression strategy? What is the positive intention? And of course, is there anything dark somewhere? It seems that people in Mental health Services often keep asking until they get to, for example, page 168 of the DSM-5: *Persistent Depressive Disorder*.



Another problem with the diagnosis of depression is that it is based on a list of symptoms, which, however, are not at all exclusive to this one clinical picture. The same symptoms occur with other problems, and also with discomforts that do have a clear physiological origin (such as hormonal fluctuations). This is called *endogenous depression* in contrast to *psychogenic depression*. But body and mind are, as NLP-people assume, a cybernetic unit, so this distinction is not always so exclusive. So, I was wondering whether those dark areas in mental space could provide more decisive information? Do *psychogenic depressions* have dark elements *while endogenous depressions* don't? That calls for research! Besides my experience with myself, colleagues and clients, I noticed that everyone who talked about his/her depression on TV or elsewhere in the media, was always talking about dark, gloomy, black and tired. Was I so biased that I saw black everywhere? And had I become blind to bright, sunny and colourful depressions?

From my own depression experiences, my observations as a therapist and from literature, it was beyond a shadow of doubt to me that people, without realizing it, can think away unsolvable, unmanageable things, *repress* them. And that when you have been doing something like that for a long time, it can lead to depression, because the process of suppressing certain thoughts exhausts the (frontal) brain, with nightly brooding, irritation, memory problems and concentration disturbances as immediate consequences.

In the behavioural therapy of the 60s and in what therapies emerged afterwards, the concept of repression is usually lacking. This was due to a kind of censorship, a consequence of the broad criticism of Sigmund Freud's psychoanalysis, in which repression was very important. Only after Jerome Singer reinstated repression in the 1990s did academic psychologists no longer have to repress repression. Apart from academic psychology, many psychotherapists have always worked with it. In classical NLP literature the concept of repression does not occur. All the same, this 'thinking away' seems to be a reality and an important cause of depressive complaints.

After diligent experimentation, I came to the preliminary conclusion that the observed dark areas in mental space, such as my own dark cloud, are a side effect of active repression.

For the NLP practice this means:

1. When clients complain about sad feelings, sleep problems, waking up listlessly, lack of concentration, no interest in fun things, lack of energy, weight loss or increase, inability to make plans, coupled with attempts to cheer up or tranquillize oneself through drugs or alcohol, we conclude 'depression', just like most social workers do.
2. When the client is able to indicate why, i.e. what the cause is, we can immediately consider trauma treatment, working with guilt, shame, or mourning or helping to create a better future perspective. Because every form of depression lacks a bright future. Often the personal timeline is very short, blocked, crooked or black. In practice, methods such as NLP, Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and Solution Focused Therapy can help.
3. However, when the client is unable to indicate a cause, the steps described below may be useful. Actually, it is an Old School NLP approach, which starts with the New School exploration of mental space.

### Working with depression without a known cause

Most people who have ever repressed something have not done so in one fell swoop, but the process has proceeded gradually. They have repeatedly come up against a life problem they can't manage and subsequently got stuck on it every time. One can think of problems such as finding out that because of your dyslexia you can never do the work you actually want to do (being a novelist). Or you discover that acne has permanently destroyed your facial skin (you can't be a photo model). At the age of sixteen you become pregnant and you see your whole future disappear behind a fat belly (you won't be a professor of archaeology). Your parents get divorced, no matter what you try to keep them together (you have failed as a child).

In short, it can be anything, but the biggest common denominator is that you believe you can't change anything, and usually you also believe that no one in the world can. Maybe the best advice you get is: learn to live with it. Then you're going to try to accept it and efface the problematic stuff from your mind. After a while this goes automatically: you've successfully repressed your problem. Anything that reminds you of it becomes a *trigger* to spark off the repression mechanism. As a result, you're not consciously paying attention to it anymore, you're not aware of it anymore; but also, you don't remember it anymore. Stealthily the symptoms of depression begin to appear in your life. First a little, later more, and then as a matter of course: you get used to it and you count on it. And it can very well be that you don't see the connection with where it comes from, thanks to a perfect repression.

After that it's just a matter of time. Then, usually on an evil day, which is actually a very good day, you conclude that something is wrong with you. But what? Some people take a few years to get help. And then it depends on whether the caregiver uses the "depression is a physical disease, a brain disease" model or on the other hand believes in black clouds and does the following:

1. Ask the client to evoke his/her sadness.
2. Have the client indicate where in his/her mental space there are dark areas associated with this sadness.
3. Suggest that the sun shines on the dark areas (like on the beach).
4. Suggest shifting the dark areas to the center of attention (50cm in front of the eyes).
5. When the client indicates that the dark areas have become 50% lighter and smaller, it is time for the next question: What have you ever given up in your life because you discovered that you would never reach, learn, be, get, or experience it? Or what valuable things have you ever lost? What important value or conviction have you ever been compelled to let go of? So, what is it that hides behind the dark areas?
6. Help the client determine the age at which this abandonment happened in his life.
7. Help the client translate the answer to point 5 (the thing that was given up) into an ability that would have made the lack of the answer to point 5 manageable. What should someone be able to do in order to deal with this?
8. Because the life themes that cause people to become depressed are often very difficult to deal with, we must also give unrealistic, superhuman abilities a chance (e.g. "to let go of everything", "to forgive myself and everyone", "universal love", "to be there completely"). In this context, we must also consider spiritual resources. Find these by asking for them: What was the most beautiful experience of your life? And then: What was the emotional quality in that most beautiful experience that made it so special? Next, the client evokes a very intense example of this, which can then be used as a resource against depression.
9. Usually, as soon as the client has described the necessary ability, we look for a role model that has this skill and uses it effectively. Again, we are particularly open to superhuman, supernatural, spiritual beings.
10. As soon as a model example has been found, the client will visualize it in detail, until a very good and clear image of this ability is created.
11. The client then changes the role model into himself and now visualizes himself as someone who has the ability.
12. When the client sees himself performing the ability satisfactorily (dissociated), he can take the image of himself and step into it and feel what it is like to be able to use the ability (associated).
13. Then the client visualizes his/her younger self, prior to the age of point 6.
14. The client mentally transfers the ability to his/her younger self.
15. The client steps into his/her younger self and experiences having the ability as his/her younger self.
16. The client, being associated in his/her younger self, steps into the age before the age of point 6, perhaps on the timeline (lifeline).
17. The client grows up again in his/her imagination and uses the newly acquired skill wherever it was needed.
18. As soon as the client has arrived back in himself/herself, in the here and now, we can test the effect. To do this, we ask the client to evoke once more his/her sad, depressive feeling. We can also ask where the dark areas are now. We use this feedback when searching for other resources.
19. When testing the ecology, the main question is whether the client can actually live without depression.

## Conclusion

*Change personal history* on the timeline, in combination with the new behaviour generator, helps to activate the missing abilities and retroactively implement them in a person's life. This is Old School for most NLPers and they can work with it flexibly. Therefore, the novelty of the approach described above is only the search for dark areas in mental space. In addition, changing the sub-modalities of the dark areas is the method that provides access to the repressed and abandoned stuff. Question 5 is the key to being able to

identify the missing abilities. The recurrent observation while using this method is that once the abilities are implemented in life, the feelings of depression lose their effect.

Clients are often no longer able to recall the feelings in all their former intensity and usually only report small remains of the dark areas. The NLP-people who use this method report so much success that it seemed worthwhile to start a study into its effectiveness, scope and applicability. Should this approach ever get into the mainstream mental health care, we might witness that the model of depression as a disease is transformed into 'intrusions of the dark type into mental space'.