The Milton H. Erickson Foundation presents

Treating Depression Hypnotically and Strategically: The Power of Experiential Learning in Teaching Mood Regulation Skills

with

Michael D. Yapko, Ph.D.

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A World Health Organization (WHO) Prediction

- Depression is currently the FOURTH most significant cause of suffering and disability worldwide (behind heart disease, cancer and traffic accidents)

  and, sadly,

- It was predicted to become the SECOND most debilitating human condition by the year 2020, but that terrible mark was already hit in late 2013
Deviating From the Official Recommendations for Combined Treatment

Many people are prescribed drugs as the sole form of intervention, despite experts’ recommendations for so-called combined treatments of medication and psychotherapy (Thase, May 23, 2012). In fact, nearly 80% of antidepressant prescriptions are written by physicians who are not psychiatrists, and only about 20% of patients on antidepressants also received psychotherapy (Mark, Levit & Buck, 2009; Olfson & Marcus, 2009).

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Strands of Evidence Depression is About Much More than Biology Run Amok

• Genetics and Epigenetics
• Neuroscience
• Affective Neuroscience
• Epidemiology
• Individual Psychology
• Social Forces (e.g., culture, attachment)
No Amount of Medication Can Teach Your Client:

- More effective coping skills
- More realistic explanatory styles
- Healthier relationship styles
- More flexible and discriminative cognitive skills
- Sophisticated problem-solving skills
- More effective decision-making strategies
- How to build and maintain a support network
- How to transcend an adverse personal history
- How to build a realistic and motivating future

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Helping people develop key skills in these areas in order to empower them to live effectively is what therapists can do that medications can’t.
My focus in this address is on the strategic use of hypnosis in treatment...

... until recently a terribly overlooked treatment approach despite the fact that clinicians have always pointed out that hypnosis fosters greater self-control.
Consider Recent Research Regarding Brain Differences in Responsiveness

• The researchers looked at the activity of 3 different brain networks in HH vs. LH subjects: the default-mode, used when one’s brain is idle; the executive control network, involved in decision-making; and the salience network, involved in deciding something is more important than something else.
Consider Recent Research Regarding Brain Differences in Responsiveness

• General findings: “Our results provide novel evidence that altered functional connectivity in the dorsolateral prefrontal cortex and dorsal anterior cingulate cortex may underlie hypnotizability.”

• “…the work confirms that hypnotizability is less about personality variables and more about cognitive style.” Co-author David Spiegel

Cognitive style can be defined as the interface between enduring, reflexive habit patterns of thinking, context-based qualities of patterns of attention, and situational responses that reflect the personal and interpersonal consequences of these patterns.
Cognitive Style Patterns That Directly Affect Mental Health

- Attributional Style (internal/external, stable/unstable, global/specific)
- Expectancy
- “Believed-in imagination” (Sarbin, Hilgard)
- Tolerance for ambiguity
- Abstract vs. concrete thinking
- Cognitive flexibility vs. rigidity
- Global vs. linear cognition
Virtually all of my professional life has been spent studying major depressive disorder, a condition heavily regulated by cognitive style: Internal, stable and global attributions, negative expectancy, low tolerance for ambiguity, cognitive rigidity, and global thinking.
Let’s Focus on Global (Over-general) Thinking and its Relationship to Depression
Global Cognitive Style is a Key Factor

When you can’t see the trees for the forest…
“Overgenerality Bias” and the Global Cognitive Style in Depression

“Depressed individuals suffer from an overgenerality bias in retrieving personal memories of past emotional experiences as well as in imagining possible future experiences. For instance, when asked to recall experiences of anger, depressed individuals tend to report overgeneral events (e.g., “When I am with my girlfriend”) rather than a specific event (e.g., “last Sunday, I had an argument with my neighbor whose dog was endlessly barking”).” (p. 560)

