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THE DEPRESSIVE CONCEPTS OF HAPPINESS

In this article, the authors examine the problem of experiencing difficult life situations by persons with subclinical symptoms of depression through the prism of their mental representation of the problem of reaching happiness. The study empirically grounds on following: qualitative research (multiple case study) of subclinical depression; quantitative research of adaptation of Ukrainian migrants with high rates of depressiveness. On the basis of a multiple case study it is deduced that depressive concepts of happiness tend to be: 1) rigidly concentrated on the only one aspect of life; 2) over-demanding (especially toward others) to that extent that happiness seems unreachable; 3) over-evaluated, that can increase frustration and anxiety; 4) accompanied by expectation that happiness should occur itself. Impatience and whimpering are defined as peculiar feature of how a person with subclinical symptoms of depression passes through actual obstacles in reaching happiness. Considering these features, the depressive concepts of happiness appears to be quite infantile, therefore researches analyze the problems of persons with subclinical depression through the prism of the concepts of psychological infantilism. Specific presuppositions that underlie infantile expectations which had been explored during the study are revealed in the article. The quantitative study of migrants' adaptation supports the theses of the childish nature of the depressive concept of happiness. Childhood scenario decisions and internalized parents' drivers that are significantly related to depressiveness are given. The study highlights the role of biases and childhood decisions in irrational thinking of persons with subclinical symptoms of depression. These findings can contribute to understanding the problem of their social development.

Keywords: *subclinical depression, childhood scenario decision, irrational cognitions, infantilism, whim.*

Introduction

Although traditionally depression is an affair of clinical psychology, related issues such as depressiveness, subclinical depressive states etc. are the subjects of other areas of psychology as well as an interdisciplinary discourse. The fact that depression in a wide range of manifestations is associated with motives – the core of personality which directs all mental processes and reflected in all products of person's activity – makes it obvious that it requires studying from different prospects. While depressive disorder have been being productively studied for decades, subclinical and non-clinical depressive states have become a subject of scientific interest relatively recently; a few studies concentrate mainly on distinguishing clinical and subclinical symptoms [16]. Since subclinical depressive states and subjective feeling of depression can appear as an individual response to a difficult life event, a radical change of life circumstances, surroundings, unresolved childhood difficulties, physical stress from chronic illness, frustrated needs and so on and so forth, they worth more thorough studying than it is conducted nowadays. Whereas depressive states which don't meet the criteria for clinical depression are in scientific shadow, such researches as ours are relevant.

Methodologically based on cognitive approach, this study focuses on irrational cognitions of a person with subclinical depression which, in obedience to *A. Beck*, can lead to negative feelings and decline of motivation and self-esteem [3]. According to our systematic preliminary observations of people in subclinical depressive states, apart from changes in the level of motivation (lack or absence of interests, activities etc.), there are some specific content distortions in motifs still in the normal range which we hypothetically assume to have to do with other symptoms. Since a person's needs as a content of motivation are reflected in the image of the desired future, we consider her concept of happiness to be an interesting issue to investigate in the outlined context. Thus, the purpose of this article is to present the results of the two-stage study of depressive concepts of happiness.

Presented study empirically grounds on following: 1) qualitative research (multiple case study) of subclinical depression; 2) quantitative research of migrant's adaptation that revealed high rates of depressiveness among Ukrainian transmigrants according to the Inventory of adaptation to a new socio-cultural surrounding (by L. Jankovskyi). As for the first part of the research, it's worthy of note that although qualitative data are not collected in a systematic or replicable fashion and without the usual control procedures, case studies play a more central role in clinical psychology than in other areas of psychology [10]. Since case studies provide concrete examples, they stimulate investigation of some phenomenon. Empirical research can test the claims made previously on the basis of case studies. So this is the background of what we did in order to accomplish the goal of better understanding of irrational cognitions of people with subclinical depression.

1. Happiness on a whim: a multiple case study of subclinical depression

This qualitative study is based on data collected by U. Nikitchuk during last two years of an individual psychological counseling within the Institute of Applied Psychology and Psychotherapy of the National University of Ostroh Academy. All the participants signed a permission to use materials of their cases for educational and scientific goals with anonymity provided. Thus, the ethics of the research were followed.

First of all, we should note that distinguishing between clinical and subclinical depression we relied on the authoritative studies of G. Parker and colleagues [14] and P. Cuijpers with colleagues [5]; thus, subclinical depression is defined by clinically relevant depressive symptoms according to DSM (at least one of the core symptoms for depression is met, but no more than four symptoms in total) in the absence of symptoms of major depressive disorder (delusions and hallucinations, psychomotor disturbance, overevaluated ideas of guilt and constipation that arose before medical treatment).

