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Guest Editor's Introduction to This Special Issue

HYPNOSIS IN THE TREATMENT OF DEPRESSION:

An Overdue Approach for Encouraging Skillful Mood Management

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While the pharmaceutical industry and the mental health profession at large have been carefully researching and developing new and better treatments for depression, the hypnosis community in particular has been noticeably absent from the endeavor. This is puzzling, because the clinical literature affirming the merits of applying hypnosis in psychotherapy is already substantial on other disorders that are far less common or debilitating than depression. Given that depression is the most common mood disorder in the world (World Health Organization, 2002), it is unfortunate that hypnosis has been under-explored by researchers and clinicians for its merits in the treatment of depression. To date, there has been *only one* published study on the use of hypnosis specifically for treating depression (Alladin & Alibhai, 2007). Another study (Keuroghlian, Butler, Neri & Spiegel, in press) has considered the use of hypnosis for depressive

symptoms, but only narrowly in conjunction with posttraumatic stress disorder symptoms in metastatic breast cancer patients.

This special issue of *IJCEH* draws attention to this correctable inadequacy and encourages a fresh and enthusiastic response to the urgent need for contributions to the

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depression literature from the hypnosis community. The time has come to recognize and promote the many potential therapeutic values of employing hypnosis in treating depression.

Background

The topic of applying hypnosis for treating depression has held a deep and abiding interest for me for more than two decades. As a clinician providing psychotherapy to individuals, couples and families, depression has been a constant force in the lives of the troubled people I've strived to help. Even when depression wasn't the primary issue, it still lurked in the background, fueling hopelessness, helplessness and unhappiness. Hypnosis, it seemed to me, had great potential to help people, yet when I began to explore how the experts before me had applied hypnosis in the treatment of depression, I was shocked to discover that, up to that time, no one had. This was the reason I researched the topic and subsequently wrote the first book ever published on the subject of treating depression with strategic applications of hypnosis (Yapko, 1992). I was deeply curious as to why a tool that clinicians invariably define as empowering wasn't being used to help people who are quite possibly the most disempowered people we attempt to treat. Since that book's publication, I have written a second (2001) and edited a third (2006) book on the same subject, each emphasizing a variety of ways hypnosis can be used to break patterns of depression.

Depression (also known as Major Depressive Disorder and unipolar affective disorder) is a serious and debilitating disorder. Despite the availability of effective pharmacological and psychotherapeutic treatments, depression's prevalence continues to increase. Thus, this issue's special focus on treating depression is both appropriate and timely. There is a great deal hypnosis can contribute to the effective treatment of depression, but we have only barely begun to explore this new terrain. The hypnosis community of researchers and clinicians who may have previously overlooked depression as a problem may now, after fresh consideration, approach it with curiosity, compassion and a sincere desire to help. It is therefore an honor for me to serve as Guest Editor and introduce this special issue of the *International Journal of Clinical and Experimental Hypnosis* on the uses of hypnosis in treating depression. I am grateful to the Editor, Arreed Barabasz, Ph.D., for inviting me to serve in this capacity.

Looking Back One Last Time in Order to Move Ourselves Forward

There are many reasons why the professional hypnosis community has contributed so little to the depression literature, but none more significant than this one: *Historically, hypnosis has incorrectly and unfortunately been widely considered a contraindicated treatment for depression*. (For a detailed discussion of this point, see Yapko, 1992.) To this day, there are still hypnosis societies and individual hypnosis instructors representing them who actively teach the obsolete view that hypnosis is too hazardous to employ with depressed individuals.

Outdated views of hypnosis and depression caused many respected leaders in the field to not only dismiss hypnosis as a serious therapeutic treatment tool for depression, but even to warn others of its potential harm (Yapko, 1992, 2001, 2006). For example, hypnosis was incorrectly characterized as only relaxation by some, others erroneously suggested hypnosis involved a

"heightened suggestibility" that would "strip away peoples' defenses" and thereby precipitate suicide or psychosis, while some even held the unfounded perspective that hypnosis would encourage "an escapist reversion to primary process thinking" that would lead to dangerous symptom substitution. Hypnosis was thus considered either potentially dangerous or therapeutically irrelevant. As a direct result of such perspectives, the merits of hypnosis for empowering people who feel helpless - and inspiring people who feel hopeless - have gone largely unnoticed. Our collective silence about the benefits of hypnosis for treating depression has been costly to both depression sufferers and the field of hypnosis itself.