Overgeneral Memory Bias and PTSD

Findings suggest that “people with PTSD may have an overgeneral memory bias (OGM) similar to people with depression. When asked to retrieve a specific memory from their lives in response to a cue word (e.g., “happy”) in an Autobiographical Memory Test (AMT), people with OGM will reply with descriptions that summarize several different events (‘always when I visit my friend’) instead of retrieving a single, circumscribed event (e.g., ‘going to my friend’s place last Saturday afternoon’).” (p. 461)
Examples of Global Style in Client Self-Reports

• “I just want to be happy”
• “I just want to feel normal”
• “I am my depression” (anxiety, history, or diagnosis)
• “I’m just so overwhelmed”
• “I get so bad I just can’t think”
• “The symptom just happens to me”
Examples of Global Therapeutic Truisms

• “Trust your guts” (inner sage, unconscious)
• “Life is what happens to you when you had other plans”
• “Just let go…no need to try to control it”
• “Be fully present in the moment”
• “It’s a disease…it’s not your fault”
• “Everyone is entitled to good self-esteem”
“I always wanted to be someone, but now I see I should have been more specific.”

Lily Tomlin
Someone may be global in one area — certainly the symptom context — yet be fully capable of detailed or linear cognition in other areas.
Global Thinking vs. Compartmentalization Across Common Treatment Issues

**If you can’t compartmentalize, how can you:**

- Have and maintain good personal boundaries
- Contain anxiety and “do it anyways”
- Accept a limitation in one’s self or others
- Forgive a transgression in one’s self or others
- Develop frustration tolerance
- Exercise impulse control
- Focus and experience hypnosis

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Cognitive Style and Hypnosis
So often, the foundation of peoples’ problems is found in their focusing on aspects of experience that work against them
Hypnosis and Re-directing Focus

• Focusing **globally** on what’s wrong, not noticing what’s right
• Focusing **globally** on past hurts, not specific future possibilities
• Focusing **globally** on helpless feelings, not specific proactive solutions
• Focusing **globally** on the subjective, missing specific chances to reality-test
What Does Hypnosis Do?

It *amplifies and/or de-amplifies* specific elements of experience.

It generates associations and dissociations.
The primary purpose of hypnosis and related approaches such as mindfulness is to *absorb* the person in a frame of mind that is consistent with the therapeutic objectives

Using experiential approaches to teach empowering emotional self-regulation (ESR) strategies is a core part of that process
People in hypnosis process information differently, and they are able to access abilities they otherwise don’t know how to elicit
The Salient Questions
You Can Be Curious About

• How does paying attention – focusing – translate into non-volitional yet meaningful responses?
• Why do some people respond so dramatically to experiential processes such as hypnosis, finding them “transformative”?
• What general factors determine one’s capacity to respond?
• What role do specific factors such as expectancy, suggestibility, and dissociation play in client response?
• Can an individual’s quality of responsiveness be increased?

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Why Hypnosis for Depression? Because it *Empowers* People

Hypnosis:

- Helps people focus
- Facilitates the acquisition of new skills
- Encourages people to define themselves as resourceful
- Eases the transfer of information across contexts
- Intensifies useful subjective associations
- Provides experiential learning
- Defines people as active managers of themselves

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The ability to detach from your own thoughts and other aspects of your internal experience is essential to transforming it.

What role does dissociation play in this process?
How might this be amplified hypnotically?
Clearly, people differ greatly in their dissociative capacities.

Global cognition as a determinant of hypnotic responsiveness?

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The Power Of Metaphor?

**Powerful:** Creating new “realities”  
(e.g., “The inner child”)

**Powerless:** Overlooking everyday insights
Concreteness in Interventions is Vitally Important

“Manipulating the mode of self-focused rumination in depressed patients differentially influenced social problem solving, such that concrete ruminative self-focus significantly improved problem-solving relative to abstract ruminative self-focus… *increased concreteness of thinking will produce better problem solving compared with less concrete, more abstract, thinking*” (p. 326)

Key Point:
Hypnosis can be used especially well to help people make key distinctions and lead them through *specific effective sequences* of thought, feeling and behavior for applying these sequences skillfully.
Depressed and Anxious Individuals Tend to \textit{Underestimate} Their Personal Power...