Five cases of subclinical depression were supplemented for particular analysis as they have much in common in terms of cognitive representation of the problem of reaching happiness. Besides, their psychological issues and symptoms were akin and included following: difficult life events that had caused frustration and required adjustment to new circumstances, subjectively reported depression which, however, didn't meet the criteria for a depressive disorder according to DSM-5 or ICD-10 although included irritability and anger, feeling overwhelmed for several weeks, feeling of hopelessness about the future, some difficulties in experiencing pleasure from life, low self-esteem, more frequent tears than usual, worsening of sleep, tension. As a measure for baseline assessment the Beck Depression Inventory (BDI) and the Depression-Anxiety-Stress Scale (DASS-21) were used. An empirical ground for qualitative analysis also consists of the results of observation, interviewing, in particular with the use of cognitive therapy interviewing technique [13].

As for gender aspect of the sample (N=5), four of them are female, one is male. This supports common statistics according to which «prevalence rates of depression are consistently between 1.5 to 2.5 times higher in women than in men» [6].

The first tissue worthy of note is that previously mentioned difficult life events in these five cases are related to loss of relationships. It's known that events involving loss are particularly likely to cause symptoms of depression, especially if the individual is already vulnerable [11]**.** A. A. Yttredahl with colleagues [23] points out that women with depression (meaning major depressive disorder) are hyperresponsive to rejection. There is also evidence, according to J. Allen and colleagues [1], that subclinical depression predicts with high probability different social sequelae such as loneliness, difficulties in specific family and romantic relationships. Aside from the concern about the character of connection among depression and strong difficulties of experiencing loss of relationships, we should outline that this connection exists. Since our multiple case observations are agreed with these theses we treat the connection revealed as meaningful. Thus, the content of motivation of person with subclinical depression while experiencing loss is reflected in the image of the desired future and reduced to the resumption of relations.

Methodologically based on cognitive approach, our case study revealed some other features of desires and dreams of participants that we assume to indicate specific *depressive concepts of happiness*. Namely:

1. A person totally relates her emotional comfort to realization of one desire, the dearest wish. This is a kind of rigid thinking and overevaluated idea fixed on the only one sphere of life.

2. The desire fulfillment of which is associated with happiness is obviously unrealistic. They say «Woulda, coulda, shoulda…» as a mix of regret on something that have already happened and strong desire to turn back time or change other person's choice according to own needs. The difficulty is that in all five cases persons paradoxically stand on this desire as if it relates to future instead of past. That is why we assume superficial thinking of people with subclinical depression.

3. There are some strict and infantile expectations concerning the moment (should have been already reached or should emerge right now) and the subject (should occur itself) of 'happiness delivery'.

4. An infantile way to express own desires as if a person was a capricious baby. While communicating these infantile needs people regressed non-verbally to such childish behavior as pouting, stomping, whimpering.

These are the key reasons why we came up to call this concept of happiness «happiness on a whim». One of definitions of 'on a whim' in dictionaries is: «without careful planning or because of a capricious inclination» [21]. Like «I want it and it should have happened because I want it». The definition 'on a whim', to our opinion, describes both *content* and *procedural* aspects of happiness concept. However, one trait of caprice or whim which is spontaneous change of desires and inclinations is not represented here as our participants are fixed on their desire even too much, being sad, blue, hopeless etc. Their psychological condition may be even closer to a 'megrim' than to a 'whim'. Here we should emphasize that all taken together: lack of planning, superficial judgments, infantile expectations, unwillingness to wait, demands toward others and world, – all these descriptions of depressive persons' desires make a general impression of some phenomenon within caprice row. Probably, we should leave this linguistic issue to professionals in this sphere and open further discussion on the point by this article.

An important stress to be made in the context of indicated features of the depressive concept of happiness is that it turned out to be quite infantile. This brings us to further reflection on the point of an infantilism. Psychological infantilism is a concept, developed within several psychological approaches, which emphasize different aspects of it. In natural-scientific approach [4] immature, superficial judgments of infantile persons are emphasized. Psychodynamic approach reveals early (oral) determination of infantile manifestations [20]. Gestalt psychology points out impatience of infantile person and her expectations that her needs will be immediately met [18]. This corresponds our observations and supports conclusions concerning infantileness of happiness concept.