Just as hypnosis was wrongly characterized, depression was commonly but incorrectly said to be caused by "anger turned inwards," underlying (presumably unconscious) guilt, unresolved grief, or some other hypothetical psychodynamic conflict. Despite recent evidence that none of these are true about depression, many people's outdated concept of depression has not been revised, probably because of the widespread but non-critical acceptance of the view of depression as a biological "disease" for which antidepressant medications (ADMs) are the primary treatment. ADMs are now the most popularly prescribed class of medications in the United States, most of which are prescribed by non-psychiatrists (Paulose-Ram et al., 2007; Wang et al., 2000). By encouraging ADMs as the primary form of treatment, other treatments, including psychotherapy in general and hypnosis in particular, are often relegated to a secondary or even tertiary position.

Broadening Our View of Depression

There is a growing backlash against the depiction of depression as a one-dimensional biologically based disease (Barber, 2008; Healy, 2004; Lacasse & Leo, 2005; Turner et al.,

2008). As we gather the irrefutable evidence that depression has *many* different factors contributing to its onset and course, including biological, psychological and social factors, it becomes increasingly evident that a single form of effective treatment is unlikely. It is also evident that virtually all of the empirically supported psychotherapeutic treatments place a great deal of emphasis on empowering depressed individuals to acquire specific skills that can not only reduce depression's severity and frequency, but may even have preventive value (Beck, 1976, 1997; Dozois & Dobson, 2004; Seligman, 2002).

Depression is spreading, like a contagion, across demographic groups and across international boundaries. It is striking at younger and younger targets, and the severity worsens from generation to generation (Weissman, 2005). It may sound extreme to some, but I stand by this statement: I believe depression is more a *social* problem than a medical one, and that no biological cure will be found for it any more than biology alone will cure other social ills such as poverty or child abuse. The evidence that the quality of one's relationships is instrumental in shaping one's perceptions and transmitting a variety of risk factors across cultural and generational lines is formidable (Goodman & Gotlib, 2002; Markowitz, 2003; Weissman, 2005). It highlights that relationships can be both a cause and cure of depression. (For a detailed consideration of these points, see Yapko, 1999, 2009.) There are things that good psychotherapy can do that no amount of medication can do, and that psychotherapy can do even better when hypnotically enhanced. Some of these are described elsewhere in this and the other articles in this special issue.

Our knowledge of both hypnosis and depression has increased dramatically beyond the outdated yet persistent viewpoints described earlier. Let's focus first on depression: The label "depression" is simply a convenient shorthand, a global term used by clinicians to describe a

cluster of specific symptoms and issues that are defined as the targets of intervention, hypnotic or otherwise. Beyond presumed neurochemical anomalies treatable with ADMs, these psychotherapeutic targets include the "cognitive distortions" well described in the cognitive therapy literature, the interpersonal patterns that are well described in the family therapy and social psychological literature, and the literally dozens of related specific patterns of cognition, perception, decision-making, problem-solving, coping, and relating that increase or decrease one's vulnerability to depression as well as one's chances for recovery.

The clinical literature is replete with examples of how people recover from depression when they develop realistic hopefulness (Seligman, 2002), learn to think more clearly (Beck, 1997), use available information more skillfully (Ellis, 1997), focus more on the positive (Lyubomirsky, 2008), relate better to others (Pettit & Joiner, 2006), curtail rumination and take constructive action (Nolen-Hoeksema, 2000, 2003), exercise impulse control and make better quality decisions (Hammen, 1991, personal communication, 2007), develop positive coping skills (Lyubomirsky, 2001; Yapko, 1997), and become similarly empowered in a variety of ways. Insights we've gained about how specific patterns represent risk factors for depression not only informs treatment, but present an amazing opportunity to implement *preventive* approaches (Dozois & Westra, 2004; Seligman, 1995).

There are plenty of studies that show hypnosis enhances treatment results, helps people manage anxiety, helps them feel personally empowered, enhances their mood and outlook, and helps in many other important ways. (See the April and July, 2007, issues of *IJCEH* for a comprehensive review of the status of hypnosis as an empirically supported treatment.) But, historically these have been framed as mere side-effects of treating other client populations, such as anxiety or pain patients, for whom depression is considered a secondary condition. This poses

an interesting problem for hypnosis researchers and practitioners: Depression is by its very nature a highly comorbid condition, meaning depression is more often found to co-exist with other conditions, medical and/or psychological, than it is found existing on its own. Some form of anxiety disorder is the most common comorbid condition (especially social phobias and post-traumatic stress disorder), but other disorders are also common, such as substance abuse (especially alcoholism), eating disorders, personality disorders, and scores of (painful) medical conditions (Katon, 2003). Anxiety disorders, the most common comorbid condition found with depression, have a high rate of "concurrent resolution," meaning when you treat the anxiety the depression also improves, and vice versa (Barlow, 2000). As debilitating pain is successfully treated with hypnosis, depression often reduces. As smokers successfully quit smoking with hypnosis, depression often reduces. The benefits of hypnosis for depression can only be inferred from such studies, so it now becomes more imperative than ever to address depression directly in the research (Alladin, 2008).