Thus, either passivity or impulsive reactions can seem like reasonable (though ineffective) responses
Strategic Methods of Intervention
We all seem to know that homework is important to assign...

But not all homework assignments are of equal value in achieving their objectives
Remember the “African Violet Lady of Milwaukee?” This was a case Erickson reported in A Teaching Seminar with Milton Erickson, (Jeff Zeig, 1980)

Erickson treated a 52 year old spinster who lived alone in a big house. She was deeply depressed and terribly isolated. Her nephew, a physician who knew Erickson, asked him to see her on an upcoming trip to town...
Erickson encouraged her to **actively engage** on a variety of levels:

- **Behavioral activation**: Grow African violets in large enough quantities to share generously
- **Cognitive activation**: Pay attention to others’ celebrations and identify their significance
- **Social activation**: Engage with others and selflessly contribute to their lives
- **Emotional activation**: Focus on and amplify the feelings of warmth, compassion and generosity

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I encouraged David to *actively engage* on a variety of levels:

- **Behavioral activation**: Go to the mall and carry out a behavioral experiment
- **Cognitive activation**: Compartmentalize anxiety; Pay attention to others’ responses and consider their significance and contradiction to his views
- **Social activation**: Engage with others and evolve skills in asking questions, listening and contributing
- **Emotional activation**: Focus on and amplify the feelings of curiosity, acceptance and enjoyment

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Communicating the need for action is critical in treating depression well.

How do you communicate your expectation that the client will be active in treatment?
The Art of Behavioral Activation:

Defining the relationship Modeling Follow-up

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Two Factors Are Especially Powerful in Shaping Proactive Behavior:

Expectancy and Ruminative Coping
An ideal use of hypnosis is to introduce an idea and then “seed” forthcoming homework that amplifies the salient learning.
The use of strategic homework assignments

_Dozens_ of task assignments are detailed in my books, *Breaking the Patterns of Depression* and *Depression is Contagious_
Rigidity is the target

Rigidity is the lack of variability in response across a variety of contexts
Types of Rigidity

- Cognitive rigidity
- Behavioral rigidity
- Emotional rigidity
- Perceptual rigidity
- Identity rigidity
- Relational rigidity
- Situational rigidity
Examples of Strategic Methods for Treating Depression

- **Target:** Ignorance.  
  **Method:** Psychoeducation  
  ("Depression is a complex, multi-dimensional disorder")

- **Target:** Self-Blame.  
  **Method:** Reframing  
  ("It isn’t that you’re sick, it’s the way you go about it")

- **Target:** Global cognition.  
  **Method:** Linear sequencing  
  ("A flow of steps…create a flow chart for the action")

- **Target:** Negative focus.  
  **Method:** Gratitude journal

- **Target:** Rigid interpretations.  
  **Method:** Re-attributing events  
  ("How else might that be explained?")

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Skill-building in treatment and prevention
The Foundation of Prevention is the Ability to *Think Ahead*

Emphasize the Skill of Foresight
“Oh, if you’d only listened to your old mother! How I begged you... reasoned with you... pleaded with you—‘Have the getaway car overhauled!’—But no...”
Prevention Opportunities

- Expanding diagnostic opportunities
- Addressing sleep
- Encouraging exercise
- Working with couples and families
- Screening for postpartum depression
- Identifying children at risk
- Teaching social and problem solving skills
- Practicing foresight
A Major Resource on Prevention of Depression

• The 2009 Institute of Medicine Report, Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities, listed several randomized trials in which the proportion of new cases of major depressive was significantly reduced in participants randomly assigned to a preventive intervention compared to a control group.

An Excellent Review of the Current Depression Prevention Literature


- Meta-analyses suggest that 22-38% of major depressive episodes could be prevented with *currently available* methods.
Please visit my website (www.yapko.com) to join my electronic mail list in order to receive my monthly newsletter.

Also, you’ll find articles posted there as well as informative videos.