We also noticed one more feature of the infantile clients' cognitions: in their minds, the need itself and the subject of the need are identical. So, the need for intimacy is substituted with an image of a particular person and thus a range of opportunities to meet the need is dramatically narrowed which can increase frustration. Thus, this research communicate also an expediency of helping a person with subclinical depression differentiate between the content of need and the subject of need in order to reduce frustration.

Regarding inability or unwillingness of participants to wait for their needs are met, we should mention that impatience is one of six main characteristics of the Irritable Personality Style which often precipitates and maintains depressive episodes especially under stress [15]. Our study showed that impatience is related to anxiety and negative attitudes of participants toward their future which originated from a particular episode in childhood when something had made a huge emotional impact on a person. For instance, one of the participants was strongly impatient about her suspended relationships so as she felt an urge to have a baby (a girl, to be accurate); her impatience in this life situation, as we revealed together, was determined by dramatic childhood memories of being a witness

of cruel punishment that her friend had experienced from her mother and since the most obvious reason of such behaviour for the frightened child's mind was those woman's late motherhood ('she just don't understand her daughter, they are too distinct due to big age difference and that's awful'- she concluded) subconsciously, she began to be afraid of the perspective to have a baby after 30 and she didn't realize it up to processing her memories. Thus, the childhood scenario decision was made: «Hurry up! There's no time to wait!». Here we appeal to R. & M. Gouldings' (1979) [7] and S. Maksimova's (2006) [12] concepts of scenario decision and scenario ban which laid the foundation for the second (quantitative) part of our research.

One of the empirical manifestations of the depressive concept of happiness, as we've already mentioned before, are infantile expectations. We revealed that they are grounded on particular beliefs (prepositions) are as follows:

1. «If someone promises something, he (she) keeps the promise».
2. «If I sacrifice (serve), then my wishes come true».
3. «If I visualize something, then the reality follows my images».

These beliefs are built on biases (illusory correlations, overconfidence biases) [9] and can be successfully processed in the appropriate algorithm [2]. According to Beck's model of depression [3] supported also by new studies [22], overgeneralization from specific events to general negative judgements is a common cognitive bias in depression.

Thereby, this qualitative study made it possible to distinguish some thinking patterns of depressive persons concerning their images of happiness in their content and formal aspects. Again and again, while studying the depressive concept of happiness we observe a connection between some childhood subconscious decisions and future difficulties of reaching happiness. However, these conclusions require further verification in appropriate quantitative research with the use of a comparison group and relevant methods of statistics.

2. Depressiveness and childhood scenario decisions: quantitative research of migrant's adaptation

Since a major concern about the information derived from a case study is the generalizability to other individuals or situations [10] we decided to compare our conclusions with results gained from the quantitative research of migrants' adaptation by H. Handzilevska wich ditto regard an issue of happiness, wellbeing, experiencing loss, adaptation to new life situation, of subconscious childhood decisions.

Regarding scenario sets (decisions), these are the structural components of life scenario which we consider to be a cognitive-emotional pattern of identification of individual that is reflected in behavioral strategies of internal model of own self [17]. In childhood scenario decisions are able to create a sense of confidence and safety regarding future as they preserve so to say «required» behavioral models. When surroundings change and a person grows up these preserved models can cause problems of adaptation. We have already observed this effect in previously highlighted part of the study. To verify our conclusions the sample of migrants was formed (N=176; 103 – Ukrainian transmigrants (82 female, 21 male) of 31.1 years old in average; 73 – migrants (52 female and 21 male) of 35,3 years old in average who moved for permanent living abroad). These migrants are Ukrainians in Australia, the USA, Canada, the Great Britain, Bulgaria, Spain, Italy, Germany, France, Sweden, Switzerland, Poland, China, Czech Republic, Slovakia, Finland, Portugal, Belgium, the Netherlands, Austria, Norway, Dania, Mozambik etc. We used the sample of migrants in this part of study as they typically experience similar difficulties of loss and challenged to adapt to new life circumstances.

For the assessment the following questionnaires were used: 1) Early Childhood Decisions Inventory (by S. Maksimova) [12]; 2) the Inventory of adaptation to a new socio-cultural surrounding (by L. Jankovskyi) [19]; as for this inventory, we used Depressiveness scale as the most significant measurement for this particular study. As for statistics, we applied correlation analysis (Pearson coefficient) and revealed that, indeed, there are some childhood scenario decisions which significantly

correlate with depressiveness (Table 1). Among them, the decision «Don't be the first» (which means an internal ban on winning the situations) and the decision «Don't get closer» (which refers to inner prohibition to form really close relationships) are most connected with depressiveness. It's rather interesting taken together, looks like dysfunctional strategy of 'lonely defeated person' which is relevant to what we observed in case study.