The Potential Merits of Hypnosis in Treating Depression

The more we learn about hypnosis, including underlying attentional mechanisms, the relationship between brain and mind, the malleability of perception, the nature of unconscious processes, the dynamics of information processing, the role of social learning in relation to cognitive and behavioral automaticity, and other key processes that influence subjective experiences, including mood states, the more relevant hypnosis becomes to effective treatment (Lynn & Kirsch, 2006; Yapko, 2003). Phenomenologically, there is considerable overlap between depression and hypnosis, despite the two seeming to be unrelated phenomena, the former a disorder and the latter a treatment tool. Upon deeper reflection, however, the overlaps

between the separate yet related domains of hypnosis and depression become more evident. I'll describe just a few of these:

1) Both depression and hypnosis come about and increase in intensity the more narrowly one focuses. The *quality* and *direction* of one's focus are strong factors in shaping hypnotic responsiveness as well as severity of depression;

2) Both involve social processes and are powerfully influenced by one's relationships with others, whether the other person is a clinical authority describing the likely therapeutic merits of exposing you to an hypnotic induction procedure, or the other person is a parent or spouse viciously describing the flaws in your character;

3) Both are largely a product of expectancy, whether the expectation is a positive one for getting the benevolent corrective message "into your unconscious" through hypnotic suggestions received in a dissociated state, or a negative one that no amount of effort will result in success, thereby giving rise to the apathy and hopelessness typical of depression; and,

4) Both involve what hypnosis pioneers Theodore Sarbin and, later, Ernest Hilgard, described when they suggested hypnosis is, in part, a "believed-in imagination," i.e., an experience based on the recognition that people can and do get deeply absorbed in highly subjective beliefs and perceptions that quite literally regulate the quality of their lives (Sarbin, 1950, 1954: Hilgard, personal communication, 1988). These beliefs and perceptions can be altered in therapeutic ways during the experience of hypnosis, illustrating how idiosyncratic and malleable each person's sense of reality can be, especially in response to "mere" suggestions. Through procedures employing hypnosis, the clinician creates a context where the individual can change the direction and quality of his or her focus. Perhaps the suggested focus is on engaging in some new life enhancing behavior, or perhaps on exciting and motivating glimpses of future

possibilities, or possibly on re-writing some of the negative internal dialogue, or somehow altering for the better any of literally scores of depressing focal points (e.g., cognitive styles, coping styles, relational styles).

Hypnosis can encourage many things that are immediately relevant to helping depressed individuals. What follows are a dozen compelling applications of hypnosis for treating depression.

Hypnosis: 1) helps people build and better utilize a positive focus; 2) facilitates the acquisition of new skills; 3) encourages people to define themselves as more resourceful and resilient than previously realized (enhancing their self-image as a result); 4) makes the transfer of useful information from one context to another easier and more efficient (helping acquired learnings generalize more easily); 5) establishes helpful subjective associations more automatically and intensively; 6) provides opportunities for therapeutic learnings (i.e., skills and insights) to be more experiential and multi-dimensional; 7) defines people as active managers of their internal world (fostering greater emotional self-regulation); 8) helps people sharpen key perceptual distinctions in order to counter over-general thinking; 9) allows people a more comfortable distance from overwhelming feelings in order to face and resolve them; 10) encourages people to rehearse new responses and actively incorporate new possibilities in a deliberate behavioral sequence deemed likely to succeed; 11) helps people identify and develop undeveloped personal resources that have held them back; and, 12) helps people detach from a sense of victimhood. *No one gets past depression without achieving all of these things and more.*

Contained in this special issue are powerful examples of creative applications of suggestions and hypnosis in the treatment of depression, and all share at least one common

denominator: They serve to empower the client. They strengthen the client to discover and develop new resources, and they empower the client to evolve a flexibility in living that encourages shifting directions when a path is temporarily blocked or an adversity encountered. Contradicting the still widespread mythology of an imminent loss of control that makes uninformed people wary about hypnosis, these articles draw one's attention to the opposite truth: Hypnosis strengthens people by showing them a path of self-discovery and self-growth, and providing them a comfortable context for developing the best and most adaptive parts of themselves. The time for hypnosis to be recognized as a means of effective treatment for depression, though long overdue, has now arrived.

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