Table 1

Significant correlations between depressiveness and childhood scenario decisions

Scenario decisions	Corel. coef. with a Depressiveness scale of Inventory of adaptation to a new socio-cultural surrounding
'Don't succeed'	0.290 ($p<0,01$)
'Don't be the first'	0.326 ($p<0,01$)
'Don't be meaningful'	0.279 ($p<0,01$)
'Don't be'	0.310 ($p<0,01$)
'Don't get closer'	0.318 ($p<0,01$)
'Don't be yourself'	0.280 ($p<0,01$)
'Don't be healthy'	0.275 ($p<0,01$)
'Don't grow up'	0.200 ($p<0,01$)
'Don't feel'	0.280 ($p<0,01$)

Apart from childhood scenario decisions, S. Maksimova distinguishes internalized parents' drivers [12] that, as a reader can see in Table 2, also correlate with depressiveness. These are kind of strong inner prescriptions (that are perceived as the key to wellbeing) to be perfect, to be strong, to hurry up (which is certainly about impatience).

Table 2

Significant correlations between depressiveness and internalized parents' drivers

Scenario drivers	Corel. coef. with a Depressiveness scale of Inventory of adaptation to a new socio-cultural surrounding
Be strong!	0.356 ($p<0,01$)
Be perfect!	0.388 ($p<0,01$)
Hurry up!	0.317 ($p<0,01$)

The connection between perfectionism and depression have been revealed pretty long time ago [8], high level of self-demand in its relation to depression is also known [22], impatience is discussed above. All these findings strengthen the theses of infantile nature of depressive concept of happiness.

3. Concluding thoughts

All the observations and measurements presented above make us hypothetically assume that specific irrational concept of happiness could lead to depressive symptoms when the needs are

frustrated. These results support our previous thesis about the precession of childhood concepts of happiness (with an accent on safety) over a further response to life difficulties and frustration of needs.

Depressive concepts of happiness appear to be rigidly concentrated on one aspect of life, over-demanding (especially toward others) to that extent that seems unreachable, over-evaluated (like a manic idea) that can increase frustration and anxiety, accompanied by expectation that happiness should occur itself, and if it does not happen that is just because the person isn't worth anything good to happen with her. Impatience and whimpering are peculiar features of how a person with subclinical symptoms of depression perceives actual obstacles in reaching happiness. We believe that these findings can contribute to understanding the problem of social development of people with subclinical depression. The perspective of future exploration of the topic is studying the effectiveness of implementation different techniques aimed to modify childhood decisions and to correct the indicated biases of judgements.

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ДЕПРЕСИВНІ КОНЦЕПЦІЇ ЩАСТЯ

У цій статті автори розглядають проблему переживання складних життєвих ситуацій особами з субклінічними симптомами депресії крізь призму їх ментальної репрезентації проблеми досягнення щастя. Дослідження емпірично ґрунтується на якісному дослідженні (множинний аналіз випадку) субклінічної депресії та кількісному дослідженні адаптації українських мігрантів з високим рівнем депресивності. На підставі результатів аналізу випадків виснувано, що депресивна концепція щастя характеризується: 1) ригідною зосередженістю на єдиному аспекті життя; 2) надвимогами (особливо щодо інших) до такої міри, що щастя здається недосяжним; 3) надцінністю для суб'єкта, що може підвищувати фрустрацію й тривогу; 4) очікуваннями, що щастя має статися само собою. Нетерплячість і капризування виокремлено як властиві

ознаки переживання людиною із субклінічною депресією актуальних перешкод у реалізації бажаного. З огляду на ці ознаки, депресивна концепція щастя виступає як доволі інфантильна, тож дослідниці аналізують проблеми людей з субклінічною депресією також крізь призму концепцій психологічного інфантилізму. У статті розкрито виявлені в ході дослідження специфічні пресупозиції, що лежать в основі інфантильних очікувань. Кількісне дослідження адаптації мігрантів підкріплює тези про дитячу природу депресивної концепції щастя. Подано дитячі сценарні рішення та інтерналізовані батьківські драйвери, що найбільш значуще пов'язані з депресивністю. Дослідження підкреслює роль похибок судження і дитячих рішень в ірраціональному мисленні осіб з субклінічними симптомами депресії. Ці висновки можуть сприяти кращому розумінню проблеми їх соціального розвитку.

Ключові слова: *субклінічна депресія, дитяче сценарне рішення, ірраціональні когніції, інфантильність, каприз.*